

2020 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. 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 — (101)

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? (102-103)

- – 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? (104-105)

- – 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? (106-107)

- – 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? (108)

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

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

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?”

(109)

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

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

(110)

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

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

(111)

Interviewer Note: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 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

Section 4: Exercise

- 4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (112)

Interviewer Note: If the respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

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

Section 5: Inadequate Sleep

- 5.1 On average, how many hours of sleep do you get in a 24-hour period? (113-114)

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

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

Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

- 6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (115)

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

- 6.2 (Ever told) you had angina or coronary heart disease? (116)

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

- 6.3** (Ever told) you had a stroke? (117)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.4** (Ever told) you had asthma? (118)
- 1 Yes
 - 2 No [Go to Q6.6]
 - 7 Don't know / Not sure [Go to Q6.6]
 - 9 Refused [Go to Q6.6]
- 6.5** Do you still have asthma? (119)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.6** (Ever told) you had skin cancer? (120)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.7** (Ever told) you had any other types of cancer? (121)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.8** (Ever told) you had Chronic Obstructive Pulmonary Disease, COPD, emphysema or chronic bronchitis? (122)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

6.9 (Ever told) you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (123)

Interviewer Note: Arthritis diagnoses include:

- **rheumatism, polymyalgia rheumatica**
- **osteoarthritis (not osteoporosis)**
- **tendonitis, bursitis, bunion, tennis elbow**
- **carpal tunnel syndrome, tarsal tunnel syndrome**
- **joint infection, Reiter’s syndrome**
- **ankylosing spondylitis; spondylosis**
- **rotator cuff syndrome**
- **connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome**
- **vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis, polyarteritis nodosa)**

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

6.10 (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (124)

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

6.11 Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease? (125)

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

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

6.12 (Ever told) you had 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.

(126)

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

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

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

(127-128)

- __ Code age in years [97 = 97 and older] **[Go to Q7.1]**
- 9 8 Don't know / Not sure **[Go to Q7.1]**
- 9 9 Refused **[Go to Q7.1]**

Section 6a: Pre-diabetes

6.A1 Have you had a test for high blood sugar or diabetes within the past three years?

(264)

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

6.A2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

CATI Note: if Q6.12 = 4, store 1 in Q6.A2

(265)

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

Section 7: Oral Health

- 7.1** Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason? (129)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

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

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

(130)

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

Section 8: Demographics

- 8.1** What is your age? (131-132)

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

- 8.2** Are you Hispanic, Latino/a, or Spanish origin? (133-136)

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

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

(137-164)

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 Q8.4a.

8.4 Which one of these groups would you say best represents your race?

(165-166)

Interviewer Note: If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading. If respondent has selected multiple races in previous and refuses to select a single race, code refused.

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

- 8.4a** Are you of Arab or Chaldean origin? (901)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 8.5** Are you...? (167)

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

8.6 What is the highest grade or year of school you completed? (168)

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

8.7 Do you own or rent your home? (169)

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.

Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.

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

8.8 In what county do you currently live? (170-172)

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

CATI NOTE: If Q8.8 = 163 (Wayne County), continue with Q8.8a. Otherwise, go to Q8.9.

8.8a Do you live in the city of Detroit? (902)

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

8.9 What is the ZIP Code where you currently live? (173-177)

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

CATI NOTE: If cellular telephone interview skip to Q8.12 (QSTVER ≥ 20)

8.10 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? (178)

1	Yes	
2	No	[Go to Q8.12]
7	Don't know / Not sure	[Go to Q8.12]
9	Refused	[Go to Q8.12]

8.11 How many of these telephone numbers are residential numbers? (179)

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

8.12 How many cell phones do you have for personal use? (180)

_	Cell phones [6 = 6 or more]
7	Don't know / Not sure
9	Refused

8.13 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? (181)

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

1	Yes
2	No

Do not read:

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

8.14 Are you currently...? (182)

Interviewer Notes: If more than one response: say “Select the category which best describes you.”

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

8.15 How many children less than 18 years of age live in your household? (183-184)

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

8.16 Is your annual household income from all sources— (185-186)

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

CATI Note: If female 49 years old or younger, continue. Otherwise, go to Q8.18

8.17 To your knowledge, are you now pregnant? (187)

1 Yes

2 No

Do not read:

7 Don’t know / Not sure

9 Refused

8.18 About how much do you weigh without shoes? (188-191)

Interviewer Note: If respondent answers in metrics, put “9” in column 182.

Round fractions up

— — — — Weight
(pounds/kilograms)

7 7 7 7 Don’t know / Not sure

9 9 9 9 Refused

8.19 About how tall are you without shoes? (192-195)

Interviewer Note: If respondent answers in metrics, put “9” in column 186.

Round fractions down

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

Section 8a: Sexual Orientation and Gender Identity (SOGI)

The next two questions are about sexual orientation and gender identity.

CATI Note: if sex = male, continue, otherwise go to 8.A1b

8.A1a Which of the following best represents how you think of yourself? (551)

Read if necessary: We ask this question in order to better understand the health and healthcare needs of people with different sexual orientations.

Interviewer note: Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 7 Don't know / Not sure
- 9 Refused

CATI Note: if sex = female, continue, otherwise go to 8.A2

8.A1b Which of the following best represents how you think of yourself? (552)

Read if necessary: We ask this question in order to better understand the health and healthcare needs of people with different sexual orientations.

Interviewer note: Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Lesbian or Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 7 Don't know / Not sure
- 9 Refused

8.A2 Do you consider yourself to be transgender? (553)

Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it

matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

Interviewer Note: If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

Interviewer Note: If yes, ask Do you consider yourself to be 1. Male-to-female, 2. Female-to-male, or 3. Gender non-conforming? Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female-to-male
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Disability

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

Are you deaf or do you have serious difficulty hearing? (196)

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

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

(197)

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

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

(198)

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

- 9.4** Do you have serious difficulty walking or climbing stairs? (199)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 9.5** Do you have difficulty dressing or bathing? (200)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 9.6** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (201)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 10: Tobacco Use

- 10.1** Have you smoked at least 100 cigarettes in your entire life? (202)
- Interviewer Notes: 5 packs = 100 cigarettes**
- “Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blunjoy,bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”**
- 1 Yes
2 No [Go to Q10.5]
7 Don't know / Not sure [Go to Q10.5]
9 Refused [Go to Q10.5]
- 10.2** Do you now smoke cigarettes every day, some days, or not at all? (203)
- 1 Every day
2 Some days
3 Not at all [Go to Q10.4]
7 Don't know / Not sure [Go to Q10.5]
9 Refused [Go to Q10.5]

- 10.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (204)
- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | [Go to Q10.5] |
| 2 | No | [Go to Q10.5] |
| 7 | Don't know / Not sure | [Go to Q10.5] |
| 9 | Refused | [Go to Q10.5] |

- 10.4** How long has it been since you last smoked a cigarette, even one or two puffs? (205-206)
- Read if necessary:**

- | | |
|-----|--|
| 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 |

- 10.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (207)
- Read if necessary:**

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

- | | |
|---|-----------------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 11: Alcohol Consumption

- 11.1** 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? (208-210)

Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to Q12.1]**
- 7 7 7 Don't know / Not sure **[Go to Q12.1]**
- 9 9 9 Refused **[Go to Q12.1]**

11.2 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? (211-212)

Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

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

11.3 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? (213-214)

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

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (215-216)

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

Section 12: Immunization

12.1 During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? (217)

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 Q12.3]**
- 7 Don't know / Not sure **[Go to Q12.3]**
- 9 Refused **[Go to Q12.3]**

12.2 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? (218-223)

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

12.3 **CATI NOTE: If respondent is 50 years or older continue, otherwise go to Q12.4**

Have you ever had the shingles or zoster vaccine? (224)

Interviewer Note: Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.

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

12.4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (225)

Interviewer Note: Read if necessary: there are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.

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

Section 13: Falls

CATI NOTE: If respondent is 45 years or older continue, otherwise go to Q14.1.

13.1 In the past 12 months, how many times have you fallen?

Interviewer note: Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. (226-227)

-- Number of times **[76 = 76 or more]**
 8 8 None **[Go to Q14.1]**
 7 7 Don't know / Not sure **[Go to Q14.1]**
 9 9 Refused **[Go to Q14.1]**

13.2 How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor? (228-229)

Read if necessary: By an injury, we mean the fall caused you to limit your activities for at least a day or to go see a doctor.

