

2021 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 1-844-403-3937.

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 Samantha Collins at Samantha.Collins@icf.com.

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

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)

Interviewer Note: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

- – 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)

Interviewer Note: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

- – 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)

Interviewer Note: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

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

Section 3: Health Care Access

3.1 What is the current primary source of your health insurance?

(108-109)

Interviewer Note: If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

Read if necessary:

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type
- 77 Don't Know/Not Sure
- 99 Refused

3.2 Do you have one person or a group of doctors that you think of as your personal health care provider?

(110)

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

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

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? (111)

- 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? (112)

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

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 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? (113)

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: Hypertension Awareness

5.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (114)

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

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

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to Q6.1]**
- 3 No **[Go to Q6.1]**
- 4 Told borderline high or pre-hypertensive or elevated blood pressure **[Go to Q6.1]**
- 7 Don’t know / Not sure **[Go to Q6.1]**
- 9 Refused **[Go to Q6.1]**

5.2 Are you currently taking prescription medicine for your high blood pressure? (115)

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

Section 6: Cholesterol Awareness

6.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked? (116)

Read only if necessary:

- 1 Never **[Go to Q7.1]**
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

Do not read:

- 7 Don’t know / Not sure **[Go to Q7.1]**
- 9 Refused **[Go to Q7.1]**

6.2 Have you EVER been told by a doctor, nurse or other health professional that your cholesterol is high? (117)

Interviewer note: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

9 Refused

6.3 Are you currently taking medicine prescribed by a doctor or other health professional for your cholesterol? (118)

Interviewer note: If respondent questions why they might take drugs without having high cholesterol read: ‘High’ cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines.

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

Section 7: Chronic Health Conditions

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

7.1 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.” (Ever told) you that you had a heart attack also called a myocardial infarction? (119)

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

7.2 (Ever told) (you had) angina or coronary heart disease? (120)

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

7.3 (Ever told) (you had) a stroke? (121)

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

7.4 (Ever told) (you had) asthma? (122)

- 1 Yes
- 2 No [Go to Q7.6]
- 7 Don't know / Not sure [Go to Q7.6]
- 9 Refused [Go to Q7.6]

7.5 Do you still have asthma? (123)

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

7.6 (Ever told) (you had) skin cancer? (124)

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

7.7 (Ever told) (you had) any other types of cancer? (125)

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

7.8 (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? (126)

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

7.9 (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (127)

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

- 7.10** Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease? (128)

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

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

- 7.11** (Ever told) (you had) diabetes? (129)

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.

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go to Q8.1]
- 3 No [Go to Q8.1]
- 4 No, pre-diabetes or borderline diabetes [Go to Q8.1]
- 7 Don't know / Not sure [Go to Q8.1]
- 9 Refused [Go to Q8.1]

CATI NOTE: If Q7.11 = 1 (Yes), go to Q7.12 and then Q7A.1. Otherwise, go to Q8.1.

- 7.12** How old were you when you were told you had diabetes? (130-131)

- Code age in years [97 = 97 and older] [Go to Q7A.1]
- 9 8 Don't know / Not sure [Go to Q7A.1]
- 9 9 Refused [Go to Q7A.1]

Section 7A: Diabetes Module

CATI NOTE: To be asked following Core Q7.12; if response to Q7.11 is “Yes” (code=1)

- 7A.1** Are you now taking insulin? (901)

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

- 7A.2** About how often do you check your blood for glucose or sugar? (902-904)

Read if necessary: Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

Interviewer Notes: Enter quantity per day, week, or month.

Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in “98 times per day.”

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

7A.3 Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations? (905-907)

Interviewer Note: Enter quantity per day, week, or month.

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

7A.4 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (908-909)

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

7A.5 About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.

(910-911)

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

CATI NOTE: If Q7A.3 = 555 (No feet), go to Q7A.7.

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

(912-913)

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

7A.7 When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

(914)

Read if necessary:

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

Do not read:

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

7A.8 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(915)

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

7A.9 Have you ever taken a course or class in how to manage your diabetes yourself?

(916)

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

Section 8: Arthritis

8.1 Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(132)

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

8.2 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (133)

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

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

8.3 Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (134)

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

8.4 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (135)

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

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

8.5 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (136)

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

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

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

(137-138)

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

Section 9: Demographics

9.1 What is your age? (139-140)

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

9.2 Are you Hispanic, Latino/a, or Spanish origin? (141)

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

9.3 Which one or more of the following would you say is your race? (142-143)

Interviewer Notes: One or more categories may be selected. 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 Q9.3; continue. Otherwise, go to Q9.4a.

