



**Building and General Services**

133 State Street, 5<sup>th</sup> Floor | Montpelier VT 05633-8000

802-828-2211 phone | 802-828-2222 fax

<http://bgs.vermont.gov/purchasing>

**SEALED BID  
REQUEST FOR PROPOSAL**

**Vermont Behavioral Risk Factor Surveillance System and  
Youth Risk Behavior Survey**

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>ISSUE DATE</b>           | <b>April 15, 2024</b>                 |
| <b>QUESTIONS DUE</b>        | <b>April 29, 2024 – 4:30 PM (EST)</b> |
| <b>RFP RESPONSES DUE BY</b> | <b>May 15, 2024 – 4:30 PM (EST)</b>   |

**PLEASE BE ADVISED THAT ALL NOTIFICATIONS, RELEASES, AND ADDENDUMS ASSOCIATED WITH THIS RFP WILL BE POSTED AT:**

<http://www.bgs.state.vt.us/pca/bids/bids.php>

**THE STATE WILL MAKE NO ATTEMPT TO CONTACT INTERESTED PARTIES WITH UPDATED INFORMATION. IT IS THE RESPONSIBILITY OF EACH BIDDER TO PERIODICALLY CHECK THE ABOVE WEBPAGE FOR ANY AND ALL NOTIFICATIONS, RELEASES AND ADDENDUMS ASSOCIATED WITH THIS RFP.**

**STATE CONTACT:** Kyle Emerson, State Purchasing Agent  
**E-MAIL:** [kyle.emerson@vermont.gov](mailto:kyle.emerson@vermont.gov)

## 1. OVERVIEW:

- 1.1. **SCOPE AND BACKGROUND:** Through this Request for Proposal (RFP) the Vermont Department of health (VDH), Division of Health Statistics and Informatics, (hereinafter the “State”) is seeking to establish contracts with one or more companies that can conduct the Vermont Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS).
- 1.2. **CONTRACT PERIOD:** Contracts arising from this RFP will be August 1, 2024 through July 31, 2029. Data collection for the BRFSS will occur January 1, 2025 – February 29, 2029. The extended contract period will allow for programming and survey development prior to the start of data collection and post-data collection data processing. Contract work for the YRBS will take place August 1, 2024 – July 31, 2029.
- 1.3. **SINGLE POINT OF CONTACT:** All communications concerning this RFP are to be addressed in writing to the State Contact listed on the front page of this RFP. Actual or attempted contact with any other individual from the State concerning this RFP is strictly prohibited and may result in disqualification.
- 1.4. **QUESTION AND ANSWER PERIOD:** Any bidder requiring clarification of any section of this RFP or wishing to comment on any requirement of the RFP must submit specific questions in writing no later than the deadline for question indicated on the first page of this RFP. Questions may be e-mailed to the point of contact on the front page of this RFP. Questions or comments not raised in writing on or before the last day of the question period are thereafter waived. At the close of the question period a copy of all questions or comments and the State's responses will be posted on the State's web site: <http://www.bgs.state.vt.us/pca/bids/bids.php>. Every effort will be made to post this information as soon as possible after the question period ends, contingent on the number and complexity of the questions.
- 1.5. **CHANGES TO THIS RFP:** Any modifications to this RFP will be made in writing by the State through the issuance of an Addendum to this RFP and posted online at <http://www.bgs.state.vt.us/pca/bids/bids.php>. Modifications from any other source are not to be considered.
- 1.6. **SOURCE OF FUNDS:** This project is being funded in whole or in part using federal monies. If a bidder requires assistance in preparing their proposal, registering with SAM.gov or needs guidance on socioeconomic certifications, the bidder may contact the Agency of Commerce & Community Development (ACCD), Department of Economic Development (DED), APEX Accelerator. The Vermont APEX Accelerator (formerly the Procurement Technical Assistance Center (PTAC)) specializes in helping small businesses navigate the documentation associated with State and Federal procurement. There is no cost to the Contractor for assistance provided by APEX Accelerator. Their website is: <https://accd.vermont.gov/economic-development/programs/ptac>.

## 2. DETAILED REQUIREMENTS/DESIRED OUTCOMES: This request for proposals contains two distinctly different components – the BRFSS and YRBS

### 2.1. Vermont Behavioral Risk Factor Surveillance System:

Designed by the CDC, the BRFSS is conducted annually in all 50 states, the District of Columbia, and U.S. territories through collaboration with state and local departments of health ([www.cdc.gov/brfss](http://www.cdc.gov/brfss)). Vermont has participated in the survey since 1990.

The BRFSS obtains information on individual behaviors that are related to the leading causes of morbidity and mortality and provides data that is not available from other sources in Vermont. The 2025-2028 VT BRFSS surveys will include (CDC) provided core questions, selected optional modules and VDH provided state-added questions. The BRFSS is funded each year through a cooperative agreement with CDC and funding from individual VDH programs.

BRFSS intends to complete telephone interviews with a total of 6,400 Vermont adults annually. This includes a mix of landline and cell phone samples, with a ratio of 15/85 landline/cellphone. The expectation is that interviews will start January 1<sup>st</sup> and be completed by December 31<sup>st</sup> of each survey year (2025-2028).

Contingent upon CDC funding and availability, VDH also intends to complete the adult and child asthma callback surveys. The asthma callback survey is designed by CDC and is an independent survey connected to the BRFSS. Adults who say they have asthma on the main BRFSS are surveyed as part of the adult asthma callback. Respondents with a child in the home who has asthma are eligible for the child asthma callback. These samples will include approximately 400 adult asthma callbacks and 100 child

asthma callbacks. The expectation is that interviews will start January 1st for each survey year and be completed by the end of February of the following year.

The BRFSS survey is estimated to take an average of 24 minutes to conduct. The 2024 BRFSS survey can be found in Appendix A.

VDH is looking for a vendor with demonstrated experience related to this project. Applicants must demonstrate the following minimum requirements:

Vendors MUST certify that calls to interviewees are made from the United States.

The vendor's call center is capable of making the required outgoing calls, and the ability to collect the survey data via a computer assisted telephone interviewing (CATI) system.

- Demonstrated experience in collection of surveys that involve the collection of health information data from a random digit dial (RDD) survey. Vendors who apply need to demonstrate that they have had at least five contracts that involve collecting Behavioral Risk Factor Surveillance System (BRFSS) data.
- Demonstrated experience collecting health information data via both landline and cell phone samples.
- Demonstrated ability to adhere to all Centers for Disease Control and Prevention (CDC) BRFSS procedures and protocols.
- Demonstrated experience collecting health information data via web survey.

The BRFSS is a random digit-dialed telephone survey of approximately 6,400 non-institutionalized Vermont adults (18 and older). The contractor will be responsible for drawing and managing the sample, conducting all telephone interviews, data cleaning, data set delivery to CDC and VDH, following all CDC BRFSS protocols, and potentially oversampling via implementation of a web survey tool. Potential bidders must describe their ability and approach to providing the requested services by providing information in response to each section listed below.

**2.1.1. Complete 6,400 telephone interviews among non-institutionalized Vermont adults (18 and older).** Note that this may increase based on available funds for a particular survey year.

2.1.1.1. Describe what procedures will be used to sample and conduct the BRFSS, in accordance with the specifications supplied by CDC and VDH as listed below:

- Work with CDC to determine the amount of monthly sample CDC will provide, and as needed, adjust the monthly sample size throughout the fielding period.
- Conduct interviews during the period specified by CDC each month.

2.1.1.2. Describe ability to complete 984 landline interviews using the following estimated distribution by region:

| County                  | Estimated # Landline Interviews |
|-------------------------|---------------------------------|
| Addison                 | 72                              |
| Bennington              | 72                              |
| Caledonia and Essex     | 72                              |
| Chittenden              | 144                             |
| Franklin and Grand Isle | 72                              |
| Lamoille                | 60                              |
| Orange                  | 60                              |
| Orleans                 | 72                              |
| Rutland                 | 96                              |
| Washington              | 96                              |
| Windham                 | 72                              |
| Windsor                 | 96                              |

2.1.1.3. Describe ability to complete 5,412 cell phone interviews using the following estimated distribution by region:

| Region              | Estimated # Cell Interviews |
|---------------------|-----------------------------|
| Addison             | 300                         |
| Bennington          | 300                         |
| Caledonia and Essex | 300                         |

|                         |       |
|-------------------------|-------|
| Chittenden              | 1,620 |
| Franklin and Grand Isle | 480   |
| Lamoille                | 240   |
| Orange                  | 240   |
| Orleans                 | 216   |
| Rutland                 | 444   |
| Washington              | 444   |
| Windham                 | 408   |
| Windsor                 | 420   |

2.1.1.4. Provide suggestions for improving landline and cell phone sampling designs or distributions while maintaining representative county level samples. While this RFP requests bidders to submit a proposal based on a 15/85 landline/cellphone sample, bidders are encouraged to also submit suggested changes to this sample while still maintaining a representative survey population of Vermont's counties. It is understood that the percent of cellphone only households continues to increase and response rates among landline users continue to decrease. We welcome other suggestions to create the most efficient and representative sample of Vermont's population.

2.1.1.5. Describe how the landline survey will be implemented including, but not limited to, the following:

- Utilization of disproportionate stratified sampling drawn from listed and unlisted 1+ block telephones.
- Suggested protocol for household selection process.
- Ability to utilize CDC call attempts protocol.
- Provide suggestions for adjusting this protocol.

2.1.1.6. Describe how the cell phone survey will be implemented including, but not limited to, the following:

- Utilization of cell phone sample drawn from dedicated cell phone 1,000 blocks.
- Cell phone sample will be limited to Vermont residents only; non-Vermont residents will be screened out.
- Use of manual dialing.
- Ability to utilize CDC call attempts protocol.
- Provide suggestions for adjusting this protocol.

2.1.1.7. Describe ability to potentially implement translation services.

2.1.1.8. Describe how the vendor will attempt to achieve a response rate of 50% or greater.

- Provide suggestions for improving response rates.

2.1.1.9. Describe ability to complete the adult and child asthma callback surveys.

- The number of callback survey interviews completed annually is estimated at 400 adults and 100 children with asthma.
- Describe how the vendor will attempt to increase participation in the asthma callback surveys, both rates of consent and completion.

2.1.1.10. Describe quality assurance procedures for interviews and interviewers.

- Include internal monitoring and procedures as well as ability to accommodate VDH interview monitoring, both on and off site.
- Include description of interviewer training procedures.

**2.1.2. Provide monthly updates, data sets, final technical report, and technical support.** Note that this may or may not be implemented based on available funds for a particular survey year.

2.1.2.1. Provide the monthly raw data set to CDC in text format and VDH in SPSS or SAS format by the CDC submission date during the month following data collection.

2.1.2.2. Describe what will be provided in periodic disposition reports. At a minimum these reports must be made available monthly and include at least the count and percent for each disposition code.

- Reports are expected for both the main BRFSS and asthma callback surveys.
- Reports must be provided to VDH approximately two weeks following the last day of CDC's interviewing schedule.
- Complete call history for each phone number (number of attempts, date and disposition of each attempt) should be maintained and made available at the VDH's request.

2.1.2.3. Describe how the annual technical report will be constructed.

- 2.1.2.4. Upon receipt of edit reports from CDC, correct and verify files as needed, and submit updated files to CDC and the VDH within two weeks.
- 2.1.2.5. Describe staff availability throughout the survey fielding period to provide consultation and technical support to VDH staff.

**2.1.3. Optional oversample: Collect 1,025 surveys via web survey tool among non-institutionalized Vermont adults (18 and older).**

- 2.1.3.1. Describe what procedures will be used to obtain the sample.
  - Potential implementation of strategies to collect additional surveys within the total target representing respondents identifying as Black, Indigenous or people of color.
- 2.1.3.2. Describe how the web survey will be implemented including, but not limited to, the following:
  - Development, programming and testing of the survey tool.
  - Implementation of strategies to increase response rate.
- 2.1.3.3. Describe the ability to provide monthly updates and technical support.
- 2.1.3.4. Describe the ability to prepare the data for analysis including, but not limited to, the following:
  - Cleaning the data set, weighting results using a similar process to the CDC, and merging with the main CDC BRFSS data set.

**2.2. Youth Risk Behavior Survey:**

Developed and supported by the CDC, the YRBS is a biennial web-based survey of students enrolled in public and private schools in grades 6-12. Vermont has participated in the survey since 1993. It is sponsored by VDH sponsors in cooperation with the Vermont Department of Education.

The YRBS is used to assess behaviors related to the leading causes of mortality and morbidity among youth. The 2025, 2027, and 2029 YRBS will include two different web-based surveys that include CDC standard questions, select optional questions, and VDH provided state-added questions.

VDH intends to survey all students enrolled in public middle and high schools and select independent and technical schools. The middle school survey will include approximately 15,000 to 19,000 students in grades 6-8 and will be approximately 75 questions. The high school survey will include approximately 23,000 to 28,000 students in grades 9-12 and will be approximately 110 questions. Schools will conduct the YRBS between January and May with most schools participating in February and March.

Vermont has a variety of school enrollment arrangements. Some schools will need to receive and complete both the middle and high school surveys, while others will receive only the middle or high school survey (see table estimating school arrangements below). Additionally, each school has a different structure for having students complete the survey. This process will require considerable coordination.

| <b>Survey Type</b>                 | <b>Approximate number of schools</b> |
|------------------------------------|--------------------------------------|
| High School                        | 30                                   |
| Middle School                      | 80                                   |
| Both High School and Middle School | 35                                   |
| High School Tech Centers           | 4                                    |

VDH is looking for a vendor with demonstrated experience relative to this project. This includes seeking a vendor that can create the YRBS web-survey administration tool, including development, programming and testing, apply the appropriate school-level codes, and produce separate ASCII datasets for middle school survey data and high school survey data. The vendor must be able to demonstrate an ability to adhere to all CDC YRBS procedures and protocols. In addition, VDH seeks a contractor who can provide additional local level weights once a final data file is processed and cleaned by the CDC.

The bidder must describe its ability and approach to provide the requested services by providing information in response to each section listed below.

**2.2.1. Develop a web-survey tool to implement the YRBS.**

- 2.2.1.1. Describe the vendor’s experience with implementing school-based online data collection with students, including the platform used, system and data management, and technical support.
- 2.2.1.2. Describe the vendor’s ability to develop, program and test web-based surveys, in accordance with specifications supplied by VDH and CDC including the minimum requirements listed below:

- Develop and program two separate web-based survey tools meeting the requirements set forth by VDH and CDC. Questionnaires will be provided by VDH (see Appendix B, Section 7.7 for the surveys used for the 2023 YRBS).
- Obtain and program translated versions of the two surveys.
- Develop and program a school- and teacher-level enrollment survey that will be fed into the YRBS Tracking Form in accordance to all CDC and VDH specifications.
- Work with VDH and the CDC (including their Technical Assistance Contractor Westat) to test the surveys and obtain approval of the web-based survey following the CDC Required Tasks and Deadlines timeline.

**2.2.2. Provide online survey logistics support including distributing school level packets, survey management, ongoing support for student and teacher surveys, and online client status reports.**

- 2.2.2.1. Describe ability to create and distribute school level packets for survey administration, including instructions for administration, administrator scripts, help FAQs, and unique sign-in cards for students.
- 2.2.2.2. Describe the vendor's ability to school monitor participation and capture school and teacher-level Class Enrollment data to feed into the YRBS Tracking Form in accordance with all CDC and VDH specifications.
- 2.2.2.3. Work with the CDC to submit the YRBS Tracking Form in accordance with all CDC and VDH specifications.
- 2.2.2.4. Complete the standard Classroom-level Sample Information Forms for each sampled school.
- 2.2.2.5. Describe vendors ability to respond to questions from participating schools within 24 hours regarding technology issues.
- 2.2.2.6. Describe vendor's ability to capture, and share with VDH, survey completion metadata, such as completes/initiated surveys and time in which surveys are completed. Provide suggested list of metadata fields to be shared with VDH.

**2.2.3. Provide weekly updates, preliminary and final data sets.**

- 2.2.3.1. Describe the vendor's ability to provide status reports including a YRBS tracking form and what will be made available in weekly status reports during the fielding period.
- 2.2.3.2. Describe ability to provide preliminary and final data sets to VDH and CDC in accordance with VDH and CDC timelines and specifications. At a minimum this includes four (4) ASCII (.dat) data files to the VDH and four (4) ASCII (.dat) data files to the CDC as well as a data schema file describing the layout for the files. Files will be sent from a secure file transfer protocol website (SFTP). The vendor will correct and verify files as needed.
- 2.2.3.3. Describe ability to provide summary statistics and paradata upon completion of the survey administration.
- 2.2.3.4. Describe staff availability to provide technical support including managing the system configuration and survey logistics support including distributing school level packets, survey management, ongoing support for student and teacher surveys, and online client status reports.

**2.2.4. Create additional local level weight**

- 2.2.4.1. Describe the vendor's ability to weight data.
- 2.2.4.2. Create supervisory union weights for the middle school and high school data files. The weighting process should be similar to those used by the CDC/Westat. VDH will provide the vendor with a final data file upon receipt from the CDC/Westat along with the necessary school enrollment information.

**2.3. General Project Management:**

- 2.3.1.1. Describe vendor's ability to provide a project manager for each project (2.1 BRFSS and 2.2 YRBS) as single points of contact who will coordinate all aspects of the projects.
- 2.3.1.2. Describe the vendor's ability to outline in detail the deliverables for the project. VDH will approve the project plan before work proceeds.
  - If requirements change during the project, the contractor will use a standard change control process to document needed changes and present them to VDH for review and approval before implementation.

### 3. GENERAL REQUIREMENTS:

3.1. **PRICING:** Bidders must price the terms of this solicitation at their best pricing. Any and all costs that Bidder wishes the State to consider must be submitted for consideration.

3.1.1. Prices and/or rates shall remain firm for the initial term of the contract. The pricing policy submitted by Bidder must (i) be clearly structured, accountable, and auditable and (ii) cover the full spectrum of materials and/or services required.

3.1.2. **Cooperative Agreements.** Bidders that have been awarded similar contracts through a competitive bidding process with another state and/or cooperative are welcome to submit the pricing in response to this solicitation.

3.1.3. **Retainage.** In the discretion of the State, a contract resulting from this RFP may provide that the State withhold a percentage of the total amount payable for some or all deliverables, such retainage to be payable upon satisfactory completion and State acceptance in accordance with the terms and conditions of the contract.

3.1.4. **Evaluation of Responses and Selection of Bidder(s).** The State shall have the authority to evaluate Responses and select the Bidder(s) as may be determined to be in the best interest of the State and consistent with the goals and performance requirements outlined in this RFP.

3.2. **WORKER CLASSIFICATION COMPLIANCE REQUIREMENTS:** In accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), Bidders must comply with the following provisions and requirements.

3.2.1. **Self-Reporting:** For bid amounts exceeding \$250,000.00, Bidder shall complete the appropriate section in the attached Certificate of Compliance for purposes of self-reporting information relating to past violations, convictions, suspensions, and any other information related to past performance relative to coding and classification of workers. The State is requiring information on any violations that occurred in the previous 12 months.

3.2.2. **Subcontractor Reporting:** For bid amounts exceeding \$250,000.00, Bidders are hereby notified that upon award of contract, and prior to contract execution, the State shall be provided with a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54). This requirement does not apply to subcontractors providing supplies only and no labor to the overall contract or project. This list MUST be updated and provided to the State as additional subcontractors are hired. A sample form is available online at <http://bgs.vermont.gov/purchasing-contracting/forms>. **The subcontractor reporting form is not required to be submitted with the bid response.**

3.3. **EXECUTIVE ORDER 05-16: CLIMATE CHANGE CONSIDERATIONS IN STATE PROCUREMENTS:**

For bid amounts exceeding \$25,000.00, Bidders are requested to complete the Climate Change Considerations in State Procurements Certification, which is included in the Certificate of Compliance for this RFP.

After consideration of all relevant factors, a bidder that demonstrates business practices that promote clean energy and address climate change as identified in the Certification, shall be given favorable consideration in the competitive bidding process. Such favorable consideration shall be consistent with and not supersede any preference given to resident bidders of the State and/or products raised or manufactured in the State, as explained in the Method of Award section. But, such favorable consideration shall not be employed if prohibited by law or other relevant authority or agreement.

3.4. **METHOD OF AWARD:** Awards will be made in the best interest of the State. The State may award one or more contracts and reserves the right to make additional awards to other compliant bidders at any time if such award is deemed to be in the best interest of the State.

3.4.1. **Evaluation Criteria:** Consideration shall be given to the Bidder's project approach and methodology, qualifications and experience, ability to provide the services within the defined timeline, cost, and/or success in completing similar projects, as applicable, and to the extent specified below.

