

2013 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? (298)
- 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** Are you currently covered by any of the following types of health insurance or health coverage plans? (299-312)

(Select all that apply)

Please read:

- 0 1 Your employer
- 0 2 Someone else's employer
- 0 3 A plan that you or someone else buys on your own
- 0 4 Medicaid or Medical Assistance [or substitute state program name]
- 0 5 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 0 6 The Indian Health Service [or the Alaska Native Health Service]
- 0 7 Some other source

Do not read:

- 8 8 None
- 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? (88)
- 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?"**

- 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. (313)

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**) (314-338)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

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? (339)

- 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? (340)

- 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? (341-342)

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. (343)

- 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... (344)

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 medical bills that are being paid off over time? (345)

Interviewer Note: 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.

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

CATI NOTE: If Q3.7 = 1, 2, or 3 and mi_split = C, continue. Otherwise, go to Q4.1.

Section 3a: Alcohol Use (Included in Split C Only)

3A.1 At your last check-up, did a doctor or other health professional ask you whether you drank **X [CATI X = 5 for men, X = 4 for women]** or more alcoholic drinks on an occasion? (801)

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

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

- 4.1** On average, how many hours of sleep do you get in a 24-hour period? (91-92)

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 5: Hypertension Awareness

- 5.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (93)

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 Q6.1]
3	No	[Go to Q6.1]
4	Told borderline high or pre-hypertensive	[Go to Q6.1]
7	Don't know / Not sure	[Go to Q6.1]
9	Refused	[Go to Q6.1]

- 5.2** Are you currently taking medicine for your high blood pressure? (94)

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

Section 6: Cholesterol Awareness

6.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (95)

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

6.2 About how long has it been since you last had your blood cholesterol checked? (96)

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

6.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (97)

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

Section 7: 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."

7.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (98)

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

- 7.2** (Ever told) you had angina or coronary heart disease? (99)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.3** (Ever told) you had a stroke? (100)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.4** (Ever told) you had asthma? (101)
- 1 Yes
 - 2 No [Go to Q7.6]
 - 7 Don't know / Not sure [Go to Q7.6]
 - 9 Refused [Go to Q7.6]
- 7.5** Do you still have asthma? (102)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.6** (Ever told) you had skin cancer? (103)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.7** (Ever told) you had any other types of cancer? (104)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

7.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (105)

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

7.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (106)

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

7.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (107)

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

7.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (108)

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

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

7.12 (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.

(109)

- 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 NOTES: If Q7.12 = 1 (Yes) and mi_split = A, go to Q7A.1. Otherwise, go to Q8.1.

Section 7A: Diabetes Module (Included in Split A only)

7A.1 How old were you when you were told you have diabetes? (272-273)

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

7A.2 Are you now taking insulin? (274)

- 1 Yes
- 2 No
- 9 Refused

7A.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.

(275-277)

- 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

7A.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.

(278-280)

- 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

7A.5 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(281-282)

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

7A.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"?

(283-284)

- _ _ 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 Q7A.4 = 555 (No feet), go to Q7A.8.

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

(285-286)

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

7A.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. (287)

Read 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

7A.9 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (288)

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

7A.10 Have you ever taken a course or class in how to manage your diabetes yourself? (289)

- 1 Yes
- 2 No
- 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?

(802)

- 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
- 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (146)

- 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)

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 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?"

(429-453)

[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.

(454-478)

[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 148.

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 152.

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? (803)

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
- 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.

- 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 Q8.21a]
- 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? (804)

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 Note: 5 packs = 100 cigarettes

- 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: 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?”

- 11.1** 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.
(202-204)

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 11.6.

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

11.2 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.

(205-207)

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

11.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (208-210)

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

11.4 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? (211-213)

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

11.5

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?

(214-216)

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

11.6

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.

(217-219)

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 12: 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.

12.1 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?
(220)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q12.8] |
| 7 | Don't know / Not sure | [Go to Q12.8] |
| 9 | Refused | [Go to Q12.8] |

12.2. What type of physical activity or exercise did you spend the most time doing during the past month?
(221-222)

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

- | | | |
|-----|-----------------------|-------------------------------------|
| -- | (Specify) | [See Physical Activity Coding List] |
| 7 7 | Don't know / Not sure | [Go to Q12.8] |
| 9 9 | Refused | [Go to Q12.8] |

12.3 How many times per week or per month did you take part in this activity during the past month?
(223-225)

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

12.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?
(226-228)

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

12.5 What other type of physical activity gave you the next most exercise during the past month? (229-230)

Interviewer Note: If the respondent's activity is not included in the Coding List, choose the option listed as "Other".

