

2011 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— (73)

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? (74-75)

- — 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? (76-77)

- — Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 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? (78-79)

- — 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 Services? (80)

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

3.1a Do you personally have Medicaid or Medicare Insurance? (551)

Interviewer Note: If initial response is “Yes”, probe for which type or both.

- 1 Yes, Medicaid only
- 2 Yes, Medicare only
- 3 Yes, both Medicaid and Medicare
- 4 No
- 7 Don't know / Not sure
- 9 Refused

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

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

(81)

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

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

(82)

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

3.4 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.

(83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within 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

Section 4: Hypertension Awareness

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

(84)

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

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 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to next section]
- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

4.2 Are you currently taking medicine for your high blood pressure?

(85)

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

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (86)

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

5.2 About how long has it been since you last had your blood cholesterol checked? (87)

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
- 9 Refused

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (88)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 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 had a heart attack also called a myocardial infarction? (89)

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

6.2 (Ever told) you had angina or coronary heart disease? (90)

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

6.3 (Ever told) you had a stroke? (91)

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

6.4 (Ever told) you had asthma? (92)

- 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? (93)

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

6.6 (Ever told) you had skin cancer? (94)

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

6.7 (Ever told) you had any other types of cancer? (95)

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

6.8 (Ever told) you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? (96)

- 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? (97)

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? (98)

- 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. (99)

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 Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses? (100)

- 1 Yes
- 2 No
- 3 Respondent is blind
- 7 Don't know / Not sure
- 9 Refused

6.13 (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.

(101)

- 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 Q6.13 = 1 (Yes) and mi_split = B, go to Q6A.1. Otherwise, go to Q7.1.

Section 6A: Diabetes Module (Included in Split B only)

6A.1 How old were you when you were told you have diabetes? (247-248)

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

6A.2 Are you now taking insulin? (249)

- 1 Yes
- 2 No
- 9 Refused

6A.3 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (250-252)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

6A.4 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (253-255)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

6A.5 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

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

6A.6 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (258-259)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: If Q6A.4 = 555 (No feet), go to Q6A.8.

6A.7 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

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

6A.8 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (262)

Read 1-4 only 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), or
- 4 2 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

6A.9 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

6A.10 Have you ever taken a course or class in how to manage your diabetes yourself? (264)

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

Section 7: Tobacco Use

7.1 Have you smoked at least 100 cigarettes in your entire life? (102)

Interviewer Note: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

7.2 Do you now smoke cigarettes every day, some days, or not at all? (103)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q7.4]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

7.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (104)

- 1 Yes [Go to Q7.5]
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

7.4 How long has it been since you last smoked cigarettes regularly? (105-106)

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

7.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
(107)

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

Do not read:

7 Don't know / Not sure
9 Refused

Section 8: Demographics

8.1 What is your age?
(108-109)

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

8.2 Are you Hispanic or Latino?
(110)

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

8.2a Are you of Arab or Chaldean origin?
(552)

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? (111-116)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 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? (117)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

- 7 Don't know / Not sure
- 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (118)

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

8.6 Are you...? (119)

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? (120-121)

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

8.8 What is the highest grade or year of school you completed? (122)

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...?

(123)

Interviewer Note: If the respondent states they are retired, but still working, please code them as being employed. Only code retired, if they are not working at all.

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 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

8.10 Is your annual household income from all sources— (124-125)

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

Read only if necessary:

- 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? (126-129)

Interviewer Note: If respondent answers in metrics, put “9” in column 136.

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? (130-133)

Interviewer Note: If respondent answers in metrics, put “9” in column 140.

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? (134-136)

__ __ __ 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? (553)

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

8.14 What is the ZIP Code where you live? (137-141)

__ __ __ __ __ 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. (142)

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? (143)

- 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. (144)

- 1 Yes [Go to Q8.19]
- 2 No [Go to Q8.21]
- 7 Don't know / Not sure [Go to Q8.21]
- 9 Refused [Go to Q8.21]

8.19 Do you usually share this cell phone (at least one-third of the time) with any other adults? (146)

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

8.20 Thinking about all the phone calls that you receive, what percent, between 0 and 100, are received on your cell phone? (147-149)

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

8.21 Do you own or rent your home? (150)

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.