The evaluation team will determine if each proposal is sufficiently responsive to the RFP to permit a complete evaluation of the individual/organization and experience. Proposals must comply with the instructions to bidders contained in Section 4. Failure to comply with the instructions shall deem the proposal non-responsive and subject to rejection without further consideration. The State reserves the right to waive irregularities.

**Scoring Information:** BRFSS and YRBS will be scored separately using the following scoring:

| Response Section              |  | Maximum Points Awarded |
|-------------------------------|--|------------------------|
| Response Section II           | General Background   | 15                     |
| Response Section III          | Ability to Implement the Activities and Specifications of this RFP | 40                     |
| Response Section V            | Staffing   | 15                     |
| Response Section VI           | Pricing Schedule   | 30                     |
| <b>Maximum Points Awarded</b> |  | <b>100</b>             |

3.5. **STATEMENT OF RIGHTS:** The State of Vermont reserves the right to obtain clarification or additional information necessary to properly evaluate a proposal. Vendors may be asked to give a verbal presentation of their proposal after submission. Failure of vendor to respond to a request for additional information or clarification could result in rejection of that vendor's proposal. To secure a project that is deemed to be in the best interest of the State, the State reserves the right to accept or reject any and all bids, in whole or in part, with or without cause, and to waive technicalities in submissions. The State also reserves the right to make purchases outside of the awarded contracts where it is deemed in the best interest of the State.

3.5.1. **Best and Final Offer (BAFO).** At any time after submission of Responses and prior to the final selection of Bidder(s) for Contract negotiation or execution, the State may invite Bidder(s) to provide a BAFO. The state reserves the right to request BAFOs from only those Bidders that meet the minimum qualification requirements and/or have not been eliminated from consideration during the evaluation process.

3.5.2. **Presentation.** An in-person or webinar presentation by the Bidder may be required by the State if it will help the State's evaluation process. The State will factor information presented during presentations into the evaluation. Bidders will be responsible for all costs associated with providing the presentation.

3.6. **CONTRACT NEGOTIATION:** Upon completion of the evaluation process, the State may select one or more bidders with which to negotiate a contract, based on the evaluation findings and other criteria deemed relevant for ensuring that the decision made is in the best interest of the State. In the event State is not successful in negotiating a contract with a selected bidder, the State reserves the option of negotiating with another bidder, or to end the proposal process entirely.

3.7. **COST OF PREPARATION:** Bidder shall be solely responsible for all expenses incurred in the preparation of a response to this RFP and shall be responsible for all expenses associated with any presentations or demonstrations associated with this request and/or any proposals made.

3.8. **CONTRACT TERMS:** The selected bidder(s) will be expected to sign a contract with the State, including the Standard Contract Form and Attachments C, D, F and G, as attached to this RFP for reference.

3.8.1. **Business Registration.** To be awarded a contract by the State of Vermont a bidder (except an individual doing business in his/her own name) must be registered with the Vermont Secretary of State's office <https://sos.vermont.gov/corporations/registration/> and must obtain a Contractor's Business Account Number issued by the Vermont Department of Taxes <http://tax.vermont.gov/>.

3.8.2. The contract will obligate the bidder to provide the services and/or products identified in its bid, at the prices listed.

3.8.3. **Payment Terms.** Percentage discounts may be offered for prompt payments of invoices; however, such discounts must be in effect for a period of 30 days or more in order to be considered in making awards.

3.8.4. **Quality.** If applicable, all products provided under a contract with the State will be new and unused, unless otherwise stated. Factory seconds or remanufactured products will not be accepted unless specifically requested by the purchasing agency. All products provided by the contractor must meet all federal, state, and local standards for quality and safety requirements. Products not meeting these



standards will be deemed unacceptable and returned to the contractor for credit at no charge to the State.

4. **CONTENT AND FORMAT OF RESPONSES:** The content and format requirements listed below are the minimum requirements for State evaluation. These requirements are not intended to limit the content of a Bidder's proposal. Bidders may include additional information or offer alternative solutions for the State's consideration. However, the State discourages overly lengthy and costly proposals, and Bidders are advised to include only such information in their response as may be relevant to the requirements of this RFP.
  - 4.1. The bid should include a Cover Letter and Technical Response and Price Schedule.
  - 4.2. **COVER LETTER:**
    - 4.2.1. **Confidentiality.** To the extent your bid contains information you consider to be proprietary and confidential, you must comply with the following requirements concerning the contents of your cover letter and the submission of a redacted copy of your bid (or affected portions thereof).
    - 4.2.2. All responses to this RFP will become part of the contract file and will become a matter of public record under the State's Public Records Act, 1 V.S.A. § 315 et seq. (the "Public Records Act"). If your response must include material that you consider to be proprietary and confidential under the Public Records Act, your cover letter must clearly identify each page or section of your response that you consider proprietary and confidential. Your cover letter must also include a written explanation **for each marked section** explaining why such material should be considered exempt from public disclosure in the event of a public records request, pursuant to 1 V.S.A. § 317(c), including the prospective harm to the competitive position of the bidder if the identified material were to be released. Additionally, you must include a redacted copy of your response for portions that are considered proprietary and confidential. Redactions must be limited so that the reviewer may understand the nature of the information being withheld. It is typically inappropriate to redact entire pages, or to redact the titles/captions of tables and figures. Under no circumstances may your entire response be marked confidential, and the State reserves the right to disqualify responses so marked.
    - 4.2.3. **Exceptions to Contract Terms and Conditions.** If a Bidder wishes to propose an exception to any terms and conditions set forth in the Standard Contract Form and its attachments, such exceptions must be included in the cover letter to the RFP response. Failure to note exceptions when responding to the RFP will be deemed to be acceptance of the State contract terms and conditions. If exceptions are not noted in the response to this RFP but raised during contract negotiations, the State reserves the right to cancel the negotiation if deemed to be in the best interests of the State. Note that exceptions to contract terms may cause rejection of the proposal.
  - 4.3. **TECHNICAL RESPONSE.** In response to this RFP, a Bidder shall:
    - 4.3.1. Provide details concerning your form of business organization, company size and resources.
    - 4.3.2. Describe your capabilities and particular experience relevant to the RFP requirements.
      - 4.3.2.1. Identify all current or past State projects.
    - 4.3.3. Identify the names of all subcontractors you intend to use, the portions of the work the subcontractors will perform, and address the background and experience of the subcontractor(s), as per RFP section 4.3.2 above.
  - 4.4. **REFERENCES.** Provide the names, addresses, and phone numbers of at least three companies with whom you have transacted similar business in the last 12 months. You must include contact names who can talk knowledgeably about performance.
  - 4.5. **REPORTING REQUIREMENTS:** Provide a sample of any reporting documentation that may be applicable to the Detailed Requirements of this RFP.
  - 4.6. **PRICE SCHEDULE:** Bidders shall submit their pricing information in the Price Schedule attached to the RFP.
  - 4.7. **CERTIFICATE OF COMPLIANCE:** This form must be completed and submitted as part of the response for the proposal to be considered valid.

4.8. **CERTIFICATE OF INSURANCE and W-9:** Bidder must provide an IRS W-9 form signed (wet or hand-signed) within the past 6 months and a current certificate of insurance consistent with the requirements set forth in Attachment C of this RFP.

5. **SUBMISSION INSTRUCTIONS:**

5.1. **CLOSING DATE:** Bids must be received by the State by the due date specified on the front page of this RFP. Late bids will not be considered.

5.1.1. The State may, for cause, issue an addendum to change the date and/or time when bids are due. If a change is made, the State will inform all bidders by posting at the webpage indicated on the front page of this RFP.

5.1.2. There will not be a public bid opening. However, the State will record the name, city and state for any and all bids received by the due date. This information will be posted as promptly as possible following the due date online at: <https://bgs.vermont.gov/content/opc-bid-tabulation-sheets-0> . Bidders are hereby notified to review the information posted after the bid opening deadline to confirm receipt of bid by the State. Any bidder that submitted a bid, and is not listed on the bid tabulation sheet, shall promptly notify the State Contact listed on the front page of this RFP. Should a bidder fail to notify the State Contact listed on the front page of this RFP within two weeks of posting the bid tabulation sheet, the State shall not be required to consider the bid.

5.2. **STATE SECURITY PROCEDURES: Please be advised extra time will be needed when visiting and/or delivering information to State of Vermont offices. All individuals visiting State offices must present a valid government issued photo ID when entering the facility.**

5.2.1. State office buildings may be locked or otherwise closed to the public. If this RFP permits hand delivery of bids, delivery instructions will be posted at the entrance to the State facility. **Any delay caused by State Security Procedures will be at the bidder's own risk.**

5.3. **BID DELIVERY INSTRUCTIONS:**

5.3.1. ELECTRONIC: Electronic bids will be accepted.

5.3.2. E-MAIL BIDS. Emailed bids will be accepted. All submissions will be accepted electronically and sent to the email address on the 1<sup>st</sup> page of this RFP.

5.3.3. FAX BIDS: Faxed bids will not be accepted.

6. **BID SUBMISSION CHECKLIST:**

- ✓ Cover Letter
- ✓ Technical Response
- ✓ Redacted Technical Response, if applicable
- ✓ References
- ✓ Price Schedule
- ✓ Signed Certificate of Compliance
- ✓ Certificate of Insurance
- ✓ IRS W-9 Form

7. **ATTACHMENTS:**

2.1 Certificate of Compliance

2.2 Price Schedule

2.3 Worker Classification Compliance Requirement; Subcontractor Reporting Form

- 2.4 Standard State Contract with its associated attachments, including but not limited to, Attachments: C, D, F, and G.
- 2.5 Appendix A, BRFSS 2024 Questionnaire
- 2.6 Appendix B, YRBS 2023 Questionnaires (available on [www.healthvermont.gov/yrbs](http://www.healthvermont.gov/yrbs))

## CERTIFICATE OF COMPLIANCE

For a bid to be considered valid, this form must be completed in its entirety, executed by a duly authorized representative of the bidder, and submitted as part of the response to the proposal.

- A. **NON COLLUSION:** Bidder hereby certifies that the prices quoted have been arrived at without collusion and that no prior information concerning these prices has been received from or given to a competitive company. If there is sufficient evidence to warrant investigation of the bid/contract process by the Office of the Attorney General, bidder understands that this paragraph might be used as a basis for litigation.
- B. **CONTRACT TERMS:** Bidder hereby acknowledges that is has read, understands and agrees to the terms of this RFP, including Attachment C: Standard State Contract Provisions, and any other contract attachments included with this RFP.
- C. **WORKER CLASSIFICATION COMPLIANCE REQUIREMENT:** In accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), the following provisions and requirements apply to Bidder when the amount of its bid exceeds \$250,000.00.

**Self-Reporting.** Bidder hereby self-reports the following information relating to past violations, convictions, suspensions, and any other information related to past performance relative to coding and classification of workers, that occurred in the previous 12 months.

| Summary of Detailed Information | Date of Notification | Outcome |
|---------------------------------|----------------------|---------|
|                                 |                      |         |
|                                 |                      |         |
|                                 |                      |         |
|                                 |                      |         |

**Subcontractor Reporting.** Bidder hereby acknowledges and agrees that if it is a successful bidder, prior to execution of any contract resulting from this RFP, Bidder will provide to the State a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), and Bidder will provide any update of such list to the State as additional subcontractors are hired. Bidder further acknowledges and agrees that the failure to submit subcontractor reporting in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54) will constitute non-compliance and may result in cancellation of contract and/or restriction from bidding on future state contracts.

D. **Executive Order 05 – 16: Climate Change Considerations in State Procurements Certification**

**Bidder certifies to the following (Bidder may attach any desired explanation or substantiation. Please also note that Bidder may be asked to provide documentation for any applicable claims):**

1. Bidder owns, leases or utilizes, for business purposes, space that has received:
- Energy Star® Certification
  - LEED®, Green Globes®, or Living Buildings Challenge<sup>SM</sup> Certification
  - Other internationally recognized building certification:
- 

2. Bidder has received incentives or rebates from an Energy Efficiency Utility or Energy Efficiency Program in the last five years for energy efficient improvements made at bidder's place of business. Please explain:
- 

3. Please Check all that apply:
- Bidder can claim on-site renewable power or anaerobic-digester power ("cow-power"). Or bidder consumes renewable electricity through voluntary purchase or offset, provided no such claimed power can be double-claimed by another party.
  - Bidder uses renewable biomass or bio-fuel for the purposes of thermal (heat) energy at its place of business.
  - Bidder's heating system has modern, high-efficiency units (boilers, furnaces, stoves, etc.), having reduced emissions of particulate matter and other air pollutants.
  - Bidder tracks its energy consumption and harmful greenhouse gas emissions. What tool is used to do this? \_\_\_\_\_
  - Bidder promotes the use of plug-in electric vehicles by providing electric vehicle charging, electric fleet vehicles, preferred parking, designated parking, purchase or lease incentives, etc..
  - Bidder offers employees an option for a fossil fuel divestment retirement account.
  - Bidder offers products or services that reduce waste, conserve water, or promote energy efficiency and conservation. Please explain:
- 
- 

4. Please list any additional practices that promote clean energy and take action to address climate change:
- 
- 
-

**E. Executive Order 02 – 22: Solidarity with the Ukrainian People**

- By checking this box, Bidder certifies that none of the goods, products, or materials offered in response to this solicitation are Russian-sourced goods or produced by Russian entities. If Bidder is unable to check the box, it shall indicate in the table below which of the applicable offerings are Russian-sourced goods and/or which are produced by Russian entities. An additional column is provided for any note or comment that you may have.

| Provided<br>Equipment or<br>Product | Note or Comment |
|-------------------------------------|-----------------|
|                                     |                 |
|                                     |                 |
|                                     |                 |
|                                     |                 |
|                                     |                 |

Bidder Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

By: \_\_\_\_\_ Name: \_\_\_\_\_  
Signature of Bidder (or Representative) (Type or Print)

**END OF CERTIFICATE OF COMPLIANCE**

## PRICE SCHEDULE

This section of the proposal shall include pricing for the BRFSS and YRBS surveys. Vendors must submit pricing information using the following format shown under "Price Schedule." If price varies by year, include that information in the table.

The cost proposal should include dollar values in each cell of the following tables:

| BRFSS Deliverable Description                             | Fixed Price or hourly rate and expected # of hours |
|---|--|
| Main BRFSS  | \$   |
| Land line survey (984 interviews)                         | \$   |
| Land line price / complete                                | \$   |
| Cell phone survey (5,412 interviews)                      | \$   |
| Cell phone price / complete                               | \$   |
| Optional oversample (e.g., mail push-to-web)              | \$   |
| Adult Asthma Callback Survey                              | \$   |
| Child Asthma Callback Survey                              | \$   |
| Other supplemental items (e.g., to improve response rate) | \$   |
| <b>Total Project Cost</b>                                 | <b>\$</b>  |

| YRBS Deliverable Description           | Fixed Price or hourly rate and expected # of hours |
|--|--|
| Project management                     | \$   |
| Survey tool development and testing    | \$   |
| Survey packet distribution to schools  | \$   |
| Postage amount (of distribution total) | \$   |
| Survey support                         | \$   |
| Data set preparation                   | \$   |
| Weighting                              | \$   |
| <b>Total Project Cost</b>              | <b>\$</b>  |

Name of Bidder: \_\_\_\_\_

Signature of Bidder: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBCONTRACTOR REPORTING FORM**

**This form must be completed in its entirety and submitted prior to contract execution and updated as necessary and provided to the State as additional subcontractors are hired.**

The Department of Buildings and General Services in accordance with Act 54, Section 32 of the Acts of 2009 and for total project costs exceeding \$250,000.00 requires bidders to comply with the following provisions and requirements.

Contractor is required to provide a list of subcontractors on the job along with lists of subcontractor's subcontractors and by whom those subcontractors are insured for workers' compensation purposes. Include additional pages if necessary. This is not a requirement for subcontractor's providing supplies only and no labor to the overall contract or project.

| Subcontractor | Insured By |  | Subcontractor's Sub | Insured By |
|---------------|------------|--|---------------------|------------|
|               |            |  |                     |            |
|               |            |  |                     |            |
|               |            |  |                     |            |
|               |            |  |                     |            |
|               |            |  |                     |            |
|               |            |  |                     |            |

Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Failure to adhere to Act 54, Section 32 of the Acts of 2009 and submit Subcontractor Reporting: Worker Classification Compliance Requirement will constitute non-compliance and may result in cancellation of contract and/or forfeiture of future bidding privileges until resolved.

Send Completed Form to: Office of Purchasing & Contracting  
133 State Street, 5<sup>th</sup> Floor  
Montpelier, VT 05633-8000



## STANDARD CONTRACT FOR SERVICES

1. **Parties.** This is a contract for services between the State of Vermont, \_\_\_\_\_ (hereinafter called “State”), and \_\_\_\_\_, with a principal place of business in \_\_\_\_\_, (hereinafter called “Contractor”). Contractor’s form of business organization is \_\_\_\_\_. It is Contractor’s responsibility to contact the Vermont Department of Taxes to determine if, by law, Contractor is required to have a Vermont Department of Taxes Business Account Number.

2. **Subject Matter.** The subject matter of this contract is services generally on the subject of \_\_\_\_\_. Detailed services to be provided by Contractor are described in Attachment A.

3. **Maximum Amount.** In consideration of the services to be performed by Contractor, the State agrees to pay Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$ \_\_\_\_\_.00.

4. **Contract Term.** The period of Contractor’s performance shall begin on \_\_\_\_\_, 20\_\_ and end on \_\_\_\_\_, 20\_\_.

5. **Prior Approvals.** This Contract shall not be binding unless and until all requisite prior approvals have been obtained in accordance with current State law, bulletins, and interpretations.

6. **Amendment.** No changes, modifications, or amendments in the terms and conditions of this contract shall be effective unless reduced to writing, numbered and signed by the duly authorized representative of the State and Contractor.

7. **Termination for Convenience.** This contract may be terminated by the State at any time by giving written notice at least thirty (30) days in advance. In such event, Contractor shall be paid under the terms of this contract for all services provided to and accepted by the State prior to the effective date of termination.

8. **Attachments.** This contract consists of \_\_\_ pages including the following attachments which are incorporated herein:

Attachment A - Statement of Work

Attachment B - Payment Provisions

Attachment C – “Standard State Provisions for Contracts and Grants” a preprinted form (revision date 12/7/2023)

Attachment D - Information Technology Professional Services

Attachment F – Agency of Human Services Customary Contract/Grant Provisions

Attachment G - “State of Vermont – Federal Terms Supplement (non-construction)”

9. **Order of Precedence.** Any ambiguity, conflict or inconsistency between the documents comprising this contract shall be resolved according to the following order of precedence:

- (1) Standard Contract
- (2) Attachment D
- (3) Attachment C
- (4) Attachment G
- (5) Attachment A

(6) Attachment B

(7) Attachment F

**WE THE UNDERSIGNED PARTIES AGREE TO BE BOUND BY THIS CONTRACT**

By the State of Vermont:

By the Contractor:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

## ATTACHMENT A – STATEMENT OF WORK

- The Contractor shall: All bidders will be held to specific performance review criteria over the life of the contract to ensure that project deliverables as outlined in the RFP and attested to in the Scope of Work are being met. Review of project deliverables will occur at intervals agreed upon by both the State and the Contractor and designated in the contract.

| <b>BRFSS Performance Requirements</b>   |   |  |  |
|---|---|--|--|
| <b>Desired Outcomes</b>   | <b>Performance Measures</b>   | <b>Means of Verification</b>   | <b>Incentives / Disincentives</b>  |
| <p>Conduct the VT Behavioral Risk Factor Surveillance System Survey with Vermont residents in accordance with CDC BRFSS protocol.</p> <p>Interview Vermonters on chronic conditions, demographics, risk behaviors, preventive behaviors, and health screening.</p> <p>Deliver a dataset monthly to CDC and VDH.</p> | 6,400 interviews with 5,412 completed via cell phone annually by December 31 <sup>st</sup> each year              | Monthly updates showing progress toward total interviews; Final data file  | Penalty of 10% of the total BRFSS portion of the contract amount if 6,400 interviews are not completed by December 31st each year.     |
|   | At least 984 interviews are completed with land line phone users  | Monthly updates showing progress toward total interviews; Final data file  | Penalty of 2% of the total BRFSS portion of the contract amount if there are fewer than 984 completed surveys of land line users.      |
|   | At least 5,412 interviews are completed with cell phone users   | Monthly updates showing progress toward total interviews; Final data file  | Penalty of 8% of the total BRFSS portion of the contract amount if there are fewer than 5,412 completed surveys of cell phone users.   |
|   | Meet monthly quotas for landline and cell phone completes   | Monthly updates showing progress toward total interviews                   | Incentive payment of 1% of the total BRFSS portion of the contract amount if ALL monthly quotas for landline AND cell phone calls met. |
|   | 50% of the sample responds to the survey using the American Association of Public Opinion Research (AAPOR) method | Final phone records  | Incentive payment of 2% of the total BRFSS portion of the contract amount if AAPOR #4 is greater than 50%.                             |
|   | Collection of 1,025 web surveys   | Monthly updates showing progress toward total web surveys; Final data file | Incentive payment of 1% of optional oversample contract amount   |

## YRBS Performance Requirements

| Desired Outcomes  | Performance Measures   | Means of Verification  | Incentives / Disincentives  |
|---|--|--|---|
| <p>Conduct the VT YRBS with Vermont middle and high school students in accordance with CDC YRBS protocol.</p> <p>Develop and conduct online survey of VT students on risk and preventive behaviors.</p> <p>Deliver dataset to CDC and VDH.</p> <p>Create supervisory union level weights.</p> | Survey configured and test data file created.  | Survey and test data file approved by CDC/VDH.   |   |
|   | Facilitate and program translations of the survey.   | Translated surveys verified and programed.   |   |
|   | Program status reports detailing the number of completed surveys and web based school enrollment form. |  |   |
|   | Final materials and school information configured into web-based system.                               | Test survey codes provided for schools.  | Penalty of 2% of the total YRBS portion of the contract if schools do not receive test codes and administration packets by mid-January.   |
|   | 100% of schools receive administration materials by second week in January.                            | Administration packets received by schools.  |   |
|   | Survey administration monitored and technical support provided.  | Weekly updates showing progress toward all schools completing the survey; Weekly tracking forms provided to VDH.   | Incentive payment of 1% of the total YRBS portion of the contract if fewer than all 15 weekly updates are provided on time.   |
|   | Preliminary data file created after the first two schools complete survey administration.              | Preliminary data files approved by CDC.  | Penalty of 2% of the total YRBS portion of the contract if preliminary data files are not submitted to the CDC within one week of the first two schools completing survey administration. |
|   | Final data file formatted and submitted to CDC.  | Final data file accepted by CDC.   | Penalty of 2% of the total YRBS portion of the contract if the final data has not been submitted and accepted by the CDC.   |
| Local weight created within 8 weeks of receiving final data set from CDC.   | Final data file received by VDH.   | Penalty of 5% of the total contract if VDH has not received the final data set with local weights within 8 weeks of ICF receiving the final data set from CDC. |   |

### 1.1 Contractor Staffing

Key staff member(s) must be assigned to this contract for the full duration proposed. None of the key staff member(s) may be reassigned or otherwise removed early from this project without explicit written permission of the VDH.