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

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

9.4a Are you of Arab or Chaldean origin? (917)

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

9.5 Are you...? (146)

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

9.6 What is the highest grade or year of school you completed? (147)

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

9.7 Do you own or rent your home? (148)

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

9.8 In what county do you currently live? (149-151)

- ANSI County Code (formerly FIPS county code)
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused
- 8 8 8 County from another state

CATI NOTE: If Q9.8 = 163 (Wayne County), continue with Q9.8a. Otherwise, go to Q9.9.

9.8a Do you live in the city of Detroit? (918)

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

9.9 What is the ZIP Code where you currently live? (152-156)

- 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 Q9.12 (QSTVER ≥ 20)

9.10 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? (157)

- 1 Yes
- 2 No [Go to Q9.12]
- 7 Don't know / Not sure [Go to Q9.12]
- 9 Refused [Go to Q9.12]

9.11 How many of these telephone numbers are residential numbers? (158)

- ___ Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 9 Refused

9.12 How many cell phones do you have for personal use? (159)

Interviewer Note: Read if necessary: Include cell phones used for both business and personal use.

- ___ Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 9 Refused

9.13 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? (160)

Interviewer Note: Read if necessary: 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

9.14 Are you currently...? (161)

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

9.15 How many children less than 18 years of age live in your household? (162-163)

– – Number of children

8 8 None

9 9 Refused

9.16 Is your annual household income from all sources— (164-165)

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

Please read:

01 Less than \$10,000? **If “no,” code 02**

02 Less than \$15,000? **If “no,” code 03; if “yes,” ask 01**
(\$10,000 to less than \$15,000)

03 Less than \$20,000? **If “no,” code 04; if “yes,” ask 02**
(\$15,000 to less than \$20,000)

04 Less than \$25,000? **If “no,” ask 05; if “yes,” ask 03**
(\$20,000 to less than \$25,000)

05 Less than \$35,000? **If “no,” ask 06**
(\$25,000 to less than \$35,000)

06 Less than \$50,000? **If “no,” ask 07**
(\$35,000 to less than \$50,000)

07 Less than \$75,000? **If “no,” ask 08**
(\$50,000 to less than \$75,000)

08 Less than \$100,000? **If “no,” ask 09**
(\$75,000 to less than \$100,000)

09 Less than \$150,000? **If “no,” ask 10**
(\$100,000 to less than \$150,000)?

10 Less than \$200,000? **If “no,” ask 11**
(\$150,000 to less than \$200,000)

11 \$200,000 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 Q9.18

9.17 To your knowledge, are you now pregnant? (166)

1 Yes
 2 No

Do not read:

7 Don't know / Not sure
 9 Refused

9.18 About how much do you weigh without shoes? (167-170)

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

9.19 About how tall are you without shoes? (171-174)

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 10: Disability

10.1 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? (175)

1 Yes

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

10.2 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (176)

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

10.3 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (177)

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

10.4 Do you have serious difficulty walking or climbing stairs? (178)

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

10.5 Do you have difficulty dressing or bathing? (179)

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

10.6 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (180)

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

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (181)

Interviewer Notes: 5 packs = 100 cigarettes

“Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”

- 1 Yes
- 2 No [Go to Q11.3]
- 7 Don't know / Not sure [Go to Q11.3]
- 9 Refused [Go to Q11.3]

11.2 Do you now smoke cigarettes every day, some days, or not at all? (182)

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

11.3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (183)

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

11.4 Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all? (184)

Electronic cigarettes (e-cigarettes) and other electronic vaping products include 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. Brands you may have heard of are JUUL, NJOY, or blu.

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.

- 1 Every day
- 2 Some days
- 3 Not at all
- 4 Never smoked e-cigarettes
- 7 Don't know / Not sure
- 9 Refused

Section 12: Alcohol Consumption

- 12.1** 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?
(185-187)

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 Q13.1]**
 7 7 7 Don't know / Not sure **[Go to Q13.1]**
 9 9 9 Refused **[Go to Q13.1]**

- 12.2** 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?
(188-189)

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

- 12.3** 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?
(190-191)

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

- 12.4** During the past 30 days, what is the largest number of drinks you had on any occasion?
(192-193)

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

Section 13: Immunization

- 13.1** 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?
(194)

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 Q13.4]
- 7 Don't know / Not sure [Go to Q13.4]
- 9 Refused [Go to Q13.4]

13.2 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? (195-200)

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

13.3 At what kind of place did you get your last flu shot or vaccine? (201-202)

Interviewer Note: Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12".