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

8.22 **Indicate sex of respondent. Ask only if necessary.** (151)

- 1 Male **[Go to Q8.24]**
- 2 Female **[If respondent is 45 years old or older, go to Q8.24]**

8.23 To your knowledge, are you now pregnant? (152)

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

8.24 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? (554)

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

Section 9: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank in the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

Interviewer Notes: If respondent responds less than once per month, code “0” times per month.

If respondent gives a number without a time frame, ask: “Was that per day, week, or month?”

9.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

(153-155)

Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”

Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 9.6.

Do include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

9.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit. (156-158)

Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins or craisins if respondent tells you - but due to their small serving size they are not included in the prompt.

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

9.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (159-161)

Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”

Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

9.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? (162-164)

Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”

Each time a vegetable is eaten it counts as one time.

Include all raw leafy green salads including spinach, mesclun, romaine lettuce, arugula, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

9.5

During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(165-167)

Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”

Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”

Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

9.6

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(168-170)

Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”

Read only if needed: “Do not count vegetables you have already counted and do not include fried potatoes.”

Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

1 __ Per day
2 __ Per week
3 __ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Section 10: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

Interviewer Note: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

10.1 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? (171)

- 1 Yes
- 2 No [Go to Q10.8]
- 7 Don't know / Not sure [Go to Q10.8]
- 9 Refused [Go to Q10.8]

10.2. What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)

Interviewer Notes: If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other”.

Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

- (Specify) [See Coding List A]
- 7 7 Don't know / Not sure [Go to Q10.8]
- 9 9 Refused [Go to Q10.8]

10.3 How many times per week or per month did you take part in this activity during the past month? (174-176)

- 1 __ Times per week
- 2 __ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

- _:__ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.5 What other type of physical activity gave you the next most exercise during the past month? (180-181)

Interviewer Notes: If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other”.

Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

- (Specify) [See Coding List A]
- 8 8 No other activity [Go to Q10.8]
- 7 7 Don't know / Not sure [Go to Q10.8]
- 9 9 Refused [Go to Q10.8]

10.6 How many times per week or per month did you take part in this activity during the past month? (182-184)

- 1 -- Times per week
- 2 -- Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

- : -- Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (188-190)

- 1 -- Times per week
- 2 -- Times per month
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 11: Disability

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

- 11.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

- 11.2** 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? (192)

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

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

Section 12: Arthritis Burden

CATI NOTE: If Q6.9 = 1 (Yes), continue. Otherwise, go to next section.

Please read: Next I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (193)

Interviewer Notes: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

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

Interviewer Note: Q12.2 should be asked of all respondents regardless of employment status.

12.2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (194)

Interviewer Note: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

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

12.3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (195)

Interviewer Note: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

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

12.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be. (196-197)

- – Enter number [00-10]
- 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— (198)

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

Section 14: Immunization

14.1 Now I will ask you questions about seasonal flu. There are two ways to get the season 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 seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (199)

- 1 Yes
- 2 No [Go to Q14.4]
- 7 Don't know / Not sure [Go to Q14.4]
- 9 Refused [Go to Q14.4]

14.2 During what month and year did you receive your most recent flu shot injected in your arm or flu vaccine that was sprayed in your nose? (200-205)

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

14.3 At what kind of place did you get your last seasonal flu shot/vaccine? (206-207)

- 0 1 A doctor’s office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don’t know / Not sure **(Probe: “How would you describe the place where you went to get your most recent flu vaccine?”)**

Do not read:

- 9 9 Refused

14.4 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? (208)

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

Section 15: Alcohol Consumption

15.1 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? (209-211)

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

- 15.2** 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? (212-213)

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

- 15.3** 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? (214-215)

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

- 15.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

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

Section 15b: Preventive Counseling - Alcohol Use

The next question is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

- 15.1b** Has a doctor or other health professional ever talked with you about alcohol use? (547)

Interviewer Notes: If yes, ask “About how long ago was it?”

- 1 Yes, within the past 12 months
- 2 Yes, within the past 3 years
- 3 Yes, 3 or more years ago
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Section 16: 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 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.

16.1 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. (218)

- 1 Yes
- 2 No [Go to Q16.3]
- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

16.2 Not including blood donations, in what month and year was your last HIV test? (219-224)

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

16.3 Next, I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease 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.

Do any of these situations apply to you? (225)

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

Version A: Sections 17 - 26 to be asked of Split A, CDC Split 1 (n=3,000)**Section 17: Actions to Control High Blood Pressure****CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next section.****Please read:** Are you now doing any of the following to help lower or control your high blood pressure?

