

Tennessee Behavioral Risk Factor Surveillance System
 2021 Land Line and Cell Phone State Added Question Codebook Report
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Section: 1.1 Asthma in the Workplace **Type:** Num
Column: 901 **SAS Variable Name:** EMP_EVER1
Prologue: We are interested in things that affect asthma in the workplace.
Description: However, first I'd like to ask, have you ever been employed?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	300	96.15	94.46
2	No	10	3.21	4.98
7	Don't Know/Not sure	0	0	0
9	Refused	2	0.64	0.56

Section: 1.2 Asthma in the Workplace **Type:** Num
Column: 902 **SAS Variable Name:** WORKENV5
Prologue: Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can CAUSE asthma in people who have never had asthma before.
Description: Are your asthma symptoms MADE WORSE by things like checmicals, smoke, dust or mold in your CURRENT job?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	53	36.3	33.25
2	No	90	61.64	64.75
7	Don't Know/Not sure	3	2.05	2.00
9	Refused	0	0	0

Section: 1.3 Asthma in the Workplace **Type:** Num
Column: 903 **SAS Variable Name:** WORKENV6
Prologue:
Description: Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in your CURRENT job?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	11	4.44	3.78
2	No	232	93.55	93.59
7	Don't Know/Not sure	5	2.02	2.63
9	Refused	0	0	0

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Section: 1.4 Asthma in the Workplace **Type:** Num
Column: 904 **SAS Variable Name:** WORKENV7
Prologue:
Description: Was your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	241	42.28	41.46
2	No	308	54.04	54.54
7	Don't Know/Not sure	21	3.68	4.00
9	Refused	0	0	0

Section: 1.4 Asthma in the Workplace **Type:** Num
Column: 905 **SAS Variable Name:** WORKENV8
Prologue:
Description: Was your asthma first caused by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	99	17.55	17.34
2	No	419	74.29	75.34
7	Don't Know/Not sure	46	8.16	7.32
9	Refused	0	0	0

Section: 2.1 Caregiver **Type:** Num
Column: 906 **SAS Variable Name:** CAREGIV1
Prologue:
Description: During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	1017	26.27	23.17
2	No	2828	99.05	73.27
7	Don't know/Not sure	14	51.85	0.28
8	Caregiving recipient died in past 30 days	6	46.15	0.13
9	Refused	7	100	0.15

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Section: 2.2 Caregiver **Type:** Char
Column: 907 **SAS Variable Name:** CRGVREL3
Prologue:
Description: What is his or her relationship to you?

Value	Value Label	Frequency	Percentage	Weighted Percentage
01	Mother	206	20.32	19.86
02	Father	65	6.41	6.98
03	Mother-in-law	38	3.75	3.26
04	Father-in-law	16	1.58	1.95
05	Child	87	8.58	9.31
06	Husband	115	11.34	10.71
07	Wife	91	8.97	8.38
08	Live-in partner	11	1.08	1.15
09	Brother or Brother-in-law	32	3.16	2.52
10	Sister or Sister-in-law	44	4.34	5.05
11	Grandmother	37	3.65	4.64
12	Grandfather	13	1.28	1.70
13	Grandchild	7	0.69	0.60
14	Other Relative	70	6.90	7.16
15	Non-relative/ family friend	174	17.16	15.61
77	Don't know/Not sure	1	0.10	0.19
99	Refused	7	0.69	0.93

Section: 2.3 Caregiver **Type:** Char
Column: 909 **SAS Variable Name:** CRGVLNG1
Prologue:
Description: For how long have you provided care to that person?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Less than 30 days	147	14.54	16.31
2	1 month to less than 6 months	128	12.66	12.05
3	6 months to less than 2 years	187	18.50	19.15
4	2 years to less than 5 years	250	24.73	22.85
5	More than 5 years	272	26.90	27.67
7	Don't know/Not sure	22	2.18	1.77
9	Refused	5	0.49	0.21

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Section: 2.4 Caregiver **Type:** Num
Column: 910 **SAS Variable Name:** CRGVHRS1
Prologue:
Description: In an average week, how many hours do you provide care or assistance?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Up to 8 hours per week	467	46.38	43.10
2	9 to 19 hours per week	142	14.10	15.66
3	20 to 39 hours per week	139	13.80	13.91
4	40 hours or more	177	17.58	19.64
7	Don't know/Not sure	76	7.55	7.17
9	Refused	6	0.60	0.52

Section: 2.5 Caregiver **Type:** Char
Column: 911 **SAS Variable Name:** CRGVPRB3
Prologue:
Description: What is the main health problem, long-term illness, or disability that the person you care for has?