Read if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

Do not read:

- 12 A drive though location at some other place than listed above
- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure
- 99 Refused

13.4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (203)

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 14: H.I.V./AIDS

14.1 Interviewer Instruction: The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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

(204)

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

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

(205-210)

Interviewer Notes: If response is before January 1985, code "777777"

If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

Section 15: Fruits and Vegetables

Interviewer Instruction: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

15.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

(211-213)

Interviewer Notes: Enter quantity in times per day, week, or month.

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

If respondent asks what to include or says “I don’t know” say: Please include fresh, frozen or canned fruit. Do not include dried fruits.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don’t know / Not sure
- 9 9 9 Refused

15.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?
(214-216)

Interviewer Notes: Enter quantity in times per day, week, or month.

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

If respondent asks for examples of fruit-flavored drinks say: Do not include fruit-flavored drinks with added sugar like cranberry cocktail, hi-c, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don’t know / Not sure
- 9 9 9 Refused

15.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?
(217-219)

Interviewer Notes: Enter quantity in times per day, week, or month.

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

If respondent asks about spinach say: Please include spinach salads.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 3 0 0 Less than once a month
- 5 5 5 Never

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

15.4 How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?
(220-222)

Interviewer Notes: Enter quantity in times per day, week, or month.

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

If respondent asks about potato chips say: Please do not include potato chips.

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
3 0 0 Less than once a month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

15.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?
(223-225)

Interviewer Notes: Enter quantity in times per day, week, or month.

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

If respondent asks about the types of potatoes to include say: Please include all types of potatoes except fried. Also include potatoes au gratin and scalloped potatoes.

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
3 0 0 Less than once a month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

15.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?
(226-228)

Interviewer Notes: Enter quantity in times per day, week, or month.

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

If respondent asks about what to include say: Please include

tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Version A: Sections 16-30**Section 16: Cognitive Decline****CATI NOTE: If Q9.1 \geq 45, continue. Otherwise, go to CATI NOTE before Q17.1.**

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.

16.1 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (919)

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

16.2 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... (920)

Please read:

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

Do not read:

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

16.3 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... (921)

Please read:

- | | | |
|---|-----------|----------------------|
| 1 | Always | |
| 2 | Usually | |
| 3 | Sometimes | |
| 4 | Rarely | [Go to Q16.5] |
| 5 | Never | [Go to Q16.5] |

Do not read:

- | | | |
|---|-----------------------|----------------------|
| 7 | Don't know / Not sure | [Go to Q16.5] |
| 9 | Refused | [Go to Q16.5] |

16.4 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...

(922)

Please read:

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

Do not read:

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

16.5 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...

(923)

Please read:

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

Do not read:

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

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

(924)

- 1 Yes
- 2 No

Do not read:

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

Section 17: Random Child Selection

CATI NOTE: If Core Q9.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q19.1.

If Core Q9.15 = 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 Q17.1]**

If Core Q9.15 is >1 and Core Q9.15 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.”

17.1 What is the birth month and year of the “Xth” child? (925-930)

_ _ / _ _ _ _	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).

17.2 Is the child a boy or a girl? (931)

1	Boy
2	Girl
9	Refused

17.3 Is the child Hispanic, Latino/a, or Spanish origin? (932-935)

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

17.4 Which one or more of the following would you say is the race of the child? (936-943)

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 Q17.4, continue. Otherwise, go to Q17.6.

17.5 Which one of these groups would you say best represents the child's race? (944-945)

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

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

(946)

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 18: Childhood Asthma Prevalence

CATI NOTE: If Core Q9.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q19.1.

18.1 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?

(947)

- 1 Yes

- 2 No [Go to CATI NOTE before Q19.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q19.1]
- 9 Refused [Go to CATI NOTE before Q19.1]

18.2 Does the child still have asthma? (948)

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

Section 19: Cancer Survivorship: Type of Cancer

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q20.1.

19.1 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? (949)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to CATI NOTE before Q20.1]
- 9 Refused [Go to CATI NOTE before Q20.1]

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

Interviewer Note: If 19.1= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

Read if necessary: This question refers to the first time they were told about their first cancer.