The contractor must identify staff member(s) who will remain on this project until completion, unless indicated otherwise in the contractor's proposal. The contractor may propose other staff members as "key" if desired. The contractor will make every reasonable effort to ensure that the early removal of a key staff member has no adverse impact on the successful completion of this project.

## ATTACHMENT B – PAYMENT PROVISIONS

The maximum dollar amount payable under this contract is not intended as any form of a guaranteed amount. The Contractor will be paid for products or services actually delivered or performed, as specified in Attachment A, up to the maximum allowable amount specified on page 1 of this contract.

1. Prior to commencement of work and release of any payments, Contractor shall submit to the State:
  - a. a certificate of insurance consistent with the requirements set forth in Attachment C, Section 8 (Insurance), and with any additional requirements for insurance as may be set forth elsewhere in this contract; and
  - b. a current IRS Form W-9 (signed within the last six months).
2. Payment terms are **Net 30** days from the date the State receives an error-free invoice with all necessary and complete supporting documentation.
3. Contractor shall submit detailed invoices itemizing all work performed during the invoice period, including the dates of service, rates of pay, hours of work performed, and any other information and/or documentation appropriate and sufficient to substantiate the amount invoiced for payment by the State. All invoices must include the Contract # for this contract.
4. Contractor shall submit invoices to the State in accordance with the schedule set forth in this Attachment B. Unless a more particular schedule is provided herein, invoices shall be submitted not more frequently than monthly.
5. Invoices shall be submitted to the State at the following address: \_\_\_\_\_
6. The payment schedule for delivered products, or rates for services performed, and any additional reimbursements, are as follows: \_\_\_\_\_

**ATTACHMENT C: STANDARD STATE PROVISIONS  
FOR CONTRACTS AND GRANTS  
REVISED DECEMBER 7, 2023**

1. **Definitions:** For purposes of this Attachment, “Party” shall mean the Contractor, Grantee, or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement. “Agreement” shall mean the specific contract or grant to which this form is attached.
2. **Entire Agreement:** This Agreement, whether in the form of a contract, State-funded grant, or Federally-funded grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect. Where an authorized individual is either required to click-through or otherwise accept, or made subject to, any electronic terms and conditions to use or access any product or service provided hereunder, such terms and conditions are not binding and shall have no force or effect. Further, any terms and conditions of Party’s invoice, acknowledgment, confirmation, or similar document, shall not apply, and any such terms and conditions on any such document are objected to without need of further notice or objection.
3. **Governing Law, Jurisdiction and Venue; No Waiver of Jury Trial:** This Agreement will be governed by the laws of the State of Vermont without resort to conflict of laws principles. Any action or proceeding brought by either the State or the Party in connection with this Agreement shall be brought and enforced in the Superior Court of the State of Vermont, Civil Division, Washington Unit. The Party irrevocably submits to the jurisdiction of this court for any action or proceeding regarding this Agreement. The Party agrees that it must first exhaust any applicable administrative remedies with respect to any cause of action that it may have against the State regarding its performance under this Agreement. Party agrees that the State shall not be required to submit to binding arbitration or waive its right to a jury trial.
4. **Sovereign Immunity:** The State reserves all immunities, defenses, rights, or actions arising out of the State’s sovereign status or under the Eleventh Amendment to the United States Constitution. No waiver of the State’s immunities, defenses, rights, or actions shall be implied or otherwise deemed to exist by reason of the State’s entry into this Agreement.
5. **No Employee Benefits For Party:** The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the State withhold any state or Federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.
6. **Independence:** The Party will act in an independent capacity and not as officers or employees of the State.
7. **Defense and Indemnity:**
  - A. The Party shall defend the State and its officers and employees against all third-party claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party in connection with the performance of this Agreement. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit. The State retains the right to participate at its own expense in the defense of any claim. The State shall have the right to approve all proposed settlements of such claims or suits.
  - B. After a final judgment or settlement, the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party in connection with the performance of this Agreement.

C. The Party shall indemnify the State and its officers and employees if the State, its officers, or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party or an agent of the Party in connection with the performance of this Agreement.

D. Notwithstanding any contrary language anywhere, in no event shall the terms of this Agreement or any document furnished by the Party in connection with its performance under this Agreement obligate the State to (1) defend or indemnify the Party or any third party, or (2) otherwise be liable for the expenses or reimbursement, including attorneys' fees, collection costs or other costs of the Party or any third party.

8. Insurance: During the term of this Agreement, Party, at its expense, shall maintain in full force and effect the insurance coverages set forth in the Vermont State Insurance Specification in effect at the time of incorporation of this Attachment C into this Agreement. The terms of the Vermont State Insurance Specification are hereby incorporated by reference into this Attachment C as if fully set forth herein. A copy of the Vermont State Insurance Specification is available at: [https://aoa.vermont.gov/Risk- Claims-COI](https://aoa.vermont.gov/Risk-Claims-COI).

9. Reliance by the State on Representations: All payments by the State under this Agreement will be made in reliance upon the accuracy of all representations made by the Party in accordance with this Agreement, including but not limited to bills, invoices, progress reports, and other proofs of work.

10. False Claims Act: Any liability to the State under the Vermont False Claims Act (32 V.S.A. § 630 et seq.) shall not be limited notwithstanding any agreement of the State to otherwise limit Party's liability.

11. Whistleblower Protections: The Party shall not discriminate or retaliate against one of its employees or agents for disclosing information concerning a violation of law, fraud, waste, abuse of authority, or acts threatening health or safety, including but not limited to allegations concerning the False Claims Act. Further, the Party shall not require such employees or agents to forego monetary awards as a result of such disclosures, nor should they be required to report misconduct to the Party or its agents prior to reporting to any governmental entity and/or the public.

12. Use and Protection of State Information:

A. As between the State and Party, "State Data" includes all data received, obtained, or generated by the Party in connection with performance under this Agreement. Party acknowledges that certain State Data to which the Party may have access may contain information that is deemed confidential by the State, or which is otherwise confidential by law, rule, or practice, or otherwise exempt from disclosure under the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq. ("Confidential State Data").

B. With respect to State Data, Party shall:

- i. take reasonable precautions for its protection;
- ii. not rent, sell, publish, share, or otherwise appropriate it; and
- iii. upon termination of this Agreement for any reason, Party shall dispose of or retain State Data if and to the extent required by this Agreement, law, or regulation, or otherwise requested in writing by the State.

C. With respect to Confidential State Data, Party shall:

- i. strictly maintain its confidentiality;
- ii. not collect, access, use, or disclose it except as necessary to provide services to the State under this Agreement;
- iii. provide at a minimum the same care to avoid disclosure or unauthorized use as it provides to protect its own similar confidential and proprietary information;
- iv. implement and maintain administrative, technical, and physical safeguards and controls to protect against any anticipated threats or hazards or unauthorized access or use;

v. promptly notify the State of any request or demand by any court, governmental agency or other person asserting a demand or request for Confidential State Data so that the State may seek an appropriate protective order; and

vi. upon termination of this Agreement for any reason, and except as necessary to comply with subsection B.iii above in this section, return or destroy all Confidential State Data remaining in its possession or control.

D. If Party is provided or accesses, creates, collects, processes, receives, stores, or transmits Confidential State Data in any electronic form or media, Party shall utilize:

i. industry-standard firewall protection;

ii. multi-factor authentication controls;

iii. encryption of electronic Confidential State Data while in transit and at rest;

iv. measures to ensure that the State Data shall not be altered without the prior written consent of the State;

v. measures to protect against destruction, loss, or damage of State Data due to potential environmental hazards, such as fire and water damage;

vi. training to implement the information security measures; and

vii. monitoring of the security of any portions of the Party's systems that are used in the provision of the services against intrusion.

E. No Confidential State Data received, obtained, or generated by the Party in connection with performance under this Agreement shall be processed, transmitted, stored, or transferred by any means outside the United States, except with the express written permission of the State.

F. Party shall notify the State within twenty-four hours after becoming aware of any unauthorized destruction, loss, alteration, disclosure of, or access to, any State Data.

G. State of Vermont Cybersecurity Standard Update: Party confirms that all products and services provided to or for the use of the State under this Agreement shall be in compliance with State of Vermont Cybersecurity Standard Update in effect at the time of incorporation of this Attachment C into this Agreement. The State of Vermont Cybersecurity Standard Update prohibits the use of certain branded products in State information systems or any vendor system, and a copy is available at: <https://digitalservices.vermont.gov/cybersecurity/cybersecurity-standards-and-directives>

H. In addition to the requirements of this Section 12, Party shall comply with any additional requirements regarding the protection of data that may be included in this Agreement or required by law or regulation.

13. Records Available for Audit: The Party shall maintain all records pertaining to performance under this Agreement. "Records" means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of this Agreement. Records produced or acquired in a machine-readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of this Agreement and for three years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.

14. Fair Employment Practices and Americans with Disabilities Act: Party agrees to comply with the requirement of 21 V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable, and shall include this provision in all subcontracts for work performed in Vermont. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement.



15. Offset: The State may offset any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any offset of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided in 32 V.S.A. § 3113.

16. Taxes Due to the State: Party certifies under the pains and penalties of perjury that, as of the date this Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.

17. Taxation of Purchases: All State purchases must be invoiced tax free. An exemption certificate will be furnished upon request with respect to otherwise taxable items.

18. Child Support: (Only applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date this Agreement is signed, Party is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order. Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

19. Sub-Agreements: Party shall not assign, subcontract, or subgrant the performance of this Agreement or any portion thereof to any other Party without the prior written approval of the State. Party shall be responsible and liable to the State for all acts or omissions of subcontractors and any other person performing work under this Agreement pursuant to an agreement with Party or any subcontractor.

In the case this Agreement is a contract with a total cost in excess of \$250,000, the Party shall provide to the State a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), as amended by Section 17 of Act No. 142 (2010) and by

Section 6 of Act No. 50 (2011).

Party shall include the following provisions of this Attachment C in all subcontracts for work performed solely for the State of Vermont and subcontracts for work performed in the State of Vermont: Section 10 ("False Claims Act"); Section 11 ("Whistleblower Protections"); Section 12 ("Confidentiality and Protection of State Information"); Section 14 ("Fair Employment Practices and Americans with Disabilities Act"); Section 16 ("Taxes Due the State"); Section 18 ("Child Support"); Section 20 ("No Gifts or Gratuities"); Section 22 ("Certification Regarding Debarment"); Section 30 ("State Facilities"); and Section 32.A ("Certification Regarding Use of State Funds").

20. No Gifts or Gratuities: Party shall not give title or possession of anything of substantial value (including property, currency, travel, and/or education programs) to any officer or employee of the State during the term of this Agreement.

21. Regulation of Hydrofluorocarbons: Party confirms that all products provided to or for the use of the State under this Agreement shall not contain hydrofluorocarbons, as prohibited under 10 V.S.A. § 586.

22. Certification Regarding Debarment: Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds. Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at: <https://bgs.vermont.gov/purchasing-contracting/debarment>.

23. Conflict of Interest: Party shall fully disclose, in writing, any conflicts of interest or potential conflicts of interest.

24. Vermont Public Records Act: Party acknowledges and agrees that this Agreement, any and all information obtained by the State from the Party in connection with this Agreement, and any obligations of the State to maintain the confidentiality of information are subject to the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq.

25. Force Majeure: Neither the State nor the Party shall be liable to the other for any failure or delay of performance of any obligations under this Agreement to the extent such failure or delay shall have been wholly or principally caused by acts or events beyond its reasonable control rendering performance illegal or impossible (excluding strikes or lockouts) (“Force Majeure”). Where Force Majeure is asserted, the nonperforming party must prove that it made all reasonable efforts to remove, eliminate or minimize such cause of delay or damages, diligently pursued performance of its obligations under this Agreement, substantially fulfilled all non-excused obligations, and timely notified the other party of the likelihood or actual occurrence of an event described in this paragraph.

26. Marketing: Party shall not use the State’s logo or otherwise refer to the State in any publicity materials, information pamphlets, press releases, research reports, advertising, sales promotions, trade shows, or marketing materials or similar communications to third parties except with the prior written consent of the State.

27. Termination:

A. Non-Appropriation: If this Agreement extends into more than one fiscal year of the State (July 1 to June 30), and if appropriations are insufficient to support this Agreement, the State may cancel this Agreement at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is funded in whole or in part by Federal funds, and in the event Federal funds become unavailable or reduced, the State may suspend or cancel this Agreement immediately, and the State shall have no obligation to pay Party from State revenues.

B. Termination for Cause: Either party may terminate this Agreement if a party materially breaches its obligations under this Agreement, and such breach is not cured within thirty (30) days after delivery of the non-breaching party’s notice or such longer time as the non-breaching party may specify in the notice.

C. Termination Assistance: Upon nearing the end of the final term or termination of this Agreement, without respect to cause, the Party shall take all reasonable and prudent measures to facilitate any transition required by the State. All State property, tangible and intangible, shall be returned to the State upon demand at no additional cost to the State in a format acceptable to the State.

28. Continuity of Performance: In the event of a dispute between the Party and the State, each party will continue to perform its obligations under this Agreement during the resolution of the dispute until this Agreement is terminated in accordance with its terms.

29. No Implied Waiver of Remedies: Either party’s delay or failure to exercise any right, power, or remedy under this Agreement shall not impair any such right, power, or remedy, or be construed as a waiver of any such right, power, or remedy. All waivers must be in writing.

30. State Facilities: If the State makes space available to the Party in any State facility during the term of this Agreement for purposes of the Party’s performance under this Agreement, the Party shall only use the space in accordance with all policies and procedures governing access to, and use of, State facilities, which shall be made available upon request. State facilities will be made available to Party on an “AS IS, WHERE IS” basis, with no warranties whatsoever.

31. Requirements Pertaining Only to Federal Grants and Subrecipient Agreements: If this Agreement is a grant that is funded in whole or in part by Federal funds:

A. Requirement to Have a Single Audit: The Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the Federal Audit Clearinghouse within nine months. If a single audit is not required, only the Subrecipient Annual

Report is required. A Single Audit is required if the subrecipient expends \$750,000 or more in Federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.

B. Internal Controls: In accordance with 2 CFR Part II, §200.303, the Party must establish and maintain effective internal control over the Federal award to provide reasonable assurance that the Party is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework” issued by the Committee of Sponsoring Organizations of the Treadway Commission.

C. Mandatory Disclosures: In accordance with 2 CFR Part II, §200.113, Party must disclose, in a timely manner, in writing to the State, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures may result in the imposition of sanctions which may include disallowance of costs incurred, withholding of payments, termination of the Agreement, suspension/debarment, etc.

### 32. Requirements Pertaining Only to State-Funded Grants:

A. Certification Regarding Use of State Funds: If Party is an employer and this Agreement is a State-funded grant in excess of \$1,000, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party’s employee’s rights with respect to unionization.

B. Good Standing Certification (Act 154 of 2016): If this Agreement is a State-funded grant, Party hereby represents: (i) that it has signed and provided to the State the form prescribed by the Secretary of Administration for purposes of certifying that it is in good standing (as provided in Section 13(a)(2) of Act 154) with the Agency of Natural Resources and the Agency of Agriculture, Food and Markets, or otherwise explaining the circumstances surrounding the inability to so certify; and (ii) that it will comply with the requirements stated therein.

(End of Standard Provisions)

ATTACHMENT D  
INFORMATION TECHNOLOGY PROFESSIONAL SERVICES  
TERMS AND CONDITIONS (rev. 01/12/2024)

**1. OWNERSHIP AND LICENSE IN DELIVERABLES**

**1.1 Contractor Intellectual Property.** Contractor shall retain all right, title and interest in and to any work, ideas, inventions, discoveries, tools, methodology, computer programs, processes and improvements and any other intellectual property, tangible or intangible, that has been created by Contractor prior to entering into this Contract (“Contractor Intellectual Property”). Should the State require a license for the use of Contractor Intellectual Property in connection with the development or use of the items that Contractor is required to deliver to the State under this Contract, including Work Product (“Deliverables”), the Contractor shall grant the State a royalty-free license for such development and use. For the avoidance of doubt, Work Product shall not be deemed to include Contractor Intellectual Property, provided the State shall be granted an irrevocable, perpetual, non-exclusive royalty-free license to use any such Contractor Intellectual Property that is incorporated into Work Product.

**1.2 State Intellectual Property.** The State shall retain all right, title and interest in and to (i) all content and all property, data and information furnished by or on behalf of the State or any agency, commission or board thereof, and to all information that is created under this Contract, including, but not limited to, all data that is generated under this Contract as a result of the use by Contractor, the State or any third party of any technology systems or knowledge bases that are developed for the State and used by Contractor hereunder, and all other rights, tangible or intangible; and (ii) all State trademarks, trade names, logos and other State identifiers, Internet uniform resource locators, State user name or names, Internet addresses and e-mail addresses obtained or developed pursuant to this Contract (collectively, “State Intellectual Property”).

Contractor may not use State Intellectual Property for any purpose other than as specified in this Contract. Upon expiration or termination of this Contract, Contractor shall return or destroy all State Intellectual Property and all copies thereof, and Contractor shall have no further right or license to such State Intellectual Property.

Contractor acquires no rights or licenses, including, without limitation, intellectual property rights or licenses, to use State Intellectual Property for its own purposes. In no event shall the Contractor claim any security interest in State Intellectual Property.

**1.3 Work Product.** All Work Product shall belong exclusively to the State, with the State having the sole and exclusive right to apply for, obtain, register, hold and renew, in its own name and/or for its own benefit, all patents and copyrights, and all applications and registrations, renewals and continuations thereof and/or any and all other appropriate protection. To the extent exclusive title and/or complete and exclusive ownership rights in and to any Work Product may not originally vest in the State by operation of law or otherwise as contemplated hereunder, Contractor shall immediately upon request, unconditionally and irrevocably assign, transfer and convey to the State all right, title and interest therein.

“Work Product” means any tangible or intangible ideas, inventions, improvements, modifications, discoveries, development, customization, configuration, methodologies or processes, designs, models, drawings, photographs, reports, formulas, algorithms, patterns, devices, compilations, databases, computer programs, work of authorship, specifications, operating instructions, procedures manuals or other documentation, technique, know-how, secret, or intellectual property right whatsoever or any interest therein (whether patentable or not patentable or registerable under copyright or similar statutes or subject to analogous protection), that is specifically made, conceived, discovered or reduced to practice by Contractor, either solely or jointly with others, pursuant to this Contract. Work Product does not include Contractor Intellectual Property or third party intellectual property.