Value	Value Label	Frequency	Percentage	Weighted Percentage
01	Arthritis/rheumatism	34	3.39	4.16
02	Asthma	5	0.50	0.83
03	Cancer	65	6.48	5.29
04	Chronic respiratory conditions such as	37	3.69	3.89
05	Alzheimer's disease, dementia or other cognitive impairment disorder	109	10.87	11.72
06	Developmental disabilities such as autism, Down's Syndrome, and spina bifida	39	3.89	4.28
07	Diabetes	35	3.49	2.71
08	Heart disease, hypertension, stroke	118	11.76	12.11
09	Human Immunodeficiency Virus Infection	1	0.10	0.16
10	Mental illnesses, such as anxiety, depression, or schizophrenia	44	4.39	4.28
11	Other organ failure or sideases such as kidney or liver problems	20	1.99	1.90
12	Substance abuse or addiction disorders	2	0.20	0.10
13	Injuries, including broken bones	60	5.98	5.07
14	Old age/infirmary/frailty	150	14.96	13.16
15	Other	232	23.13	23.40
77	Don't know/Not sure	24	2.39	2.54
99	Refused	28	2.79	4.40

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Section: 3.1 Positive Childhood Experiences **Type:** Char
Column: 913 **SAS Variable Name:** PCEFEEL
Prologue: I'd like to ask you some questions about events that happened during your
Description: (I was) Able to talk with my family about my feelings.

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	2836	75.41	75.61
2	No	791	21.03	20.72
7	Don't Know/Not sure	76	2.02	1.72
9	Refused	58	1.54	1.95

Section: 3.2 Positive Childhood Experiences **Type:** Char
Column: 914 **SAS Variable Name:** PCEDIFF
Prologue:
Description: (I) Felt that my family stood by me during difficult times.

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	3155	84.27	84.00
2	No	481	12.85	13.04
7	Don't Know/Not sure	62	1.66	1.67
9	Refused	46	1.23	1.28

Section: 3.3 Positive Childhood Experiences **Type:** Num
Column: 915 **SAS Variable Name:** PCECOMM
Prologue:
Description: (I) Enjoyed participating in community traditions.

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	3083	82.52	81.40
2	No	491	13.14	14.29
7	Don't Know/Not sure	124	3.32	3.43
9	Refused	38	1.02	0.89

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Section: 3.4 Positive Childhood Experiences **Type:** Num
Column: 916 **SAS Variable Name:** PCEHIGH
Prologue:
Description: (I) Felt a sense of belonging in high school.

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	2624	70.25	68.09
2	No	966	25.86	27.44
7	Don't Know/Not sure	96	2.57	3.25
9	Refused	49	1.31	1.22

Section: 3.5 Positive Childhood Experiences **Type:** Num
Column: 917 **SAS Variable Name:** PCEFRND
Prologue:
Description: (I) Felt supported by friends.

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	3258	87.30	86.10
2	No	403	10.80	11.60
7	Don't Know/Not sure	36	0.96	1.38
9	Refused	35	0.94	0.91

Section: 3.6 Positive Childhood Experiences **Type:** Num
Column: 918 **SAS Variable Name:** PCEADLT
Prologue:
Description: (I) Had at least two non-parent adults who took a genuine interest in me.

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	2996	80.32	79.69
2	No	636	17.05	17.45
7	Don't Know/Not sure	60	1.61	1.88
9	Refused	38	1.02	0.98

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Section: 3.7 Positive Childhood Experiences **Type:** Num
Column: 919 **SAS Variable Name:** PCESAFE
Prologue:
Description: (I) Felt safe and protected by an adult in my home.

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	3348	89.81	90.41
2	No	302	8.1	7.45
7	Don't Know/Not sure	30	0.8	0.19
9	Refused	48	1.29	0.23

Section: 4.1 COVID-19 **Type:** Num
Column: 920 **SAS Variable Name:** COVMENT
Prologue: I would like to ask you some questions about how you have been feeling since the COVID-19 pandemic (March 1, 2020).
Description: Tell me which statements are true. In the past week... CHECK ALL THAT APPLY.

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	I have felt nervous, anxious, or on edge	1030	27.71	30.22
2	I have felt depressed	734	19.75	21.42
3	I have felt lonely	686	18.46	18.85
4	I have felt hopeful about the future	2549	68.58	68.53
5	I have had physical reactions, such as sweating, trouble breathing, nausea or a pounding heart when thinking about my experience with the novel coronavirus (COVID-19) pandemic	291	7.83	8.7
6	None of these	599	16.12	15.2
7	Don't know/Not sure	24	0.65	0.44
9	Refused	10	0.27	0.23

Section: 4.2 COVID-19 **Type:** Num
Column: 925 **SAS Variable Name:** COVHLTH
Prologue:
Description: In what ways has the COVID-19 outbreak affected your overall healthcare? CHECK ALL THAT APPLY.