(950-951)

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

CATI NOTES: If Core Q7.6 = 1 (Yes) and Q19.1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”?” then code Q19.3 as a response of 21 if “Melanoma” or 22 if “other skin cancer”

If Q19.1 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

19.3 What type of cancer was it? (952-953)

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 20: Cancer Survivorship: Pain Management

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q21.1.

- 20.1** Do you currently have physical pain caused by your cancer or cancer treatment? (954)
- 1 Yes
 - 2 No [Go to CATI NOTE before Q21.1]
 - 7 Don't know / Not sure [Go to CATI NOTE before Q21.1]
 - 9 Refused [Go to CATI NOTE before Q21.1]

- 20.2** Would you say your pain is currently under control...? (955)
- 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 21: Cancer Survivorship: Course of Treatment

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q22.1.

- 21.1** Are you currently receiving treatment for cancer? (956)
- Interviewer Note: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.**
- 1 Yes [Go to CATI NOTE before Q22.1]
 - 2 No, I've completed treatment
 - 3 No, I've refused treatment [Go to CATI NOTE before Q22.1]
 - 4 No, I haven't started treatment [Go to CATI NOTE before Q22.1]
 - 5 Treatment was not needed [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** Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? (957)

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

21.3 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? (958)

- 1 Yes
- 2 No [Go to Q21.5]
- 7 Don’t know / Not sure [Go to Q21.5]
- 9 Refused [Go to Q21.5]

21.4 Were these instructions written down or printed on paper for you? (959)

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

21.5 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (960)

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

21.6 Did you participate in a clinical trial as part of your cancer treatment? (961)

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

Section 22: Lung Cancer Screening

CATI NOTE: If Q11.1=1 (yes) and Q11.2 = 1, 2, or 3 (every day, some days, or not at all), continue. Otherwise, go to Q22.4.

22.1 You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

(962-964)

Interviewer Note: If Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

__ __ __ Age in Years (001 – 100)
 777 Don't know / Not sure
 999 Refused
 888 Never smoked cigarettes regularly **[Go to Q22.4]**

22.2 How old were you when you last smoked cigarettes regularly?

(965-967)

__ __ __ Age in Years (001 – 100)
 777 Don't know / Not sure
 999 Refused

22.3 On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?

(968-970)

Interviewer Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes

__ __ __ Number of cigarettes
 777 Don't know / Not sure
 999 Refused

CATI NOTE: If Q19.3 = 24 go to Q22.4. Otherwise, continue.

Interviewer note: Read: The next questions are about lung cancer screening.

- 22.4** The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

(971)

Read if necessary:

- 1 Yes, to check for lung cancer
- 2 No (did not have a CT scan)
- 3 Had a CT scan, but for some other reason

Do not read:

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

Section 23: Home/ Self-measured Blood Pressure

CATI NOTE: To be asked following Q22.4 if response to Q5.1 is “Yes” (code=1).

- 23.1** Has your doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

(972)

Interviewer Note: By other healthcare provider professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

- 23.2** Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

(973)

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

Section 24: 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 24.1b.

- 24.1a** Which of the following best represents how you think of yourself?

(974)

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

CATI Note: if sex = female, continue, otherwise go to 24.2.

24.1b Which of the following best represents how you think of yourself? (974)

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

24.2 Do you consider yourself to be transgender? (975)

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, trans woman
- 2 Yes, Transgender, trans man
- 3 Yes, Transgender, gender nonconforming
- 4 No

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

Section 25: Tobacco Cessation

CATI NOTE: Ask if Q11.2 = 1 (Every day) or 2 (Some days).

- 25.1** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (976)

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

Section 26: Adverse Childhood Experiences

Prologue: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

- 26.1** Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. (977)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

- 26.2** How often did a parent or adult in your home ever swear at you, insult you, or put you down? (978)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

26.3 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (979)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

26.4 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? (980)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

26.5 How often did anyone at least 5 years older than you or an adult force you to have sex? (981)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

26.6 How often were you treated or judged unfairly because of your race or ethnic group? (982)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

Interviewer Note: Read if Necessary: “Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?”. If yes, provide number 1-800-273-TALK (8255).

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”.

(983)

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?

(984)

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?

(985)

- 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 Q29.1]**

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?

(986)

- 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?

(987)

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?

