

2014 Michigan Behavioral Risk Factor Survey

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Consent

You do not have to answer any question you do not want to. We cannot identify you personally, and we will keep anything you say confidential to the maximum extent allowable by law. If you have any question about this survey, I will provide a toll free telephone number for you to call to get more information. The toll free number is 877-403-2076.

For quality control purposes, this interview may be monitored by one of my supervisors.

Should you have any questions about this study or your participation in it, you are welcome to contact Debra Rusz at 517-353-1766.

Section 1: Health Status

1.1 Would you say that in general your health is — (80)

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 — Health-Related Quality of Life

2.1 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? (81-82)

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2 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? (83-84)

- — Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to Q3.1]**
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 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? (85-86)

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service? (87)

- 1 Yes
- 2 No [Go to Q3.4]
- 7 Don't know / Not sure [Go to Q3.4]
- 9 Refused [Go to Q3.4]

3.2 Do you have Medicare? (281)

Interviewer Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

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

3.3 What is the primary source of your health care coverage? Is it... (282-283)

Interviewer Note: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace, ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select response 2, if Medicaid, select response 4.

Please read:

- 0 1 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 0 2 A plan that you or another family member buys on your own
- 0 3 Medicare
- 0 4 Medicaid or other state program
- 0 5 TRICARE (formerly CHAMPUS), VA, or Military
- 0 6 Alaska Native, Indian Health Service, Tribal Health Services
or
- 0 7 Some other source
- 0 8 None (no coverage)

Do not read:

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

3.4 Do you have one person you think of as your personal doctor or health care provider?

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

(88)

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

3.5 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(89)

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

3.6 Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Please select the most important reason.

(284)

Please read:

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other (**specify**)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

(285-309)

3.7 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (90)

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

CATI NOTE: If Q3.1 = 1 (Yes), continue. Otherwise, go to Q3.9.

3.8 In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (310)

- 1 Yes [Go to Q3.10]
- 2 No [Go to Q3.10]
- 7 Don't know/Not sure [Go to Q3.10]
- 9 Refused [Go to Q3.10]

3.9 About how long has it been since you last had health care coverage? (311)

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

3.10 How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (312-313)

Interviewer Note: Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

- Number of times
- None
- 7 7 Don't know/Not sure
- 9 9 Refused

3.11 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (314)

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed
- 7 Don't know/Not sure
- 9 Refused

3.12 In general, how satisfied are you with the health care you received? Would you say... (315)

Please read:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read:

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

3.13 Do you currently have any health care bills that are being paid off over time? (316)

Interviewer Notes: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

Health care bills can include medical, dental, physical therapy and/or chiropractic costs.

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

Section 4: Exercise

- 4.1** 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? (91)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 5: Inadequate Sleep

I would like to ask you about your sleep pattern.

- 5.1** On average, how many hours of sleep do you get in a 24-hour period? (92-93)

Interviewer Note: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- | | |
|-----|-------------------------|
| -- | Number of hours [01-24] |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general 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."

- 6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (94)

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

- 6.2** (Ever told) you had angina or coronary heart disease? (95)

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

- 6.3** (Ever told) you had a stroke? (96)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.4** (Ever told) you had asthma? (97)
- 1 Yes
 - 2 No [Go to Q6.6]
 - 7 Don't know / Not sure [Go to Q6.6]
 - 9 Refused [Go to Q6.6]
- 6.5** Do you still have asthma? (98)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.6** (Ever told) you had skin cancer? (99)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.7** (Ever told) you had any other types of cancer? (100)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (101)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (102)

Interviewer Note: Arthritis diagnoses include:

- **rheumatism, polymyalgia rheumatica**
- **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

6.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (103)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (104)

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

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

6.12 (Ever told) you have diabetes?

Interviewer Notes: 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.

(105)

- 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

CATI NOTE: If Q6.12 = 1 (Yes), go to Q6.13. Otherwise, go to CATI Note before Q6A.1.

6.13 How old were you when you were told you have diabetes?

(106-107)

- Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

Section 6a: Prediabetes

CATI NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.12 (Diabetes awareness question).

6A.1 Have you had a test for high blood sugar or diabetes within the past three years?

(255)

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

CATI NOTE: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q6A.2 “Yes” (code = 1).

6A.2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

(256)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Oral Health

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(108)

Read only 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

7.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

(109)

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

Section 8: Demographics

8.1 What is your age? (110-111)

- – Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

8.2 Are you Hispanic, Latino/a, or Spanish origin? (112-115)

If yes, ask: Are you...