17.1 (Are you) changing your eating habits (to help lower or control your high blood pressure)? (316)

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

17.2 (Are you) cutting down on salt (to help lower or control your high blood pressure)? (317)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

17.3 (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

17.4 (Are you) exercising (to help lower or control your high blood pressure)? (319)

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

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

17.5 (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (320)

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

17.6 (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (321)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

17.7 (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (322)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

17.8 (Ever advised you to) exercise (to help lower or control your high blood pressure)? (323)

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

17.9 (Ever advised you to) take medication (to help lower or control your high blood pressure)? (324)

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

17.10 Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (325)

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

Section 18: Arthritis Management

CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to next section.

18.1 Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (394)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

18.2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (395)

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

18.3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (396)

Interviewer Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

- 18.4** Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (397)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 19: Chronic Obstructive Pulmonary Disease

CATI NOTE: If Core Q6.8 = 1 (Yes), continue. Otherwise, go to next section.

Please read: Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis.

- 19.1** Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (405)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 19.2** Would you say that shortness of breath affects the quality of your life? (406)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 19.3** Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (407)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 19.4** Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (408)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

19.5 How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (409-410)

- — Number (01-76)
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

Section 20: Cognitive Impairment

Please read: The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

20.1 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (453)

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

CATI NOTES: If Q20.1 ≥ 2 and the respondent is the only adult in the household, go to next section.

If Q20.1 = 1 and the respondent is the only adult in the household, go to Q20.4. Otherwise, continue.

20.2 **[If Q20.1 = 1; Not including yourself,]** how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months? (454)

- Number of people **[6 = 6 or more]**
- 8 None
- 7 Don't know / Not sure
- 9 Refused

CATI NOTES: If Q20.1 = 1 and Q20.2 > 6, go to Q20.4.

If Q20.1 ≥ 2 and (Q20.2 ≥ 7), go to next section.

20.3 [If Q20.1 ≥ 2 and (Q20.2 > 1 and Q20.2 < 7); Of these people, please select the person who had the most recent birthday] How old is this person? (455-456)

Read only if necessary:

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90+

Do not read:

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

CATI NOTE: If Q20.1 = 2, 7, or 9, please read: “For the next set of questions we will refer to the person you identified as ‘this person’.”

20.4 During the past 12 months, how often [IF Q20.1=1: have you; ELSE: has this person] given up household activities or chores [IF Q20.1=1: you; ELSE: they] used to do, because of confusion or memory loss that is happening more often or is getting worse? (457)

Interviewer Note: If the respondent asks for clarification please read, “For these questions, please think about confusion or memory loss that is happening more often or is getting worse.”

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

20.5 As a result of **[IF Q20.1=1: your; ELSE: this person's]** confusion or memory loss, in which of the following four areas **[IF Q20.1=1: do you; ELSE: does this person]** need the MOST assistance?

(458)

Please read:

- 1 Safety (such as forgetting to turn off the stove or falling)
- 2 Transportation (such as getting to doctor's appointments)
- 3 Household activities (such as managing money or housekeeping)
- 4 Personal care (such as eating or bathing)

Do not read:

- 5 Needs assistance, but not in these areas
- 6 Doesn't need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

20.6 During the past 12 months, how often has confusion or memory loss interfered with **[IF Q20.1=1: your; ELSE: this person's]** ability to work, volunteer, or engage in social activities?

(459)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

20.7 During the past 30 days, how often **[IF Q20.1=1: has; ELSE: have you,]** a family member or friend provided any care or assistance for **[IF Q20.1=1: you; ELSE: this person]** because of confusion or memory loss?

(460)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

20.8 Has anyone discussed with a health care professional, increases in **[IF Q20.1=1: your; ELSE: this person’s]** confusion or memory loss? (461)

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

20.9 **[IF Q20.1= 1: Have you; ELSE: Has this person]** received treatment such as therapy or medications for confusion or memory loss? (462)

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

20.10 Has a health care professional ever said that **[IF Q20.1=1: you have; ELSE: this person has]** Alzheimer’s disease or some other form of dementia? (463)

- 1 Yes, Alzheimer’s Disease
- 2 Yes, some other form of dementia, but not Alzheimer’s disease
- 3 No, a health care professional has not given a diagnosis
- 7 Don’t know / Not sure
- 9 Refused

Section 21: Random Child Selection

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q23.1.

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 Q21.1]**

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.”