(988)

- 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? (989)

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
- 8 Other (specify)

Do not read:

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

Section 29: Excess Sun Exposure

29.1 The final set of questions is about sun exposure. 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... (990)

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

29.2 During the past 12 months, how many times have you had a sunburn? (991-992)

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

29.3 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? (993-994)

- Record number of times

- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

Section 30: Exposure to Secondhand Smoking

30.1 In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home or car?

(995)

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

Go to Closing Statement.

Version B: Sections 31 - 44

Section 31: Random Child Selection (repeat of Section 17)

CATI NOTE: If Core Q9.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q33.1.

If Core Q9.15 = 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 Q31.1]**

If Core Q9.15 is >1 and Core Q9.15 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.”

31.1 What is the birth month and year of the “Xth” child? (925-930)

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

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

31.2 Is the child a boy or a girl? (931)

1	Boy
2	Girl
9	Refused

31.3 Is the child Hispanic, Latino/a, or Spanish origin? (932-935)

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

31.4 Which one or more of the following would you say is the race of the child? (936-943)

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 Q31.4, continue. Otherwise, go to Q31.6.

31.5 Which one of these groups would you say best represents the child's race? (944-945)

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

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

(946)

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 32: Childhood Asthma Prevalence (repeat of Section 18)

CATI NOTE: If Core Q9.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q33.1.

32.1 **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?

(947)

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

32.2 Does the child still have asthma?

(948)

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

Section 33: Cancer Survivorship: Type of Cancer (repeat of Section 19)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q34.1.

33.1 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?

(949)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to CATI NOTE before Q34.1]
- 9 Refused [Go to CATI NOTE before Q34.1]

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

(950-951)

Interviewer Note: If 19.1= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

Read if necessary: 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 Q7.6 = 1 (Yes) and Q33.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"?" then code Q33.3 as a response of 21 if "Melanoma" or 22 if "other skin cancer"

If Q33.1 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

33.3

What type of cancer was it?

(952-953)

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 34: Cancer Survivorship: Pain Management (repeat of Section 20)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q35.1.

- 34.1** Do you currently have physical pain caused by your cancer or cancer treatment? (954)
- 1 Yes
 - 2 No **[Go to CATI NOTE before Q35.1]**
 - 7 Don't know / Not sure **[Go to CATI NOTE before Q33.1]**
 - 9 Refused **[Go to CATI NOTE before Q33.1]**

- 34.2** Would you say your pain is currently under control...? (955)

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 35: Cancer Survivorship: Course of Treatment (repeat of Section 21)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q36.1.

- 35.1** Are you currently receiving treatment for cancer? (956)

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

- 1 Yes **[Go to CATI NOTE before Q36.1]**
- 2 No, I've completed treatment
- 3 No, I've refused treatment **[Go to CATI NOTE before Q36.1]**
- 4 No, I haven't started treatment **[Go to CATI NOTE before Q36.1]**
- 5 Treatment was not needed **[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 Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? (957)

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

35.3 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? (958)

- 1 Yes
- 2 No [Go to Q35.5]
- 7 Don't know / Not sure [Go to Q35.5]
- 9 Refused [Go to Q35.5]

35.4 Were these instructions written down or printed on paper for you? (959)

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

35.5 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (960)

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

35.6 Did you participate in a clinical trial as part of your cancer treatment? (961)

- 1 Yes
- 2 No

- 7 Don't know / Not sure
9 Refused

Section 36: Lung Cancer Screening (repeat of Section 22)

CATI NOTE: If Q11.1=1 (yes) and Q11.2 = 1, 2, or 3 (every day, some days, or not at all), continue. Otherwise, go to Q36.4.

- 36.1** You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

(962-964)

Interviewer Note: If Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

- __ __ Age in Years (001 – 100)
777 Don't know / Not sure
999 Refused
888 Never smoked cigarettes regularly **[Go to Q36.4]**

- 36.2** How old were you when you last smoked cigarettes regularly?

(965-967)

- __ __ Age in Years (001 – 100)
777 Don't know / Not sure
999 Refused

- 36.3** On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?

(968-970)

Interviewer Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes

_ _ _ Number of cigarettes
 777 Don't know / Not sure
 999 Refused

CATI NOTE: If Q33.3 = 24 go to Q36.4. Otherwise, continue.

Interviewer note: Read: The next questions are about lung cancer screening.