To the extent delivered under this Contract, upon full payment to Contractor in accordance with Attachment B, and subject to the terms and conditions contained herein, Contractor hereby (i) assigns to State all rights in and to all

Deliverables, except to the extent they include any Contractor Intellectual Property; and (ii) grants to State a perpetual, non-exclusive, irrevocable, royalty-free license to use for State's internal business purposes, any Contractor Intellectual Property included in the Deliverables in connection with its use of the Deliverables and, subject to the State's obligations with respect to Confidential Information, authorize others to do the same on the State's behalf. Except for the foregoing license grant, Contractor or its licensors retain all rights in and to all Contractor Intellectual Property.

The Contractor shall not sell or copyright a Deliverable without explicit permission from the State. If the Contractor is operating a system or application on behalf of the State of Vermont, then the Contractor shall not make information entered into the system or application available for uses by any other party than the State of Vermont, without prior authorization by the State. Nothing herein shall entitle the State to pre-existing Contractor Intellectual Property or Contractor Intellectual Property developed outside of this Contract with no assistance from State.

## **2. CONFIDENTIALITY AND NON-DISCLOSURE; SECURITY BREACH REPORTING**

**2.1** For purposes of this Contract, confidential information will not include information or material which (a) enters the public domain (other than as a result of a breach of this Contract); (b) was in the receiving party's possession prior to its receipt from the disclosing party; (c) is independently developed by the receiving party without the use of confidential information; (d) is obtained by the receiving party from a third party under no obligation of confidentiality to the disclosing party; or (e) is not exempt from disclosure under applicable State law.

**2.2 Confidentiality of Contractor Information.** The Contractor acknowledges and agrees that this Contract and any and all Contractor information obtained by the State in connection with the performance of this Contract are subject to the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq. The State will not disclose information for which a reasonable claim of exemption can be made pursuant to 1 V.S.A. § 317(c), including, but not limited to, trade secrets, proprietary information or financial information, including any formulae, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information which is not patented, which is known only to the Contractor, and which gives the Contractor an opportunity to obtain business advantage over competitors who do not know it or use it.

The State shall immediately notify Contractor of any request made under the Access to Public Records Act, or any request or demand by any court, governmental agency or other person asserting a demand or request for Contractor information. Contractor may, in its discretion, seek an appropriate protective order, or otherwise defend any right it may have to maintain the confidentiality of such information under applicable State law within three business days of the State's receipt of any such request. Contractor agrees that it will not make any claim against the State if the State makes available to the public any information in accordance with the Access to Public Records Act or in response to a binding order from a court or governmental body or agency compelling its production. Contractor shall indemnify the State for any costs or expenses incurred by the State, including, but not limited to, attorneys' fees awarded in accordance with 1 V.S.A. § 320, in connection with any action brought in connection with Contractor's attempts to prevent or unreasonably delay public disclosure of Contractor's information if a final decision of a court of competent jurisdiction determines that the State improperly withheld such information and that the improper withholding was based on Contractor's attempts to prevent public disclosure of Contractor's information.

The State agrees that (a) it will use the Contractor information only as may be necessary in the course of performing duties, receiving services or exercising rights under this Contract; (b) it will provide at a minimum the same care to avoid disclosure or unauthorized use of Contractor information as it provides to protect its own similar confidential and proprietary information; (c) except as required by the Access to Records Act, it will not disclose such information orally or in writing to any third party unless that third party is subject to a written confidentiality agreement that contains restrictions and safeguards at least as restrictive as those contained in this Contract; (d) it will take all reasonable precautions to protect the Contractor's information; and (e) it will not otherwise appropriate such information to its own use or to the use of any other person or entity.

Contractor may affix an appropriate legend to Contractor information that is provided under this Contract to reflect the Contractor's determination that any such information is a trade secret, proprietary information or financial information at time of delivery or disclosure.

### 3. SECURITY OF STATE INFORMATION.

**3.1 Security Standards.** To the extent Contractor has access to, processes, handles, collects, transmits, stores or otherwise deals with State Data, the Contractor represents and warrants that it has implemented and it shall maintain during the term of this Contract the highest industry standard administrative, technical, and physical safeguards and controls consistent with NIST *Special Publication 800-53* (version 4 or higher) and *Federal Information Processing Standards Publication 200* and designed to (i) ensure the security and confidentiality of State Data; (ii) protect against any anticipated security threats or hazards to the security or integrity of the State Data; and (iii) protect against unauthorized access to or use of State Data. Such measures shall include at a minimum: (1) access controls on information systems, including controls to authenticate and permit access to State Data only to authorized individuals and controls to prevent the Contractor employees from providing State Data to unauthorized individuals who may seek to obtain this information (whether through fraudulent means or otherwise); (2) industry-standard firewall protection; (3) encryption of electronic State Data while in transit from the Contractor networks to external networks; (4) measures to store in a secure fashion all State Data which shall include multiple levels of authentication; (5) dual control procedures, segregation of duties, and pre-employment criminal background checks for employees with responsibilities for or access to State Data; (6) measures to ensure that the State Data shall not be altered or corrupted without the prior written consent of the State; (7) measures to protect against destruction, loss or damage of State Data due to potential environmental hazards, such as fire and water damage; (8) staff training to implement the information security measures; and (9) monitoring of the security of any portions of the Contractor systems that are used in the provision of the services against intrusion on a twenty-four (24) hour a day basis.

**3.2 Security Breach Notice and Reporting.** The Contractor shall have policies and procedures in place for the effective management of Security Breaches, as defined below, which shall be made available to the State upon request.

In addition to the requirements set forth in any applicable Business Associate Agreement as may be attached to this Contract, in the event of any actual security breach or reasonable belief of an actual security breach the Contractor either suffers or learns of that either compromises or could compromise State Data (a "Security Breach"), the Contractor shall notify the State within 24 hours of its discovery. Contractor shall immediately determine the nature and extent of the Security Breach, contain the incident by stopping the unauthorized practice, recover records, shut down the system that was breached, revoke access and/or correct weaknesses in physical security. Contractor shall report to the State: (i) the nature of the Security Breach; (ii) the State Data used or disclosed; (iii) who made the unauthorized use or received the unauthorized disclosure; (iv) what the Contractor has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure; and (v) what corrective action the Contractor has taken or shall take to prevent future similar unauthorized use or disclosure. The Contractor shall provide such other information, including a written report, as reasonably requested by the State. Contractor shall analyze and document the incident and provide all notices required by applicable law.

In accordance with Section 9 V.S.A. §2435(b)(3), the Contractor shall notify the Office of the Attorney General, or, if applicable, Vermont Department of Financial Regulation ("DFR"), within fourteen (14) business days of the Contractor's discovery of the Security Breach. The notice shall provide a preliminary description of the breach. The foregoing notice requirement shall be included in the subcontracts of any of Contractor's subcontractors, affiliates or agents which may be "data collectors" hereunder.

The Contractor agrees to fully cooperate with the State and assume responsibility at its own expense for the following, to be determined in the sole discretion of the State: (i) notice to affected consumers if the State determines it to be appropriate under the circumstances of any particular Security Breach, in a form recommended by the AGO; and (ii) investigation and remediation associated with a Security Breach, including but not limited to, outside investigation, forensics, counsel, crisis management and credit monitoring, in the sole determination of the State.

The Contractor agrees to comply with all applicable laws, as such laws may be amended from time to time (including, but not limited to, Chapter 62 of Title 9 of the Vermont Statutes and all applicable State and federal laws, rules or regulations) that require notification in the event of unauthorized release of personally-identifiable information or other event requiring notification.

In addition to any other indemnification obligations in this Contract, the Contractor shall fully indemnify and save harmless the State from any costs, loss or damage to the State resulting from a Security Breach or the unauthorized disclosure of State Data by the Contractor, its officers, agents, employees, and subcontractors.

#### **4. CONTRACTOR'S REPRESENTATIONS AND WARRANTIES**

**4.1 General Representations and Warranties.** The Contractor represents, warrants and covenants that:

- (i) The Contractor has all requisite power and authority to execute, deliver and perform its obligations under this Contract and the execution, delivery and performance of this Contract by the Contractor has been duly authorized by the Contractor.
- (ii) There is no pending litigation, arbitrated matter or other dispute to which the Contractor is a party which, if decided unfavorably to the Contractor, would reasonably be expected to have a material adverse effect on the Contractor's ability to fulfill its obligations under this Contract.
- (iii) The Contractor will comply with all laws applicable to its performance of the services and otherwise to the Contractor in connection with its obligations under this Contract.
- (iv) The Contractor (a) owns, or has the right to use under valid and enforceable agreements, all intellectual property rights reasonably necessary for and related to delivery of the services and provision of the services as set forth in this Contract; (b) shall be responsible for and have full authority to license all proprietary and/or third party software modules, including algorithms and protocols, that Contractor incorporates into its product; and (c) none of the services or other materials or technology provided by the Contractor to the State will infringe upon or misappropriate the intellectual property rights of any third party.
- (v) The Contractor has adequate resources to fulfill its obligations under this Contract.
- (vi) Neither Contractor nor Contractor's subcontractors has past state or federal violations, convictions or suspensions relating to miscoding of employees in NCCI job codes for purposes of differentiating between independent contractors and employees.

**4.2 Contractor's Performance Warranties.** Contractor represents and warrants to the State that:

- (i) Each and all of the services shall be performed in a timely, diligent, professional and skillful manner, in accordance with the highest professional or technical standards applicable to such services, by qualified persons with the technical skills, training and experience to perform such services in the planned environment.
- (ii) Any time software is delivered to the State, whether delivered via electronic media or the internet, no portion of such software or the media upon which it is stored or delivered will have any type of software routine or other element which is designed to facilitate unauthorized access to or intrusion upon; or unrequested disabling or erasure of; or unauthorized interference with the operation of any hardware, software, data or peripheral equipment of or utilized by the State. Without limiting the generality of the foregoing, if the State believes that harmful code may be present in any software delivered hereunder, Contractor will, upon State's request, provide a new or clean install of the software. Notwithstanding the foregoing, Contractor assumes no responsibility for the State's negligence or failure to protect data from viruses, or any unintended modification, destruction or disclosure.
- (iii) To the extent Contractor resells commercial hardware or software it purchased from a third party, Contractor will, to the extent it is legally able to do so, pass through any such third party warranties to the State and will reasonably cooperate in enforcing them. Such warranty pass-through will not relieve the Contractor from Contractor's warranty obligations set forth herein.

**5. REMEDIES FOR DEFAULT.** In the event either party is in default under this Contract, the non-defaulting party may, at its option, pursue any or all of the remedies available to it under this Contract, including termination for cause, and at law or in equity.

## 6. TERMINATION

**6.1.** Contractor shall reasonably cooperate with other parties in connection with all services to be delivered under this Contract, including without limitation any successor provider to whom State Data, State Intellectual Property or other State information and materials are to be transferred in connection with termination. Contractor shall assist the State in exporting and extracting any and all State data, in a format usable without the use of the Services and as agreed to by State, at no additional cost. Any transition services requested by State involving additional knowledge transfer and support may be subject to a contract amendment for a fixed fee or at rates to be mutually agreed upon by the parties.

If the State determines in its sole discretion that a documented transition plan is necessary, then no later than sixty (60) days prior to termination, Contractor and the State shall mutually prepare a Transition Plan identifying transition services to be provided.

**6.2. Return of Property.** Upon termination of this Contract for any reason whatsoever, Contractor shall immediately deliver to State all State Intellectual Property and State Data (including without limitation any Deliverables for which State has made payment in whole or in part), that are in the possession or under the control of Contractor in whatever stage of development and form of recordation such State property is expressed or embodied at that time.

**7. DESTRUCTION OF STATE DATA.** At any time during the term of this Contract within thirty days of (i) the State's written request or (ii) termination or expiration of this Contract for any reason, Contractor shall securely dispose of all copies, whether in written, electronic or other form or media, of State Data according to National Institute of Standards and Technology (NIST) approved methods, and certify in writing to the State that such State Data has been disposed of securely. Further, upon the relocation of State Data, Contractor shall securely dispose of such copies from the former data location according to National Institute of Standards and Technology (NIST) approved methods and certify in writing to the State that such State Data has been disposed of securely. Contractor shall comply with all reasonable directions provided by the State with respect to the disposal of State Data.

**8. SOV Cybersecurity Standard Update 2023-01:** Contractor confirms that all products and services provided to or for the use of the State under this Agreement shall be in compliance with *State of Vermont Cybersecurity Standard 2023-01*, which prohibits the use of certain branded products in State information systems or any vendor system that is supporting State information systems, and is available on-line at:

<https://digitalservices.vermont.gov/cybersecurity/cybersecurity-standards-and-directives>



**ATTACHMENT F:  
AGENCY OF HUMAN SERVICES' CUSTOMARY CONTRACT/GRANT PROVISIONS**

1. **Definitions:** For purposes of this Attachment F, the term “Agreement” shall mean the form of the contract or grant, with all of its parts, into which this Attachment F is incorporated. The meaning of the term “Party” when used in this Attachment F shall mean any named party to this Agreement *other than* the State of Vermont, the Agency of Human Services (AHS) and any of the departments, boards, offices and business units named in this Agreement. As such, the term “Party” shall mean, when used in this Attachment F, the Contractor or Grantee with whom the State of Vermont is executing this Agreement. If Party, when permitted to do so under this Agreement, seeks by way of any subcontract, sub-grant or other form of provider agreement to employ any other person or entity to perform any of the obligations of Party under this Agreement, Party shall be obligated to ensure that all terms of this Attachment F are followed. As such, the term “Party” as used herein shall also be construed as applicable to, and describing the obligations of, any subcontractor, sub-recipient or sub-grantee of this Agreement. Any such use or construction of the term “Party” shall not, however, give any subcontractor, sub-recipient or sub-grantee any substantive right in this Agreement without an express written agreement to that effect by the State of Vermont.
2. **Agency of Human Services:** The Agency of Human Services is responsible for overseeing all contracts and grants entered by any of its departments, boards, offices and business units, however denominated. The Agency of Human Services, through the business office of the Office of the Secretary, and through its Field Services Directors, will share with any named AHS-associated party to this Agreement oversight, monitoring and enforcement responsibilities. Party agrees to cooperate with both the named AHS-associated party to this contract and with the Agency of Human Services itself with respect to the resolution of any issues relating to the performance and interpretation of this Agreement, payment matters and legal compliance.
3. **Medicaid Program Parties** (*applicable to any Party providing services and supports paid for under Vermont’s Medicaid program and Vermont’s Global Commitment to Health Waiver*):

**Inspection and Retention of Records:** In addition to any other requirement under this Agreement or at law, Party must fulfill all state and federal legal requirements, and will comply with all requests appropriate to enable the Agency of Human Services, the U.S. Department of Health and Human Services (along with its Inspector General and the Centers for Medicare and Medicaid Services), the Comptroller General, the Government Accounting Office, or any of their designees: (i) to evaluate through inspection or other means the quality, appropriateness, and timeliness of services performed under this Agreement; and (ii) to inspect and audit any records, financial data, contracts, computer or other electronic systems of Party relating to the performance of services under Vermont’s Medicaid program and Vermont’s Global Commitment to Health Waiver. Party will retain for ten years all documents required to be retained pursuant to 42 CFR 438.3(u).

**Subcontracting for Medicaid Services:** Notwithstanding any permitted subcontracting of services to be performed under this Agreement, Party shall remain responsible for ensuring that this Agreement is fully performed according to its terms, that subcontractor remains in compliance with the terms hereof, and that subcontractor complies with all state and federal laws and regulations relating to the Medicaid program in Vermont. Subcontracts, and any service provider agreements entered into by Party in connection with the performance of this Agreement, must clearly specify in writing the responsibilities of the subcontractor or other service provider and Party must retain the authority to revoke its subcontract or service provider agreement or to impose other sanctions if the performance of the subcontractor or service provider is inadequate or if its performance deviates from any requirement of this Agreement. Party shall make available on request all contracts, subcontracts and service provider agreements between the Party, subcontractors and other service providers to the Agency of Human Services and any of its departments as well as to the Center for Medicare and Medicaid Services.

**Medicaid Notification of Termination Requirements:** Party shall follow the Department of Vermont Health Access Managed-Care-Organization enrollee-notification requirements, to include the requirement that Party provide timely notice of any termination of its practice.

**Encounter Data:** Party shall provide encounter data to the Agency of Human Services and/or its departments and ensure further that the data and services provided can be linked to and supported by enrollee eligibility files maintained by the State.

**Federal Medicaid System Security Requirements Compliance:** Party shall provide a security plan, risk assessment, and security controls review document within three months of the start date of this Agreement (and update it annually thereafter) in order to support audit compliance with 45 CFR 95.621 subpart F, *ADP System Security Requirements and Review Process*.

4. **Workplace Violence Prevention and Crisis Response** (*applicable to any Party and any subcontractors and sub-grantees whose employees or other service providers deliver social or mental health services directly to individual recipients of such services*):

Party shall establish a written workplace violence prevention and crisis response policy meeting the requirements of Act 109 (2016), 33 VSA §8201(b), for the benefit of employees delivering direct social or mental health services. Party shall, in preparing its policy, consult with the guidelines promulgated by the U.S. Occupational Safety and Health Administration for *Preventing Workplace Violence for Healthcare and Social Services Workers*, as those guidelines may from time to time be amended.

Party, through its violence protection and crisis response committee, shall evaluate the efficacy of its policy, and update the policy as appropriate, at least annually. The policy and any written evaluations thereof shall be provided to employees delivering direct social or mental health services.

Party will ensure that any subcontractor and sub-grantee who hires employees (or contracts with service providers) who deliver social or mental health services directly to individual recipients of such services, complies with all requirements of this Section.

5. **Non-Discrimination:**

Party shall not discriminate, and will prohibit its employees, agents, subcontractors, sub-grantees and other service providers from discrimination, on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, and on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. Party shall not refuse, withhold from or deny to any person the benefit of services, facilities, goods, privileges, advantages, or benefits of public accommodation on the basis of disability, race, creed, color, national origin, marital status, sex, sexual orientation or gender identity as provided by Title 9 V.S.A. Chapter 139.

No person shall on the grounds of religion or on the grounds of sex (including, on the grounds that a woman is pregnant), be excluded from participation in, be denied the benefits of, or be subjected to discrimination, to include sexual harassment, under any program or activity supported by State of Vermont and/or federal funds.

Party further shall comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, et seq., and with the federal guidelines promulgated pursuant to Executive Order 13166 of 2000, requiring that contractors and subcontractors receiving federal funds assure that persons with limited English proficiency can meaningfully access services. To the extent Party provides assistance to individuals with limited English proficiency through the use of oral or written translation or interpretive services, such individuals cannot be required to pay for such services.

6. **Employees and Independent Contractors:**

Party agrees that it shall comply with the laws of the State of Vermont with respect to the appropriate classification of its workers and service providers as “employees” and “independent contractors” for all purposes, to include for purposes related to unemployment compensation insurance and workers compensation coverage, and proper

payment and reporting of wages. Party agrees to ensure that all of its subcontractors or sub-grantees also remain in legal compliance as to the appropriate classification of “workers” and “independent contractors” relating to unemployment compensation insurance and workers compensation coverage, and proper payment and reporting of wages. Party will on request provide to the Agency of Human Services information pertaining to the classification of its employees to include the basis for the classification. Failure to comply with these obligations may result in termination of this Agreement.

## 7. **Data Protection and Privacy:**

**Protected Health Information:** Party shall maintain the privacy and security of all individually identifiable health information acquired by or provided to it as a part of the performance of this Agreement. Party shall follow federal and state law relating to privacy and security of individually identifiable health information as applicable, including the Health Insurance Portability and Accountability Act (HIPAA) and its federal regulations.

**Substance Abuse Treatment Information:** Substance abuse treatment information shall be maintained in compliance with 42 C.F.R. Part 2 if the Party or subcontractor(s) are Part 2 covered programs, or if substance abuse treatment information is received from a Part 2 covered program by the Party or subcontractor(s).

**Protection of Personal Information:** Party agrees to comply with all applicable state and federal statutes to assure protection and security of personal information, or of any personally identifiable information (PII), including the Security Breach Notice Act, 9 V.S.A. § 2435, the Social Security Number Protection Act, 9 V.S.A. § 2440, the Document Safe Destruction Act, 9 V.S.A. § 2445 and 45 CFR 155.260. As used here, PII shall include any information, in any medium, including electronic, which can be used to distinguish or trace an individual’s identity, such as his/her name, social security number, biometric records, etc., either alone or when combined with any other personal or identifiable information that is linked or linkable to a specific person, such as date and place or birth, mother’s maiden name, etc.