Interviewer Note: *One or more categories may be selected*

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

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

8.2a Are you of Arab or Chaldean origin? (851)

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

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

(116-143)

Interviewer Notes: Select all that apply

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

Please read:

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
 - 4 1 Asian Indian
 - 4 2 Chinese
 - 4 3 Filipino
 - 4 4 Japanese
 - 4 5 Korean
 - 4 6 Vietnamese
 - 4 7 Other Asian
- 5 0 Pacific Islander
 - 5 1 Native Hawaiian
 - 5 2 Guamanian or Chamorro
 - 5 3 Samoan
 - 5 4 Other Pacific Islander

Do not read:

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.

- 8.4** Which one of these groups would you say best represents your race? (144-145)

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

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
 - 4 1 Asian Indian
 - 4 2 Chinese
 - 4 3 Filipino
 - 4 4 Japanese
 - 4 5 Korean
 - 4 6 Vietnamese
 - 4 7 Other Asian
- 5 0 Pacific Islander
 - 5 1 Native Hawaiian
 - 5 2 Guamanian or Chamorro
 - 5 3 Samoan
 - 5 4 Other Pacific Islander

Do not read:

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

- 8.5** 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? (146)

Interviewer Note: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...? (147)

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

8.7 How many children less than 18 years of age live in your household? (148-149)

- – Number of children
- 8 8 None
- 9 9 Refused

8.8 What is the highest grade or year of school you completed? (150)

Read only 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

8.9 Are you currently...?

(151)

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

CATI NOTE: If Q8.9 = 1, 2 or 4, continue. Otherwise, go to Q8.10.

8.9a *If Q8.9 = 1 or 2:*

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

Interviewer Notes: If respondent is unclear, ask “What is your job title?”

If respondent has more than one job, ask “What is your main job?”

If Q8.9 = 4:

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

Interviewer Notes: If respondent is unclear, ask “What was your job title?”

If respondent had more than one job, ask “What was your main job?”

(373-472)

[Record answer] _____

- 99 Refused

8.9b

If Q8.9 = 1 or 2:

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

If Q8.9 = 4:

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

(473-572)

[Record answer] _____

99 Refused

8.10

Is your annual household income from all sources—

(152-153)

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

Please read:

0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 If "no," code 02

0 5 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

8.11 About how much do you weigh without shoes? (154-157)

Interviewer Note: If respondent answers in metrics, put “9” in column 154.

Round fractions up

— — — —	Weight
(pounds/kilograms)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

8.12 About how tall are you without shoes? (158-161)

Interviewer Note: If respondent answers in metrics, put “9” in column 158.

Round fractions down

— — / — —	Height
(ft / inches/meters/centimeters)	
7 7 / 7 7	Don't know / Not sure
9 9 / 9 9	Refused

8.13 What county do you live in? (162-164)

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

CATI NOTE: If Q8.13 = 163 (Wayne County), continue with Q8.13a. Otherwise, go to Q8.14.

8.13a Do you live in the city of Detroit? (852)

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

8.14 What is your ZIP Code where you live? (165-169)

— — — — —	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

8.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (170)

- 1 Yes
- 2 No [Go to Q8.17]
- 7 Don't know / Not sure [Go to Q8.17]
- 9 Refused [Go to Q8.17]

8.16 How many of these telephone numbers are residential numbers? (171)

- Residential telephone numbers [6 = 6 or more]
- 7 Don't know / Not sure
- 9 Refused

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

- 1 Yes [Go to Q8.19]
- 2 No [Go to Q8.19]
- 7 Don't know / Not sure [Go to Q8.19]
- 9 Refused [Go to Q8.19]

8.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (173-175)

- – – Enter Percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8.19 Have you used the internet in the past 30 days? (176)

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

8.20 Do you own or rent your home? (177)

Interviewer Notes: “Other arrangement” may include group home or staying with friends or family without paying rent.

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

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

8.21 Indicate sex of respondent. Ask only if necessary. (178)

- 1 Male [Go to Q8.22a]
- 2 Female [If respondent is 45 years old or older, go to Q8.22a]

8.22 To your knowledge, are you now pregnant? (179)

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

8.22a Next, I'm going to ask you a question about sexual orientation. Do you consider yourself to be: A - Heterosexual, that is straight; B - Homosexual, that is **[if male insert "gay," if female insert "lesbian"]**; C - Bisexual, or D - Something else?

(853)

Interviewer Notes: If respondent gives their answer before you finish reading all choices, do not continue reading.

Do not probe.

Read if needed, "Please remember that your answers are confidential."

Read if needed, "Research has shown that some sexual minority community members have important health risk factors. We are collecting information about sexual orientation to learn whether this is true in Michigan."