- 36.4** The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan? (971)

Read if necessary:

1 Yes, to check for lung cancer
 2 No (did not have a CT scan)
 3 Had a CT scan, but for some other reason

Do not read:

7 Don't know / Not sure
 9 Refused

Section 37: Home/ Self-measured Blood Pressure (repeat of Section 23)

CATI NOTE: To be asked following Q36.4 if response to Q5.1 is "Yes" (code=1).

- 37.1** Has your doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home? (972)

Interviewer Note: By other healthcare provider professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

- 37.2** Do you regularly check your blood pressure outside of your healthcare professional's office or at home? (973)

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

Section 38: Caregiver

- 38.1** During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (996)

Interviewer Note: If caregiving recipient has died in the past 30 days, and code 8 say "I'm so sorry to hear of your loss".

- | | | |
|---|---|--------------------------------|
| 1 | Yes | |
| 2 | No | [Go to Q38.9] |
| 7 | Don't know / Not sure | [Go to Q38.9] |
| 8 | Caregiving recipient died in past 30 days | [Go to CATI NOTE before Q39.1] |
| 9 | Refused | [Go to Q38.9] |

- 38.2** What is his or her relationship to you? (997-998)

Interviewer Notes: If more than one person, say: "please refer to the person to whom you are giving the most care."

- | | |
|----|----------------------------|
| 01 | Mother |
| 02 | Father |
| 03 | Mother-in-law |
| 04 | Father-in-law |
| 05 | Child |
| 06 | Husband |
| 07 | Wife |
| 08 | Live-in partner |
| 09 | Brother or brother-in-law |
| 10 | Sister or sister-in-law |
| 11 | Grandmother |
| 12 | Grandfather |
| 13 | Grandchild |
| 14 | Other relative |
| 15 | Non-relative/Family friend |
| 77 | Don't know/Not sure |
| 99 | Refused |

- 38.3** For how long have you provided care for that person? (999)

Please read if necessary:

- | | |
|---|-------------------------------|
| 1 | Less than 30 days |
| 2 | 1 month to less than 6 months |
| 3 | 6 months to less than 2 years |
| 4 | 2 years to less than 5 years |
| 5 | 5 years or more |

Do not read:

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

38.4 In an average week, how many hours do you provide care or assistance? (1000)

Please read if necessary:

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

Do not read:

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

38.5 What is the main health problem, long-term illness, or disability that the person you care for has? (1001-1002)

Interviewer Notes: If multiple responses say, "Please tell me which one of these conditions would you say is the major problem?"

- 01 Arthritis/rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as Emphysema or COPD
- 05 Alzheimer's disease, dementia or other cognitive impairment disorder
- 06 Developmental disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart disease, hypertension, stroke
- 09 Human Immunodeficiency Virus (H.I.V.)
- 10 Mental Illness, such as anxiety, depression, or schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance abuse or addiction disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

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

38.6 Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder? (1003)

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

- 38.7** In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing? (1004)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 38.8** In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals? (1005)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI NOTE: If Q38.1 = 1 or Q38.1 = 8, go to CATI NOTE before Q39.1.

- 38.9** In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (1006)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 39: Adverse Childhood Experiences (repeat of Section 26)

Prologue: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

- 39.1** Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. (977)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

39.2 How often did a parent or adult in your home ever swear at you, insult you, or put you down? (978)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

39.3 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (979)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

39.4 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? (980)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

39.5 How often did anyone at least 5 years older than you or an adult force you to have sex? (981)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

39.6 How often were you treated or judged unfairly because of your race or ethnic group? (982)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

Interviewer Note: Read if Necessary: "Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?". If yes, provide number 1-800-273-TALK (8255).

Section 40: 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.

40.1 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". (983)

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

40.2 Do you think binge drinking is harmful to your health? (984)

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 41: Exposure to Secondhand Smoking (repeat of Section 30)

- 41.1** In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home or car? (995)

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

Section 42: Hepatitis C

- 42.1** Next, I'm going to ask you about Hepatitis C. Have you ever been tested for Hepatitis C Virus? (1007)

- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

Section 43: Radon Awareness

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

- 43.1** Do you know what radon gas is? (1008)

- 1 Yes
2 No [Go to Q44.1]
7 Don't know / Not sure [Go to Q44.1]
9 Refused [Go to Q44.1]

- 43.2** Has your current household ever been tested for the presence of radon gas? (1009)

- 1 Yes
2 No [Go to Q44.1]
7 Don't know / Not sure [Go to Q44.1]
9 Refused [Go to Q44.1]

43.3 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? (1010)

- 1 Yes
- 2 No **[Go to Q44.1]**
- 7 Don't know / Not sure **[Go to Q44.1]**
- 9 Refused **[Go to Q44.1]**

43.4 What did you do in response to this high radon test? Would you say that you... (1011)

- 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

Section 44: Other Tobacco Questions

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

CATI NOTE: If Q11.2 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q44.3.