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	I did not go to healthcare appointments because I was concerned about entering my healthcare provider's office	592	12.36	11.32
2	My healthcare provider canceled appointments	661	13.81	13.36

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3 My healthcare provider changed to phone or online visits	1170	24.44	24.39
4 My healthcare provider told me to self-isolate or quarantine	685	14.31	13.76
5 None of these apply	1771	36.99	35.00
7 Don't know/Not sure	24	0.50	0.48
9 Refused	12	0.25	0.25

Section: 4.3 COVID-19 **Type:** Num
Column: 995 **SAS Variable Name:** BFRWORK
Prologue:
Description: Did you have a paying job before the COVID-19 outbreak?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	1745	59.56	62.46
2	No	1175	40.10	37.08
7	Don't Know/Not sure	5	0.17	0.32
9	Refused	5	0.17	0.15

Section: 4.4 COVID-19 **Type:** Char
Column: 930 **SAS Variable Name:** COVWORK
Prologue:
Description: In what ways has the COVID-19 outbreak affected your work? CHECK ALL THAT APPLY.

Value	Value Label	Frequency	Percentage	Weighted Percentage
01	I moved to working remotely or from home	617	24.47	23.68
02	I lost my job permanently	195	7.74	9.48
03	I lost my job temporarily, or was not told for how long	260	10.31	10.95
04	I got a new job	280	11.11	13.61
05	I reduced my work hours	399	15.83	16.93
06	I increased my work hours	637	25.27	27.69
07	My job put me at increased risk of getting COVID-19	768	30.46	32.41
08	I laid off employees	97	3.85	3.81
09	I did not have a paying job before the COVID-19 outbreak	153	6.07	4.8
10	None of these apply	626	24.83	23.02
77	Don't know/Not sure	9	0.36	0.36
99	Refused	10	0.4	0.51

Section: 4.5 COVID-19 **Type:** Char
Column: 948 **SAS Variable Name:** COVINFO
Prologue:

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Description: Where do you get most of your information about the COVID-19 outbreak?
 CHECK ALL THAT APPLY.

Value	Value Label	Frequency	Percentage	Weighted Percentage
01	Friends, family, personal network like work or church or neighbors (not including Facebook or social media)	1408	38.16	39.02
02	Providers (e.g., your Doctor, Pharmacist, etc.)	1545	41.87	41.53
03	Federal Government (e.g., President, White House Coronavirus Task Force, CDC)	1667	45.18	46.41
04	State Government (e.g. Governor)	1122	30.41	31.15
05	Local City County Government (e.g. Mayor)	1010	27.37	27.30
06	Medical/Health websites (e.g., WebMD)	1135	30.76	30.12
07	Print or online news (e.g. newspapers, news magazines, websites for print publications)	1903	51.57	51.49
08	TV or radio (e.g. broadcast or cable television, streaming)	2336	63.31	62.42
09	Social Media (Instagram, Facebook, YouTube, TikTok)	1020	27.64	30.65
10	None of these apply	58	1.57	1.42
77	Don't know/Not sure	9	0.24	0.27
99	Refused	15	0.41	0.41

Section: 4.6 COVID-19 **Type:** Char
Column: 966 **SAS Variable Name:** COVBHVR

Prologue:

Description: Which of the following have you done in the last seven days to keep yourself safe from coronavirus? Only consider actions that you took or decisions that you made personally. CHECK ALL THAT APPLY.

Value	Value Label	Frequency	Percentage	Weighted Percentage
01	Worn a mask or other face covering	3069	83.67	83.99
02	Washed your hands with soap or used hand sanitizer several times per day	3363	91.68	92.12
03	Avoided public spaces, gatherings, or crowds	2250	61.34	61.76
04	Avoided contact with people who could be high-risk	2553	69.6	7.35
05	Avoided eating at restaurants	1628	44.38	44.11
06	Worked or studied at home	1354	36.91	38.53
07	Canceled or postponed air travel for work	456	12.43	14.12
08	Canceled or postponed air travel for pleasure	777	21.18	22.25

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09 Canceled or postponed work or school activities	507	13.82	14.51
10 Canceled or postponed personal or social activities	1243	33.89	34.46
11 Visited a doctor	1315	35.85	36.18
12 Canceled a doctor's appointment	387	10.55	10.73
13 Stockpiled food or water or hand sanitizer or disinfectant wipes or medication	958	26.12	26.06
14 Prayed	2544	69.36	67.48
15 None of these apply	63	1.72	1.24
77 Don't know/Not sure	2	0.05	0.08
99 Refused	7	0.19	0.12

Section: 4.7 COVID-19 **Type:** Char
Column: 995 **SAS Variable Name:** COVMNDT
Prologue:
Description: Are you more likely to wear a mask if a mandate is in place?

Value	Value Label	Frequency	Percentage	Weighted Percentage
1	Yes	2533	69.08	70.70
2	No	1059	28.88	27.10
7	Don't Know/Not sure	60	1.64	1.82
9	Refused	15	0.41	0.38