- 1 A - Heterosexual, that is straight
- 2 B - Homosexual, that is **[if male insert "gay," if female insert "lesbian"]**
- 3 C - Bisexual, or
- 4 D - Something else (**specify**)

- 7 Don't know
- 9 Refused

8.23 The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

(180)

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

8.24 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

(181)

Interviewer Note: Include occasional use or use in certain circumstances.

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

8.25 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

(182)

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

8.26 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

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

8.27 Do you have serious difficulty walking or climbing stairs? (184)

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

8.28 Do you have difficulty dressing or bathing? (185)

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

8.29 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

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

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (187)

Interviewer Notes: 5 packs = 100 cigarettes

For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

- 9.2** Do you now smoke cigarettes every day, some days, or not at all? (188)
- 1 Every day
 - 2 Some days
 - 3 Not at all [Go to Q9.4]
 - 7 Don't know / Not sure [Go to Q9.5]
 - 9 Refused [Go to Q9.5]

- 9.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (189)
- 1 Yes [Go to Q9.5]
 - 2 No [Go to Q9.5]
 - 7 Don't know / Not sure [Go to Q9.5]
 - 9 Refused [Go to Q9.5]

- 9.4** How long has it been since you last smoked a cigarette, even one or two puffs? (190-191)
- 0 1 Within the past month (less than 1 month ago)
 - 0 2 Within the past 3 months (1 month but less than 3 months ago)
 - 0 3 Within the past 6 months (3 months but less than 6 months ago)
 - 0 4 Within the past year (6 months but less than 1 year ago)
 - 0 5 Within the past 5 years (1 year but less than 5 years ago)
 - 0 6 Within the past 10 years (5 years but less than 10 years ago)
 - 0 7 10 years or more
 - 0 8 Never smoked regularly
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- 9.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (192)

Interviewer Notes: Snus (rhymes with 'goose')

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

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?
(193-195)

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to Q11.1]**
- 7 7 7 Don't know / Not sure **[Go to Q11.1]**
- 9 9 9 Refused **[Go to Q11.1]**

10.2 One drink 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, on the days when you drank, about how many drinks did you drink on the average?
(196-197)

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

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?
(198-199)

- _ _ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion?
(200-201)

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 11: Immunization

11.1 Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a flu shot or flu vaccine that was sprayed in your nose? (202)

Interviewer Note: 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 [Go to Q11.3]
- 7 Don't know / Not sure [Go to Q11.3]
- 9 Refused [Go to Q11.3]

11.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (203-208)

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

11.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (209)

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

CATI NOTE: If respondent ≥ 50 years of age continue, otherwise go to CATI note before Q12.1.

11.4 The next question is about the Shingles vaccine. Have you ever had the shingles or zoster vaccine? (210)

Interviewer Note: Read if necessary: Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

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

Section 12: Falls

CATI NOTE: If respondent is 45 years or older continue, otherwise go to Q13.1.

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.1 In the past 12 months, how many times have you fallen? (211–212)

–	–	Number of times	[76 = 76 or more]
8	8	None	[Go to Q13.1]
7	7	Don't know / Not sure	[Go to Q13.1]
9	9	Refused	[Go to Q13.1]

12.2 **[Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(213–214)

–	–	Number of falls	[76 = 76 or more]
8	8	None	
7	7	Don't know / Not sure	
9	9	Refused	

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say — (215)

Please read:

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

Do not read:

7	Don't know / Not sure
8	Never drive or ride in a car
9	Refused

CATI NOTE: If Q13.1 = 8 (Never drive or ride in a car), go to CATI Note before Q15.1; otherwise continue.

Section 14: Drinking and Driving

CATI NOTE: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

14.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (216–217)

- | | | |
|---|---|-----------------------|
| – | – | Number of times |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 15: Breast and Cervical Cancer Screening

CATI NOTE: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (218)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q15.3] |
| 7 | Don't know / Not sure | [Go to Q15.3] |
| 9 | Refused | [Go to Q15.3] |

15.2 How long has it been since you had your last mammogram? (219)

Read only 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 |

15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (220)

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

15.4 How long has it been since your last breast exam? (221)

Read only 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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (222)

- 1 Yes
- 2 No [Go to Q15.7]
- 7 Don't know / Not sure [Go to Q15.7]
- 9 Refused [Go to Q15.7]

15.6 How long has it been since you had your last Pap test? (223)

Read only 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

CATI NOTE: If response to Core Q8.22 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (224)

Read only 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 16: Prostate Cancer Screening

CATI NOTE: If respondent is ≤39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (225)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (226)

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (227)

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

16.4 Have you EVER HAD a PSA test? (228)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't Know / Not sure [Go to next section]
- 9 Refused [Go to next section]

16.5 How long has it been since you had your last PSA test? (229)

Read only 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

16.6 What was the MAIN reason you had this PSA test - was it...? (230)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do not read:

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

Section 17: Colorectal Cancer Screening

CATI NOTE: If respondent is ≤ 49 years of age, go to next section.