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

Section 14: Seatbelt Use and Drinking and Driving

14.1 How often do you use seat belts when you drive or ride in a car? Would you say — (230)

Please read:

- | | |
|---|---------------|
| 1 | Always |
| 2 | Nearly always |
| 3 | Sometimes |
| 4 | Seldom |
| 5 | Never |

Do not read:

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

CATI NOTE: If Q14.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

CATI NOTE: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

14.2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (231-232)

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

Section 15: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

15.1 Have you ever had a mammogram? (233)

Interviewer Note: A mammogram is an x-ray of each breast to look for breast cancer.

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

15.2 How long has it been since you had your last mammogram? (234)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

15.3 Have you ever had a Pap test? (235)

Interviewer Note: A Pap test is a test for cancer of the cervix.

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

15.4 How long has it been since you had your last Pap test? (236)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

- 15.5** An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? (237)

Interviewer Note: Human Papillomavirus (Pap-uh-loh-muh virus)

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

- 15.6** How long has it been since you had your last HPV test? (238)

Read only if necessary:

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |

Do not read:

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

CATI NOTE: If response to Core Q8.17 = 1 (is pregnant); then go to next section.

- 15.7** Have you had a hysterectomy? (239)

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

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

Section 16: Prostate Cancer Screening

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

- 16.1** Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or PSA test? (240)

Interviewer Note: A prostate-specific antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

- | | |
|---|-----|
| 1 | Yes |
|---|-----|

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

16.2 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the PSA test? (241)

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

16.3 Has a doctor, nurse, or other health professional ever recommended that you have a PSA test? (242)

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

16.4 Have you ever had a PSA test? (243)

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

16.5 How long has it been since you had your last PSA test? (244)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

16.6 What was the main reason you had this PSA test - was it...? (245)

Please read:

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

Do not read:

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

Section 17: Colorectal Cancer Screening

CATI NOTE: If respondent is <45 years of age, go to next section.

The next questions are about the five different types of tests for colorectal cancer screening.

- 17.1** A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?

Interviewer Note: Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.

(246)

- 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 this test?

(247)

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

17.3 A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy? (248)

- 1 Yes
- 2 No [Go to Q17.5]
- 7 Don't know / Not sure [Go to Q17.5]
- 9 Refused [Go to Q17.5]

17.4 How long has it been since you had this test? (249)

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

17.5 Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

Interviewer note: This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

(250)

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

17.6 How long has it been since you had this test? (251)

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

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

Interviewer note: This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

(252)

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

17.8 How long has it been since you had this test?

(253)

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

17.9 For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

Interviewer note: Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.

(254)

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

17.10 How long has it been since you had this test?

(255)

Read if necessary:

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

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

Do not read:

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

Section 18: HIV/AIDS

18.1 Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for HIV?

Interviewer note: 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.

(256)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 Not including blood donations, in what month and year was your last HIV test?

(257-262)

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.

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

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

- You have injected any drug other than those prescribed for you in the past year.
- You have been treated for a sexually transmitted disease or STD in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

(263)

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

Version A: Sections 19-31**Section 19: Cognitive Decline****CATI NOTE: If Q8.1 \geq 45, continue. Otherwise, go to CATI NOTE before Q20.1.**

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, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

19.1 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (293)

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

19.2 During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is... (294)

Please read:

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

Do not read:

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

19.3 As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is... (295)

Please read:

- | | | |
|---|-----------|----------------------|
| 1 | Always | |
| 2 | Usually | |
| 3 | Sometimes | |
| 4 | Rarely | [Go to Q19.5] |
| 5 | Never | [Go to Q19.5] |

Do not read:

- | | | |
|---|-----------------------|----------------------|
| 7 | Don't know / Not sure | [Go to Q19.5] |
| 9 | Refused | [Go to Q19.5] |

19.4 When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

(296)

Please read:

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

Do not read:

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

19.5 During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

(297)

Please read:

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

Do not read:

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

19.6 Have you or anyone else discussed your confusion or memory loss with a health care professional?

(298)

- 1 Yes
- 2 No

Do not read:

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

Section 20: Random Child Selection

CATI NOTE: If Core Q8.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q22.1.

If Core Q8.15 = 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 Q20.1]**

If Core Q8.15 is >1 and Core Q8.15 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.”

20.1 What is the birth month and year of the “Xth” child? (565-570)

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

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

20.2 Is the child a boy or a girl? (571)

1	Boy
2	Girl
9	Refused

20.3 Is the child Hispanic, Latino/a, or Spanish origin? (572-575)

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

20.4 Which one or more of the following would you say is the race of the child? (576-603)

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 Q20.4, continue. Otherwise, go to Q20.6.

20.5 Which one of these groups would you say best represents the child's race? (604-605)

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

- 1 0 White

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

Do not read:

- 6 0 Other
- 7 7 Don't know / Not sure
- 9 9 Refused

20.6 How are you related to the child? Are you a...

(606)

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 21: Childhood Asthma Prevalence

21.1 CATI NOTE: Fill in correct [Xth] number.

The next two questions are about the Xth child.

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

- 1 Yes (607)
- 2 No [Go to CATI NOTE before Q22.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q22.1]
- 9 Refused [Go to CATI NOTE before Q22.1]

21.2 Does the child still have asthma? (608)

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

Section 22: Cancer Survivorship: Type of Cancer

CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes) or Q16.6 = 4 (Because you were told you had prostate cancer), continue. Otherwise, go to CATI NOTE before Q25.1.

22.1 You've told us that you have had cancer. I would like to ask you a few more questions about your cancer. How many different types of cancer have you had? (326)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to CATI NOTE before Q25.1]
- 9 Refused [Go to CATI NOTE before Q25.1]

22.2 At what age were you first diagnosed with cancer? (327-328)

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

CATI NOTES: If Core Q6.6 = 1 (Yes) and Q22.1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”?” then code 21 if “Melanoma” or 22 if “other skin cancer”

If Core Q16.6 = 4 (Because you were told you had prostate cancer) and Q22.1 = 1 (Only one) then code 19.

If Q22.1 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

22.3 What type of cancer was it? (329-330)

Interviewer Note: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx

Gastrointestinal

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 6 Hodgkin's Lymphoma (Hodgkin's disease)

1 7 Leukemia (blood) cancer

1 8 Non-Hodgkin's Lymphoma

Male reproductive

1 9 Prostate cancer

2 0 Testicular cancer

Skin

2 1 Melanoma

2 2 Other skin cancer

Thoracic

2 3 Heart

2 4 Lung

Urinary cancer

2 5 Bladder cancer

2 6 Renal (kidney) cancer

Others

2 7 Bone

2 8 Brain

2 9 Neuroblastoma

3 0 Other

Do not read:

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

Section 23: Cancer Survivorship: Pain Management

23.1 Do you currently have physical pain caused by your cancer or cancer treatment? (340)

1 Yes
2 No [Go to CATI NOTE before Q24.1]
7 Don't know / Not sure [Go to CATI NOTE before Q24.1]
9 Refused [Go to CATI NOTE before Q24.1]

23.2 Would you say your pain is currently under control...? (341)

Please read:

1 With medication (or treatment)
2 Without medication (or treatment)
3 Not under control, with medication (or treatment)
4 Not under control, without medication (or treatment)

Do not read:

7 Don't know / Not sure
9 Refused

Section 24: Cancer Survivorship: Course of Treatment

24.1 Are you currently receiving treatment for cancer? (903)

Interviewer Note: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

1 Yes [Go to CATI NOTE before Q25.1]
2 No, I've completed treatment
3 No, I've refused treatment [Go to CATI NOTE before Q25.1]
4 No, I haven't started treatment [Go to CATI NOTE before Q25.1]
5 Treatment was not needed [Go to CATI NOTE before Q25.1]
7 Don't know / Not sure [Go to CATI NOTE before Q25.1]
9 Refused [Go to CATI NOTE before Q25.1]

24.2 Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? (904)

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

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

24.3 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? (905)

- 1 Yes
- 2 No [Go to Q24.5]
- 7 Don’t know / Not sure [Go to Q24.5]
- 9 Refused [Go to Q24.5]

24.4 Were these instructions written down or printed on paper for you? (906)

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

24.5 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (907)

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

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

24.6 Did you participate in a clinical trial as part of your cancer treatment? (908)

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

Section 25: Family Planning

CATI NOTE: If (Female) and (Q8.1 ≥ 18 and Q8.1 ≤ 50), continue. Otherwise, go to Q26.1.