**Other Confidential Consumer Information:** Party agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to and uses of personal information relating to any beneficiary or recipient of goods, services or other forms of support. Party further agrees to comply with any applicable Vermont State Statute and other regulations respecting the right to individual privacy. Party shall ensure that all of its employees, subcontractors and other service providers performing services under this agreement understand and preserve the sensitive, confidential and non-public nature of information to which they may have access.

**Data Breaches:** Party shall report to AHS, through its Chief Information Officer (CIO), any impermissible use or disclosure that compromises the security, confidentiality or privacy of any form of protected personal information identified above within 24 hours of the discovery of the breach. Party shall in addition comply with any other data breach notification requirements required under federal or state law.

## 8. **Abuse and Neglect of Children and Vulnerable Adults:**

**Abuse Registry.** Party agrees not to employ any individual, to use any volunteer or other service provider, or to otherwise provide reimbursement to any individual who in the performance of services connected with this agreement provides care, custody, treatment, transportation, or supervision to children or to vulnerable adults if there has been a substantiation of abuse or neglect or exploitation involving that individual. Party is responsible for confirming as to each individual having such contact with children or vulnerable adults the non-existence of a substantiated allegation of abuse, neglect or exploitation by verifying that fact through (a) as to vulnerable adults, the Adult Abuse Registry maintained by the Department of Disabilities, Aging and Independent Living and (b) as to children, the Central Child Protection Registry (unless the Party holds a valid child care license or registration from the Division of Child Development, Department for Children and Families). See 33 V.S.A. §4919(a)(3) and 33 V.S.A. §6911(c)(3).

**Reporting of Abuse, Neglect, or Exploitation.** Consistent with provisions of 33 V.S.A. §4913(a) and §6903, Party and any of its agents or employees who, in the performance of services connected with this agreement, (a) is a caregiver or has any other contact with clients and (b) has reasonable cause to believe that a child or vulnerable

adult has been abused or neglected as defined in Chapter 49 or abused, neglected, or exploited as defined in Chapter 69 of Title 33 V.S.A. shall: as to children, make a report containing the information required by 33 V.S.A. §4914 to the Commissioner of the Department for Children and Families within 24 hours; or, as to a vulnerable adult, make a report containing the information required by 33 V.S.A. §6904 to the Division of Licensing and Protection at the Department of Disabilities, Aging, and Independent Living within 48 hours. Party will ensure that its agents or employees receive training on the reporting of abuse or neglect to children and abuse, neglect or exploitation of vulnerable adults.

## 9. **Information Technology Systems:**

**Computing and Communication:** Party shall select, in consultation with the Agency of Human Services' Information Technology unit, one of the approved methods for secure access to the State's systems and data, if required. Approved methods are based on the type of work performed by the Party as part of this agreement. Options include, but are not limited to:

1. Party's provision of certified computing equipment, peripherals and mobile devices, on a separate Party's network with separate internet access. The Agency of Human Services' accounts may or may not be provided.
2. State supplied and managed equipment and accounts to access state applications and data, including State issued active directory accounts and application specific accounts, which follow the National Institutes of Standards and Technology (NIST) security and the Health Insurance Portability & Accountability Act (HIPAA) standards.

**Intellectual Property/Work Product Ownership:** All data, technical information, materials first gathered, originated, developed, prepared, or obtained as a condition of this agreement and used in the performance of this agreement -- including, but not limited to all reports, surveys, plans, charts, literature, brochures, mailings, recordings (video or audio), pictures, drawings, analyses, graphic representations, software computer programs and accompanying documentation and printouts, notes and memoranda, written procedures and documents, which are prepared for or obtained specifically for this agreement, or are a result of the services required under this grant -- shall be considered "work for hire" and remain the property of the State of Vermont, regardless of the state of completion unless otherwise specified in this agreement. Such items shall be delivered to the State of Vermont upon 30-days notice by the State. With respect to software computer programs and / or source codes first developed for the State, all the work shall be considered "work for hire," i.e., the State, not the Party (or subcontractor or sub-grantee), shall have full and complete ownership of all software computer programs, documentation and/or source codes developed.

Party shall not sell or copyright a work product or item produced under this agreement without explicit permission from the State of Vermont.

If Party is operating a system or application on behalf of the State of Vermont, Party shall not make information entered into the system or application available for uses by any other party than the State of Vermont, without prior authorization by the State. Nothing herein shall entitle the State to pre-existing Party's materials.

Party acknowledges and agrees that should this agreement be in support of the State's implementation of the Patient Protection and Affordable Care Act of 2010, Party is subject to the certain property rights provisions of the Code of Federal Regulations and a Grant from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. Such agreement will be subject to, and incorporates here by reference, 45 CFR 74.36, 45 CFR 92.34 and 45 CFR 95.617 governing rights to intangible property.

**Security and Data Transfers:** Party shall comply with all applicable State and Agency of Human Services' policies and standards, especially those related to privacy and security. The State will advise the Party of any new policies, procedures, or protocols developed during the term of this agreement as they are issued and will work with the Party to implement any required.

Party will ensure the physical and data security associated with computer equipment, including desktops, notebooks, and other portable devices, used in connection with this Agreement. Party will also assure that any media or mechanism used to store or transfer data to or from the State includes industry standard security mechanisms such as continually up-to-date malware protection and encryption. Party will make every reasonable effort to ensure media or data files transferred to the State are virus and spyware free. At the conclusion of this agreement and after successful delivery of the data to the State, Party shall securely delete data (including archival backups) from Party's equipment that contains individually identifiable records, in accordance with standards adopted by the Agency of Human Services.

Party, in the event of a data breach, shall comply with the terms of Section 7 above.

10. **Other Provisions:**

**Environmental Tobacco Smoke.** Public Law 103-227 (also known as the Pro-Children Act of 1994) and Vermont's Act 135 (2014) (An act relating to smoking in lodging establishments, hospitals, and child care facilities, and on State lands) restrict the use of tobacco products in certain settings. Party shall ensure that no person is permitted: (i) to use tobacco products or tobacco substitutes as defined in 7 V.S.A. § 1001 on the premises, both indoor and outdoor, of any licensed child care center or afterschool program at any time; (ii) to use tobacco products or tobacco substitutes on the premises, both indoor and in any outdoor area designated for child care, health or day care services, kindergarten, pre-kindergarten, elementary, or secondary education or library services; and (iii) to use tobacco products or tobacco substitutes on the premises of a licensed or registered family child care home while children are present and in care. Party will refrain from promoting the use of tobacco products for all clients and from making tobacco products available to minors.

Failure to comply with the provisions of the federal law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The federal Pro-Children Act of 1994, however, does not apply to portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, & Children (WIC) coupons are redeemed.

**2-1-1 Database:** If Party provides health or human services within Vermont, or if Party provides such services near the Vermont border readily accessible to residents of Vermont, Party shall adhere to the "Inclusion/Exclusion" policy of Vermont's United Way/Vermont 211 (Vermont 211), and will provide to Vermont 211 relevant descriptive information regarding its agency, programs and/or contact information as well as accurate and up to date information to its database as requested. The "Inclusion/Exclusion" policy can be found at [www.vermont211.org](http://www.vermont211.org).

**Voter Registration:** When designated by the Secretary of State, Party agrees to become a voter registration agency as defined by 17 V.S.A. §2103 (41), and to comply with the requirements of state and federal law pertaining to such agencies.

**Drug Free Workplace Act:** Party will assure a drug-free workplace in accordance with 45 CFR Part 76.

**Lobbying:** No federal funds under this agreement may be used to influence or attempt to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendments other than federal appropriated funds.

## ATTACHMENT G:

### STATE OF VERMONT- FEDERAL TERMS SUPPLEMENT (Non-Construction)

(Revision date: *July 19, 2023*)

#### **PROCUREMENT OF RECOVERED MATERIALS**

In the performance of this contract, the Contractor shall make maximum use of products containing recovered materials that are EPA-designated Items unless the products cannot be acquired-

1. Competitively within a time frame providing for compliance with the contract performance schedule;
2. Meeting contract performance requirements; or
3. At a reasonable price

Information about this requirement, along with the list of EPA-designated items, is available at the EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

The Contractor also agrees to comply with all other applicable requirements of section 6002 of the Solid Waste Disposal Act.

#### **CLEAN AIR ACT**

1. The contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
2. The contractor agrees to report each violation to the State of Vermont and understands and agrees that the State of Vermont will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
3. The contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

#### **FEDERAL WATER POLLUTION CONTROL ACT**

1. The contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
2. The contractor agrees to report each violation to the State of Vermont and understands and agrees that the State of Vermont will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
3. The contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA. **a.** Standard. Non-Federal entities and contractors are subject to the debarment and suspension regulations implementing Executive Order 12549, *Debarment and Suspension* (1986) and Executive Order 12689, *Debarment and Suspension* (1989) at 2 C.F.R. Part 180 and the Department of Homeland Security's regulations at 2 C.F.R. Part 3000 (Nonprocurement Debarment and Suspension).

#### **CONTRACTOR BREACH, ERRORS AND OMISSIONS**

1. Any breach of the terms of this contract, or material errors and omissions in the work product of the contractor must be corrected by the contractor at no cost to the State, and a contractor may be liable for the State's costs and other damages resulting from errors or deficiencies in its performance.

2. Neither the States' review, approval or acceptance of nor payment for, the services required under this contract shall be construed to operate as a waiver of any rights under this contract or of any cause of action arising out of the performance of this contract.
3. The rights and remedies of the State provided for under this contract are in addition to any other rights and remedies provided by law or elsewhere in the contract.

## **TERMINATION FOR CONVENIENCE**

### **1. General**

- a. Any termination for convenience shall be effected by delivery to the Contractor an Order of Termination specifying the termination is for the convenience of the Agency, the extent to which performance of work under the Contract is terminated, and the effective date of the termination.
- b. In the event such termination occurs, without fault and for reasons beyond the control of the Contractor, all completed or partially completed items of work as of the date of termination will be paid for in accordance with the contract payment terms.
- c. No compensation will be allowed for items eliminated from the Contract.
- d. Termination of the Contract, or portion thereof, shall not relieve the Contractor of its contractual responsibilities for work completed and shall not relieve the Contractor's Surety of its obligation for and concerning any just claim arising out of the work performed.

### **2. Contractor Obligations**

After receipt of the Notice of Termination and except as otherwise directed by the State, the Contractor shall immediately proceed to:

- a. To the extent specified in the Notice of Termination, stop work under the Contract on the date specified.
- b. Place no further orders or subcontracts for materials, services, and/or facilities except as may be necessary for completion of such portion(s) of the work under the Contract as is (are) not terminated.
- c. Terminate and cancel any orders or subcontracts for related to the services, except as may be necessary for completion of such portion(s) of the work under the Contract as is (are) not terminated.
- d. Transfer to the State all completed or partially completed plans, drawings, information, and other property which, if the Contract had been completed, would be required to be furnished to the State.
- e. Take other action as may be necessary or as directed by the State for the protection and preservation of the property related to the contract which is in the possession of the contractor and in which the State has or may acquire any interest.
- f. Make available to the State all cost and other records relevant to a determination of an equitable settlement.

### **3. Claim by Contractor**

After receipt of the Notice of Termination from the state, the Contractor shall submit any claim for additional costs not covered herein or elsewhere in the Contract within 60 days of the effective termination date, and

not thereafter. Should the Contractor fail to submit a claim within the 60-day period, the State may, at its sole discretion, based on information available to it, determine what, if any, compensation is due the Contractor and pay the Contractor the determined amount.

#### 4. Negotiation

Negotiation to settle a timely claim shall be for the sole purpose of reaching a settlement equitable to both the Contractor and the State. To the extent settlement is properly based on Contractor costs, settlement shall be based on actual costs incurred by the Contractor, as reflected by the contract rates. Consequential damages, loss of overhead, loss of overhead contribution of any kind, and/or loss of anticipated profits on work not performed shall not be included in the Contractor's claim and will not be considered, allowed, or included as part of any settlement.





**2024**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

## Imported & Hidden Sample Variables

[ASK ALL]

**SAMTYPE.** Imported Sample Variable: Sample Type

1 Landline  
2 Cell Phone

[ASK ALL]

**STATE.** Imported Sample Variable: State

VT Vermont  
WA Washington

[SET HEALTHDEPT = STATE]

**HEALTHDEPT.** Hidden Variable for Piping: Health Department Name

VT Vermont Department of Health

[SET DEPTPHONE = STATE]

**DEPTPHONE.** Hidden Variable for Piping: Department Phone Number

VT 1-877-364-0915

[SET LENGTH = STATE]

**LENGTH.** Hidden Variable for Piping: Interview Length

VT 22

[ASK ALL]

**ASGCNTY.** Imported Sample Variable: County by State

001 001  
003 003  
005 005  
007 007  
009 009  
011 011  
013 013  
015 015  
017 017  
019 019  
021 021  
023 023  
025 025  
027 027

[ASK ALL]

**HGENDER.** Hidden Variable for storing values entered at SAB2, SAB3, SAB4, SEX2, ASKGENDR, ASKGENDR2,MOD23\_1

- 1 male
- 2 female

[ASK ALL]

**ORIG\_GENDER.** Hidden question for piping him/her into resume intro

IF SAB2=1 OR SAB3=1 OR SAB4=1 OR SEX2=1 OR ASKGENDR=1 OR ASKGENDR2=1 SET ORIG\_GENDER=1

IF SAB2=2 OR SAB3=2 OR SAB4=2 OR SEX2=2 OR ASKGENDR=2 OR ASKGENDR2=2 SET ORIG\_GENDER=2

- 1 him
- 2 her

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

**CWEEKDAY.** System variable - Current weekday

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

**CMONTH.** System variable - Current month

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

11 November  
12 December

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

[ASK ALL]

**BRFSS\_FLAG.** Imported Sample Variable for routing.

DATA PROCESSING NOTE: If BRFSS\_FLAG=3, CLEAR SELFLAG BEFORE TRANSFERRING

- 1 BRFSS respondent
- 2 Asthma respondent who started Asthma survey in main BRFSS
- 3 Asthma respondent who did not start Asthma survey in main BRFSS

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

# Behavioral Risk Factor Surveillance System

## 2024 Questionnaire

### Table of Contents

|  |            |
|--|------------|
| <b>Table of Contents</b> .....   | <b>5</b>   |
| Interviewer’s Script Landline.....   | 6          |
| Interviewer’s Script Cell Phone .....  | 16         |
| <b>Core Sections</b> .....   | <b>23</b>  |
| Section 1: Health Status .....   | 23         |
| Section 2: Healthy Days .....  | 23         |
| Section 3: Healthcare Access.....  | 25         |
| Section 4: Exercise .....  | 27         |
| Section 5: Oral Health .....   | 27         |
| Section 6: Chronic Health Conditions.....  | 28         |
| Module 3: Arthritis.....   | 31         |
| Module 2: Diabetes.....  | 32         |
| Section 7: Demographics .....  | 35         |
| Module 23: Sex at Birth .....  | 37         |
| <b>VT State-Added Section 1: Sexual Orientation and Gender Identity (SOGI)</b> ..... | <b>38</b>  |
| VT State-Added Section: County .....   | 41         |
| <b>VT State-Added Section 2: Town of Residence</b> .....                             | <b>42</b>  |
| Section 8: Disability .....  | 63         |
| Section 9: Breast and Cervical Cancer Screening .....                                | 65         |
| Section 10: Colorectal Cancer Screening .....  | 67         |
| Section 11: Tobacco Use .....  | 72         |
| Module 16: Tobacco Cessation .....   | 72         |
| <b>VT State-Added Section 3: Other Tobacco Use</b> .....                             | <b>74</b>  |
| Section 12: Lung Cancer Screening.....   | 75         |
| Module 10: Prostate Cancer Screening .....   | 78         |
| Section 13: Alcohol Consumption .....  | 80         |
| Section 14: Immunization .....   | 82         |
| Section 15: H.I.V./AIDS .....  | 85         |
| <b>Optional Modules</b> .....  | <b>87</b>  |
| Module 11: Cognitive Decline.....  | 87         |
| Module 14: Social Determinants of Health and Health Equity .....                     | 88         |
| Module 15: Marijuana Use.....  | 92         |
| <b>Vermont State Added Sections</b> .....  | <b>94</b>  |
| <b>VT State-Added Section 4: Reason for Marijuana Use</b> .....                      | <b>94</b>  |
| <b>VT State-Added Section 5: Driving Under the Influence of Marijuana</b> .....      | <b>94</b>  |
| Module 21: Random Child Selection .....  | 95         |
| Module 22: Childhood Asthma Prevalence .....   | 102        |
| Module 25: Family Planning .....   | 103        |
| <b>VT State-Added Section 6: Drinking Water and Testing</b> .....                    | <b>105</b> |
| <b>VT State-Added Section 7: Suicide Ideation</b> .....                              | <b>106</b> |

**Asthma Call Back Permission** ..... 106  
Asthma Sample Variables ..... 109

### Interviewer's Script Landline

Form Approved  
OMB No. 0920-1061  
Exp. Date 12/31/2024

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

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at [grp2@cdc.gov](mailto:grp2@cdc.gov).

**ANSWERING MACHINE MESSAGE TEXT:**

**AM\_TEXT.** TO BE LEFT ON 1<sup>ST</sup>, 4<sup>TH</sup>, AND 9<sup>TH</sup> ATTEMPTS THAT RESULT IN ANSWERING MACHINE.

1 Hello, I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of US residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [DEPTPHONE] at your convenience. Thank you.

**PRIVACY MANAGER MESSAGE TEXT:**

**PM\_TEXT.** TO BE LEFT ON THE 1<sup>ST</sup>, 4<sup>TH</sup>, 9<sup>TH</sup> ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

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

[ASK IF (SELFLAG NE 1 OR GETADULT=1)]

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

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

[IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE:** If Respondent objects to being contacted by a state where they never lived, say: "This survey is conducted by all states and your information will be forwarded to the correct state of residence.""]

01 Yes – Continue

02 No [HIDE IF (NOT SAMPTYPE=1)]

03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF (NOT SAMPTYPE=2)]

[NON-CLEANING SKIP]

10 Callback [NON-CLEANING SKIP]

20 Refusal [NON-CLEANING SKIP]

D3 Answering Machine [NON-CLEANING SKIP]

B2 Busy [NON-CLEANING SKIP]

DA Dead Air [NON-CLEANING SKIP]

HU Hang Up [NON-CLEANING SKIP]

NA No Answer [NON-CLEANING SKIP]

NW Non-Working Number [NON-CLEANING SKIP]

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



**INT02.** Hello, my name is \_\_\_\_\_ and I am calling back on behalf of the [HEALTHDEPT]. We recently spoke to an adult in your household about an important health survey.

[IF SAMPTYPE=1 INSERT: “When we called previously the person with the most recent birthday was selected to be interviewed.

May I please speak to”] [IF INT02\_CB = 01 AND SAMPTYPE=1 insert “[INT02\_CB]?”; IF SAMPTYPE=1 AND INT02\_CB NE 01 INSERT “them”] [IF SAMPTYPE=1 insert “to finish the survey now?”]

[IF SAMPTYPE=1 INSERT: “**INTERVIEWER NOTE: If person on the phone is not the selected respondent, read the following after transferring to the selected respondent.**”

Hello, my name is \_\_\_\_\_ and I am calling back on behalf of the [HEALTHDEPT] about an important health survey.”] [IF SAMPTYPE=1 INSERT: “When we last called, you were selected to complete the interview and we would like to finish the survey now.”]

[IF SAMPTYPE=2 INSERT: “When we called previously we were unable to complete the interview. We would like to finish the survey with the same adult we spoke to previously. May I please speak to”] [IF SAMPTYPE=2 insert “them?”]

[IF SAMPTYPE=2 INSERT “**INTERVIEWER NOTE: If person on the phone is not the previously selected respondent, wait for the previous respondent to come to the phone**”

and then proceed to ask, “Is this a safe time to talk with you?” If respondent is the previously selected respondent then proceed to ask, “Is this a safe time to talk with you?”

If the selected respondent is on the line and says this is a safe time to talk please select option 01 “Selected on the line” to proceed further.”]

[IF SAMPTYPE=2 INSERT “Is this a safe time to talk with you?”]