Please read: the next questions are about colorectal cancer screening.

17.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (231)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2 How long has it been since you had your last blood stool test using a home kit? (232)

Read only 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

17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (233)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

17.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and 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. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (234)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (235)

Read only 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

Section 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not 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.

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (236)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

18.2 Not including blood donations, in what month and year was your last HIV test? (237-242)

Interviewer Notes: If response is before January 1985, code "Don't know."

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.

- / Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

18.3

Where did you have your last HIV test – At a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

(243-244)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 9 Emergency room
- 0 3 Hospital inpatient
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

Version A: Sections 19 - 23**Section 19: Random Child Selection**

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q21.1.

If Core Q8.7 = 1, Interviewer please read: “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.” **[Go to Q19.1]**

If Core Q8.7 is >1 and Core Q8.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

Please read:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

19.1 What is the birth month and year of the “Xth” child?

(584-589)

__ / __ __ __	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

CATI NOTE: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

19.2 Is the child a boy or a girl?

(590)

1	Boy
2	Girl
9	Refused

19.3 Is the child Hispanic, Latino/a, or Spanish origin? (591-594)

If yes, ask: Are they...

Interviewer Note: One or more categories may be selected

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

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

19.4 Which one or more of the following would you say is the race of the child? (595-622)

Interviewer Notes: Select all that apply

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

Please read:

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
 - 4 1 Asian Indian
 - 4 2 Chinese
 - 4 3 Filipino
 - 4 4 Japanese
 - 4 5 Korean
 - 4 6 Vietnamese
 - 4 7 Other Asian
- 5 0 Pacific Islander
 - 5 1 Native Hawaiian
 - 5 2 Guamanian or Chamorro
 - 5 3 Samoan
 - 5 4 Other Pacific Islander

Do not read:

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: If more than one response to Q19.4, continue. Otherwise, go to Q19.6.

19.5 Which one of these groups would you say best represents the child's race? (623-624)

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

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
 - 4 1 Asian Indian
 - 4 2 Chinese
 - 4 3 Filipino
 - 4 4 Japanese
 - 4 5 Korean
 - 4 6 Vietnamese
 - 4 7 Other Asian
- 5 0 Pacific Islander
 - 5 1 Native Hawaiian
 - 5 2 Guamanian or Chamorro
 - 5 3 Samoan
 - 5 4 Other Pacific Islander

Do not read:

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

19.6 How are you related to the child? (625)

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
- 8 Refused

Section 20: Childhood Asthma Prevalence

- 20.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (626)
- | | | |
|---|-----------------------|--------------------------------|
| 1 | Yes | |
| 2 | No | [Go to CATI NOTE before Q21.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q21.1] |
| 9 | Refused | [Go to CATI NOTE before Q21.1] |

- 20.2** Does the child still have asthma? (627)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 21: Infertility

CATI NOTE: If Q8.1 ≤ 75, continue. Otherwise, go to CATI NOTE before Q22.1.

Please read: The next questions are about infertility. This means that after a year of trying, a couple is unable to become pregnant or stay pregnant.

- 21.1** Have you or your spouse or partner ever experienced infertility, including difficulty staying pregnant?

Interviewer Note: If response is “Yes”, probe with “Was it you, your spouse or partner, both you and your spouse or partner, or was it undetermined?”

Interviewer Note: If response is “No”, probe with “Is this because you and your spouse or partner have never tried to get pregnant?”

Interviewer Note: If the respondent is female and indicates that she has had a hysterectomy or tubal ligation (had tubes tied), say: “This question should focus on the time period prior to this procedure.”

(854)

- | | | |
|---|-----------------------------|--------------------------------|
| 1 | Yes, I have | |
| 2 | Yes, my partner has | |
| 3 | Yes, we both have | |
| 4 | Yes, but undetermined | |
| 5 | No | [Go to CATI NOTE before Q21.3] |
| 6 | Never tried to get pregnant | [Go to CATI NOTE before Q22.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q22.1] |
| 9 | Refused | [Go to CATI NOTE before Q22.1] |

21.2 Was it infertility, difficulty staying pregnant, or both? (855)

- 1 Infertility
- 2 Difficulty staying pregnant
- 3 Both

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

CATI NOTE: If Q21.1 = 5, say: “We realize that you previously indicated that you had not experienced any infertility problems, but we are still required to ask you about infertility treatments that you may have received.”