44.1 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? (1012)

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

44.2 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? (1013)

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

44.3 On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe? (1014-1015)

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

Go to Closing Statement.

Version C: Sections 45 - 59

Section 45: Random Child Selection (repeat of Section 17)

CATI NOTE: If Core Q9.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q47.1.

If Core Q9.15 = 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 Q45.1]**

If Core Q9.15 is >1 and Core Q9.15 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.”

45.1 What is the birth month and year of the “Xth” child? (925-930)

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

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

45.2 Is the child a boy or a girl? (931)

1	Boy
2	Girl
9	Refused

45.3 Is the child Hispanic, Latino/a, or Spanish origin? (932-935)

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

45.4 Which one or more of the following would you say is the race of the child? (936-943)

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 Q45.4, continue. Otherwise, go to Q45.6.

45.5 Which one of these groups would you say best represents the child's race? (944-945)

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

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

(946)

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 46: Childhood Asthma Prevalence (repeat of Section 18)

CATI NOTE: If Core Q9.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q47.1.

46.1 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?

(947)

- | | | |
|---|-----------------------|---------------------------------------|
| 1 | Yes | |
| 2 | No | [Go to CATI NOTE before Q47.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q47.1] |
| 9 | Refused | [Go to CATI NOTE before Q47.1] |

46.2 Does the child still have asthma?

(948)

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

Section 47: Cancer Survivorship: Type of Cancer (repeat of Section 19)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q48.1.

47.1 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?

(949)

- | | | |
|---|-----------------------|---------------------------------------|
| 1 | Only one | |
| 2 | Two | |
| 3 | Three or more | |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q48.1] |
| 9 | Refused | [Go to CATI NOTE before Q48.1] |

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

(950-951)

Interviewer Note: If 19.1= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

Read if necessary: 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 Q7.6 = 1 (Yes) and Q47.1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”?” then code Q47.3 as a response of 21 if “Melanoma” or 22 if “other skin cancer”

If Q47.1 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

47.3 What type of cancer was it?

(952-953)

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 48: Cancer Survivorship: Pain Management (repeat of Section 20)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q49.1.

48.1 Do you currently have physical pain caused by your cancer or cancer treatment? (954)

1 Yes
 2 No [Go to CATI NOTE before Q49.1]
 7 Don't know / Not sure [Go to CATI NOTE before Q49.1]
 9 Refused [Go to CATI NOTE before Q49.1]

48.2 Would you say your pain is currently under control...? (955)

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 49: Cancer Survivorship: Course of Treatment (repeat of Section 21)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q50.1.

49.1 Are you currently receiving treatment for cancer? (956)

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

1 Yes [Go to CATI NOTE before Q49.1]

- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to CATI NOTE before Q49.1]
- 4 No, I haven't started treatment [Go to CATI NOTE before Q49.1]
- 5 Treatment was not needed [Go to CATI NOTE before Q49.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q49.1]
- 9 Refused [Go to CATI NOTE before Q49.1]

49.2 Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? (957)

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

49.3 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? (958)

- 1 Yes
- 2 No [Go to Q49.5]
- 7 Don't know / Not sure [Go to Q49.5]
- 9 Refused [Go to Q49.5]

49.4 Were these instructions written down or printed on paper for you? (959)

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

49.5 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (960)

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

- 49.8** Did you participate in a clinical trial as part of your cancer treatment? (961)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 50: Lung Cancer Screening (repeat of Section 22)

CATI NOTE: If Q11.1=1 (yes) and Q11.2 = 1, 2, or 3 (every day, some days, or not at all), continue. Otherwise, go to Q50.4.