- 01 Selected on the line
- 04 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)][NON-CLEANING SKIP]
- 03 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW] [HIDE IF NOT(SAMPTYPE=1)][NON-CLEANING SKIP]
- 10 Callback [NON-CLEANING SKIP]
- 20 Refusal [NON-CLEANING SKIP]
- D3 Answering Machine [NON-CLEANING SKIP]
- B2 Busy [NON-CLEANING SKIP]
- DA Dead Air [NON-CLEANING SKIP]
- HU Hang Up [NON-CLEANING SKIP]
- NA No Answer [NON-CLEANING SKIP]
- NW Non-Working Number [NON-CLEANING SKIP]

[ASK IF INT01=02]

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

- 1 Continue [ASSIGN DISPO U1] [NON-CLEANING SKIP]

[ASK IF INT01=01 AND SAMPTYPE=1]

**HS1.** Is this a private residence?

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

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

**INTERVIEWER NOTE:** Business numbers which are also used for personal communication are eligible.

- 1 Yes
- 2 No
- 3 No, this is a business

[ASK IF HS1=3]

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

- 1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

**COLLEGE.** Do you live in college housing?

**READ ONLY IF NECESSARY:** By college housing we mean dormitory, graduate student, or visiting faculty housing, or other housing arrangement provided by a college or university.

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

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

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

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

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

- 1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

**STRES.** Do you currently live in [STATE]?

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

[ASK IF STRES=2,7,9]

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

- 1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

**HS2.** Is this a cell phone?

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

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

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

[ASK IF HS2=1]

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

- 1 Continue [ASSIGN DISPO M3]

[ASK IF HS2=2]

**ADULT.** Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF HS1=1 AND HS2=2]

**ADULTS.** 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?

**INTERVIEWER:** If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULT=2 OR (HS1=1 AND HS2=2 AND ADULTS=0)]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF ADULTS=1]

**ONEADULT.** Are you the adult?

1 Yes  
2 No

[ASK IF ONEADULT=2]

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

1 Yes, adult coming to the phone [GO TO INT01]  
2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND ADULT=1 )]

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

1 Continue

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND HS2=2 AND ADULT=1)]

**ASKGENDR.** Are you male, female, transgender, non-binary, or another gender?

**Read if necessary:** We ask this question to determine which health related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.

- 1 Male
- 2 Female
- 3 Transgender, non-binary, or another gender
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF ASKGENDR=3,7,9 AND (ONEADULT=1 OR (HS2=2 AND ADULT=1))]

**SAB2.** What was your sex at birth? Was it male or female?

**Read if necessary: What sex were you assigned at birth on your original birth certificate?**

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

[ASK IF SAB2=7,9]

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

- 1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

**RESPSLCT.** The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?

**INTERVIEWER:** If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

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

**[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the adult with the most recent birthday?"]**

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is \_\_\_\_\_. We are gathering information about the health of U.S. residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.]

1 Yes

4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

5 No, adult refused [GO TO INT20 TERM]

6 TERM [GO TO INTXX]

[ASK IF RESPSLCT=1]

**ASKGENDR2.** Are you male, female, transgender, non-binary, or another gender

**Read if necessary:** We ask this question to determine which health related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.

1 Male

2 Female

3 Transgender, non-binary, or another gender

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF ASKGENDR2=3,7,9 AND (ONEADULT=1 OR RESPSLCT=1)]

**SAB4.** What was your sex at birth? Was it male or female?

**Read if necessary:** What sex were you assigned at birth on your original birth certificate?

1 Male

2 Female

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF SAB4=7,9]

**XX9.** Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF SAMPTYPE=1]

**YOURTHE1.** I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

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

1 Person Interested, Continue

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

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

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

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

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

**PHONE.** Is this \$N?

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

1 Yes

2 No



3 Not a safe time/driving [GO TO TERM]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PHONE=2]

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

1 Continue [CODE AS U1]

[ASK IF PHONE=1]

**CELLFON2.** Is this a cell phone?

1 Yes

2 No

3 Not a safe time / driving [GO TO TERM]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CELLFON2=2]

**NOTCELL1.** Thank you very much, but we are only interviewing persons on cell phones at this time.

1 Continue [ASSIGN DISPO M2]

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

**NOTCELL2.** Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

**CADULT.** Are you 18 years of age or older?

1 Yes

2 No

[ASK IF CADULT=2]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

**SEX2.** Are you male, female, transgender, non-binary, or another gender?

**READ IF NECESSARY:** We ask this question to determine which health related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.

- 1 Male
- 2 Female
- 3 Transgender, non-binary, or another gender

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF SEX2=3,7,9]

**SAB3.** What was your sex at birth? Was it male or female?

**Read if necessary:** What sex were you assigned at birth on your original birth certificate?

- 1 Male
- 2 Female

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF SAB3=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

**PVTRES2.** Do you live in a private residence?

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

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

- 1 Yes
- 2 No

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

[ASK IF PVTRES2=2]

**COLLEGE2.** Do you live in college housing?

**READ ONLY IF NECESSARY:** By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

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

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

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

[ASK IF COLLEGE2=2,3,7,9 OR PVTRES2=7,9]

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

- 1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

**CSTATE.** Do you currently live in [STATE]?

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE=7,9]

**X5.** Thank you very much for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

**RSPSTATE.** In what state do you currently live?

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

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

[ASK IF CSTATE=2 AND (STATE=VT AND RSPSTATE=VT)]

**STATEVER.** I'm sorry, I previously recorded that you did not live in [STATE]. I need to go back and correct this inconsistency.

1 Continue [GO BACK TO CSTATE]

[ASK IF RSPSTATE= 99 OR (CSTATE=2 AND STATE=VT AND RSPSTATE NE VT)]

**REFSTATE.** I'm sorry, but our data is compiled by state. [IF STATE=VT INSERT: "We are only interviewing residents of the state of Vermont."] Thank you for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]

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

1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

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

**READ ONLY IF NECESSARY:** By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=1]

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

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE

99 REFUSED

[ASK IF SAMPTYPE=2]

**SVINTRO.** I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the

interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

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

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

## Core Sections

### Section 1: Health Status

---

[ASK ALL]

#### S1Q1. Section 1: Health Status

Would you say that in general your health is —

**PLEASE READ:**

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

**DO NOT READ:**

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

### Section 2: Healthy Days

---

[ASK ALL]

#### S2Q1. Section 2: Healthy Days

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

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

RANGE 1-30 [NUMBER BOX] Number of days

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

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

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

RANGE 1-30 [NUMBER BOX] Number of days

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

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

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

RANGE 1-30 [NUMBER BOX] Number of days

88 None



77 DON'T KNOW / NOT SURE  
99 REFUSED

### Section 3: Healthcare Access

---

[ASK ALL]

#### **S3Q1. Section 3: Healthcare Access**

What is the current primary source of your health care coverage?

**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.

#### **READ IF NECESSARY:**

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

#### **DO NOT READ**

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

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

If no, read: "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

[ASK ALL]

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

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

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

**READ 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

## Section 4: Exercise

---

[ASK ALL]

### S4Q1. Section 4: Exercise

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Section 5: Oral Health

---

[ASK ALL]

### S5Q1. Section 5: Oral Health

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

#### **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**

8 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S5Q2.** Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

**READ IF NECESSARY:**

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

**DO NOT READ**

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

## Section 6: Chronic Health Conditions

---

[ASK ALL]

**S6Q1. Section 6: 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

[ASK ALL]

**S6Q2.** (Ever told) (you had) angina or coronary heart disease?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q3.** (Ever told) (you had) a stroke?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q4.** (Ever told) (you had) asthma?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S6Q4=1]

**S6Q5.** Do you still have asthma?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q6.** (Ever told) (you had) skin cancer that is not melanoma?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q7.** (Ever told) (you had) melanoma or any other types of cancer?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q8.** (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q9.** (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q10.** Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S6Q11.** (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

**INTERVIEWER DO NOT READ:** 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

### Module 3: Arthritis

[ASK IF S6Q11=1 AND CSTATE NE 2]

#### MOD3\_1. Module 3: Arthritis

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

**INTERVIEWER NOTE:** If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.

1 Yes

2 No

7 DON'T KNOW/NOT SURE

9 REFUSED

[ASK ALL]

**S6Q12.** (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

[ASK IF HGENDER=1 AND S6Q12=2]

**S6Q12A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S6Q12]

[ASK IF S6Q12=1]

**S6Q13.** How old were you when you were first told you had diabetes?

**INTERVIEWER:** 97 = 97 or older

RANGE 1-97 [NUMBER BOX] Code age in years

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

## Module 2: Diabetes

---

[ASK IF S6Q12=1 AND CSTATE NE 2]

**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

[ASK IF S6Q12=1 AND CSTATE NE 2]

**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

[ASK IF S6Q12=1 AND CSTATE NE 2]

**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?

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

**INTERVIEWER:** 76 = 76 or more

RANGE 1-76 [NUMBER BOX] Number of times

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

[ASK IF S6Q12=1 AND CSTATE NE 2]

**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?

**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**

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

[ASK IF S6Q12=1 AND CSTATE NE 2]

**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?

**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**

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

[ASK IF S6Q12=1 AND CSTATE NE 2]

**MOD2\_6.** When was the last time you took a course or class in how to manage your diabetes yourself?

**READ IF NECESSARY**

- 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

**DO NOT READ**

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

[ASK IF S6Q12=1 AND CSTATE NE 2]

**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

## Section 7: Demographics

[ASK ALL]

### S7Q1. Section 7: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX] Code age in years

07 DON'T KNOW / NOT SURE

09 REFUSED

[ASK IF S6Q13>S7Q1 AND S7Q1 NE 07,09 AND S6Q13 NE 98,99]

**S7Q1CHK.** You said you are [S7Q1] years of age and told you had diabetes at age [S6Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S7Q1]

[ASK IF MOD7\_2>S7Q1 AND S7Q1 NE 07,09 AND MOD7\_2 NE 98,99]

**S7Q1CHK2.** You said you are [S7Q1] years of age and told you had cancer at age [MOD7\_2]. I must correct this inconsistency.

1 GO BACK [GO TO S7Q1]

[ASK ALL]

**S7Q2.** Are you Hispanic, Latino/a, or Spanish origin?

1 No

2 Yes

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S7Q2=2]

[MUL=4]

**S7Q2B.** Are you...

**INTERVIEWER NOTE:** One or more categories may be selected.

**PLEASE READ**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 9 REFUSED [EXCLUSIVE]

[ASK ALL]

[MUL=6]

**S7Q3.** Which one or more of the following would you say is your race?

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ**

- 10 [IF S7Q2=2 INSERT "Hispanic"] White
- 20 [IF S7Q2=2 INSERT "Hispanic"] Black or African American
- 30 [IF S7Q2=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF S7Q2=2 INSERT "Hispanic"] Asian
- 50 [IF S7Q2=2 INSERT "Hispanic"] Pacific Islander

**DO NOT READ**

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

[ASK IF S7Q3=40]

[MUL=8]

**S7Q3A.** Is that ...

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ**

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

**DO NOT READ**

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

[ASK IF S7Q3=50]

[MUL=4]

**S7Q3PI.** Is that...

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ**

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

**DO NOT READ**

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

**Module 23: Sex at Birth**

[ASK IF CSTATE NE 2 AND SAB2 NE 1,2 AND SAB3 NE 1,2 AND SAB4 NE 1,2]

**MOD23\_1. Module 23: Sex at Birth**

What was your sex at birth? Was it male or female?

**INTERVIEWER:** This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.

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

### VT State-Added Section 1: Sexual Orientation and Gender Identity (SOGI)

---

[ASK IF STATE=VT AND CSTATE NE 2]

#### VT1\_1A. State-Added Section 1: Sexual Orientation and Gender Identity (SOGI)

Which of the following best represents your sexual orientation?

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

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

If a respondent says “straight,” select heterosexual (no need to confirm heterosexual).

Definitions:

Sexual orientation indicates which gender or genders a person is sexually attracted to.

A heterosexual person is only attracted to people they consider their opposite sex (i.e., male attracted to female or female attracted to male).

Bisexual is an umbrella term for people who experience sexual and/or emotional attraction to more than one gender.

Pansexual people feel attracted to many/any gender(s).

Queer is an umbrella term for sexual minorities who are not cisgender and/or heterosexual.

Asexual: An asexual person does not experience sexual attraction – they are not drawn to people sexually and do not desire to act upon attraction to others in a sexual way.

**PLEASE READ:**

- 01 1- Gay or Lesbian
- 02 2- Heterosexual
- 03 3- Bisexual or Pansexual
- 04 4- Queer
- 05 5- Questioning
- 06 6- Asexual
- 07 7- You use a different term
- 08 8- Two-Spirit/Indigiqueer [HIDE IF S7Q3 NE 30]

**DO NOT READ:**

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

[ASK IF STATE=VT AND CSTATE NE 2]

**VT1\_2.** Do you consider yourself to be transgender?

**READ IF NECESSARY:** Some people describe themselves as transgender when their gender identity is different than the sex they were assigned at birth. Their gender expression can be masculine, feminine, fluid, and/or not binary.

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

[ASK IF STATE=VT AND CSTATE NE 2]

**VT1\_3.** How do you describe your gender identity?

**READ IF NECESSARY:** Earlier in the survey, you provided your sex. Now we are asking about your gender identity. For some people they are the same and for some people they are different. (Only read if respondent is confused that they are being asked for sex again)

Gender identity is the internal sense someone has of their gender, how someone feels who they are emotionally, mentally, physically, and spiritually regardless of their gender expression.

**PLEASE READ:**

- 1 Female
- 2 Male
- 3 You use a different term

**DO NOT READ:**

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

[ASK ALL]

**S7Q4.** Are you...?

**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

[ASK ALL]

**S7Q5.** What is the highest grade or year of school you completed?

**READ IF NECESSARY**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)



**DO NOT READ**

9 REFUSED

[ASK ALL]

**S7Q6.** 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

VT State-Added Section: County

[ASK IF STATE=VT AND CSTATE NE 2]

**VT\_CNTY. State-Added Section: County**

In what county do you currently live?

001 Addison

003 Bennington

005 Caledonia

007 Chittenden

009 Essex

011 Franklin  
013 Grand Isle  
015 Lamoille  
017 Orange  
019 Orleans  
021 Rutland  
023 Washington  
025 Windham  
027 Windsor  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF CSTATE=2]

**CNTY.** In what county do you currently live?

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

[ASK IF STATE= VT AND CSTATE NE 2]

**S7Q7.** Aggregated state-specific county response

VT [VT\_CNTY]  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE= VT AND S7Q7 NE 77,99 AND CSTATE NE 2]

**S7Q7C.** I just want to confirm, you said you live in the county of [S7Q7]. Is that correct?

1 Yes, correct county  
2 No, incorrect county [GO BACK TO AR\_cnty]

## VT State-Added Section 2: Town of Residence

[ASK IF (VT\_CNTY=001 OR (VT\_CNTY=777,999 AND ASGCNTY=001)) AND CSTATE NE 2]

**VTTOWN1.** State-Added Section: Town of Residence

What town do you live in?

**INTERVIEWER NOTE:** IF REFUSED PLEASE SAY: "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

0101 ADDISON  
0102 BRIDPORT  
0103 BRISTOL  
0104 CORNWALL  
0105 FERRISBURG  
0106 GOSHEN  
0107 GRANVILLE  
0108 HANCOCK  
0109 LEICESTER  
0110 LINCOLN  
0111 MIDDLEBURY  
0112 MONKTON  
0113 NEW HAVEN  
0114 ORWELL  
0115 PANTON  
0116 RIPTON  
0117 SALISBURY  
0118 SHOREHAM  
0119 STARKSBORO  
0120 VERGENNES  
0121 WALTHAM  
0122 WEYBRIDGE  
0123 WHITING

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF (VT\_CNTY=003 OR (VT\_CNTY=777,999 AND ASGCNTY=003)) AND CSTATE NE 2]  
**VTTOWN3.** What town do you live in?

**INTERVIEWER NOTE: IF REFUSED PLEASE SAY:** "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

0201 ARLINGTON  
0202 BENNINGTON  
0203 DORSET  
0217 GLASTENBURY  
0204 LANDGROVE  
0205 MANCHESTER  
0206 PERU  
0207 POWNAL  
0208 READSBORO  
0209 RUPERT  
0210 SANDGATE  
0211 SEARSBURG  
0212 SHAFTSBURY  
0213 STAMFORD  
0214 SUNDERLAND  
0215 WINHALL  
0216 WOODFORD

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=005 OR (VT\_CNTY=777,999 AND ASGCNTY=005)) AND CSTATE NE 2]  
**VTTOWN5.** What town do you live in?

**INTERVIEWER NOTE: IF REFUSED PLEASE SAY:** "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

0301 BARNET  
0302 BURKE  
0303 DANVILLE  
0605 FAIRFIELD  
0304 GROTON  
0305 HARDWICK  
0306 KIRBY

0307 LYNDON  
0308 NEWARK  
0309 PEACHAM  
0310 RYEGATE  
0311 SHEFFIELD  
0312 ST. JOHNSBURY  
0313 STANNARD  
0314 SUTTON  
0315 WALDEN  
0316 WATERFORD  
0317 WHEELOCK

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=007 OR (VT\_CNTY=777,999 AND ASGCNTY=007)) AND CSTATE NE 2]  
**VTTOWN7**. What town do you live in?

**INTERVIEWER NOTE:** IF REFUSED PLEASE SAY: "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

0401 BOLTON  
0419 BUEL'S GORE  
0402 BURLINGTON  
0403 CHARLOTTE  
0404 COLCHESTER  
0405 ESSEX  
0406 HINESBURG  
0407 HUNTINGTON  
0408 JERICHO  
0409 MILTON  
0410 RICHMOND  
0411 SHELBURNE  
0412 SOUTH BURLINGTON  
0413 ST. GEORGE  
0414 UNDERHILL  
0415 WESTFORD  
0416 WILLISTON

0417 WINOOSKI

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=009 OR (VT\_CNTY=777,999 AND ASGCNTY=009)) AND CSTATE NE 2]

**VTTOWN9.** What town do you live in?

**INTERVIEWER NOTE:** IF REFUSED PLEASE SAY: "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

0514 AVERILL  
0515 AVERY'S GORE (ESSEX)  
0501 BLOOMFIELD  
0502 BRIGHTON  
0503 BRUNSWICK  
0504 CANAAN  
0505 CONCORD  
0506 EAST HAVEN  
0516 FERDINAND  
0507 GRANBY  
0508 GUILDHALL  
0509 LEMINGTON  
0517 LEWIS  
0510 LUNENBURG  
0511 MAIDSTONE  
0512 NORTON  
0513 VICTORY  
0519 WARREN'S GORE

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=011 OR (VT\_CNTY=777,999 AND ASGCNTY=011)) AND CSTATE NE 2]

**VTTOWN11.** What town do you live in?

**INTERVIEWER NOTE: IF REFUSED PLEASE SAY:** "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

0601 BAKERSFIELD  
0602 BERKSHIRE  
0603 ENOSBURG  
0604 FAIRFAX  
0605 FAIRFIELD  
0606 FLETCHER  
0607 FRANKLIN  
0608 GEORGIA  
0609 HIGHGATE  
0610 MONTGOMERY  
0611 RICHFORD  
0612 SHELDON  
0614 ST. ALBANS CITY  
0613 ST. ALBANS TOWN  
0615 SWANTON

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=013 OR (VT\_CNTY=777,999 AND ASGCNTY=013)) AND CSTATE NE 2]  
**VTTOWN13.** What town do you live in?

**INTERVIEWER NOTE: IF REFUSED PLEASE SAY:** "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

0701 ALBURG  
0702 GRAND ISLE  
0703 ISLE LA MOTTE  
0704 NORTH HERO  
0705 SOUTH HERO

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=015 OR (VT\_CNTY=777,999 AND ASGCNTY=015)) AND CSTATE NE 2]  
**VTTOWN15.** What town do you live in?

**INTERVIEWER NOTE:** IF REFUSED PLEASE SAY: "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

0801 BELVIDERE  
0802 CAMBRIDGE  
0803 EDEN  
0804 ELMORE  
0805 HYDE PARK  
0806 JOHNSON  
0807 MORRISTOWN  
0808 STOWE  
0809 WATERVILLE  
0810 WOLCOTT

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=017 OR (VT\_CNTY=777,999 AND ASGCNTY=017)) AND CSTATE NE 2]  
**VTTOWN17.** What town do you live in?

**INTERVIEWER NOTE:** IF REFUSED PLEASE SAY: "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

0901 BRADFORD  
0902 BRAINTREE  
0903 BROOKFIELD  
0904 CHELSEA  
0905 CORINTH  
0906 FAIRLEE  
0907 NEWBURY  
0908 ORANGE  
0909 RANDOLPH  
0910 STRAFFORD



0911 THETFORD  
0912 TOPSHAM  
0913 TUNBRIDGE  
0914 VERSHIRE  
0915 WASHINGTON  
0916 WEST FAIRLEE  
0917 WILLIAMSTOWN

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=019 OR (VT\_CNTY=777,999 AND ASGCNTY=019)) AND CSTATE NE 2]  
**VTTOWN19.** What town do you live in?