21.3 Which of the following treatments have you or your spouse or partner received? (856-867)

Interviewer Note: Allow for up to six responses.

Please read:

- 0 1 Drugs to improve or stimulate ovulation (such as Clomid ®, Serophene ®, or Pergonal ®)
- 0 2 Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, are collected and medically placed into a woman's body)
- 0 3 Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm are handled in the laboratory, such as In Vitro Fertilization, Intracytoplasmic Sperm Injection, frozen embryo transfer, or donor embryo transfer)
- 0 4 Another type of surgical treatment for infertility
- 0 5 A consultation with an infertility specialist
- 0 6 Something else **[specify]**, or
- 0 7 You have not received medical consultation or treatment for infertility
[Go to CATI NOTE before Q22.1]

Do not read:

- 7 7 Don't know / Not sure **[Go to CATI NOTE before Q22.1]**
- 8 8 No additional responses
- 9 9 Refused **[Go to CATI NOTE before Q22.1]**

21.4 What was the result of the most recent treatment? Did you or your spouse or partner... (868)

Please read:

- 1 Become pregnant and are still pregnant
- 2 Become pregnant and had a baby
- 3 Become pregnant, but the pregnancy was not maintained
- 4 Did not become pregnant, but are still trying
- 5 Did not become pregnant and have stopped trying, or
- 6 You are currently receiving infertility treatment

Do not read:

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

Section 22: Other Tobacco Questions

CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to Q22.4.

Please read: Earlier you indicated that you currently smoke cigarettes.

22.1 Has your doctor or other health care professional ever asked you if you were a smoker? (869)

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

22.2 Has your doctor or other health professional ever advised you of, or referred you to, a program or other resources available to help you stop smoking? (870)

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

22.3 Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (871)

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

- 22.4** The next few questions focus on tobacco use and exposure. On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe?

(872-873)

Interviewer Note: If necessary, “During the past 30 days, on how many days did you smoke the narghile, hookah, or water pipe?”

-- Record number of days
 7 7 Don't know / Not sure
 8 8 None
 9 9 Refused

CATI NOTE: If Q9.2 = 1 or Q9.2 = 2, read: Next I am going to ask you about your exposure to smoke from other people's cigarettes, cigars or pipes. Please do **not** include yourself.

- 22.5** In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

(874)

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

- 22.6** In the past seven days, have you been in a car with someone who was smoking a cigarette, cigar or pipe? (*Do not include yourself*)

(875)

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

Section 23: Oral Health Care

Please read: The last questions are about oral health care.

- 23.1** When was the last time you had an exam for oral cancer in which a doctor or dentist pulls on your tongue sometimes with gauze wrapped around it and feels under the tongue and inside the cheeks?

(876)

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

23.2 Have you been covered for the entire past 12 month period by any of the following types of dental insurance?

(877-878)

Interviewer Notes: If respondent says “Yes,” please probe for a specific answer.

If respondent is covered by multiple sources, please have them select their primary source of dental insurance.

Please read:

- 0 1 Coverage provided by your employer
- 0 2 Coverage provided by someone else’s employer
- 0 3 A plan that you or someone else buys on your own
- 0 4 Medicaid or Medical Assistance
- 0 5 TRICARE (formerly CHAMPUS), VA, or Military
- 0 6 Some other source of dental insurance
- 0 7 Covered but for only part of the year
- or
- 0 8 None (no coverage)

Don’t read:

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

Go to Closing Statement.

Version B: Sections 24 - 29

Section 24: Random Child Selection (Repeat of § 19)

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q26.1.

If Core Q8.7 = 1, Interviewer please read: “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.” **[Go to Q24.1]**

If Core Q8.7 is >1 and Core Q8.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

Please read:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

24.1 What is the birth month and year of the “Xth” child? (584-589)

_ _ / _ _	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

CATI NOTE: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

24.2 Is the child a boy or a girl? (590)

1	Boy
2	Girl
9	Refused

24.3 Is the child Hispanic, Latino/a, or Spanish origin? (591-594)

If yes, ask: Are they...

Interviewer Note: One or more categories may be selected

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

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

24.4 Which one or more of the following would you say is the race of the child? (595-622)

Interviewer Notes: Select all that apply

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

Please read:

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
 - 4 1 Asian Indian
 - 4 2 Chinese
 - 4 3 Filipino
 - 4 4 Japanese
 - 4 5 Korean
 - 4 6 Vietnamese
 - 4 7 Other Asian
- 5 0 Pacific Islander
 - 5 1 Native Hawaiian
 - 5 2 Guamanian or Chamorro
 - 5 3 Samoan
 - 5 4 Other Pacific Islander

Do not read:

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: If more than one response to Q24.4, continue. Otherwise, go to Q24.6.