- 25.1** The next set of questions is about family planning. Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (909)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

CATI NOTE: If Q8.17 = 1, go to Q26.1. Otherwise, continue.

- 25.2** Have you ever been pregnant? (910)
- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q26.1] |
| 7 | Don't know / Not sure | [Go to Q26.1] |
| 9 | Refused | [Go to Q26.1] |

- 25.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (911)
- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q26.1] |
| 7 | Don't know / Not sure | [Go to Q26.1] |
| 9 | Refused | [Go to Q26.1] |

- 25.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (912)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |

Section 26: Lung Cancer Screening

CATI NOTE: If Q10.2 = 1, 2, or 3, continue. Otherwise, go to Q26.3.

- 26.1** *If Q10.2 = 1 or 2:*

Earlier you indicated that you are a current smoker. For how many years have you smoked cigarettes?

If Q10.2 = 3:

Earlier you indicated that you were a former smoker. For how many years did you smoke cigarettes?

(913-914)

Interviewer Note: If the respondent is unsure about which years should be included in their response, say: “You should answer this question based on the total number of years you were a regular and/or occasional smoker.”

- __ Years [97 = 97 or more]
- 9 8 Don't know / Not sure
- 9 9 Refused

26.2

If Q10.2 = 1:

On average, how many cigarettes do you smoke per day?

If Q10.2 = 2:

On days that you smoke, on average, how many cigarettes do you smoke per day?

If Q10.2 = 3:

When you smoked, on average, how many cigarettes did you smoke per day?

(915-916)

- __ Number of cigarettes per day [97 = 97 or more]
- 9 8 Don't know / Not sure
- 9 9 Refused

26.3

Has a doctor, nurse, or other health professional EVER told you that you had lung cancer?

(917)

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

26.4

A spiral CT scan is a procedure used to diagnose early stage lung cancer. Have you ever had a spiral CT scan?

(918)

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

26.5

How long has it been since your last spiral CT scan?

(919)

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

Section 27: Binge Drinking

Interviewer Note: Read: The next questions ask about your perceptions of alcohol use, and in particular, binge drinking. Binge drinking is defined as having, on one occasion, 5 or more drinks for men and 4 or more drinks for women. A drink is defined as a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

- 27.1** The next two questions ask for your opinion on binge drinking. Please indicate how much you agree or disagree with the following statement: “As long as you are not harming other people, I don’t see a problem with binge drinking”.

(920)

Read:

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly Disagree

Do not read:

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

- 27.2** Do you think binge drinking is harmful to your health?

(921)

Read:

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No

Do not read:

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

Section 28: Prescription Drug Use

- 28.1** The next few questions will ask about prescription drug use. In the past year, did you use any pain medications that were prescribed to you by a doctor?

(922)

- 1 Yes
- 2 No (include “not prescribed” and “prescribed but did not use” **[Go to Q29.1]**)

Do not read:

- 7 Don't know / Not sure **[Go to Q29.1]**
- 9 Refused **[Go to Q27.1]**

28.2 The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor? (923)

- 1 Yes
- 2 No **[Go to Q28.4]**

Do not read:

- 7 Don't know / Not sure **[Go to Q28.4]**
- 9 Refused **[Go to Q28.4]**

28.3 We want to understand why people use prescription medication other than prescribed. What were the reasons you used the medication differently than prescribed? (924-926)

Interviewer Note: Do not read responses, check all that apply. Read: Anything else?

- 1 Pain relief, prescribed dose did not relieve pain
- 2 To relieve other physical symptoms
- 3 To relieve anxiety or depression
- 4 For fun, good feeling, getting high, peer pressure (friends were doing it)
- 5 To prevent or relieve withdrawal symptoms
- 6 Other (specify)

Do not read:

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

28.4 The last time you filled a prescription for pain medication was there any medication leftover? (927)

- 1 Yes
- 2 No **[Go to Q29.1]**

Do not read:

- 7 Don't know / Not sure **[Go to Q29.1]**
- 9 Refused **[Go to Q29.1]**

28.5 What did you do with the leftover prescription pain medication? (928)

Interviewer Note: Do not read responses.

- 1 Kept it
- 2 Put it in the trash

- 3 Gave it to someone else
- 4 Sold it
- 5 Turned in at an event or pharmacy
- 6 Turned in at police station
- 7 Other (specify)

Do not read:

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

Section 29: Adult Lead Exposure

29.1 What do you think are ways that people come into contact with lead?

(929-938)

Interviewer Note: Do not read response set. If respondent initially responds “Don’t Know”, probe with “Anything at all?” once.

Allow for up to five responses. Probe for additional responses with “Anything else?”

- 01 House dust
- 02 Soil/dirt
- 03 Air pollution
- 04 Old house paint
- 05 Drinking water
- 06 Food
- 07 Old car gasoline
- 08 Ceramic glazes
- 09 Hobby supplies, like fishing weights or buckshot
- 10 Other (specify)

Do not read:

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

29.2 What do you think is the MOST likely way that most people come into contact with lead?

(939-940)

Interviewer Note: Do not read responses. If respondent initially responds “Don’t Know”, probe with “Anything at all?” once.

Allow for one response.

- 01 House dust
- 02 Soil/dirt
- 03 Air pollution
- 04 Old house paint
- 05 Drinking water

- 06 Food
- 07 Old car gasoline
- 08 Ceramic glazes
- 09 Hobby supplies, like fishing weights or buckshot
- 10 Other (specify)

Do not read:

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

- 29.3** Has a doctor, nurse, or health care professional EVER tested your blood for high lead levels? (941)
- 1 Yes
 - 2 No **[Go to Q29.5]**

Do not read:

- 7 Don't know / Not sure **[Go to Q29.5]**
- 9 Refused **[Go to Q29.5]**

- 29.4** Has a doctor, nurse, or health care professional EVER told you that your blood had high lead levels? (942)
- 1 Yes
 - 2 No

Do not read:

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

- 29.5** At your primary residence, does your drinking water come from a private well? (943)
- 1 Yes
 - 2 No **[Go to Q29.7]**

Do not read:

- 7 Don't know / Not sure **[Go to Q29.7]**
- 9 Refused **[Go to Q29.7]**

- 29.6** Have you EVER had the drinking water from your private well tested for lead? (944)
- 1 Yes
 - 2 No

Do not read:

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

- 29.7** IF you were told that you have high levels of lead in the drinking water at your home, who would you go to FIRST for information about what you could do to protect yourself and your loved ones?

(945-946)

Interviewer Note: Do not read response set.

Interviewer Note: This would include finding information on a website for these sources or the participant calling them on the phone.

- 01 Local health department
- 02 State health department
- 03 State environmental quality department
- 04 Federal government agency, like CDC or EPA
- 05 Private business, like a water supply company
- 06 Private water testing lab
- 07 Doctor or health care professional
- 08 Health website, like WebMD
- 09 Other (specify)

Do not read:

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

- 29.8** Do you currently use a filter for water you use for drinking and/or cooking? This could be a pitcher filter, a filter attached to your faucet, or a filter that is hooked up to your water system. It does not include water softeners.

Interviewer note: reverse osmosis (RO) filtration systems and whole house filtration systems are included.

Interviewer note: Do not read responses. If respondent initially responds "Yes", probe with "For both drinking and cooking?". If respondent initially responds with either "Yes for cooking" or "Yes for drinking", prompt with "Not for drinking?" or "Not for cooking?" as appropriate.

(947)

- 1 Yes, both drinking and cooking
- 2 Yes, drinking only
- 3 Yes, cooking only
- 4 No [**Go to Q29.10**]

Do not read:

- 7 Don't know / Not sure [**Go to Q29.10**]
- 9 Refused [**Go to Q29.10**]

- 29.9** What is the MAIN reason that you use a filter for water that you use for drinking or cooking?

(948-949)

Interviewer Note: Read response set. Allow for one response.