-- (Specify) [See Physical Activity Coding List]

8 8 No other activity [Go to Q12.8]

7 7 Don't know / Not sure [Go to Q12.8]

9 9 Refused [Go to Q12.8]

12.6 How many times per week or per month did you take part in this activity during the past month? (231-233)

1 -- Times per week

2 -- Times per month

7 7 7 Don't know / Not sure

9 9 9 Refused

12.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (234-236)

_: _ Hours and minutes

7 7 7 Don't know / Not sure

9 9 9 Refused

12.8 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. (237-239)

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 13: Arthritis Burden

CATI NOTE: If Q7.9 = 1 (Yes), continue. Otherwise, go to Q14.1.

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

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

13.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(240)

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: Q13.2 should be asked of all respondents regardless of employment status.

13.2 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?

(241)

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

13.3 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?

(242)

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 A lot
- 2 A little
- 3 Not at all

Do not read:

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

13.4 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.

(243-244)

- – Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say —

(245)

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 15: Immunization

15.1 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?

(246)

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 Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

15.2 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?

(247-252)

- __ / __ __ __ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

15.3 Since 2005, have you had a tetanus shot?

(253)

Interviewer Note: If “Yes” ask: “Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?”

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

15.4 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?

(254)

- 1 Yes
- 2 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 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.

- 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. (255)

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

- 16.2** Not including blood donations, in what month and year was your last HIV test? (256-261)

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.

<u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Code month and year
77/7777	Don't know / Not sure
99/9999	Refused

- 16.3** 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? (262-263)

01	Private doctor or HMO office
02	Counseling and testing site
09	Emergency room
03	Hospital inpatient
04	Clinic
05	Jail or prison (or other correctional facility)
06	Drug treatment facility
07	At home
08	Somewhere else
77	Don't know / Not sure
99	Refused

Version A: Sections 17 - 24 to be asked of Split A, CDC Split 1

Section 17: Colorectal Cancer Screening

CATI NOTE: If respondent is ≤ 49 years of age, go to CATI NOTES before Q18.1.

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? (396)

- 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? (397)

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? (398)

- 1 Yes
- 2 No [Go to CATI NOTES before Q18.1]
- 7 Don't know / Not sure [Go to CATI NOTES before Q18.1]
- 9 Refused [Go to CATI NOTES before Q18.1]

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?

(399)

- 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?

(400)

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: 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 Q20.1.

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 Q18.1]**

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.”

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

$\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$	Code month and year
$\frac{9}{9} \frac{9}{9} \frac{9}{9} \frac{9}{9}$	Don't know / Not sure
	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).

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

1	Boy
2	Girl
9	Refused

18.3 Is the child Hispanic, Latino/a, or Spanish origin? (495-498)

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

- 18.4** Which one or more of the following would you say is the race of the child? (499-526)

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 Q18.4, continue. Otherwise, go to Q18.6.

18.5 Which one of these groups would you say best represents the child's race? (527-528)

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

18.6 How are you related to the child? (529)

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 19: Childhood Asthma Prevalence

19.1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (530)

- 1 Yes
- 2 No [Go to CATI NOTE before Q20.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q20.1]
- 9 Refused [Go to CATI NOTE before Q20.1]

19.2 Does the child still have asthma? (531)

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

Section 20: Infertility

CATI NOTE: If Q8.1 ≤ 75, continue. Otherwise, go to CATI NOTE before Q21.1.

Please read: The next questions are about infertility and pregnancies not ending in a live birth. This means that after a year of trying to do so, a couple is unable to become pregnant or carry a pregnancy due to miscarriage or stillbirth.

20.1

If Q8.6 = 1 or 6:

Have you or your spouse/partner ever experienced infertility or difficulty carrying a pregnancy due to miscarriage or stillbirth?

Interviewer Note: If Q8.6 = 1 or 6 and response is “Yes”, probe with “Was it you, your partner, both you and your partner, or was it undetermined?”

Interviewer Note: If Q8.6 = 1 or 6 and response is “No”, probe with “Is this because you and your spouse/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.”