24.5 Which one of these groups would you say best represents the child's race? (623-624)

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

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
 - 4 1 Asian Indian
 - 4 2 Chinese
 - 4 3 Filipino
 - 4 4 Japanese
 - 4 5 Korean
 - 4 6 Vietnamese
 - 4 7 Other Asian
- 5 0 Pacific Islander
 - 5 1 Native Hawaiian
 - 5 2 Guamanian or Chamorro
 - 5 3 Samoan
 - 5 4 Other Pacific Islander

Do not read:

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

24.6 How are you related to the child? (625)

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
- 8 Refused

Section 25: Childhood Asthma Prevalence (Repeat of § 20)

- 25.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (626)
- | | | |
|---|-----------------------|--------------------------------|
| 1 | Yes | |
| 2 | No | [Go to CATI NOTE before Q26.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q26.1] |
| 9 | Refused | [Go to CATI NOTE before Q26.1] |

- 25.2** Does the child still have asthma? (627)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 26: Infertility

CATI NOTE: If Q8.1 ≤ 75, continue. Otherwise, go to CATI NOTE before Q27.1.

Please read: The next questions are about infertility. This means that after a year of trying, a couple is unable to become pregnant or stay pregnant.

- 26.1** Have you or your spouse or partner ever experienced infertility, including difficulty staying pregnant?

Interviewer Note: If response is “Yes”, probe with “Was it you, your spouse or partner, both you and your spouse or partner, or was it undetermined?”

Interviewer Note: If response is “No”, probe with “Is this because you and your spouse or partner have never tried to get pregnant?”

Interviewer Note: If the respondent is female and indicates that she has had a hysterectomy or tubal ligation (had tubes tied), say: “This question should focus on the time period prior to this procedure.”

(854)

- | | | |
|---|-----------------------------|--------------------------------|
| 1 | Yes, I have | |
| 2 | Yes, my partner has | |
| 3 | Yes, we both have | |
| 4 | Yes, but undetermined | |
| 5 | No | [Go to CATI NOTE before Q26.3] |
| 6 | Never tried to get pregnant | [Go to CATI NOTE before Q27.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q27.1] |
| 9 | Refused | [Go to CATI NOTE before Q27.1] |

26.2 Was it infertility, difficulty staying pregnant, or both? (855)

- 1 Infertility
- 2 Difficulty staying pregnant
- 3 Both

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

CATI NOTE: If Q26.1 = 5, say: "We realize that you previously indicated that you had not experienced any infertility problems, but we are still required to ask you about infertility treatments that you may have received."

26.3 Which of the following treatments have you or your spouse or partner received? (856-867)

Interviewer Note: Allow for up to six responses.

Please read:

- 0 1 Drugs to improve or stimulate ovulation (such as Clomid ®, Serophene ®, or Pergonal ®)
- 0 2 Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, are collected and medically placed into a woman's body)
- 0 3 Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm are handled in the laboratory, such as In Vitro Fertilization, Intracytoplasmic Sperm Injection, frozen embryo transfer, or donor embryo transfer)
- 0 4 Another type of surgical treatment for infertility
- 0 5 A consultation with an infertility specialist
- 0 6 Something else **[specify]**, or
- 0 7 You have not received medical consultation or treatment for infertility
[Go to CATI NOTE before Q27.1]

Do not read:

- 7 7 Don't know / Not sure **[Go to CATI NOTE before Q27.1]**
- 8 8 No additional responses
- 9 9 Refused **[Go to CATI NOTE before Q27.1]**

26.4 What was the result of the most recent treatment? Did you or your spouse or partner...
(868)

Please read:

- 1 Become pregnant and are still pregnant
- 2 Become pregnant and had a baby
- 3 Become pregnant, but the pregnancy was not maintained
- 4 Did not become pregnant, but are still trying
- 5 Did not become pregnant and have stopped trying, or
- 6 You are currently receiving infertility treatment

Do not read:

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

Section 27: Other Tobacco Questions (Repeat of § 22)

CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to Q27.4.

Please read: Earlier you indicated that you currently smoke cigarettes.

27.1 Has your doctor or other health care professional ever asked you if you were a smoker?
(869)

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

27.2 Has your doctor or other health professional ever advised you of, or referred you to, a program or other resources available to help you stop smoking?
(870)

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

27.3 Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes?
(871)

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

- 27.4** The next few questions focus on tobacco use and exposure. On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe?

(872-873)

Interviewer Note: If necessary, “During the past 30 days, on how many days did you smoke the narghile, hookah, or water pipe?”