- 01 Water tastes bad
- 02 Water is cloudy or has a bad color
- 03 Water smells bad or has a bad odor
- 04 Water tested positive for lead
- 05 Water tested positive for a chemical or other contaminant

- 06 As a safety measure (precaution), but water hasn't tested positive for contamination
- 07 Other (specify)

Do not read:

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

29.10 What do you think are things that someone can do to reduce lead in their tap water? (950-959)

Interviewer Note: Do not read response set. If respondent initially responds "Don't Know", probe with "Anything at all?" once.

Allow for up to ten responses. Probe for additional responses with "Anything else?"

- 01 Let water run before using the water for drinking or cooking, (i.e. flushing the pipes, or getting the water moving)
- 02 Use cold water from the tap for drinking and cooking
- 03 Use a water filter for drinking water
- 04 Clean out faucet aerators regularly
- 05 Replace water service lines that have lead pipes, (i.e. lead service lines, plumbing outside of the house)
- 06 Replace fittings, valves, and faucets in my house that may have lead
- 07 Other (specify)

Do not read:

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

29.11 What do you think are things that someone can do to reduce contact with lead if they have lead paint in their home? (960-969)

Interviewer Note: Do not read response set. If respondent initially responds "Don't Know", probe with "Anything at all?" once.

Allow for up to ten responses. Probe for additional responses with "Anything else?"

- 01 Check house for chipping or peeling paint
- 02 Check house for paint dust
- 03 Wipe down surfaces with a damp paper towel
- 04 Damp mop hard surface floors
- 05 Vacuum carpeted floors
- 06 Vacuum carpeted floors with a HEPA vacuum
- 07 Hire a private contractor to remove lead sources in the home
- 08 Cover lead paint walls with a new coat of paint or wallpaper
- 09 Remove lead paint with chemicals
- 10 Other (specify)

Do not read:

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

29.12 How strongly do you agree or disagree with the following statement: The state health department provides the information I need to protect myself and my loved ones from coming into contact with lead?

(970)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Do not read:

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

Section 30: Child Lead Exposure

Interviewer Note: For the next question, think about health effects in children.

30.1 What do you think are the health effects if a child has high levels of lead in their blood?

(971-976)

Interviewer Note: Do not read response set. If respondent initially responds “Don’t Know”, probe with “Anything at all?” once.

Allow for three responses. Probe for additional responses with “Anything else?”

- 01 Brain damage
- 02 Learning problems
- 03 Headaches
- 04 Nervous system damage
- 05 Slowed growth
- 06 Hearing problems
- 07 Speech problems
- 08 Behavior problems
- 09 Hyperactivity
- 10 Other (specify)

Do not read:

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

CATI NOTE: Fill in correct [Xth] number. If no child selected in Module 20, go to 31.1. The next two questions are about the Xth child:

30.2 Has a doctor, nurse, or other health professional EVER tested the child’s blood for lead?

(977)

- 1 Yes
- 2 No **[Go to Q31.1]**

Do not read:

- 7 Don't know / Not sure [**Go to Q31.1**]
 9 Refused [**Go to Q31.1**]

30.3 Has a doctor, nurse, or other health professional EVER said that the child's blood had high lead levels? (978)

Interviewer Note: A lab test result for blood lead concentration that is greater than or equal to 5 µg/dL (micrograms per deciliter of blood) is considered a high lead level.

- 1 Yes
 2 No

Do not read:

- 7 Don't know / Not sure
 9 Refused

Section 31: Cancer Genomics

31.1 Has a doctor or other health care provider ever asked you about your family history of cancer, including times when you were asked to fill out a form? (979)

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

31.2 Did you ever have a discussion with your health care provider about this family history and talked about your personal risk of cancer? (980)

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

Interviewer note: for the next four questions, the term “family member” means biological or “blood” relative. These include your parents, grandparents, siblings, aunts, uncles, or children.

31.3 Genetic counseling gives you information about how genetic conditions might affect you or your family. To your knowledge, did you or a family member receive genetic counseling for hereditary cancer?

Interviewer note: do not read response set. If respondent responds “Yes”, please prompt with “do you mean yourself, a family member, or both?”.

(981)

Interviewer note: Only include genetic counseling for hereditary cancer, not for other genetic disorders.

- 1 Yes, I have
 2 Yes, a family member has

- 3 Yes, both myself and a family member has
- 4 No
- 7 Don't know / Not sure
- 9 Refused

31.4 Genetic tests are tests on blood, saliva, or other tissue to identify changes in genes that would result in genetic disorders, such as cancer. To your knowledge, did you or a family member have a genetic test for hereditary cancer? (982)

Interviewer note: do not read response set. If respondent responds “Yes”, please prompt with “do you mean yourself, a family member, or both?”.

Interviewer note: Only include genetic tests for hereditary cancer, not other genetic disorders.

- 1 Yes, I have
- 2 Yes, a family member has
- 3 Yes, both myself and a family member has
- 4 No
- 7 Don't know / Not sure
- 9 Refused

31.5 Excluding yourself, have any of your family members been diagnosed with breast or ovarian cancer? (983)

Interviewer note: do not read response set. If respondent responds “Yes”, please prompt with “do you mean breast cancer, ovarian cancer, or both?”.

- 1 No
- 2 Yes, Breast Cancer Only
- 3 Yes, Ovarian Cancer Only
- 4 Yes, both Breast and Ovarian Cancer
- 7 Don't know / Not sure
- 9 Refused

31.6 Excluding yourself, have any of your family members been diagnosed with colorectal or endometrial cancer?

Interviewer note: do not read response set. If respondent responds “Yes”, please prompt with “do you mean colorectal cancer, endometrial cancer, or both?”.

- 1 No
- 2 Yes, Colorectal Cancer Only
- 3 Yes, Endometrial Cancer Only
- 4 Yes, both Colorectal Cancer and Endometrial Cancer
- 7 Don't know / Not sure
- 9 Refused

Section 32: Oral Health

32.1 When was the last time you had an exam for oral cancer in which a doctor or dentist pulls on your tongue sometimes with gauze wrapped around it and feels under the tongue and inside the cheeks? (985)

- 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

32.2 In the past year, did you have your blood pressure checked in a dental office setting? (986)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Go to Closing Statement.

Version B: Sections 33 - 47

Section 33: Random Child Selection (repeat of Section 20)

CATI NOTE: If Core Q8.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q35.1.

If Core Q8.15 = 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 Q33.1]**

If Core Q8.15 is >1 and Core Q8.15 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.”

33.1 What is the birth month and year of the “Xth” child? (565-570)

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

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

33.2 Is the child a boy or a girl? (571)

1	Boy
2	Girl
9	Refused

33.3 Is the child Hispanic, Latino/a, or Spanish origin? (572-575)

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

33.4 Which one or more of the following would you say is the race of the child? (576-603)

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 Q33.4, continue. Otherwise, go to Q33.6.

33.5 Which one of these groups would you say best represents the child's race? (604-605)

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

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

Do not read:

- 6 0 Other
- 7 7 Don't know / Not sure
- 9 9 Refused

33.6 How are you related to the child?

(606)

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 34: Childhood Asthma Prevalence (repeat of Section 21)

34.1 CATI NOTE: Fill in correct [Xth] number.

The next two questions are about the Xth child.

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

(607)

- | | | |
|---|-----------------------|--------------------------------|
| 1 | Yes | |
| 2 | No | [Go to CATI NOTE before Q35.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q35.1] |
| 9 | Refused | [Go to CATI NOTE before Q35.1] |

34.2 Does the child still have asthma?

(608)

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

Section 35: E-Cigarettes

The next two questions are about electronic cigarettes (e-cigarettes) and other electronic “vaping” products including electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Interviewer Note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

35.1 Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

(310)

- | | | |
|---|-----------------------|--------------------------------|
| 1 | Yes | |
| 2 | No | [Go to CATI NOTE before Q36.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q36.1] |
| 9 | Refused | [Go to CATI NOTE before Q36.1] |

35.2 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

(311)

- | | |
|---|-----------------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 36: Cancer Survivorship: Type of Cancer (repeat of Section 22)

CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes) or Q16.6 = 4 (Because you were told you had prostate cancer), continue. Otherwise, go to CATI NOTE before Q39.1.

36.1 You've told us that you have had cancer. I would like to ask you a few more questions about your cancer. How many different types of cancer have you had? (326)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to CATI NOTE before Q39.1]
- 9 Refused [Go to CATI NOTE before Q39.1]

36.2 At what age were you first diagnosed with cancer?

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

(327-328)

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

CATI NOTES: If Core Q6.6 = 1 (Yes) and Q34.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"?" then code 21 if "Melanoma" or 22 if "other skin cancer"

If Core Q16.6 = 4 (Because you were told you had prostate cancer) and Q36.1 = 1 (Only one) then code 19.