If Q8.6 = 2, 3, 4, 5 or 9 and Q8.20 = 2:

Have you ever experienced infertility or difficulty carrying a pregnancy due to miscarriage or stillbirth?

Interviewer Note: If Q8.6 = 2, 3, 4, 5, or 9 and Q8.20 = 2 and response is “No”, probe with “Is this because you have never tried to get pregnant?”

Interviewer Note: If the respondent 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.”

If Q8.6 = 2, 3, 4, 5 or 9 and Q8.20 = 1:

Have you ever experienced infertility?

(805)

1	Yes, I have	[Go to CATI NOTE before Q20.2]
2	Yes, my partner has	[Go to Q20.2]
3	Yes, we both have	[Go to Q20.2]
4	Yes, but undetermined	[Go to Q20.2]
5	No	[Go to CATI NOTE before Q20.3]
6	Never tried to get pregnant	[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]

CATI NOTE: If Q8.6 = 2, 3, 4, 5 or 9 and Q8.20 = 1, code “1” for Q20.2. Otherwise, continue.

20.2 Was it infertility, difficulty carrying a pregnancy due to miscarriage or stillbirth, or both? (806)

- 1 Infertility
- 2 Difficulty carrying a pregnancy due to miscarriage or stillbirth
- 3 Both

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

CATI NOTE: If Q20.1 = 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.”

CATI NOTE: If Q8.6 = 2, 3, 4, 5 or 9 and Q8.20 = 1: Skip over response 1 for Q20.3.

20.3 *If Q8.6 = 1 or 6:*
Which of the following treatments have you or your spouse/partner received?

If Q8.6 = 2, 3, 4, 5 or 9:
Which of the following treatments have you received? (807-818)

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 Q21.1]

Do not read:

- 7 7 Don't know / Not sure **[Go to CATI NOTE before Q21.1]**
- 8 8 No additional responses
- 9 9 Refused **[Go to CATI NOTE before Q21.1]**

20.4 What was the result of the most recent treatment? Did you or your spouse/partner... (819)

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 21: Kidney Disease

CATI NOTE: If Q7.11 = 1, continue. Otherwise, go to Q21.2.

Please read: You previously indicated that you had been told by your doctor that you had kidney disease. The next few questions ask about additional topics related to kidney disease.

21.1 Have you ever been on dialysis or had a kidney transplant? (820)

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

21.2 The next two questions are about medical tests you may have had in the last three years. Has your **urine** been tested for protein or albumin (*AL-BYU-MIN*) in the past three years? (821)

Interviewer Note: Albumin is a protein found in the urine that is used as a measure of kidney function.

Interviewer Note: If the respondent indicates that they don't know, please do not probe for a different response.

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

21.3 Has your **blood** been tested for a substance called Creatinine (*CREE-AT-TUH-NIN*) within the past three years? (822)

Interviewer Note: Creatinine is a substance found in the blood that is used as a measure of kidney function.

Interviewer Note: If the respondent indicates that they don't know, please do not probe for a different response.

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

Section 22: 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.

22.1 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (823)

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

CATI NOTES: If Q22.1 ≥ 2 and the respondent is the only adult in the household, go to Q23.1.

If Q22.1 = 1 and the respondent is the only adult in the household, go to Q22.4. Otherwise, continue.

22.2 **[If Q22.1 = 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? (824)

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

CATI NOTES: If Q22.1 = 1 and Q22.2 > 6, go to Q22.4.

If Q22.1 ≥ 2 and (Q22.2 ≥ 7), go to Q23.1.

22.3 [If Q22.1 ≥ 2 and (Q22.2 > 1 and Q22.2 < 7); Of these people, please select the person who had the most recent birthday] How old is this person?

(825-826)

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 Q22.1 = 2, 7, or 9, please read: “For the next set of questions we will refer to the person you identified as ‘this person’.”

22.4 During the past 12 months, how often **[IF Q22.1=1: have you; ELSE: has this person]** given up household activities or chores **[IF Q22.1=1: you; ELSE: they]** used to do, because of confusion or memory loss that is happening more often or is getting worse?

(827)

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

22.5 As a result of **[IF Q22.1=1: your; ELSE: this person's]** confusion or memory loss, in which of the following four areas **[IF Q22.1=1: do you; ELSE: does this person]** need the MOST assistance?