**INTERVIEWER NOTE:** IF REFUSED PLEASE SAY: "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

1001 ALBANY  
1002 BARTON  
1003 BROWNINGTON  
1004 CHARLESTON  
1005 COVENTRY  
1006 CRAFTSBURY  
1007 DERBY  
1008 GLOVER  
1009 GREENSBORO  
1010 HOLLAND  
1011 IRASBURG  
1012 JAY  
1013 LOWELL  
1014 MORGAN  
1015 NEWPORT CITY  
1016 NEWPORT TOWN  
1017 TROY  
1018 WESTFIELD  
1019 WESTMORE

8888 Other Specify [TEXT BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=021 OR (VT\_CNTY=777,999 AND ASGCNTY=021)) AND CSTATE NE 2]  
**VTTOWN21**. What town do you live in?

**INTERVIEWER NOTE:** IF REFUSED PLEASE SAY: "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

1101 BENSON  
1102 BRANDON  
1103 CASTLETON  
1104 CHITTENDEN  
1105 CLARENDON  
1106 DANBY  
1107 FAIR HAVEN  
1108 HUBBARDTON  
1109 IRA  
1110 MENDON  
1111 MIDDLETOWN SPRINGS  
1112 MOUNT HOLLY  
1113 MOUNT TABOR  
1114 PAWLET  
1115 PITTSFIELD  
1116 PITTSFORD  
1117 POULTNEY  
1118 PROCTOR  
1119 RUTLAND CITY  
1120 RUTLAND TOWN  
1121 SHERBURNE  
1122 SHREWSBURY  
1123 SUDBURY  
1124 TINMOUTH  
1125 WALLINGFORD  
1126 WELLS  
1127 WEST HAVEN  
1128 WEST RUTLAND

8888 Other Specify [TEXT BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=023 OR (VT\_CNTY=777,999 AND ASGCNTY=023)) AND CSTATE NE 2]  
**VTTOWN23**. What town do you live in?

**INTERVIEWER NOTE:** IF REFUSED PLEASE SAY: "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

1202 BARRE CITY  
1201 BARRE TOWN  
1203 BERLIN  
1204 CABOT  
1205 CALAIS  
1206 DUXBURY  
1207 EAST MONTPELIER  
1208 FAYSTON  
1209 MARSHFIELD  
1210 MIDDLESEX  
1211 MONTPELIER  
1212 MORETOWN  
1213 NORTHFIELD  
1214 PLAINFIELD  
1215 ROXBURY  
1216 WAITSFIELD  
1217 WARREN  
1218 WATERBURY  
1219 WOODBURY  
1220 WORCESTER

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[IF (VT\_CNTY=025 OR (VT\_CNTY=777,999 AND ASGCNTY=025)) AND CSTATE NE 2]  
**VTTOWN25**. What town do you live in?

**INTERVIEWER NOTE: IF REFUSED PLEASE SAY:** "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

- 1301 ATHENS
- 1302 BRATTLEBORO
- 1303 BROOKLINE
- 1304 DOVER
- 1305 DUMMERSTON
- 1306 GRAFTON
- 1307 GUILFORD
- 1308 HALIFAX
- 1309 JAMAICA
- 1310 LONDONDERRY
- 1311 MARLBORO
- 1312 NEWFANE
- 1313 PUTNEY
- 1314 ROCKINGHAM
- 1323 SOMERSET
- 1315 STRATTON
- 1316 TOWNSHEND
- 1317 VERNON
- 1318 WARDBORO
- 1319 WESTMINSTER
- 1320 WHITINGHAM
- 1321 WILMINGTON
- 1322 WINDHAM

8888 Other Specify [TEXT BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

[IF (VT\_CNTY=027 OR (VT\_CNTY=777,999 AND ASGCNTY=027)) AND CSTATE NE 2]  
**VTTOWN27**. What town do you live in?

**INTERVIEWER NOTE: IF REFUSED PLEASE SAY:** "This information is used to place your responses with others in your region to determine your local health care needs. Your survey responses are confidential and this information will not be used to identify you."

1401 ANDOVER

1402 BALTIMORE  
1403 BARNARD  
1404 BETHEL  
1405 BRIDGEWATER  
1406 CAVENDISH  
1407 CHESTER  
1408 HARTFORD  
1409 HARTLAND  
1410 LUDLOW  
1411 NORWICH  
1412 PLYMOUTH  
1413 POMFRET  
1414 READING  
1415 ROCHESTER  
1416 ROYALTON  
1417 SHARON  
1418 SPRINGFIELD  
1419 STOCKBRIDGE  
1420 WEATHERSFIELD  
1422 WEST WINDSOR  
1421 WESTON  
1423 WINDSOR  
1424 WOODSTOCK

8888 Other Specify [TEXT BOX]  
7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[AGGREGATE VTTOWN1-VTTOWN27 IF ALL(VTTOWN1-VTTOWN27 NE 7777,8888,9999)]  
**VTTOWN:** Aggregate VTTOWN1-VTTOWN27 IF ALL(VTTOWN1-VTTOWN27 NE 7777,8888,9999)

01 <VTTOWN1>  
02 <VTTOWN3>  
03 <VTTOWN5>  
04 <VTTOWN7>  
05 <VTTOWN9>  
06 <VTTOWN11>  
07 <VTTOWN13>  
08 <VTTOWN15>

09 <VTTOWN17>  
10 <VTTOWN19>  
11 <VTTOWN21>  
12 <VTTOWN23>  
13 <VTTOWN25>  
14 <VTTOWN27>

[ASK IF VTTOWN NE BLANK]

**VTCHKT.** I want to make sure that I got it right. You said you live in the town of [VTTOWN]. Is that correct?

01 Yes, correct as is  
02 No, re-ask question [GO BACK TO VTTOWN1]

[ASK ALL]

**S7Q8.** What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE  
99999 REFUSED

[ASK IF S7Q8 NE 77777,99999]

**S7Q8C.** I just want to confirm, you said your zip code is [S7Q8]. Is that correct?

1 Yes, correct zip code  
2 No, incorrect zip code [GO BACK TO S7Q8]

[ASK IF SAMPTYPE=1]

**S7Q9.** 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

[ASK IF S7Q9=1]

**S7Q10.** How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

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

[ASK ALL]

**S7Q11.** How many cell phones do you have for your personal use?

**READ IF NECESSARY:** Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

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

[ASK ALL]

**S7Q12.** 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?

**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.

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

[ASK ALL]

**S7Q13.** Are you currently...?

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

**PLEASE READ**

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

**DO NOT READ**

- 9 REFUSED

**[ASK ALL]**

**S7Q14.** How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX] Number of children

- 88 NONE
- 99 REFUSED

**[ASK IF S7Q14=1-87]**

**S7Q14CHK. INTERVIEWER DO NOT READ:** you entered the respondent has [S7Q14] [IF S7Q14=1 INSERT “child”; IF S7Q14=2-87 INSERT “children”] under 18 living in their household. Is that correct?

- 1 Yes
- 2 No [GO BACK TO S7Q14]
  
- 9 REFUSED

**[ASK ALL]**



**S7Q15A.** Is your annual household income from all sources –

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

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q15A=01]

**S7Q15B.** Less than \$25,000 (\$20,000 to less than \$25,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q15B=01]

**S7Q15C.** Less than \$20,000 (\$15,000 to less than \$20,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q15C=01]

**S7Q15D.** Less than \$15,000 (\$10,000 to less than \$15,000)?

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S7Q15D=01]

**S7Q15E.** Less than \$10,000?

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S7Q15A=02]

**S7Q15F.** Less than \$50,000 (\$35,000 to less than \$50,000)?

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S7Q15F=02]

**S7Q15G.** Less than \$75,000 (\$50,000 to less than \$75,000)?

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S7Q15G=02]

**S7Q15H.** Less than \$100,000 (\$75,000 to less than \$100,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q15H=02]

**S7Q15I.** Less than \$150,000 (\$100,000 to less than \$150,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q15I=02]

**S7Q15J.** Less than \$200,000 (\$150,000 to less than \$200,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q15J=02]

**S7Q15K.** \$200,000 or more?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

SET S7Q15=01 IF S7Q15E=01  
SET S7Q15=02 IF S7Q15E=02  
SET S7Q15=03 IF S7Q15D=02  
SET S7Q15=04 IF S7Q15C=02  
SET S7Q15=05 IF S7Q15B=02  
SET S7Q15=06 IF S7Q15F=01  
SET S7Q15=07 IF S7Q15G=01  
SET S7Q15=08 IF S7Q15H=01  
SET S7Q15=09 IF S7Q15I=01  
SET S7Q15=10 IF S7Q15J=01 OR IF S7Q15K=02  
SET S7Q15=11 IF S7Q15K=01  
SET S7Q15=77 IF ANY S7Q15A-S7Q15K=77  
SET S7Q15=99 IF ANY S7Q15A-S7Q15K=99

[ASK ALL]

**S7Q15.** Aggregated response to income question

05 Less than \$35,000 (\$25,000 to less than \$35,000)  
04 Less than \$25,000 (\$20,000 to less than \$25,000)  
03 Less than \$20,000 (\$15,000 to less than \$20,000)  
02 Less than \$15,000 (\$10,000 to less than \$15,000)  
01 Less than \$10,000  
06 Less than \$50,000 (\$35,000 to less than \$50,000)  
07 Less than \$75,000 (\$50,000 to less than \$75,000)  
08 Less than \$100,000 (\$75,000 to less than \$100,000)  
09 Less than \$150,000 (\$100,000 to less than \$150,000)  
10 Less than \$200,000 (\$150,000 to less than \$200,000)  
11 \$200,000 or more

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S7Q15 NE 77,99]

**S7Q15AA.** Your Annual Household Income is [S7Q15]. Is This Correct?

- 1 Yes, correct as is.
- 2 No, re-ask question [GO BACK TO S7Q15A]

[ASK IF HGENDER=2 AND S7Q1=18-49]

**S7Q16.** To your knowledge, are you now pregnant?

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

[ASK ALL]

**PS7Q17.** About how much do you weigh without shoes?

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

- P Pounds
- K Kilograms
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PS7Q17=P]

**S7Q17.** About how much do you weigh without shoes?

**INTERVIEWER NOTE: Round fractions up**

RANGE 50-776 [NUMBER BOX] Weight

- 7777 DON'T KNOW / NOT SURE
- 9999 REFUSED

[ASK IF S7Q17=50-79 OR S7Q17=351-776]

**S7Q17\_A. INTERVIEWER DO NOT READ:** You entered [S7Q17] pounds as the respondent's weight. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S7Q17]

[ASK IF PS7Q17=K]

**S7Q17M.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 23-352 [NUMBER BOX] Weight

- 7777 DON'T KNOW / NOT SURE
- 9999 REFUSED

[ASK IF S7Q17M=23-352 AND PS7Q17=K]

**S7Q17AM.** **INTERVIEWER DO NOT READ:** You entered [S7Q17M] kilograms as the respondent's weight. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S7Q17M]

[ASK ALL]

**PS7Q18.** About how tall are you without shoes?

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

- F Feet
- M Centimeters

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

[ASK IF PS7Q18=F]

**S7Q18.** About how tall are you without shoes?

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

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

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S7Q18=300-407 OR S7Q18=609-711]

**S7Q18A. INTERVIEWER DO NOT READ:** You entered [S7Q18] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S7Q18]

[ASK IF PS7Q18=M]

**S7Q18M.** About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX] Height

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S7Q18M=90-254 AND PS7Q18=M]

**S7Q18AM. INTERVIEWER DO NOT READ:** You entered [S7Q18M] centimeters tall. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S7Q18M]

## Section 8: Disability

[ASK ALL]

### **S8Q1. Section 8: Disability**

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

Are you deaf or do you have serious difficulty hearing?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S8Q2.** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S8Q3.** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S8Q4.** Do you have serious difficulty walking or climbing stairs?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S8Q5.** Do you have difficulty dressing or bathing?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED



[ASK ALL]

**S8Q6.** 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 9: Breast and Cervical Cancer Screening

---

[ASK IF HGENDER=2]

**S9Q1. Section 9: Breast and Cervical Cancer Screening**

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

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

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

[ASK IF S9Q1=1]

**S9Q2.** How long has it been since you had your last mammogram?

**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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF HGENDER=2]

**S9Q3.** There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test.

Have you ever had a cervical cancer screening test?

**Read if necessary:** These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S9Q3=1]

**S9Q4.** How long has it been since you had your last cervical cancer screening test?

**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 3 years (2 years but less than 3 years ago)

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

5 5 or more years ago

**DO NOT READ**

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S9Q3=1]

**S9Q5.** At your most recent cervical cancer screening, did you have a Pap test?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S9Q3=1]

**S9Q6.** At your most recent cervical cancer screening, did you have an H.P.V. test?

**INTERVIEWER:** H.P.V. stands for Human Papillomavirus (pap-uh-loh-muh virus)

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 Refused

[ASK IF HGENDER=2 AND S7Q16 NE 1]

**S9Q7.** Have you had a hysterectomy?

**Read if necessary:** A hysterectomy is an operation to remove the uterus (womb).

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Section 10: Colorectal Cancer Screening

[ASK IF (S7Q1=45-99 OR S7Q1=07, 09)]

**S10Q1. Section 10: Colorectal Cancer Screening**

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

**Interviewer Note:** A sigmoidoscopy checks part of the colon and you are fully awake. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

1 Yes

2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S10Q1=1]

**S10Q2.** Have you had a colonoscopy, a sigmoidoscopy, or both?

- 1 Colonoscopy
- 2 Sigmoidoscopy
- 3 Both

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S10Q2=1,3]

**S10Q3.** How long has it been since your most recent colonoscopy?

**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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S10Q2=2,3]

**S10Q4.** How long has it been since your most recent sigmoidoscopy?

**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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ**

7 DON'T KNOW / NOT SURE

9 REFUSED



[ASK IF S10Q2=3]

**S10Q5.** How long has it been since your most recent colonoscopy or sigmoidoscopy?

**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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ**

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

[ASK IF (S7Q1=45-99 OR S7Q1=07, 09)]

**S10Q6.** Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

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

[ASK IF S10Q6=1]

**S10Q7.** A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

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

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

[ASK IF S10Q7=1]

**S10Q8.** When was your most recent CT colonography or virtual colonoscopy?

**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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ**

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

[ASK IF S10Q6=1]

**S10Q9.** One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

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

- 1 Yes
- 2 No

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

[ASK IF S10Q9=1]

**S10Q10.** How long has it been since you had this test?

**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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S10Q6=1]

**S10Q11.** Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

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

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

[ASK IF S10Q11=1]

**S10Q12.** Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

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

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

[ASK IF S10Q11=1]

**S10Q13.** How long has it been since you had this test?

**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 3 years (2 years but less than 3 years ago)

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

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

Section 11: Tobacco Use

---

[ASK ALL]

**S11Q1. Section 11: Tobacco Use**

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

**INTERVIEWER NOTE:** Do not include: electronic cigarettes (e-cigarettes, njoy, 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

[ASK IF S11Q1=1]

**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 16: Tobacco Cessation

---

[ASK IF S11Q1=1 AND S11Q2=3 AND CSTATE NE 2]



## MOD16\_1. Module 16: Tobacco Cessation

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

### 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

### DO NOT READ

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

[ASK IF S11Q2=1,2 AND CSTATE NE 2]

**MOD16\_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

[ASK ALL]

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

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

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**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.

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

**INTERVIEWER NOTE:** If respondent says “Not at all” ask if they 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 Used them in the past but do not currently use them at all

7 DON'T KNOW / NOT SURE  
9 REFUSED

### VT State-Added Section 3: Other Tobacco Use

[ASK IF STATE=VT AND CSTATE NE 2 AND S11Q2=1,2]

#### VT3\_1. State-Added Section 3: 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

[ASK IF STATE=VT AND CSTATE NE 2 AND S11Q4=2,3]

**VT3\_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

## Section 12: Lung Cancer Screening

[ASK IF S11Q1=1 AND S11Q2=1,2,3]

**S12Q1. Section 12: Lung Cancer Screening**

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

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

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

RANGE 1-100 [NUMBER BOX] Age in Years

888 NEVER SMOKED CIGARETTES REGULARLY

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF S7Q1<S12Q1 AND S7Q1 NE 07,09 AND S12Q1 NE 888,777,999]

**S12Q1C.** Previously you indicated you were [S7Q1] years old, but stated you were [S12Q1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S12Q1]

[ASK IF S11Q1=1 AND S11Q2=2,3 AND S12Q1 NE 888]

**S12Q2.** How old were you when you last smoked cigarettes regularly?

RANGE 1-100 [NUMBER BOX] Age in Years

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S12Q2=1-100 AND S7Q1=18-99 AND S7Q1<S12Q2 AND S7Q1 NE 07,09 AND S12Q2 NE 777,999]

**S12Q2C.** Previously you indicated you were [S7Q1] years old, but stated you were [S12Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S12Q2]

[ASK IF S11Q1=1 AND S11Q2=1,2,3 AND S12Q1 NE 888]

**S12Q3.** On average, when you [IF S11Q2=1,2 INSERT "smoke"; IF S11Q2=3 INSERT "smoked"] regularly, about how many cigarettes [IF S11Q2=1,2 INSERT "do"; IF S11Q2=3 INSERT "did"] you usually smoke each day?

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

**INTERVIEWER NOTE:** Respondents may answer in packs instead of number of cigarettes. Below is a conversion table:

|                           |                           |
|---------------------------|---------------------------|
| 0.5 PACK = 10 CIGARETTES  | 1.75 PACK = 35 CIGARETTES |
| 0.75 PACK = 15 CIGARETTES | 2 PACKS = 40 CIGARETTES   |
| 1 PACK = 20 CIGARETTES    | 2.5 PACKS= 50 CIGARETTES  |
| 1.25 PACK = 25 CIGARETTES | 3 PACKS= 60 CIGARETTES    |
| 1.5 PACK = 30 CIGARETTES  |                           |

RANGE 1-300 [NUMBER BOX] Number of cigarettes

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S12Q4.** The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine.

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

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

[ASK IF S12Q4=1]

**S12Q5.** Were any of the CT or CAT Scans of your chest area done mainly to check or screen for lung cancer?

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

[ASK IF S12Q5=1]

**S12Q6.** When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

**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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**DO NOT READ**

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

## Module 10: Prostate Cancer Screening

[ASK IF (S7Q1=40-99 OR S7Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]

### MOD10\_1. Module 10: Prostate Cancer Screening

Have you ever had a P.S.A. test?

**INTERVIEWER:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

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

[ASK IF MOD10\_1=1]

**MOD10\_2.** About how long has it been since your most recent P.S.A. test?

**INTERVIEWER:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

#### 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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

#### DO NOT READ

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

[ASK IF MOD10\_1=1]

**MOD10\_3.** What was the main reason you had this P.S.A. test – was it ...?

**INTERVIEWER NOTE:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

**PLEASE READ**

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason

**DO NOT READ**

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

[ASK IF MOD10\_1=1]

**MOD10\_4.** Who first suggested this P.S.A. test: you, your doctor, or someone else?

- 1 Self
- 2 Doctor, nurse, health care professional
- 3 Someone else

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

[ASK IF (S7Q1>39 OR S7Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]

**MOD10\_5.** When you met with a doctor, nurse, or other health professional, did they talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or P.S.A. test?

**INTERVIEWER NOTE:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

- 1 Advantages
- 2 Disadvantages
- 3 Both advantages and disadvantages

**DO NOT READ**

- 4 Neither
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 13: Alcohol Consumption

---

[ASK ALL]

### S13Q1. Section 13: 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?

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

1\_\_ Days per week (RANGE 101-107)

2\_\_ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

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

[ASK IF S13Q1 NE 888,777,999]

**S13Q2.** During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

RANGE 1-76 [NUMBER BOX] Number of drinks

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

[ASK IF S13Q2=88]



**S13Q3CHK.** I'm sorry, you just indicated that you had 0 drinks on the average in the past 30 days but stated a few questions prior that you had at least one drink of any alcoholic beverage in the past 30 days. I must correct this inconsistency.