If Q36.1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

36.3 What type of cancer was it? (329-330)

Interviewer Note: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

- 0 1 Breast cancer

Female reproductive (Gynecologic)

- 0 2 Cervical cancer (cancer of the cervix)
- 0 3 Endometrial cancer (cancer of the uterus)
- 0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

- 0 5 Head and neck cancer
- 0 6 Oral cancer
- 0 7 Pharyngeal (throat) cancer
- 0 8 Thyroid
- 0 9 Larynx

Gastrointestinal

- 1 0 Colon (intestine) cancer
- 1 1 Esophageal (esophagus)

- 1 2 Liver cancer
- 1 3 Pancreatic (pancreas) cancer
- 1 4 Rectal (rectum) cancer
- 1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 6 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 7 Leukemia (blood) cancer
- 1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Do not read:

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

Section 37: Cancer Survivorship: Pain Management (repeat of Section 23)

- 37.1** Do you currently have physical pain caused by your cancer or cancer treatment? (340)
- 1 Yes
 - 2 No **[Go to CATI NOTE before Q38.1]**
 - 7 Don't know / Not sure **[Go to CATI NOTE before Q38.1]**
 - 9 Refused **[Go to CATI NOTE before Q38.1]**

- 37.2** Would you say your pain is currently under control...? (341)

Please read:

- 5 With medication (or treatment)
- 6 Without medication (or treatment)

- 7 Not under control, with medication (or treatment)
- 8 Not under control, without medication (or treatment)

Do not read:

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

Section 38: Cancer Survivorship: Course of Treatment (repeat of Section 24)

38.1 Are you currently receiving treatment for cancer? (903)

Interviewer Note: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- 1 Yes [Go to CATI NOTE before Q39.1]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to CATI NOTE before Q39.1]
- 4 No, I haven't started treatment [Go to CATI NOTE before Q39.1]
- 5 Treatment was not needed [Go to CATI NOTE before Q39.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q39.1]
- 9 Refused [Go to CATI NOTE before Q39.1]

38.2 Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? (904)

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

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

38.3 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? (905)

- 1 Yes
- 2 No [Go to Q38.5]
- 7 Don't know / Not sure [Go to Q38.5]
- 9 Refused [Go to Q38.5]

38.4 Were these instructions written down or printed on paper for you? (906)

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

38.5 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (907)

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

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

38.6 Did you participate in a clinical trial as part of your cancer treatment? (908)

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

Section 39: Family Planning (repeat of Section 25)

CATI NOTE: If (Female) and (Q8.1 ≥ 18 and Q8.1 ≤ 50), continue. Otherwise, go to Q40.1.

39.1 The next set of questions is about family planning. Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (909)

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

CATI NOTE: If Q8.17 = 1, go to Q39.1. Otherwise, continue.

39.2 Have you ever been pregnant? (910)

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

- 39.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (911)
- 1 Yes
 - 2 No [Go to Q40.1]
 - 7 Don't know / Not sure [Go to Q40.1]
 - 9 Refused [Go to Q40.1]

- 39.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (912)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure

Section 40: Lung Cancer Screening (repeat of Section 26)

CATI NOTE: If Q10.2 = 1, 2, or 3, continue. Otherwise, go to Q40.3.

- 40.1** *If Q10.2 = 1 or 2:*
- Earlier you indicated that you are a current smoker. For how many years have you smoked cigarettes?
- If Q10.2 = 3:*
- Earlier you indicated that you were a former smoker. For how many years did you smoke cigarettes? (913-914)

Interviewer Note: If the respondent is unsure about which years should be included in their response, say: "You should answer this question based on the total number of years you were a regular and/or occasional smoker."

- Years [97 = 97 or more]
- 9 8 Don't know / Not sure
- 9 9 Refused

- 40.2** *If Q10.2 = 1:*
- On average, how many cigarettes do you smoke per day?
- If Q10.2 = 2:*
- On days that you smoke, on average, how many cigarettes do you smoke per day?
- If Q10.2 = 3:*
- When you smoked, on average, how many cigarettes did you smoke per day?

(915-916)

- __ Number of cigarettes per day [97 = 97 or more]
 9 8 Don't know / Not sure
 9 9 Refused

- 40.3** Has a doctor, nurse, or other health professional EVER told you that you had lung cancer? (917)
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

- 40.4** A spiral CT scan is a procedure used to diagnose early stage lung cancer. Have you ever had a spiral CT scan? (918)
- 1 Yes
 2 No [Go to Q41.1]
 7 Don't know / Not sure [Go to Q41.1]
 9 Refused [Go to Q41.1]

- 40.5** How long has it been since your last spiral CT scan? (919)
- 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

Section 41: Binge Drinking (repeat of Section 27)

Interviewer Note: Read: The next questions ask about your perceptions of alcohol use, and in particular, binge drinking. Binge drinking is defined as having, on one occasion, 5 or more drinks for men and 4 or more drinks for women. A drink is defined as a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

- 41.1** The next two questions ask for your opinion on binge drinking. Please indicate how much you agree or disagree with the following statement: "As long as you are not harming other people, I don't see a problem with binge drinking". (920)
- Read:**
- 1 Strongly Agree
 2 Agree

- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly Disagree

Do not read:

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

41.2 Do you think binge drinking is harmful to your health?

(921)

Read:

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No

Do not read:

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

Section 42: Prescription Drug Use (repeat of Section 28)

42.1 The next few questions will ask about prescription drug use. In the past year, did you use any pain medications that were prescribed to you by a doctor?

(922)

- 1 Yes
- 2 No (include "not prescribed" and "prescribed but did not use" **[Go to Q43.1]**)

Do not read:

- 7 Don't know / Not sure **[Go to Q43.1]**
- 9 Refused **[Go to Q43.1]**

42.2 The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

(923)

- 1 Yes
- 2 No **[Go to Q42.4]**

Do not read:

- 7 Don't know / Not sure **[Go to Q42.4]**
- 9 Refused **[Go to Q42.4]**

42.3 We want to understand why people use prescription medication other than prescribed. What were the reasons you used the medication differently than prescribed?

(924-926)

Interviewer Note: Do not read responses, check all that apply. Read: Anything else?

- 1 Pain relief, prescribed dose did not relieve pain
- 2 To relieve other physical symptoms
- 3 To relieve anxiety or depression
- 4 For fun, good feeling, getting high, peer pressure (friends were doing it)
- 5 To prevent or relieve withdrawal symptoms
- 6 Other (specify)

Do not read:

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

42.4 The last time you filled a prescription for pain medication was there any medication leftover? (927)

- 1 Yes
- 2 No [Go to Q43.1]

Do not read:

- 7 Don't know / Not sure [Go to Q43.1]
- 9 Refused [Go to Q43.1]

42.5 What did you do with the leftover prescription pain medication? (928)

Interviewer Note: Do not read responses.

- 8 Kept it
- 9 Put it in the trash
- 10 Gave it to someone else
- 11 Sold it
- 12 Turned in at an event or pharmacy
- 13 Turned in at police station
- 14 Other (specify)

Do not read:

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

Section 43: Adult Lead Exposure (repeat of Section 29)

43.1 What do you think are ways that people come into contact with lead? (929-938)

Interviewer Note: Do not read response set. If respondent initially responds "Don't Know", probe with "Anything at all?" once.

Allow for up to five responses. Probe for additional responses with “Anything else?”

- 01 House dust
- 02 Soil/dirt
- 03 Air pollution
- 04 Old house paint
- 05 Drinking water
- 06 Food
- 07 Old car gasoline
- 08 Ceramic glazes
- 09 Hobby supplies, like fishing weights or buckshot
- 10 Other (specify)

Do not read:

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

43.2 What do you think is the MOST likely way that most people come into contact with lead?
(939-940)

Interviewer Note: Do not read responses. If respondent initially responds “Don’t Know”, probe with “Anything at all?” once.

Allow for one response.