(828)

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

22.6 During the past 12 months, how often has confusion or memory loss interfered with **[IF Q22.1=1: your; ELSE: this person's]** ability to work, volunteer, or engage in social activities?

(829)

Please read:

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

Do not read:

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

22.7 During the past 30 days, how often **[IF Q22.1=1: has; ELSE: have you,]** a family member or friend provided any care or assistance for **[IF Q22.1=1: you; ELSE: this person]** because of confusion or memory loss?

(830)

Please read:

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

Do not read:

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

22.8 Has anyone discussed with a health care professional, increases in **[IF Q22.1=1: your; ELSE: this person's]** confusion or memory loss? (831)

- 1 Yes
- 2 No [Go to Q23.1]
- 7 Don't know / Not sure [Go to Q23.1]
- 9 Refused [Go to Q23.1]

22.9 **[IF Q22.1= 1: Have you; ELSE: Has this person]** received treatment such as therapy or medications for confusion or memory loss? (832)

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

22.10 Has a health care professional ever said that **[IF Q22.1=1: you have; ELSE: this person has]** Alzheimer's disease or some other form of dementia? (833)

- 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 23: Adverse Childhood Experiences

Please read: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

23.1 Did you live with anyone who was depressed, mentally ill, or suicidal? (834)

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

23.2 Did you live with anyone who was a problem drinker or alcoholic? (835)

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

23.3 Did you live with anyone who used illegal street drugs or who abused prescription medications? (836)

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

23.4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (837)

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

23.5 Were your parents separated or divorced? (838)

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

23.6 How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? (839)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

23.7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say--- (840)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

23.8 How often did a parent or adult in your home ever swear at you, insult you, or put you down? (841)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

23.9 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (842)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

23.10 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?

(843)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

23.11 How often did anyone at least 5 years older than you or an adult force you to have sex?

(844)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial 1-855-444-3911 to reach a referral service to locate an agency in your area.

Section 24: Food Sufficiency

Please read: The next section is about food eaten in your household within the last 12 months.

24.1 Which of the following statements best describes the food eaten in your household within the last 12 months? Would you say that...

(845)

Please read:

- 1 You always have enough to eat
- 2 Sometimes you don't have enough to eat, or
- 3 You often don't have enough to eat

Do not read:

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

CATI NOTE: If Q24.1 = 1, continue. Otherwise, go to closing statement.

24.2 Were these foods always the kinds of foods that you wanted to eat? (846)

Interviewer Note: This question refers to the foods they wanted to eat and should not be influenced by the nutritional content of these foods.

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

Go to Closing Statement.

Version B: Sections 25 - 35 to be asked of Split B, CDC Split 2

Section 25: Arthritis Management

CATI NOTE: If Core Q7.9 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q26.1.

25.1 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**? (380)

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

25.2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (381)

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

25.3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (382)

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

25.4 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (383)

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

Section 26: Colorectal Cancer Screening (Repeat of § 17)

CATI NOTE: If respondent is ≤ 49 years of age, go to CATI NOTES before Q27.1.

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

26.1 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? (396)

- 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 How long has it been since you had your last blood stool test using a home kit? (397)

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

26.3 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? (398)

- 1 Yes
- 2 No [Go to CATI NOTES before Q27.1]
- 7 Don't know / Not sure [Go to CATI NOTES before Q27.1]
- 9 Refused [Go to CATI NOTES before Q27.1]

26.4 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?

(399)

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

26.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

(400)

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 27: Random Child Selection (Repeat of § 18)

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q29.1.

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 Q27.1]**

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."

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

$\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$	Code month and year
$\frac{9}{9} \frac{9}{9} \frac{9}{9} \frac{9}{9}$	Don't know / Not sure
	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).

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

1	Boy
2	Girl
9	Refused

27.3 Is the child Hispanic, Latino/a, or Spanish origin? (495-498)

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

27.4 Which one or more of the following would you say is the race of the child?

(499-526)

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 Q27.4, continue. Otherwise, go to Q27.6.

27.5 Which one of these groups would you say best represents the child's race? (527-528)

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

27.6 How are you related to the child? (529)

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
- 10 Refused

Section 28: Childhood Asthma Prevalence (Repeat of § 19)

- 28.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (530)
- 1 Yes
 - 2 No [Go to CATI NOTE before Q29.1]
 - 7 Don't know / Not sure [Go to CATI NOTE before Q29.1]
 - 9 Refused [Go to CATI NOTE before Q29.1]

- 28.2** Does the child still have asthma? (531)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 29: Infertility (Repeat of § 20)

CATI NOTE: If Q8.1 ≤ 75, continue. Otherwise, go to CATI NOTE before Q30.1.