21.1 What is the birth month and year of the “Xth” child? (488-493)

__ / __ __ 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).

21.2 Is the child a boy or a girl? (494)

1 Boy
2 Girl
9 Refused

21.3 Is the child Hispanic or Latino? (495)

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

21.4 Which one or more of the following would you say is the race of the child? (496-501)

[Check all that apply]

Please read:

- 1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native

Or

6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q21.4, continue. Otherwise, go to Q21.6.

21.5 Which one of these groups would you say best represents the child's race? (502)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

21.6 How are you related to the child? (503)

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

Section 22: Childhood Asthma Prevalence

22.1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (504)

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

22.2 Does the child still have asthma? (505)

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

Section 23: Chronic Disease Management

Please read: The next question is about educational courses.

- 23.1** If it were available near where you live or work, how likely or unlikely are you to attend an educational course to help you learn how to manage a long term health condition, such as arthritis, diabetes, heart disease, or depression?

(555)

Please read:

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely

Do not read:

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

Section 24: Blood Disorders

Please read: The next question is about sickle cell trait, sickle cell disease, and thalassemia, which are inherited blood disorders that can be diagnosed by a blood test at birth or later in life.

- 24.1** Have you ever been told that you had sickle cell trait, sickle cell disease or thalassemia?

(556)

Interviewer Note: If “Yes”, probe for which type.

Interviewer Note: Thalassemia is pronounced (thal-a-SE-me-ah).

- 1 Yes, sickle cell trait
- 2 Yes, sickle cell disease
- 3 Yes, thalassemia
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Section 25: Infertility

CATI NOTE: If Q8.1 ≤ 50 and Q8.6 = 1 or 6, continue. Otherwise, go to next section.

Please read: The next questions are about infertility, which means that a couple is unable to become pregnant after a year of trying to do so, or that their pregnancies end in miscarriages.

25.1

If Q8.22 = 1:

Have you or your wife/partner ever had any medical procedures for infertility, taken infertility medications, or had some other form of infertility treatment?

If Q8.22 = 2:

Have you or your husband/partner ever had any medical procedures for infertility, taken infertility medications, or had some other form of infertility treatment?

(557)

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

25.2

If Q8.22 = 1:

What type of treatment did you or your wife/partner have? Was it....

If Q8.22 = 2:

What type of treatment did you or your husband/partner have? Was it....

(558)

**Interviewer Note: IVF = In Vitro Fertilization, ISI = Intracytoplasmic Sperm Injection
Both count as medical procedures**

Please read:

- 1 A medical procedure such as In Vitro Fertilization or Intracytoplasmic Sperm Injection
- 2 Infertility medication only
- 3 Both a medical procedure and medication, or
- 4 Something else **[specify]**

Do not read:

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

Section 26: Other Tobacco Questions

Please read: the next section includes questions focusing on tobacco use and exposure.

- 26.1** Have you ever smoked tobacco using a narghile, hookah, or water pipe, even one or two puffs? (559)

Interviewer Note: Pronounced “nar-gee-lah” and “who-ka.”

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q26.3] |
| 7 | Don't know / Not sure | [Go to Q26.3] |
| 9 | Refused | [Go to Q26.3] |

- 26.2** During the past 30 days, on how many days did you smoke it? (560-561)

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 Q11.2 = 1 or Q11.2 = 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.

- 26.3** In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (562)

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

- 26.4** 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*) (563)

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

CATI NOTE: If Q7.2=1 or Q7.2=2, continue. Otherwise, go to Q26.7.

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

26.5 Would you like to quit smoking? (564)

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

26.6 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? (565)

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

26.7 Currently in Michigan, storeowners are not required to have a license to sell tobacco products.

Please tell me how strongly you agree or disagree with the following statement:
Storeowners should be required to have a license to sell tobacco products so that laws prohibiting tobacco sales to minors can be better enforced. Do you

(566)

Please read:

- 1 Strongly agree
- 2 Moderately agree
- 3 Moderately disagree
- 4 Strongly disagree, or
- 5 Do you have no opinion?

Do not read:

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

Go to Closing Statement.

Version B: Sections 27 - 37 to be asked of Split B, CDC Split 2 (n=3,000)**Section 27: Arthritis Management (repeat Section 18)****CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to next section.**

27.1 Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (394)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

27.2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (395)

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

27.3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (396)

Interviewer Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

27.4 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (397)

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

Section 28: Chronic Obstructive Pulmonary Disease (repeat of Section 19)

CATI NOTE: If Core Q6.8 = 1 (Yes), continue. Otherwise, go to next section.