- 01 House dust
- 02 Soil/dirt
- 03 Air pollution
- 04 Old house paint
- 05 Drinking water
- 06 Food
- 07 Old car gasoline
- 08 Ceramic glazes
- 09 Hobby supplies, like fishing weights or buckshot
- 10 Other (specify)

Do not read:

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

43.3 Has a doctor, nurse, or health care professional EVER tested your blood for high lead levels?
(941)

- 1 Yes
- 2 No **[Go to Q43.5]**

Do not read:

- 7 Don't know / Not sure **[Go to Q43.5]**
- 9 Refused **[Go to Q43.5]**

43.4 Has a doctor, nurse, or health care professional EVER told you that your blood had high lead levels? (942)

1 Yes
2 No

Do not read:

7 Don't know / Not sure
9 Refused

43.5 At your primary residence, does your drinking water come from a private well? (943)

1 Yes
2 No **[Go to Q43.7]**

Do not read:

7 Don't know / Not sure **[Go to Q43.7]**
9 Refused **[Go to Q43.7]**

43.6 Have you EVER had the drinking water from your private well tested for lead? (944)

1 Yes
2 No

Do not read:

7 Don't know / Not sure
9 Refused

43.7 IF you were told that you have high levels of lead in the drinking water at your home, who would you go to FIRST for information about what you could do to protect yourself and your loved ones? (945-946)

Interviewer Note: Do not read response set.

Interviewer Note: This would include finding information on a website for these sources or the participant calling them on the phone.

- 01 Local health department
- 02 State health department
- 03 State environmental quality department
- 04 Federal government agency, like CDC or EPA
- 05 Private business, like a water supply company
- 06 Private water testing lab
- 07 Doctor or health care professional
- 08 Health website, like WebMD
- 09 Other (specify)

Do not read:

77 Don't know / Not sure
99 Refused

- 43.8** Do you currently use a filter for water you use for drinking and/or cooking? This could be a pitcher filter, a filter attached to your faucet, or a filter that is hooked up to your water system. It does not include water softeners.

Interviewer note: reverse osmosis (RO) filtration systems and whole house filtration systems are included.

Interviewer note: Do not read responses. If respondent initially responds “Yes”, probe with “For both drinking and cooking?”. If respondent initially responds with either “Yes for cooking” or “Yes for drinking”, prompt with “Not for drinking?” or “Not for cooking?” as appropriate.

(947)

- 1 Yes, both drinking and cooking
- 2 Yes, drinking only
- 3 Yes, cooking only
- 4 No [Go to Q43.10]

Do not read:

- 7 Don't know / Not sure [Go to Q43.10]
- 9 Refused [Go to Q43.10]

- 43.9** What is the MAIN reason that you use a filter for water that you use for drinking or cooking?

(948-949)

Interviewer Note: Read response set. Allow for one response.

- 01 Water tastes bad
- 02 Water is cloudy or has a bad color
- 03 Water smells bad or has a bad odor
- 04 Water tested positive for lead
- 05 Water tested positive for a chemical or other contaminant
- 06 As a safety measure (precaution), but water hasn't tested positive for contamination
- 07 Other (specify)

Do not read:

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

- 43.10** What do you think are things that someone can do to reduce lead in their tap water?

(950-959)

Interviewer Note: Do not read response set. If respondent initially responds “Don't Know”, probe with “Anything at all?” once.

Allow for up to ten responses. Probe for additional responses with “Anything else?”

- 01 Let water run before using the water for drinking or cooking, (i.e. flushing the pipes, or getting the water moving)
- 02 Use cold water from the tap for drinking and cooking
- 03 Use a water filter for drinking water
- 04 Clean out faucet aerators regularly
- 05 Replace water service lines that have lead pipes, (i.e. lead service lines, plumbing outside of the house)

- 06 Replace fittings, valves, and faucets in my house that may have lead
- 07 Other (specify)

Do not read:

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

43.11 What do you think are things that someone can do to reduce contact with lead if they have lead paint in their home?

(960-969)

Interviewer Note: Do not read response set. If respondent initially responds "Don't Know", probe with "Anything at all?" once.

Allow for up to ten responses. Probe for additional responses with "Anything else?"

- 01 Check house for chipping or peeling paint
- 02 Check house for paint dust
- 03 Wipe down surfaces with a damp paper towel
- 04 Damp mop hard surface floors
- 05 Vacuum carpeted floors
- 06 Vacuum carpeted floors with a HEPA vacuum
- 07 Hire a private contractor to remove lead sources in the home
- 08 Cover lead paint walls with a new coat of paint or wallpaper
- 09 Remove lead paint with chemicals
- 10 Other (specify)

Do not read:

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

43.12 How strongly do you agree or disagree with the following statement: The state health department provides the information I need to protect myself and my loved ones from coming into contact with lead?

(970)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Do not read:

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

Section 44: Child Lead Exposure (repeat of Section 30)

Interviewer Note: For the next question, think about health effects in children.

44.1 What do you think are the health effects if a child has high levels of lead in their blood?

(971-976)

Interviewer Note: Do not read response set. If respondent initially responds “Don’t Know”, probe with “Anything at all?” once.

Allow for three responses. Probe for additional responses with “Anything else?”

- 01 Brain damage
- 02 Learning problems
- 03 Headaches
- 04 Nervous system damage
- 05 Slowed growth
- 06 Hearing problems
- 07 Speech problems
- 08 Behavior problems
- 09 Hyperactivity
- 10 Other (specify)

Do not read:

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

CATI NOTE: Fill in correct [Xth] number. If no child selected in Module 33, go to 45.1. The next two questions are about the Xth child:

44.2 Has a doctor, nurse, or other health professional EVER tested the child’s blood for lead? (977)

- 1 Yes
- 2 No [Go to Q45.1]

Do not read:

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

44.3 Has a doctor, nurse, or other health professional EVER said that the child’s blood had high lead levels? (978)

Interviewer Note: A lab test result for blood lead concentration that is greater than or equal to 5 µg/dL (micrograms per deciliter of blood) is considered a high lead level.

- 1 Yes
- 2 No

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

Section 45: Other Tobacco Questions

Please read: The next questions are about tobacco use and exposure.

45.1 Has your doctor or other health care professional ever asked you if you were a smoker? (987)

- 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 Q45.4.

45.2 Earlier you indicated that you currently smoke cigarettes. 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? (988)

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

45.3 Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (989)

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

45.4 On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe? (990-991)

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.

45.5 In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (992)

- 1 Yes
- 2 No

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

45.6 In the past seven days, have you been in a car with someone who was smoking a cigarette, cigar or pipe? *(Do not include yourself)* (993)

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

Section 46: Hepatitis C

46.1 Have you ever been tested for Hepatitis C Virus? (994)

- 1 Yes
- 2 No

Do not read:

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

Section 47: Radon Awareness

Please read: The next questions are about your awareness of radon gas.

47.1 Do you know what radon gas is? (995)

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

47.2 Has your current household ever been tested for the presence of radon gas? (996)

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

47.3 Were the radon levels within your household above the Environmental Protection Agency's recommended action level of four picocuries (**pi-co-cu-ries**) per liter? (997)

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

- 47.4** What did you do in response to this high radon test? Would you say that you... (998)
- 1 Conducted a retest
 - 2 Conducted a long term test
 - 3 Had a mitigation system installed
 - 4 You no longer go in the basement
 - 5 Something else, or
 - 6 You did nothing in response to the high radon test

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

Go to Closing Statement.

Version C: Sections 48 - 61

Section 48: Random Child Selection (repeat of Section 20)

CATI NOTE: If Core Q8.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q22.1.

If Core Q8.15 = 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 Q48.1]**

If Core Q8.15 is >1 and Core Q8.15 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.”

48.1 What is the birth month and year of the “Xth” child? (565-570)

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

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

48.2 Is the child a boy or a girl? (571)

1	Boy
2	Girl
9	Refused

48.3 Is the child Hispanic, Latino/a, or Spanish origin? (572-575)

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

48.4 Which one or more of the following would you say is the race of the child? (576-603)

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 Q48.4, continue. Otherwise, go to Q48.6.

48.5 Which one of these groups would you say best represents the child's race? (604-605)

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

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

Do not read:

- 6 0 Other
- 7 7 Don't know / Not sure
- 9 9 Refused

48.6 How are you related to the child?

(606)

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 49: Childhood Asthma Prevalence (repeat of Section 21)

49.1 **CATI NOTE: Fill in correct [Xth] number.**

The next two questions are about the Xth child.