-- Record number of days
 7 7 Don't know / Not sure
 8 8 None
 9 9 Refused

CATI NOTE: If Q9.2 = 1 or Q9.2 = 2, read: Next I am going to ask you about your exposure to smoke from other people's cigarettes, cigars or pipes. Please do **not** include yourself.

- 27.5** In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

(874)

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

- 27.6** In the past seven days, have you been in a car with someone who was smoking a cigarette, cigar or pipe? (*Do not include yourself*)

(875)

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

Section 28: Drug Use

Please read: the next two questions are about drug use.

- 28.1** Have you ever used prescription drugs, over the counter drugs, or synthetic or designer drugs, such as K2/Spice, Salvia, and Bath Salts, for the purposes of getting high?

(879)

Interviewer Note: The response to this question should not include any of the following drugs: Alcohol, Cocaine, Fentanyl, Heroin, Inhalants, LSD, Marijuana, Ecstasy, Methamphetamine, PCP, and Steroids.

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

- 28.2** Have you ever injected drugs for the purposes of getting high? (880)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 29: Gambling

Please read: The last question asks about your recent gambling experiences.

- 29.1** In the past 30 days, have you bet money or possessions on any of the following activities? Lottery games including scratch tickets, pull tabs or lotto; casino gaming including slot machines or table games; card games such as Texas Hold 'em; sports betting including car, dog or horse racing; internet betting; bingo; dice games; board games or any other type of wagering? (881)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Go to Closing Statement.

Version C: Sections 30 - 35

Section 30: Random Child Selection (Repeat of § 19)

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q22.1.

If Core Q8.7 = 1, Interviewer please read: “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.” **[Go to Q30.1]**

If Core Q8.7 is >1 and Core Q8.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

Please read:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

30.1 What is the birth month and year of the “Xth” child? (584-589)

_ _ / _ _	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

CATI NOTE: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

30.2 Is the child a boy or a girl? (590)

1	Boy
2	Girl
9	Refused

30.3 Is the child Hispanic, Latino/a, or Spanish origin? (591-594)

If yes, ask: Are they...

Interviewer Note: One or more categories may be selected

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

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

30.4 Which one or more of the following would you say is the race of the child? (595-622)

Interviewer Notes: Select all that apply

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

Please read:

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
 - 4 1 Asian Indian
 - 4 2 Chinese
 - 4 3 Filipino
 - 4 4 Japanese
 - 4 5 Korean
 - 4 6 Vietnamese
 - 4 7 Other Asian
- 5 0 Pacific Islander
 - 5 1 Native Hawaiian
 - 5 2 Guamanian or Chamorro
 - 5 3 Samoan
 - 5 4 Other Pacific Islander

Do not read:

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: If more than one response to Q30.4, continue. Otherwise, go to Q30.6.

30.5 Which one of these groups would you say best represents the child's race? (623-624)

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

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
 - 4 1 Asian Indian
 - 4 2 Chinese
 - 4 3 Filipino
 - 4 4 Japanese
 - 4 5 Korean
 - 4 6 Vietnamese
 - 4 7 Other Asian
- 5 0 Pacific Islander
 - 5 1 Native Hawaiian
 - 5 2 Guamanian or Chamorro
 - 5 3 Samoan
 - 5 4 Other Pacific Islander

Do not read:

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

30.6 How are you related to the child? (625)

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
- 8 Refused

Section 31: Childhood Asthma Prevalence (Repeat of § 20)

- 31.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (626)
- | | | |
|---|-----------------------|--------------------------------|
| 1 | Yes | |
| 2 | No | [Go to CATI NOTE before Q32.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q32.1] |
| 9 | Refused | [Go to CATI NOTE before Q32.1] |

- 31.2** Does the child still have asthma? (627)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 32: Infertility

CATI NOTE: If Q8.1 ≤ 75, continue. Otherwise, go to CATI NOTE before Q33.1.

Please read: The next questions are about infertility. This means that after a year of trying, a couple is unable to become pregnant or stay pregnant.

- 32.1** Have you or your spouse or partner ever experienced infertility, including difficulty staying pregnant?

Interviewer Note: If response is “Yes”, probe with “Was it you, your spouse or partner, both you and your spouse or partner, or was it undetermined?”

Interviewer Note: If response is “No”, probe with “Is this because you and your spouse or partner have never tried to get pregnant?”

Interviewer Note: If the respondent is female and indicates that she has had a hysterectomy or tubal ligation (had tubes tied), say: “This question should focus on the time period prior to this procedure.”