Please read: The next questions are about infertility and pregnancies not ending in a live birth. This means that after a year of trying to do so, a couple is unable to become pregnant or carry a pregnancy due to miscarriage or stillbirth.

29.1

If Q8.6 = 1 or 6:

Have you or your spouse/partner ever experienced infertility or difficulty carrying a pregnancy due to miscarriage or stillbirth?

Interviewer Note: If Q8.6 = 1 or 6 and response is “Yes”, probe with “Was it you, your partner, both you and your partner, or was it undetermined?”

Interviewer Note: If Q8.6 = 1 or 6 and response is “No”, probe with “Is this because you and your spouse/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.”

If Q8.6 = 2, 3, 4, 5 or 9 and Q8.20 = 2:

Have you ever experienced infertility or difficulty carrying a pregnancy due to miscarriage or stillbirth?

Interviewer Note: If Q8.6 = 2, 3, 4, 5, or 9 and Q8.20 = 2 and response is “No”, probe with “Is this because you have never tried to get pregnant?”

Interviewer Note: If the respondent 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.”

If Q8.6 = 2, 3, 4, 5 or 9 and Q8.20 = 1:

Have you ever experienced infertility?

(805)

- | | | |
|---|-----------------------------|---------------------------------------|
| 1 | Yes, I have | [Go to CATI NOTE before Q29.2] |
| 2 | Yes, my partner has | [Go to Q29.2] |
| 3 | Yes, we both have | [Go to Q29.2] |
| 4 | Yes, but undetermined | [Go to Q29.2] |
| 5 | No | [Go to CATI NOTE before Q29.3] |
| 6 | Never tried to get pregnant | [Go to CATI NOTE before Q30.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q30.1] |
| 9 | Refused | [Go to CATI NOTE before Q30.1] |

CATI NOTE: If Q8.6 = 2, 3, 4, 5 or 9 and Q8.20 = 1, code “1” for Q29.2. Otherwise, continue.

29.2 Was it infertility, difficulty carrying a pregnancy due to miscarriage or stillbirth, or both? (806)

- 1 Infertility
- 2 Difficulty carrying a pregnancy due to miscarriage or stillbirth
- 3 Both

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

CATI NOTE: If Q29.1 = 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.”

CATI NOTE: If Q8.6 = 2, 3, 4, 5 or 9 and Q8.20 = 1: Skip over response 1 for Q29.3.

29.3 *If Q8.6 = 1 or 6:*
Which of the following treatments have you or your spouse/partner received?

If Q8.6 = 2, 3, 4, 5 or 9:
Which of the following treatments have you received? (807-818)

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 Q30.1]

Do not read:

- 7 7 Don't know / Not sure **[Go to CATI NOTE before Q30.1]**
- 8 8 No additional responses
- 9 9 Refused **[Go to CATI NOTE before Q30.1]**

29.4 What was the result of the most recent treatment? Did you or your spouse/partner... (819)

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 30: Kidney Disease (Repeat of § 21)

CATI NOTE: If Q7.11 = 1, continue. Otherwise, go to Q30.2.

Please read: You previously indicated that you had been told by your doctor that you had kidney disease. The next few questions ask about additional topics related to kidney disease.

30.1 Have you ever been on dialysis or had a kidney transplant? (820)

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

30.2 The next two questions are about medical tests you may have had in the last three years. Has your **urine** been tested for protein or albumin (*AL-BYU-MIN*) in the past three years? (821)

Interviewer Note: Albumin is a protein found in the urine that is used as a measure of kidney function.

Interviewer Note: If the respondent indicates that they don't know, please do not probe for a different response.

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

30.3 Has your **blood** been tested for a substance called Creatinine (*CREE-AT-TUH-NIN*) within the past three years? (822)

Interviewer Note: Creatinine is a substance found in the blood that is used as a measure of kidney function.

Interviewer Note: If the respondent indicates that they don't know, please do not probe for a different response.

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

Section 31: Cognitive Impairment (Repeat of § 22)

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.

31.1 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (823)

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

CATI NOTES: If Q31.1 ≥ 2 and the respondent is the only adult in the household, go to Q32.1.