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

(607)

- 1 Yes
- 2 No [Go to CATI NOTE before Q50.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q50.1]
- 9 Refused [Go to CATI NOTE before Q50.1]

49.2 Does the child still have asthma?

(608)

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

Section 50: E-Cigarettes (repeat of Section 35)

The next two questions are about electronic cigarettes (e-cigarettes) and other electronic "vaping" products including electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Interviewer Note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

50.1 Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

(310)

- 1 Yes
- 2 No [Go to CATI NOTE before Q51.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q51.1]
- 9 Refused [Go to CATI NOTE before Q51.1]

51.2 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

(311)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

Section 51: Cancer Survivorship: Type of Cancer (repeat of Section 22)

CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes) or Q16.6 = 4 (Because you were told you had prostate cancer), continue. Otherwise, go to CATI NOTE before Q54.1.

51.1 You've told us that you have had cancer. I would like to ask you a few more questions about your cancer. How many different types of cancer have you had?

(326)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to CATI NOTE before Q54.1]
- 9 Refused [Go to CATI NOTE before Q54.1]

51.2 At what age were you first diagnosed with cancer?

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

(327-328)

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

CATI NOTES: If Core Q6.6 = 1 (Yes) and Q48.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code 21 if "Melanoma" or 22 if "other skin cancer"

If Core Q16.6 = 4 (Because you were told you had prostate cancer) and Q48.1 = 1 (Only one) then code 19.

If Q48.1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

51.3 What type of cancer was it?

(329-330)

Interviewer Note: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

- 0 1 Breast cancer

Female reproductive (Gynecologic)

- 0 2 Cervical cancer (cancer of the cervix)
- 0 3 Endometrial cancer (cancer of the uterus)
- 0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

- 0 5 Head and neck cancer
- 0 6 Oral cancer
- 0 7 Pharyngeal (throat) cancer
- 0 8 Thyroid
- 0 9 Larynx

Gastrointestinal

- 1 0 Colon (intestine) cancer
- 1 1 Esophageal (esophagus)
- 1 2 Liver cancer
- 1 3 Pancreatic (pancreas) cancer

- 1 4 Rectal (rectum) cancer
- 1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 6 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 7 Leukemia (blood) cancer
- 1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Do not read:

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

Section 52: Cancer Survivorship: Pain Management (repeat of Section 23)

- 52.1** Do you currently have physical pain caused by your cancer or cancer treatment? (340)
- 1 Yes
 - 2 No [Go to CATI NOTE before Q53.1]
 - 7 Don't know / Not sure [Go to CATI NOTE before Q53.1]
 - 9 Refused [Go to CATI NOTE before Q53.1]

- 52.2** Would you say your pain is currently under control...? (341)
- Please read:**
- 9 With medication (or treatment)
 - 10 Without medication (or treatment)
 - 11 Not under control, with medication (or treatment)
 - 12 Not under control, without medication (or treatment)

Do not read:

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

Section 53: Cancer Survivorship: Course of Treatment (repeat of Section 24)

53.1 Are you currently receiving treatment for cancer? (903)

Interviewer Note: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- 1 Yes [Go to CATI NOTE before Q54.1]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to CATI NOTE before Q54.1]
- 4 No, I haven't started treatment [Go to CATI NOTE before Q54.1]
- 5 Treatment was not needed [Go to CATI NOTE before Q54.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q54.1]
- 9 Refused [Go to CATI NOTE before Q54.1]

53.2 Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? (904)

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

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

53.3 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? (905)

- 1 Yes
- 2 No [Go to Q53.5]
- 7 Don't know / Not sure [Go to Q53.5]
- 9 Refused [Go to Q53.5]

53.4 Were these instructions written down or printed on paper for you? (906)

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

53.5 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (907)

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

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

53.6 Did you participate in a clinical trial as part of your cancer treatment? (908)

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

Section 54: Family Planning (repeat of Section 25)

CATI NOTE: If (Female) and (Q8.1 ≥ 18 and Q8.1 ≤ 50), continue. Otherwise, go to Q54.1.

54.1 The next set of questions is about family planning. Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (909)

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

CATI NOTE: If Q8.17 = 1, go to Q55.1. Otherwise, continue.

54.2 Have you ever been pregnant? (910)

- 1 Yes
- 2 No [Go to Q55.1]
- 7 Don't know / Not sure [Go to Q55.1]
- 9 Refused [Go to Q55.1]

54.3 Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (911)

- 1 Yes
- 2 No [Go to Q55.1]
- 7 Don't know / Not sure [Go to Q55.1]
- 9 Refused [Go to Q55.1]

54.4 During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (912)

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

Section 55: Lung Cancer Screening (repeat of Section 26)

CATI NOTE: If Q10.2 = 1, 2, or 3, continue. Otherwise, go to Q55.3.

55.1 *If Q10.2 = 1 or 2:*

Earlier you indicated that you are a current smoker. For how many years have you smoked cigarettes?

If Q10.2 = 3:

Earlier you indicated that you were a former smoker. For how many years did you smoke cigarettes?

(913-914)

Interviewer Note: If the respondent is unsure about which years should be included in their response, say: "You should answer this question based on the total number of years you were a regular and/or occasional smoker."

- Years [97 = 97 or more]
- 9 8 Don't know / Not sure
- 9 9 Refused

55.2 *If Q10.2 = 1:*

On average, how many cigarettes do you smoke per day?

If Q10.2 = 2:

On days that you smoke, on average, how many cigarettes do you smoke per day?

If Q10.2 = 3:

When you smoked, on average, how many cigarettes did you smoke per day?

(915-916)

- __ Number of cigarettes per day [97 = 97 or more]
- 9 8 Don't know / Not sure
- 9 9 Refused

55.3 Has a doctor, nurse, or other health professional EVER told you that you had lung cancer? (917)

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

55.4 A spiral CT scan is a procedure used to diagnose early stage lung cancer. Have you ever had a spiral CT scan? (918)

- 1 Yes
- 2 No [Go to Q56.1]
- 7 Don't know / Not sure [Go to Q56.1]
- 9 Refused [Go to Q56.1]

55.5 How long has it been since your last spiral CT scan? (919)

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

Section 56: Adult Lead Exposure (repeat of Section 29)

56.1 What do you think are ways that people come into contact with lead? (929-938)

Interviewer Note: Do not read response set. If respondent initially responds "Don't Know", probe with "Anything at all?" once.

Allow for up to five responses. Probe for additional responses with "Anything else?"

- 01 House dust
- 02 Soil/dirt
- 03 Air pollution
- 04 Old house paint
- 05 Drinking water
- 06 Food

- 07 Old car gasoline
- 08 Ceramic glazes
- 09 Hobby supplies, like fishing weights or buckshot
- 10 Other (specify)

Do not read:

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

56.2 What do you think is the MOST likely way that most people come into contact with lead? (939-940)

Interviewer Note: Do not read responses. If respondent initially responds "Don't Know", probe with "Anything at all?" once.

Allow for one response.

- 01 House dust
- 02 Soil/dirt
- 03 Air pollution
- 04 Old house paint
- 05 Drinking water
- 06 Food
- 07 Old car gasoline
- 08 Ceramic glazes
- 09 Hobby supplies, like fishing weights or buckshot
- 10 Other (specify)

Do not read:

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

56.3 Has a doctor, nurse, or health care professional EVER tested your blood for high lead levels? (941)

- 1 Yes
- 2 No **[Go to Q56.5]**

Do not read:

- 7 Don't know / Not sure **[Go to Q56.5]**
- 9 Refused **[Go to Q56.5]**

56.4 Has a doctor, nurse, or health care professional EVER told you that your blood had high lead levels? (942)

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure

9 Refused

56.5 At your primary residence, does your drinking water come from a private well? (943)

- 1 Yes
- 2 No **[Go to Q56.7]**

Do not read:

- 7 Don't know / Not sure **[Go to Q56.7]**
- 9 Refused **[Go to Q56.7]**

56.6 Have you EVER had the drinking water from your private well tested for lead? (944)

- 1 Yes
- 2 No

Do not read:

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

56.7 IF you were told that you have high levels of lead in the drinking water at your home, who would you go to FIRST for information about what you could do to protect yourself and your loved ones? (945-946)

Interviewer Note: Do not read response set.

Interviewer Note: This would include finding information on a website for these sources or the participant calling them on the phone.