1 GO BACK [GO TO S13Q1]

[ASK IF S13Q2=12-76]

**S13Q2A. INTERVIEWER DO NOT READ:** You entered that the respondent consumes [S13Q2] drinks per day. Is that correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S13Q2]

[ASK IF S13Q1 NE 888,777,999]

**S13Q3.** Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX] Number of times

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

[ASK IF S13Q3=16-76]

**S13Q3A. INTERVIEWER DO NOT READ:** You entered that in the past month there were [S13Q3] occasions when the respondent had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S13Q3]

[ASK IF S13Q1 NE 888,777,999]

**S13Q4.** During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX] Number of drinks

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

[ASK IF S13Q4=16-76]

**S13Q4A. INTERVIEWER DO NOT READ:** You entered that in the past 30 days the respondent had [S13Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S13Q4]

[ASK IF (S13Q3=88 AND HGENDER=2 AND S13Q4=4-76) OR (S13Q3=88 AND HGENDER=1 AND S13Q4=5-76)]

**S13Q4B.** I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S13Q4]

[ASK IF (S13Q3=1-76 AND HGENDER=2 AND S13Q4=1-3) OR (S13Q3=1-76 AND HGENDER=1 AND S13Q4=1-4)]

**S13Q4C.** I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S13Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S13Q3]

## Section 14: Immunization

---

[ASK ALL]

### **S14Q1. Section 14: Immunization**

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

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

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

9 REFUSED

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S14Q1=1]

**S14Q2M.** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

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

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S14Q1=1]

**S14Q2Y.**

Code YEAR (RANGE 2023-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S14Q1=1 AND ((S14Q2M<CMONTH AND S14Q2Y<CYEAR) OR (CYEAR-S14Q2Y>=2))]

**S14Q2CHK.** Previously you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

1 Yes [GO BACK TO S14Q2M]  
2 No

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

**S14Q2CHK2.** I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S14Q2M]

[ASK IF S14Q1=1]

**S14Q3.** At what kind of place did you get your last flu shot or vaccine?

**Read if necessary:** How would you describe the place where you went to get your most recent flu vaccine?

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

**READ IF NECESSARY:**

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 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
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S14Q4.** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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

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

### Section 15: H.I.V./AIDS

---

[ASK ALL]

#### **S15Q1. Section 15: 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

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S15Q1=1]

**S15Q2M.** Not including blood donations, in what month and year was your last H.I.V. test?

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

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

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May

06 June  
07 July  
08 August  
09 September  
10 October  
11 November  
12 December

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S15Q1=1]

**S15Q2Y.**

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

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S15Q2Y=CYEAR AND S15Q2M>CMONTH AND NOT(S15Q2M=77,99)]

**S15Q2CHK.** I'm sorry, but you said you had a H.I.V. test in the past, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S15Q2M]

[ASK ALL]

**S15Q3.** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

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

Do any of these situations apply to you?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Optional Modules

### Module 11: Cognitive Decline

---

[ASK IF (S7Q1>=45 OR S7Q1=07,09) AND CSTATE NE 2]

#### MOD11\_1. Module 11: 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

[ASK IF MOD11\_1=1]

#### MOD11\_2. Are you worried about these difficulties with thinking or memory?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD11\_1=1]

MOD11\_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

[ASK IF MOD11\_1=1]

**MOD11\_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

[ASK IF MOD11\_1=1]

**MOD11\_5.** During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

**Interviewer note:** If respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Module 14: Social Determinants of Health and Health Equity

---

[ASK IF CSTATE NE 2]

**MOD14\_1. Module 14: Social Determinants of Health and Health Equity**

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

**PLEASE READ**

1 Very Satisfied

2 Satisfied



3 Dissatisfied  
4 Very dissatisfied

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD14\_2.** How often do you get the social and emotional support that you need? Is that...

**PLEASE READ**

1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
5 Never

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD14\_3.** How often do you feel lonely? Is it...

**PLEASE READ**

1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
5 Never

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD14\_4.** In the past 12 months have you lost employment or had hours reduced?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD14\_5.** During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

**INTERVIEWER NOTE:** If respondent indicates they are enrolled in Three Squares or Three Squares Vermont, code response as yes.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD14\_6.** During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

**PLEASE READ**

1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
5 Never

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD14\_7.** During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**MOD14\_8.** During the last 12 months was there a time when an electric, gas, oil or water company threatened to shut off services?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**MOD14\_9.** During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**MOD14\_10.** How safe from crime do you consider your neighborhood to be? Would you say...

**PLEASE READ**

1 Extremely safe

2 Safe

3 Unsafe

4 Extremely unsafe

**DO NOT READ**

7 DON'T KNOW / NOT SURE

9 REFUSED

## Module 15: Marijuana Use

[ASK IF CSTATE NE 2]

### MOD15\_1. Module 15: Marijuana Use

The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.

During the past 30 days, on how many days did you use marijuana or cannabis?

**INTERVIEWER NOTE:** Do not include hemp-based CBD-only products

RANGE 1-30 [NUMBER BOX] Number of days

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

[ASK IF MOD15\_1 =1-30]

**MOD15\_2.** During the past 30 days, did you smoke it (for example, in a joint, bong, pipe or blunt)?

**INTERVIEWER NOTE:** Do not include hemp-based CBD-only products.

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

[ASK IF MOD15\_1 =1-30]

**MOD15\_3.** Did you eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?

**INTERVIEWER NOTE:** Do not include hemp-based CBD-only products.

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

[ASK IF MOD15\_1 =1-30]

**MOD15\_4.** Did you vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)

**INTERVIEWER NOTE:** Do not include hemp-based CBD-only products.

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

[ASK IF MOD15\_1 =1-30]

**MOD15\_5.** Did you dab it (for example, using a dabbing rig, knife, or dab pen)?

**INTERVIEWER NOTE:** Do not include hemp-based CBD-only products.

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

[ASK IF MOD15\_1 =1-30]

**MOD15\_6.** Did you use it in some other way?

**INTERVIEWER NOTE:** Do not include hemp-based CBD-only products.

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

[ASK IF MORE THAN 1 OF MOD15\_2-MOD15\_6=1]

**MOD15\_7.** During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

**INTERVIEWER NOTE:** Select one. If respondent provides more than one say: "Which way did you use it most often?"

**INTERVIEWER:** Do not include hemp-based CBD-only products

**PLEASE READ:**

- 1 **Smoke it** (for example, in a joint, bong, pipe, or blunt). [HIDE IF MOD15\_2 NE 1]
- 2 **Eat it or drink it** (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) [HIDE IF MOD15\_3 NE 1]
- 3 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device) [HIDE IF MOD15\_4 NE 1]
- 4 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or [HIDE IF MOD15\_5 NE 1]
- 5 **Use it some other way.** [HIDE IF MOD15\_6 NE 1]

**DO NOT READ:**

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

Vermont State Added Sections

**VT State-Added Section 4: Reason for Marijuana Use**

[ASK IF STATE=VT AND CSTATE NE 2 AND (MOD15\_1=1-30 OR MOD15\_1=77)]

**VT4\_1. State-Added Section 4: Reason for Marijuana Use**

When you used marijuana or cannabis during the past 30 days, was it usually:

**PLEASE READ:**

- 1 For medical reasons (like to treat or decrease symptoms of a health condition)
- 2 For non-medical reasons (like to have fun or fit in), or
- 3 For both medical and non-medical reasons

**DO NOT READ:**

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

**VT State-Added Section 5: Driving Under the Influence of Marijuana**

[ASK IF STATE=VT AND CSTATE NE 2 AND (MOD15\_1=1-30 OR MOD15\_1=77)]

**VT5\_1. State-Added Section 5: Driving Under the Influence of Marijuana**

During the past 30 days, on how many days did you drive a car or other vehicle within 3 hours of using marijuana or cannabis?

\_\_\_ (RANGE 1-30) [NUMBER BOX]

88 None

77 Don't know/Not sure

99 Refused

### Module 21: Random Child Selection

[ASK IF S7Q14=1 AND CSTATE NE 2]

#### MOD21T1. Module 21: Random Child Selection

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

1 Continue

[ASK IF S7Q14=2-87 AND CSTATE NE 2]

[IF S7Q14=2-87, RANDOMLY SET RNDCHILD USING S7Q14 RESPONSE FOR RANDOMIZATION]

**RNDCHILD.** System Generated Variable: Randomly Selected Child

01 first

02 second

03 third

04 fourth

05 fifth

06 sixth

07 seventh

08 eighth

09 ninth

10 tenth

11 eleventh

12 twelfth

13 thirteenth

14 fourteenth

15 fifteenth

- 16 sixteenth
- 17 seventeenth
- 18 eighteenth
- 19 nineteenth
- 20 twentieth
- 21 twenty-first
- 22 twenty-second
- 23 twenty-third
- 24 twenty-fourth
- 25 twenty-fifth
- 26 twenty-sixth
- 27 twenty-seventh
- 28 twenty-eighth
- 29 twenty-ninth
- 30 thirtieth
- 31 thirty-first
- 32 thirty-second
- 33 thirty-third
- 34 thirty-fourth
- 35 thirty-fifth
- 36 thirty-sixth
- 37 thirty-seventh
- 38 thirty-eighth
- 39 thirty-ninth
- 40 fortieth
- 41 forty-first
- 42 forty-second
- 43 forty-third
- 44 forty-fourth
- 45 forty-fifth
- 46 forty-sixth
- 47 forty-seventh
- 48 forty-eighth
- 49 forty-ninth
- 50 fiftieth
- 51 fifty-first
- 52 fifty-second
- 53 fifty-third
- 54 fifty-fourth
- 55 fifty-fifth



- 56 fifty-sixth
- 57 fifty-seventh
- 58 fifty-eight
- 59 fifty-ninth
- 60 sixtieth
- 61 sixty-first
- 62 sixty-second
- 63 sixty-third
- 64 sixty-fourth
- 65 sixty-fifth
- 66 sixty-sixth
- 67 sixty-seventh
- 68 sixty-eighth
- 69 sixty-ninth
- 70 seventieth
- 71 seventy-first
- 72 seventy-second
- 73 seventy-third
- 74 seventy-fourth
- 75 seventy-fifth
- 76 seventy-sixth
- 77 seventy-seventh
- 78 seventy-eighth
- 79 seventy-ninth
- 80 eightieth
- 81 eighty-first
- 82 eighty-second
- 83 eighty-third
- 84 eighty-fourth
- 85 eighty-fifth
- 86 eighty-sixth
- 87 eighty-seventh

[ASK IF S7Q14=2-87 AND CSTATE NE 2]

**MOD21T2.** Previously, you indicated there were [S7Q14] children age 17 or younger in your household. Think about those [S7Q14] 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 [RNDCHILD] child in your household. All following questions about children will be about the [RNDCHILD] child.

1 Continue

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

**MOD21\_1M.** What is the birth month and year of the [RNDCHILD] child?

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

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

**MOD21\_1Y.**

Code YEAR (RANGE 2006-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF MOD21\_1M>CMONTH and MOD21\_1Y=CYEAR AND MOD21\_1M NE 77,99]

**MOD21\_1CHK.** I'm sorry, but you have given me a date that is in the future. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD21\_1M]

[ASK IF MOD21\_1Y<=CYEAR]

**CHLDAGE1.** Calculate child's age in months.

[ASK IF MOD21\_1Y<=CYEAR]

**CHLDAGE2.** Calculate child's age in years

[ASK IF CHLDAGE1>216]

**MOD21\_1CHK2.** I'm sorry, but the birth month and year you have given me is for a child who is over 18 years of age. The child must be age 17 or younger. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD21\_1M]

[ASK IF S7Q14=1-87AND CSTATE NE 2]

**MOD21\_2.** Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 3 Nonbinary / other

9 REFUSED

[ASK IF MOD21\_2=3,9]

**MOD21\_3.** What was the child's sex on their original birth certificate?

- 1 Boy
- 2 Girl

9 REFUSED

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

**MOD21\_4.** Is the child Hispanic, Latino/a, or Spanish origin?

- 1 No
- 2 Yes

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD21\_4=2]

[MUL=4]

**MOD21\_4B.** Are they...

**INTERVIEWER NOTE:** One or more categories may be selected

**PLEASE READ:**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**DO NOT READ:**

- 5 No [EXCLUSIVE]
- 7 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, MOD21\_3 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

[MUL=6]

**MOD21\_5.** Which one or more of the following would you say is the race of the child?

**INTERVIEWER NOTE:** SELECT ALL THAT APPLY

**PLEASE READ:**

- 10 [IF MOD21\_4=2 INSERT "Hispanic"] White
- 20 [IF MOD21\_4=2 INSERT "Hispanic"] Black or African American
- 30 [IF MOD21\_4=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF MOD21\_4=2 INSERT "Hispanic"] Asian
- 50 [IF MOD21\_4=2 INSERT "Hispanic"] Pacific Islander

**DO NOT READ:**

- 60 Other

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

[ASK IF MOD21\_5=40]

[MUL=8]

**MOD21\_5A.** Is that...

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ:**

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

**DO NOT READ:**

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

[ASK IF MOD21\_5=50]

[MUL=4]

**MOD21\_5P.** Is that...

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ:**

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

**DO NOT READ:**

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

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

**MOD21\_6.** How are you related to the child? Are you a...

**PLEASE READ:**

- 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

**DO NOT READ:**

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

Module 22: Childhood Asthma Prevalence

---

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

**MOD22\_1.** Module 22: 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

[ASK IF MOD22\_1=1]

**MOD22\_2.** Does the child still have asthma?

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

## Module 25: Family Planning

---

[ASK IF HGENDER=2 AND S7Q1<50 AND S7Q16=2,7,9 AND S9Q7=2,7,9 AND CSTATE NE 2]

### MOD25\_1. Module 25: Family Planning

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

In the past 12 months, did you have sexual intercourse?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

---

[ASK IF MOD25\_1=1]

**MOD25\_2.** Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy.

The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

---

[ASK IF MOD25\_2=1]

**MOD25\_3.** The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

**INTERVIEWER NOTE:** If respondent reports using two methods, please code the method that occurs first on the list.

**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.

**READ IF NECESSARY:**

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

**DO NOT READ:**

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

[ASK IF MOD25\_2=2]

**MOD25\_4.** Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.

What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

**INTERVIEWER:** If respondent reports “other reason,” ask respondent to “Please Specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ IF NECESSARY:**

- 01 You didn't think you were going to have sex / no regular partner
- 02 You just didn't think about it
- 03 You wanted a pregnancy
- 04 You didn't care if you got pregnant



- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)
- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or "pulling out"
- 10 You had your tubes tied (sterilization)
- 11 Your partner had a vasectomy (sterilization)
- 12 You were breast-feeding or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons

**DO NOT READ:**

77 DON'T KNOW / NOT SURE

99 REFUSED

### VT State-Added Section 6: Drinking Water and Testing

[ASK IF STATE=VT AND CSTATE NE 2]

#### VT6\_1. State-Added Section 6: Drinking Water and Testing

What is the main source of water that comes into your home?

**INTERVIEWER:** If respondents answers "well", probe for which well category.

**READ IF NECESSARY:**

- 01 A public water system (for example, it may be operated by town/city/municipality/private company; you pay a water bill)
- 02 A private drilled well (artesian/bedrock), serving a single family home
- 03 A private dug well, serving a single family home
- 04 A private spring, serving a single family home
- 05 Don't know whether drilled well, dug well or spring, but serving a single family home
- 06 A shared private drilled well, dug well or spring, serving less than 25 people (shared between your home and one or more neighboring homes)
- 07 A surface water source (lake, creek, or river)
- 08 Other

**DO NOT READ:**

77 Don't Know/Not sure

99 Refused

[Ask VT6\_1=02,03,04,05,06,07,08,77,99]

**VT6\_2.** When was the last time your private water was tested for arsenic?

- 1 Within the last year
- 2 Within the last 5 years
- 3 More than 5 years ago
- 4 Never
  
- 7 Don't Know/Not sure
- 9 Refused

### VT State-Added Section 7: Suicide Ideation

[ASK IF STATE=VT AND CSTATE NE 2]

**VT7\_1. State-Added Section 7: Suicide Ideation**

Next I'm going to ask you a question about suicide. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. If this question creates a need for additional information, please call or text the Suicide and Crisis Lifeline at 988.

In the past 12 months did you ever seriously consider attempting suicide?

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

### Asthma Call Back Permission

**ACFLAG\_SPLIT.** Hidden question to determine if asthma interview is asked about adult or child.

(Both child and adult have or had asthma)

IF S6Q5=1,2,7,9 AND MOD22\_2=1,2,7,9 AND CSTATE NE 2 AND STATE= VT THEN SET ACFLAG\_SPLIT=2 100% OF THE TIME

(Only one has or had asthma)

IF S6Q5=1,2,7,9 AND MOD22\_2 NE 1,2,7,9 AND CSTATE NE 2 AND STATE= VT THEN SET ACFLAG\_SPLIT=1

IF S6Q5 NE 1,2,7,9 AND MOD22\_2=1,2,7,9 AND CSTATE NE 2 AND STATE= VT THEN SET ACFLAG\_SPLIT=2

1 adult

2 child

**ACFLAG.** Which person in the household was selected as the focus of the asthma call-back?

SET ACFLAG=01 IF ACFLAG\_SPLIT=1 AND S6Q5=1

SET ACFLAG=02 IF ACFLAG\_SPLIT=1 AND S6Q5=2,7,9

SET ACFLAG=03 IF ACFLAG\_SPLIT=2 AND MOD22\_2=1

SET ACFLAG=04 IF ACFLAG\_SPLIT=2 AND MOD22\_2=2,7,9

01 adult with asthma

02 adult had asthma

03 child with asthma

04 child had asthma

[ASK IF (ACFLAG=01,02,03,04 AND STATE= VT)]

**AST1a. Asthma Call Back Permission**

We would like to talk to you 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. Would it be okay to continue with those questions now?

1 Yes

2 No

[ASK IF AST1a=2]

**AST1b.** Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

[ASK IF AST1A=1 AND ACFLAG=03,04]

**MKP1.** Are you the parent or guardian in the household who knows the most about the child's asthma?

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

[ASK IF (AST1=1 OR AST1B=1) AND ACFLAG=03,04]

**MKP.** Are you the parent or guardian in the household who knows the most about the child's asthma?

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

[ASK IF MKP1=2,7,9]

**ATP1.** Can I please speak to the parent or guardian in the household who knows the most about the child's asthma?

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

[ASK IF MKP=2,7,9 OR ATP1=2,7,9]

**ATP.** Can I please have the name of the parent or guardian in the household who knows the most about the child's asthma?

- 1 Gave Response [TEXT BOX]

7 DON'T KNOW  
9 REFUSED

[ASK IF ACFLAG=03,04 AND (AST1=1 OR AST1A=1 OR AST1B=1) AND NOT ATP=7,9]

**CNAME.** Can I please have either your child's first name or initials, so we will know who to ask about during the survey?

1 Gave Response [TEXT BOX]

7 DON'T KNOW  
9 REFUSED

**ASTHMA\_FLAG** Hidden variable for redirecting asthma follow-up respondents. To be used after COMPLETE disposition is assigned.

SET ASTHMA\_FLAG=1 IF AST1A=1 AND ACFLAG=01,02

SET ASTHMA\_FLAG=2 IF AST1A = 1 and (MKP1 = 1 or ATP1 = 1 or ATP = 1)

SET ASTHMA\_FLAG=3 IF ACFLAG=01,02,03,04 AND (AST1B=1 OR AST1=1) AND NOT(ATP=7,9)

1 continue to adult asthma

2 continue to child asthma

3 schedule callback for asthma follow-up

[ASK IF ASTHMA\_FLAG NE 1,2,3]

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

1 Continue

PROGRAMMER:

[INT61: SET COMPLETE STATUS]

## Asthma Sample Variables

[ASK ALL]

**AHESHE.** Hidden Variable for Piping: IF HGENDER1 set 1; IF HGENDER=2, set 2

1 he

2 she

**ASM\_ANAME.** Hidden Variable for piping: IF AST2A\_CB=01, SET ASM\_ANAME=1. IF ATP=1, SET ASM\_ANAME=2. IF NOT(AST2A\_CB=01 OR ATP=1), SET ASM\_ANAME=3

1 [AST2A\_CB]

2 [ATP]

3 the [HGENDER] adult in the household

[ASK ALL]

**CHESHE.** Hidden Variable for Piping: IF MOD21\_2=1 OR MOD21\_3=1 set 1; IF MOD21\_2=2 OR MOD21\_3=2, set 2; IF MOD21\_2=3,9, set 3

1 he

2 she

3 they

[ASK ALL]

**HISHER.** Hidden Variable for Piping: IF MOD21\_2=1 OR MOD21\_3=1 set 1; IF MOD21\_2=2 OR MOD21\_3=2, set 2; IF MOD21\_2=3,9, set 3

1 his

2 her

3 their

**ASM\_CNAME.** Hidden Variable for piping, transferred from core BRFSS: set asm\_cname=1 if not(cname=9,7). set asm\_cname=2 if (cname=9,7)

1 [CNAME]

2 the [RNDCHILD] child

**CDATEM1Y.** Calculated variable – Interview date minus 365 days

**CDATEM1YD.** Calculated variable – Set to day value of CDATEM1Y [NUMBER BOX] RANGE 1-31

**CDATEM1YM.** Calculated variable – Set to month value of CDATEM1Y

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

**CDATEM1YY.** Calculated variable – Set to year value of CDATEM1Y [NUMBER BOX]  
**WIDTH=4**