Please read: Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis.

28.1 Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (405)

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

28.2 Would you say that shortness of breath affects the quality of your life? (406)

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

28.3 Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (407)

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

28.4 Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (408)

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

28.5 How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (409-410)

- Number (01-76)
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

Section 29: Random Child Selection (repeat of Section 21)

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q31.1.

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 Q29.1]**

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.”

29.1 What is the birth month and year of the “Xth” child? (488-493)

_ / _	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).

29.2 Is the child a boy or a girl? (494)

1	Boy
2	Girl
9	Refused

29.3 Is the child Hispanic or Latino? (495)

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

29.4 Which one or more of the following would you say is the race of the child? (496-501)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q29.4, continue. Otherwise, go to Q29.6.

29.5 Which one of these groups would you say best represents the child's race? (502)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

29.6 How are you related to the child? (503)

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

Section 30: Childhood Asthma Prevalence (repeat of Section 22)

- 30.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (504)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 30.2** Does the child still have asthma? (505)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 31: Chronic Disease Management (repeat of Section 23)

Please read: The next question is about educational courses.

- 31.1** If it were available near where you live or work, how likely or unlikely are you to attend an educational course to help you learn how to manage a long term health condition, such as arthritis, diabetes, heart disease, or depression? (555)
- Please read:**
- 1 Very likely
 - 2 Somewhat likely
 - 3 Somewhat unlikely
 - 4 Very unlikely
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

Section 32: Blood Disorders (repeat of Section 24)

Please read: The next question is about sickle cell trait, sickle cell disease, and thalassemia, which are inherited blood disorders that can be diagnosed by a blood test at birth or later in life.

32.1 Have you ever been told that you had sickle cell trait, sickle cell disease or thalassemia? (556)

Interviewer Note: If “Yes”, probe for which type.

Interviewer Note: Thalassemia is pronounced (thal-a-SE-me-ah).

- 1 Yes, sickle cell trait
- 2 Yes, sickle cell disease
- 3 Yes, thalassemia
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Section 33: Infertility (repeat of Section 25)

CATI NOTE: If Q8.1 ≤ 50 and Q8.6 = 1 or 6, continue. Otherwise, go to next section.

Please read: The next questions are about infertility, which means that a couple is unable to become pregnant after a year of trying to do so, or that their pregnancies end in miscarriages.

33.1 *If Q8.22 = 1:*
Have you or your wife/partner ever had any medical procedures for infertility, taken infertility medications, or had some other form of infertility treatment?

If Q8.22 = 2:
Have you or your husband/partner ever had any medical procedures for infertility, taken infertility medications, or had some other form of infertility treatment?

(557)

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

33.2*If Q8.22 = 1:*

What type of treatment did you or your wife/partner have? Was it...

If Q8.22 = 2:

What type of treatment did you or your husband/partner have? Was it....

(558)

**Interviewer Note: IVF = In Vitro Fertilization, ISI = Intracytoplasmic Sperm Injection
Both count as medical procedures**

Please read:

- 1 A medical procedure such as In Vitro Fertilization or Intracytoplasmic Sperm Injection
- 2 Infertility medication only
- 3 Both a medical procedure and medication, or
- 4 Something else **[specify]**

Do not read:

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

Section 34: Other Tobacco Questions (repeat of Section 26)

Please read: the next section includes questions focusing on tobacco use and exposure.**34.1**

Have you ever smoked tobacco using a narghile, hookah, or water pipe, even one or two puffs?

(559)

Interviewer Note: Pronounced "nar-gee-lah" and "who-ka."

- 1 Yes
- 2 No **[Go to Q34.3]**
- 7 Don't know / Not sure **[Go to Q34.3]**
- 9 Refused **[Go to Q34.3]**

34.2

During the past 30 days, on how many days did you smoke it?

(560-561)

**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 Q11.2 = 1 or Q11.2 = 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.

34.3 In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (562)

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

34.4 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*) (563)

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

CATI NOTE: If Q7.2=1 or Q7.2=2, continue. Otherwise, go to Q34.7.