If Q31.1 = 1 and the respondent is the only adult in the household, go to Q31.4. Otherwise, continue.

31.2 **[If Q31.1 = 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? (824)

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

CATI NOTES: If Q31.1 = 1 and Q31.2 > 6, go to Q31.4.

If Q31.1 ≥ 2 and (Q31.2 ≥ 7), go to Q31.1.

31.3 [If Q31.1 ≥ 2 and (Q31.2 > 1 and Q31.2 < 7); Of these people, please select the person who had the most recent birthday] How old is this person?

(825-826)

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 Q31.1 = 2, 7, or 9, please read: "For the next set of questions we will refer to the person you identified as 'this person'."

31.4 During the past 12 months, how often **[IF Q31.1=1: have you; ELSE: has this person]** given up household activities or chores **[IF Q31.1=1: you; ELSE: they]** used to do, because of confusion or memory loss that is happening more often or is getting worse?

(827)

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

- 31.5** As a result of **[IF Q31.1=1: your; ELSE: this person's]** confusion or memory loss, in which of the following four areas **[IF Q31.1=1: do you; ELSE: does this person]** need the MOST assistance?

(828)

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

- 31.6** During the past 12 months, how often has confusion or memory loss interfered with **[IF Q31.1=1: your; ELSE: this person's]** ability to work, volunteer, or engage in social activities?

(829)

Please read:

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

Do not read:

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

- 31.7** During the past 30 days, how often **[IF Q31.1=1: has; ELSE: have you,]** a family member or friend provided any care or assistance for **[IF Q31.1=1: you; ELSE: this person]** because of confusion or memory loss?

(830)

Please read:

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

Do not read:

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

31.8 Has anyone discussed with a health care professional, increases in **[IF Q31.1=1: your; ELSE: this person's]** confusion or memory loss? (831)

- 1 Yes
- 2 No [Go to Q32.1]
- 7 Don't know / Not sure [Go to Q32.1]
- 9 Refused [Go to Q32.1]

31.9 **[IF Q31.1= 1: Have you; ELSE: Has this person]** received treatment such as therapy or medications for confusion or memory loss? (832)

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

31.10 Has a health care professional ever said that **[IF Q31.1=1: you have; ELSE: this person has]** Alzheimer's disease or some other form of dementia? (833)

- 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 32: Food Sufficiency (Repeat of § 24)

Please read: The next section is about food eaten in your household within the last 12 months.

32.1 Which of the following statements best describes the food eaten in your household within the last 12 months? Would you say that... (845)

Please read:

- 1 You always have enough to eat
- 2 Sometimes you don't have enough to eat, or
- 3 You often don't have enough to eat

Do not read:

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

CATI NOTE: If Q32.1 = 1, continue. Otherwise, go to Q33.1.

32.2 Were these foods always the kinds of foods that you wanted to eat? (846)

Interviewer Note: This question refers to the foods they wanted to eat and should not be influenced by the nutritional content of these foods.

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

Section 33: Other Tobacco Questions

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

33.1 Have you ever smoked tobacco using a narghile, hookah, or water pipe, even one or two puffs? (847)

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

- 1 Yes
- 2 No [Go to Q33.3]
- 7 Don't know / Not sure [Go to Q33.3]
- 9 Refused [Go to Q33.3]

33.2 During the past 30 days, on how many days did you smoke it? (848-849)

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.

33.3 In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (850)

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

33.4 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)* (851)

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

CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to Q33.9.

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

33.5 Has your doctor or other health care professional ever asked you if you were a smoker? (852)

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

33.6 Would you like to quit smoking? (853)

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

33.7 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? (854)

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

33.8 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? (855)

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

33.9 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

(856)

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 34: Disabilities in Health

Please read: Next, I am going to read you a list of problems people may have in getting health care. For each of the following please tell me how often it is a problem for you.

34.1 How often is transportation a problem for you in getting health care? Would you say...

(857)

Please read:

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

Do not read:

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

34.2 How often is the physical design and layout of a health care provider’s building, office or exam room a problem for you in getting health care? Would you say... (858)

Please read:

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

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

34.3 How often is communicating with your provider, for example, understanding or being understood by your health care provider a problem for you in getting health care? Would you say... (859)

Please read:

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

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

Section 35: Food Access

Please read: The next few questions focus on the availability of fresh fruits and vegetables within your community or neighborhood. By fresh fruits and vegetables we are referring to any loose or precut and packaged raw fruits and vegetables that you would normally find within the produce section of most supermarkets or grocery stores.