(854)

- | | | |
|---|-----------------------------|--------------------------------|
| 1 | Yes, I have | |
| 2 | Yes, my partner has | |
| 3 | Yes, we both have | |
| 4 | Yes, but undetermined | |
| 5 | No | [Go to CATI NOTE before Q32.3] |
| 6 | Never tried to get pregnant | [Go to CATI NOTE before Q33.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q33.1] |
| 9 | Refused | [Go to CATI NOTE before Q33.1] |

32.2 Was it infertility, difficulty staying pregnant, or both? (855)

- 1 Infertility
- 2 Difficulty staying pregnant
- 3 Both

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

CATI NOTE: If Q32.1 = 5, say: "We realize that you previously indicated that you had not experienced any infertility problems, but we are still required to ask you about infertility treatments that you may have received."

32.3 Which of the following treatments have you or your spouse or partner received? (856-867)

Interviewer Note: Allow for up to six responses.

Please read:

- 0 1 Drugs to improve or stimulate ovulation (such as Clomid ®, Serophene ®, or Pergonal ®)
- 0 2 Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, are collected and medically placed into a woman's body)
- 0 3 Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm are handled in the laboratory, such as In Vitro Fertilization, Intracytoplasmic Sperm Injection, frozen embryo transfer, or donor embryo transfer)
- 0 4 Another type of surgical treatment for infertility
- 0 5 A consultation with an infertility specialist
- 0 6 Something else **[specify]**, or
- 0 7 You have not received medical consultation or treatment for infertility
[Go to CATI NOTE before Q33.1]

Do not read:

- 7 7 Don't know / Not sure **[Go to CATI NOTE before Q33.1]**
- 8 8 No additional responses
- 9 9 Refused **[Go to CATI NOTE before Q33.1]**

32.4 What was the result of the most recent treatment? Did you or your spouse or partner... (868)

Please read:

- 1 Become pregnant and are still pregnant
- 2 Become pregnant and had a baby
- 3 Become pregnant, but the pregnancy was not maintained
- 4 Did not become pregnant, but are still trying
- 5 Did not become pregnant and have stopped trying, or
- 6 You are currently receiving infertility treatment

Do not read:

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

Section 33: Other Tobacco Questions (Partial repeat of § 22)

CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to CATI NOTE before Q34.1.

Please read: Earlier you indicated that you currently smoke cigarettes.

33.1 Has your doctor or other health care professional ever asked you if you were a smoker? (869)

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

33.2 Has your doctor or other health professional ever advised you of, or referred you to, a program or other resources available to help you stop smoking? (870)

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

33.3 Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (871)

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

Section 34: Alcohol Screening

CATI NOTE: If Q3.7= 1 or 2 (had a checkup within the past two years), continue. Otherwise, go to CATI NOTE before Q35.1.

Please read: Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

Interviewer Note: If Q10.1 = 888 (No drinks in the past 30 days), read: “Even though you previously indicated that you do not drink alcohol we are still required to ask you the following questions.”

34.1 You told me earlier that your last routine checkup was [within the past year/within the past two years]. At that checkup, were you asked in person or on a form if you drink alcohol? (317)

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

34.2 Did the healthcare provider ask you in person or on a form how much you drink? (318)

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

34.3 Did the healthcare provider specifically ask whether you drank [5 FOR MEN/4 FOR WOMEN] or more alcoholic drinks on an occasion? (319)

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

34.4 Were you offered advice about what level of drinking is harmful or risky for your health? (320)

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

CATI NOTE: If Q34.1 = 1 or Q34.2 = 1 or Q34.3 = 1, continue. Otherwise, go to CATI NOTE before Q35.1.

34.5 Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? (321)

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

Section 35: Cancer Survivorship

Please read: The last questions are about cancer.

CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), answer Q35.1 "Yes" (code = 1), then go to Q35.2.

35.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (882)

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

- 1 Yes
- 2 No [go to closing statement]
- 7 Don't know / Not sure [go to closing statement]
- 9 Refused [go to closing statement]

35.2 At what age were you first told that you had cancer? (883-884)

Interviewer Note: This question refers to the first time they were told about their first cancer.

- — Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

- 35.3** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (885)

Interviewer Note: Read only if necessary: “By ‘other healthcare professional’ we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.”

Read only if necessary: “By ‘written summary’ we mean any copy of a report or account of treatments received that a person can keep for future reference.”

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

- 35.4** Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should go or *who* you should see for your routine cancer check-ups after completing treatment for cancer? (886)

Interviewer Note: If “Yes”, probe with “Were these instructions given to you verbally, written down or printed on paper, or both?”

- 1 Yes, instructions were given to you verbally
- 2 Yes, instructions were written down or printed on paper for you
- 3 Yes, instructions were given to you both verbally and written down
- 4 No
- 7 Don’t know / Not sure
- 9 Refused

Go to Closing Statement.

Closing Statement

Please read: 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.