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

34.5 Would you like to quit smoking? (564)

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

34.6 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? (565)

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

34.7 Currently in Michigan, storeowners are not required to have a license to sell tobacco products.

Please tell me how strongly you agree or disagree with the following statement: Storeowners should be required to have a license to sell tobacco products so that laws prohibiting tobacco sales to minors can be better enforced. Do you

(566)

Please read:

- 1 Strongly agree
- 2 Moderately agree
- 3 Moderately disagree
- 4 Strongly disagree, or
- 5 Do you have no opinion?

Do not read:

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

Section 35: Alcohol Counseling Services

Please read: The next question asks about alcohol consultation that you might have received from a doctor, nurse, or other health professional.

35.1 Has a doctor or other health professional ever talked with you about alcohol use?

(567)

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

Section 36: Alcohol Dependence

CATI NOTE: If Q15.3 ≥ 1 and Q15.3 < 77, continue. Otherwise, go to next section.

Please read: The next few questions are about other aspects of alcohol consumption.

36.1 In the past 12 months, have you spent more time drinking than you intended?

(568)

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

36.2 Have you ever neglected some of your usual responsibilities because of using alcohol? (569)

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

36.3 In the past 12 months, have you felt you wanted or needed to cut down on your drinking? (570)

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

36.4 In the past 12 months, has a family member, friend, or anyone else objected to your use of alcohol? (571)

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

36.5 Have you frequently found yourself thinking about drinking? (572)

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

36.6 Have you ever used alcohol to relieve feelings such as sadness, anger, or boredom? (573)

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

Section 37: Dermatitis

Please read: The next few questions focus on dermatitis which is an inflammation or rash on the skin.

37.1 In the past 12 months, have you had dermatitis, eczema, or any other red, inflamed skin rash?

(574)

Interviewer Note: Do not include sunburns.

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

CATI NOTE: If Q8.9 = 1, 2 or 3, continue. Otherwise, go to closing statement.

37.2 Have you been told by a doctor or other health professional that your skin condition was probably work-related?

(575)

Interviewer Note: Read only if necessary, "By 'work-related' we mean that the condition was either caused or made worse by an exposure you came in contact with while at work."

- | | | |
|---|--|--|
| 1 | Yes | |
| 2 | No | |
| 3 | Never saw a doctor or other health professional for this condition | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

37.3 Do you think your skin condition was probably work-related?

(576)

Interviewer Note: Read only if necessary, "By 'work-related' we mean that the condition was either caused or made worse by an exposure you came in contact with while at work."

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q37.5] |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

CATI NOTE: If Q37.2 = 3, go to Q37.5. Otherwise, continue.

37.4 Did you tell a doctor or health professional that your skin condition was work-related? (577)

Interviewer Note: Read only if necessary, "By 'work-related' we mean that the condition was either caused or made worse by an exposure you came in contact with while at work."

- 1 Yes
- 2 No
- 3 Never saw a doctor or other health professional for this condition
- 7 Don't know / Not sure
- 9 Refused

37.5 During the past 12 months, did you stop working, change jobs, or make a major change in your work activities, such as taking on lighter duties, because of your skin condition? (578)

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

Go to Closing Statement.

Version C: Sections 38 - 47 to be asked of Split C, CDC Split 3 (n=3,000)**Section 38: Arthritis Management (repeat Section 18)****CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to next section.**

38.1 Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (394)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

38.2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (395)

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

38.3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (396)

Interviewer Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

38.4 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (397)

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

Section 39: Chronic Obstructive Pulmonary Disease (repeat of Section 19)

CATI NOTE: If Core Q6.8 = 1 (Yes), continue. Otherwise, go to next section.

Please read: Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis.

39.1 Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (405)

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

39.2 Would you say that shortness of breath affects the quality of your life? (406)

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

39.3 Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (407)

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

39.4 Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (408)

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

39.5 How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (409-410)

- Number (01-76)
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

Section 40: Random Child Selection (repeat of Section 21)

CATI NOTE: If Core Q11.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q42.1.

If Core Q11.7 = 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 Q40.1]**

If Core Q11.7 is >1 and Core Q11.7 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.”

40.1 What is the birth month and year of the “Xth” child? (488-493)

_ / _ _ _	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).

40.2 Is the child a boy or a girl? (494)

1	Boy
2	Girl
9	Refused

40.3 Is the child Hispanic or Latino? (495)

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

40.4 Which one or more of the following would you say is the race of the child? (496-501)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q40.4, continue. Otherwise, go to Q40.6.