35.1 When you or someone in your household shops for fresh fruits and vegetables, would you say that... (860)

Please read:

- 1 You buy them within your community or neighborhood **[Go to Q35.3]**
- 2 You buy them someplace else, or
- 3 You don’t buy fresh fruits and vegetables

Do not read:

- 4 You buy them within your community or neighborhood and someplace else
- 7 Don’t know / Not sure **[Go to Q35.3]**
- 9 Refused **[Go to Q35.3]**

35.2 What is the main reason you or someone in your household does not buy all your fresh fruits and vegetables within your community or neighborhood? (861-862)

- 0 1 There are no stores within your community or neighborhood
- 0 2 The stores within your community or neighborhood have poor quality fruits and vegetables
- 0 3 The stores within your community or neighborhood are too expensive
- 0 4 The stores within your community or neighborhood have poor quality service
- 0 5 You feel uncomfortable in stores within your community or neighborhood
- 0 6 You don't cook
- 0 7 You don't eat fruits and vegetables, or
- 0 8 Some other reason (**specify**)

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

35.3 Please tell me how much you agree or disagree with the following statement. "It is easy to find fresh fruits and vegetables within your community or neighborhood." Would you say that you... (863)

Please read:

- 1 Strongly agree
- 2 Agree
- 3 Disagree, or
- 4 Strongly disagree

Do not read:

- 5 Neither agree nor disagree
- 7 Don't know / Not sure
- 9 Refused

35.4 How often is transportation a problem for you in getting fresh fruits and vegetables? Would you say... (864)

Please read:

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

Do not read:

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

Go to Closing Statement.

Version C: Sections 36 - 46 to be asked of Split C, CDC Split 3

Section 36: Arthritis Management (Repeat of § 25)

CATI NOTE: If Core Q7.9 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q37.1.

36.1 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**? (380)

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

36.2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (381)

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

36.3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (382)

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

36.4 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (383)

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

Section 37: Colorectal Cancer Screening (Repeat of § 17)**CATI NOTE: If respondent is \leq 49 years of age, go to CATI NOTES before Q38.1.****Please read:** the next questions are about colorectal cancer screening.

37.1 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? (396)

- 1 Yes
- 2 No [Go to Q37.3]
- 7 Don't know / Not sure [Go to Q37.3]
- 9 Refused [Go to Q37.3]

37.2 How long has it been since you had your last blood stool test using a home kit? (397)

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

37.3 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? (398)

- 1 Yes
- 2 No [Go to CATI NOTES before Q38.1]
- 7 Don't know / Not sure [Go to CATI NOTES before Q38.1]
- 9 Refused [Go to CATI NOTES before Q38.1]

37.4 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?

(399)

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

37.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

(400)

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 38: Random Child Selection (Repeat of § 18)

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q40.1.

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 Q38.1]**

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."

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

$\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$	Code month and year
$\frac{9}{9} \frac{9}{9} \frac{9}{9} \frac{9}{9}$	Don't know / Not sure
	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).

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

1	Boy
2	Girl
9	Refused

38.3 Is the child Hispanic, Latino/a, or Spanish origin? (495-498)

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

38.4 Which one or more of the following would you say is the race of the child?

(499-526)

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 Q38.4, continue. Otherwise, go to Q38.6.

38.5 Which one of these groups would you say best represents the child's race? (527-528)

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

38.6 How are you related to the child? (529)

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 39: Childhood Asthma Prevalence (Repeat of § 19)

39.1 Has a doctor, nurse or other health professional EVER said that the child has asthma?

(530)

- 1 Yes
- 2 No [Go to Q40.1]
- 7 Don't know / Not sure [Go to Q40.1]
- 9 Refused [Go to Q40.1]

40.2 Does the child still have asthma?

(531)

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

Section 40: Food Sufficiency (Repeat of § 24)

Please read: The next section is about food eaten in your household within the last 12 months.

40.1 Which of the following statements best describes the food eaten in your household within the last 12 months? Would you say that...

(845)

Please read:

- 1 You always have enough to eat
- 2 Sometimes you don't have enough to eat, or
- 3 You often don't have enough to eat

Do not read:

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

CATI NOTE: If Q24.1 = 1, continue. Otherwise, go to closing statement.