- 01 Local health department
- 02 State health department
- 03 State environmental quality department
- 04 Federal government agency, like CDC or EPA
- 05 Private business, like a water supply company
- 06 Private water testing lab
- 07 Doctor or health care professional
- 08 Health website, like WebMD
- 09 Other (specify)

Do not read:

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

56.8 Do you currently use a filter for water you use for drinking and/or cooking? This could be a pitcher filter, a filter attached to your faucet, or a filter that is hooked up to your water system. It does not include water softeners.

Interviewer note: reverse osmosis (RO) filtration systems and whole house filtration systems are included.

Interviewer note: Do not read responses. If respondent initially responds "Yes", probe with "For both drinking and cooking?". If respondent initially responds with

either “Yes for cooking” or “Yes for drinking”, prompt with “Not for drinking?” or “Not for cooking?” as appropriate.

(947)

- 1 Yes, both drinking and cooking
- 2 Yes, drinking only
- 3 Yes, cooking only
- 4 No [Go to Q56.10]

Do not read:

- 7 Don't know / Not sure [Go to Q56.10]
- 9 Refused [Go to Q56.10]

56.9 What is the MAIN reason that you use a filter for water that you use for drinking or cooking?

(948-949)

Interviewer Note: Read response set. Allow for one response.

- 01 Water tastes bad
- 02 Water is cloudy or has a bad color
- 03 Water smells bad or has a bad odor
- 04 Water tested positive for lead
- 05 Water tested positive for a chemical or other contaminant
- 06 As a safety measure (precaution), but water hasn't tested positive for contamination
- 07 Other (specify)

Do not read:

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

56.10 What do you think are things that someone can do to reduce lead in their tap water?

(950-959)

Interviewer Note: Do not read response set. If respondent initially responds “Don't Know”, probe with “Anything at all?” once.

Allow for up to ten responses. Probe for additional responses with “Anything else?”

- 01 Let water run before using the water for drinking or cooking, (i.e. flushing the pipes, or getting the water moving)
- 02 Use cold water from the tap for drinking and cooking
- 03 Use a water filter for drinking water
- 04 Clean out faucet aerators regularly
- 05 Replace water service lines that have lead pipes, (i.e. lead service lines, plumbing outside of the house)
- 06 Replace fittings, valves, and faucets in my house that may have lead
- 07 Other (specify)

Do not read:

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

56.11 What do you think are things that someone can do to reduce contact with lead if they have lead paint in their home?

(960-969)

Interviewer Note: Do not read response set. If respondent initially responds “Don’t Know”, probe with “Anything at all?” once.

Allow for up to ten responses. Probe for additional responses with “Anything else?”

- 01 Check house for chipping or peeling paint
- 02 Check house for paint dust
- 03 Wipe down surfaces with a damp paper towel
- 04 Damp mop hard surface floors
- 05 Vacuum carpeted floors
- 06 Vacuum carpeted floors with a HEPA vacuum
- 07 Hire a private contractor to remove lead sources in the home
- 08 Cover lead paint walls with a new coat of paint or wallpaper
- 09 Remove lead paint with chemicals
- 10 Other (specify)

Do not read:

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

56.12 How strongly do you agree or disagree with the following statement: The state health department provides the information I need to protect myself and my loved ones from coming into contact with lead?

(970)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

Section 57: Child Lead Exposure (repeat of Section 30)

Interviewer Note: For the next question, think about health effects in children.

57.1 What do you think are the health effects if a child has high levels of lead in their blood?

(971-976)

Interviewer Note: Do not read response set. If respondent initially responds “Don’t Know”, probe with “Anything at all?” once.

Allow for three responses. Probe for additional responses with “Anything else?”

- 01 Brain damage
- 02 Learning problems
- 03 Headaches

- 04 Nervous system damage
- 05 Slowed growth
- 06 Hearing problems
- 07 Speech problems
- 08 Behavior problems
- 09 Hyperactivity
- 10 Other (specify)

Do not read:

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

CATI NOTE: Fill in correct [Xth] number. If no child selected in Module 56, go to 58.1. The next two questions are about the Xth child:

- 57.2** Has a doctor, nurse, or other health professional EVER tested the child's blood for lead? (977)
- 1 Yes
 - 2 No **[Go to Q58.1]**

Do not read:

- 7 Don't know / Not sure **[Go to Q58.1]**
- 9 Refused **[Go to Q58.1]**

- 57.3** Has a doctor, nurse, or other health professional EVER said that the child's blood had high lead levels? (978)

Interviewer Note: A lab test result for blood lead concentration that is greater than or equal to 5 µg/dL (micrograms per deciliter of blood) is considered a high lead level.

- 1 Yes
- 2 No

Do not read:

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

Section 58: Other Tobacco Questions (repeat of Section 45)

Please read: The next questions are about tobacco use and exposure.

- 58.1** Has your doctor or other health care professional ever asked you if you were a smoker? (987)
- 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 Q58.4.

58.2 Earlier you indicated that you currently smoke cigarettes. 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? (988)

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

58.3 Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (989)

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

58.4 On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe? (990-991)

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.

58.5 In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (992)

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

58.6 In the past seven days, have you been in a car with someone who was smoking a cigarette, cigar or pipe? (*Do not include yourself*) (993)

- 1 Yes

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

Section 59: Hepatitis C (repeat of Section 46)

59.1 Have you ever been tested for Hepatitis C Virus? (994)

- 1 Yes
- 2 No

Do not read:

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

Section 60: Cancer Genomics (repeat of Section 31)

60.1 Has a doctor or other health care provider ever asked you about your family history of cancer, including times when you were asked to fill out a form? (979)

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

60.2 Did you ever have a discussion with your health care provider about this family history and talked about your personal risk of cancer? (980)

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

Interviewer note: for the next four questions, the term “family member” means biological or “blood” relative. These include your parents, grandparents, siblings, aunts, uncles, or children.

60.3 Genetic counseling gives you information about how genetic conditions might affect you or your family. To your knowledge, did you or a family member receive genetic counseling for hereditary cancer?

Interviewer note: do not read response set. If respondent responds “Yes”, please prompt with “do you mean yourself, a family member, or both?”.

(981)

Interviewer note: Only include genetic counseling for hereditary cancer, not for other genetic disorders.

- 1 Yes, I have
- 2 Yes, a family member has

- 3 Yes, both myself and a family member has
- 4 No
- 7 Don't know / Not sure
- 9 Refused

60.4 Genetic tests are tests on blood, saliva, or other tissue to identify changes in genes that would result in genetic disorders, such as cancer. To your knowledge, did you or a family member have a genetic test for hereditary cancer? (982)

Interviewer note: do not read response set. If respondent responds "Yes", please prompt with "do you mean yourself, a family member, or both?".

Interviewer note: Only include genetic tests for hereditary cancer, not other genetic disorders.

- 1 Yes, I have
- 2 Yes, a family member has
- 3 Yes, both myself and a family member has
- 4 No
- 7 Don't know / Not sure
- 9 Refused

60.5 Excluding yourself, have any of your family members been diagnosed with breast or ovarian cancer? (983)

Interviewer note: do not read response set. If respondent responds "Yes", please prompt with "do you mean breast cancer, ovarian cancer, or both?".

- 1 No
- 2 Yes, Breast Cancer Only
- 3 Yes, Ovarian Cancer Only
- 4 Yes, both Breast and Ovarian Cancer
- 7 Don't know / Not sure
- 9 Refused

60.6 Excluding yourself, have any of your family members been diagnosed with colorectal or endometrial cancer?

Interviewer note: do not read response set. If respondent responds "Yes", please prompt with "do you mean colorectal cancer, endometrial cancer, or both?". (984)

- 1 No
- 2 Yes, Colorectal Cancer Only
- 3 Yes, Endometrial Cancer Only
- 4 Yes, both Colorectal Cancer and Endometrial Cancer
- 7 Don't know / Not sure
- 9 Refused

Section 61: Excess Sun Exposure

61.1 When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that... (999)

Interviewer Note: Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt.

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Seldom
- 5 Never
- 7 Don't know / Not sure
- 9 Refused

61.2 During the past 12 months, how many times have you had a sunburn? (1000-1001)

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

61.3 Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth? (1002-1003)

- Record number of times
- 7 7 Don't know / Not sure
- 8 8 None
- 9 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.