40.5 Which one of these groups would you say best represents the child's race? (502)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

40.6 How are you related to the child? (503)

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

Section 41: Childhood Asthma Prevalence (repeat of Section 22)

- 41.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (504)
- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

- 41.2** Does the child still have asthma? (505)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 42: Blood Disorders (repeat of Section 24)

Please read: The next question is about sickle cell trait, sickle cell disease, and thalassemia, which are inherited blood disorders that can be diagnosed by a blood test at birth or later in life.

- 42.1** Have you ever been told that you had sickle cell trait, sickle cell disease or thalassemia? (556)
- Interviewer Note: If "Yes", probe for which type.**
- Interviewer Note: Thalassemia is pronounced (thal-a-SE-me-ah).**
- | | |
|---|--------------------------|
| 1 | Yes, sickle cell trait |
| 2 | Yes, sickle cell disease |
| 3 | Yes, thalassemia |
| 4 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 43: Infertility (repeat of Section 25)

CATI NOTE: If Q8.1 ≤ 50 and Q8.6 = 1 or 6, continue. Otherwise, go to next section.

Please read: The next questions are about infertility, which means that a couple is unable to become pregnant after a year of trying to do so, or that their pregnancies end in miscarriages.

43.1

If Q8.22 = 1:

Have you or your wife/partner ever had any medical procedures for infertility, taken infertility medications, or had some other form of infertility treatment?

If Q8.22 = 2:

Have you or your husband/partner ever had any medical procedures for infertility, taken infertility medications, or had some other form of infertility treatment?

(557)

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

43.2

If Q8.22 = 1:

What type of treatment did you or your wife/partner have? Was it...

If Q8.22 = 2:

What type of treatment did you or your husband/partner have? Was it....

(558)

**Interviewer Note: IVF = In Vitro Fertilization, ISI = Intracytoplasmic Sperm Injection
Both count as medical procedures**

Please read:

- 1 A medical procedure such as In Vitro Fertilization or Intracytoplasmic Sperm Injection
- 2 Infertility medication only
- 3 Both a medical procedure and medication, or
- 4 Something else **[specify]**

Do not read:

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

Section 44: Cancer Genomics

CATI NOTE: If Q8.22 = 2 (Female), continue. Otherwise, go to CATI NOTE before Q45.1.

Please read: The next few questions are about genetic counseling for breast and ovarian cancer. Genetic counseling is the process of communication between a specially trained health professional and someone concerned about the risk of disease in his or her family.

44.1 Have you or any of your family members received genetic counseling for breast and ovarian cancer? (579)

Interviewer Notes: If “Yes,” ask: “Would you say yourself only, yourself and at least one family member, or at least one family member, but not yourself?”

Genetic counseling for breast and ovarian cancer always occurs together. If the respondent indicates that a family member or themselves has received genetic counseling for breast or ovarian cancer, but they are unsure or don’t think they have had both please consider this a “yes” response for that particular person.

- 1 Yourself only,
- 2 Yourself and at least one family member
- 3 At least one family member but not yourself, or
- 4 No one in your family has received genetic counseling

- 7 Don’t know / Not sure
- 9 Refused

44.2 Thinking about your biological or “blood” relatives, including your parents, grandparents, siblings, aunts, uncles or children, how many of these individuals have been diagnosed with breast cancer? (580)

- 1 None [Go to Q44.5]
- 2 One
- 3 Two
- 4 Three or more
- 7 Don’t know / Not sure [Go to Q44.5]
- 9 Refused [Go to Q44.5]

44.3

If Q44.2 = 3 or Q44.2 = 4:

How many of these **[IF Q44.2 = 3: two; ELSE: three or more]** biological relatives that have been diagnosed with breast cancer are members of your immediate family, that is, parents, siblings or children?

(581)

Interviewer Note: Biological and blood relatives refer to the same population.

- 1 None
- 2 One
- 3 Two
- 4 Three or more
- 7 Don't know / Not sure
- 9 Refused

If Q44.2 = 2:

Is the one biological relative that has been diagnosed with breast cancer a member of your immediate family, that is, a parent, sibling or child?

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

44.4

Thinking about all of your biological parents, grandparents, siblings, aunts, uncles, or children that have been diagnosed with breast cancer, how many were diagnosed with breast cancer at or before the age of 50 years?

(582)

Interviewer Note: Biological and blood relatives refer to the same population.