40.2 Were these foods always the kinds of foods that you wanted to eat?

(846)

Interviewer Note: This question refers to the foods they wanted to eat and should not be influenced by the nutritional content of these foods.

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

Section 41: Other Tobacco Questions (Repeat of § 33)

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

41.1 Have you ever smoked tobacco using a narghile, hookah, or water pipe, even one or two puffs? (847)

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

- 1 Yes
- 2 No [Go to Q41.3]
- 7 Don't know / Not sure [Go to Q41.3]
- 9 Refused [Go to Q41.3]

41.2 During the past 30 days, on how many days did you smoke it? (848-849)

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.

41.3 In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (850)

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

41.4 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) (851)

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

CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to Q41.9.

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

41.5 Has your doctor or other health care professional ever asked you if you were a smoker? (852)

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

41.6 Would you like to quit smoking? (853)

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

41.7 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? (854)

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

41.8 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? (855)

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

41.9 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

(856)

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 42: Disabilities in Health (Repeat of § 34)

Please read: Next, I am going to read you a list of problems people may have in getting health care. For each of the following please tell me how often it is a problem for you.

42.1 How often is transportation a problem for you in getting health care? Would you say... (857)

Please read:

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

Do not read:

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

42.2 How often is the physical design and layout of a health care provider’s building, office or exam room a problem for you in getting health care? Would you say...

(858)

Please read:

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

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

42.3 How often is communicating with your provider, for example, understanding or being understood by your health care provider a problem for you in getting health care? Would you say...

(859)

Please read:

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

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

Section 43: Food Access (Repeat of § 35)

Please read: The next few questions focus on the availability of fresh fruits and vegetables within your community or neighborhood. By fresh fruits and vegetables we are referring to any loose or precut and packaged raw fruits and vegetables that you would normally find within the produce section of most supermarkets or grocery stores.

43.1 When you or someone in your household shops for fresh fruits and vegetables, would you say that...

(860)

Please read:

- 1 You buy them within your community or neighborhood **[Go to Q43.3]**
- 2 You buy them someplace else, or
- 3 You don’t buy fresh fruits and vegetables

Do not read:

- 4 You buy them within your community or neighborhood and someplace else
- 7 Don’t know / Not sure **[Go to Q43.3]**
- 9 Refused **[Go to Q43.3]**

43.2 What is the main reason you or someone in your household does not buy all your fresh fruits and vegetables within your community or neighborhood? (861-862)

- 0 1 There are no stores within your community or neighborhood
- 0 2 The stores within your community or neighborhood have poor quality fruits and vegetables
- 0 3 The stores within your community or neighborhood are too expensive
- 0 4 The stores within your community or neighborhood have poor quality service
- 0 5 You feel uncomfortable in stores within your community or neighborhood
- 0 6 You don't cook
- 0 7 You don't eat fruits and vegetables, or
- 0 8 Some other reason (**specify**)

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

43.3 Please tell me how much you agree or disagree with the following statement. "It is easy to find fresh fruits and vegetables within your community or neighborhood." Would you say that you... (863)

Please read:

- 1 Strongly agree
- 2 Agree
- 3 Disagree, or
- 4 Strongly disagree

Do not read:

- 5 Neither agree nor disagree
- 7 Don't know / Not sure
- 9 Refused

43.4 How often is transportation a problem for you in getting fresh fruits and vegetables? Would you say... (864)

Please read:

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

Do not read:

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

Section 44: Cancer Survivorship

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

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), answer Q44.1 “Yes” (code = 1), then go to Q44.2.

44.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (865)

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 Q45.1]
- 7 Don’t know / Not sure [go to Q45.1]
- 9 Refused [go to Q45.1]

44.2 At what age were you first told that you had cancer? (866-867)

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

44.3 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (868)

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

44.4 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? (869)

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

Section 45: Drug Use

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

45.1 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? (870)

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

45.2 Have you ever injected drugs for the purposes of getting high? (871)

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

Section 46: Gambling

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

46.1 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?

(872)

- 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 13: Physical Activity)

Code Description (Physical Activity, Questions 13.2 and 13.5 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, zumba, 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 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges, etc.)
3 5 Racquetball	9 7 Don't know
3 6 Raking lawn	9 8 Other_____
3 7 Running	9 9 Refused
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	