- 1 None
- 2 One
- 3 Two
- 4 Three or more
- 7 Don't know / Not sure
- 9 Refused

44.5

Now thinking about ovarian cancer, how many of your female biological relatives, that is, your mother, sisters, aunts, grandmothers, or daughters, have been diagnosed with ovarian cancer ?

(583)

Interviewer Note: Biological and blood relatives refer to the same population.

- 1 None
- 2 One
- 3 Two
- 4 Three or more
- 7 Don't know / Not sure
- 9 Refused

Section 45: Cancer Survivorship

Please read: Now I am going to ask you about cancer.

CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), answer Q45.1 “Yes” (code = 1), then go to Q45.2.

45.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (584)

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 next section]
- 7 Don’t know / Not sure [go to next section]
- 9 Refused [go to next section]

45.2 How many different types of cancer have you had? (585)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don’t know / Not sure [go to next section]
- 9 Refused [go to next section]

45.3 At what age were you told that you had cancer?

CATI NOTE: If Q45.2 = 2 (Two) or 3 (Three or more), ask: “At what age were you first diagnosed with cancer?”

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

(586-587)

45.4 What type of cancer was it?

(588-589)

CATI NOTE: If Q45.2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

Interviewer Note: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

Do not read:

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

45.5 In the past three months, have you had or are you receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (590)

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

45.6 What type of doctor provides the majority of your health care? (591-592)

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

Please read [1-10]:

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

Do not read:

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

45.7 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (593)

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

45.8 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? (594)

- 1 Yes
- 2 No [Go to Q45.10]
- 7 Don’t know / Not sure [Go to Q45.10]
- 9 Refused [Go to Q45.10]

45.9 Were these instructions written down or printed on paper for you? (595)

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

45.10 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (596)

Interviewer Note: “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.

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

45.11 Were you EVER denied health insurance or life insurance coverage because of your cancer? (597)

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

45.12 A cancer clinical trial is a research study that can be used to answer questions about cancer prevention methods, new cancer therapies, or new ways of using known cancer treatments. Some cancer clinical trials, also called medical research and research studies, are used to test ways to detect the cancer when it is still in an early stage. Clinical trials are also used to determine whether new drugs or treatments are both safe and effective. People are usually recruited into cancer clinical trials on a voluntary basis.

Did you participate in a clinical trial as part of your cancer treatment? (598)

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

45.13 Do you currently have physical pain caused by your cancer or cancer treatment? (599)

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

45.14 Are you currently taking pain medication? (600)

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

45.15 Is your pain currently under control? (601)

Interviewer Note: Respondents who are currently taking pain medications should respond to this question based on their level of pain control while on these pain medications.

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

Section 46: Family Health History

Please read: The next questions are about your family's health history.

- 46.1** Have you ever actively collected health information from your relatives for the purposes of developing a family health history?

Interviewer Note: Active collection refers to the act of purposely seeking out health information.

(602)

- 1 Yes
- 2 No [Go to Q46.4]
- 7 Don't know / Not sure [Go to Q46.4]
- 9 Refused [Go to Q46.4]

- 46.2** Have you ever recorded your family health history for future reference? Examples would include writing it down on paper or saving it to your computer.

Interviewer Note: Any recording of this information should be coded as "Yes".

(603)

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

- 46.3** Have you ever shared your collected family health history with a doctor or other health care provider?

(604)

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

- 46.4** How important do you think your family's health history is to your personal health? Would you say very important, somewhat important, or not important at all.

(605)

- 1 Very important
- 2 Somewhat important
- 3 Not important at all
- 7 Don't know / Not sure
- 9 Refused

46.5 Has a doctor or other health care provider ever asked you about your family history of cancer, including times when you were asked to fill out a form? (606)

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

46.6 Have you ever received genetic counseling for cancer? This would include a conversation with an expert about your hereditary risk of cancer. (607)

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

46.7 Have you ever had a blood test to determine your hereditary risk for cancer? A doctor would have ordered this test and you would have received the results.

Interviewer Note: This does not refer to the genetic tests, such as 23andME, deCODEme, and Navigenics, that you can send into companies.

(608)

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

Section 47: Tobacco Cessation

CATI NOTE: If Q7.2 = 1 or Q7.2 = 2, continue. Otherwise, go to closing statement.

Please read: the final two questions are about tobacco cessation.

47.1 Has your doctor or other health care professional ever asked you if you were a smoker? (609)

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

47.2 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? (610)

- 1 Yes
- 2 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.

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	9 9 Refused
3 1 Mowing lawn	
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	