- 50.1** You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.
- How old were you when you first started to smoke cigarettes regularly? (962-964)

Interviewer Note: If Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

- ___ Age in Years (001 – 100)
- 777 Don't know / Not sure
- 999 Refused
- 888 Never smoked cigarettes regularly **[Go to Q50.4]**

- 50.2** How old were you when you last smoked cigarettes regularly? (965-967)

- ___ Age in Years (001 – 100)
- 777 Don't know / Not sure
- 999 Refused

- 50.3** On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day? (968-970)

Interviewer Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25

pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes

___ Number of cigarettes
 777 Don't know / Not sure
 999 Refused

CATI NOTE: If Q47.3 = 24 go to Q50.4. Otherwise, continue.

Interviewer note: Read: The next questions are about lung cancer screening.

50.4 The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?
 (971)

Read if necessary:

1 Yes, to check for lung cancer
 2 No (did not have a CT scan)
 3 Had a CT scan, but for some other reason

Do not read:

7 Don't know / Not sure
 9 Refused

Section 51: Home/ Self-measured Blood Pressure (repeat of Section 23)

CATI NOTE: To be asked following Q50.4 if response to Q5.1 is "Yes" (code=1).

51.1 Has your doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?
 (972)

Interviewer Note: By other healthcare provider professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

51.2 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?
 (973)

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

Section 52: Sexual Orientation and Gender Identity (SOGI) (repeat of Section 24)

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

CATI Note: if sex = male, continue, otherwise go to 52.1b.

52.1a Which of the following best represents how you think of yourself? (974)

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 52.2.

52.1b Which of the following best represents how you think of yourself? (974)

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

52.2 Do you consider yourself to be transgender? (975)

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 53: Tobacco Cessation (repeat of Section 25)

CATI NOTE: Ask if Q11.2 = 1 (Every day) or 2 (Some days).

53.1 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (976)

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

Section 54: Adverse Childhood Experiences (repeat of Section 26)

54.1 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. (977)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

54.2 How often did a parent or adult in your home ever swear at you, insult you, or put you down? (978)

Please read:

- 1 Never

- 2 Once
- 3 More than once

Do not read:

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

54.3 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (979)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

54.4 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? (980)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

54.5 How often did anyone at least 5 years older than you or an adult force you to have sex? (981)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

54.6 How often were you treated or judged unfairly because of your race or ethnic group? (982)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

Interviewer Note: Read if Necessary: "Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?". If yes, provide number 1-800-273-TALK (8255).

Section 55: 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.

55.1 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". (983)

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

55.2 Do you think binge drinking is harmful to your health? (984)

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 56: Prescription Drug Use (repeat of Section 28)

56.1 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?

(985)

- 1 Yes
- 2 No (include "not prescribed" and "prescribed but did not use" **[Go to Q57.1]**)

Do not read:

- 7 Don't know / Not sure **[Go to Q57.1]**
- 9 Refused **[Go to Q57.1]**

56.2 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?

(986)

- 1 Yes
- 2 No **[Go to Q56.4]**

Do not read:

- 7 Don't know / Not sure **[Go to Q56.4]**
- 9 Refused **[Go to Q56.4]**

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

(987)

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

56.4 The last time you filled a prescription for pain medication was there any medication leftover?

(988)

- 1 Yes
- 2 No **[Go to Q57.1]**

Do not read:

- 7 Don't know / Not sure **[Go to Q57.1]**
 9 Refused **[Go to Q57.1]**

56.5 What did you do with the leftover prescription pain medication? (989)

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 57: Hepatitis C (repeat of Section 42)

57.1 Next, I'm going to ask you about Hepatitis C. Have you ever been tested for Hepatitis C Virus? (1007)

- 1 Yes
 2 No

Do not read:

- 7 Don't know / Not sure
 9 Refused

Section 58: Other Tobacco Questions (repeat of Section 44)

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

CATI NOTE: If Q11.2 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q58.3.

58.1 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? (1012)

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

58.2 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?

(1013)

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

58.3 On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe?

(1014-1015)

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

Section 59: Food Security

Interviewer Note: The next questions ask about having enough food. Please tell me if the following statement is often true, sometimes true or never true for your household.

59.1 "The food that I/we bought just didn't last, and I/we didn't have money to get more." Was that often, sometimes, or never true for you/your household in the last 12 months?

(1016)

- 1 Often true
- 2 Sometimes true
- 3 Never true

Do not read:

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

59.2 "I/we couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you/your household in the last 12 months?

(1017)

- 1 Often true
- 2 Sometimes true
- 3 Never true

Do not read:

- 7 Don't know / Not sure

9 Refused

59.3 In the last 12 months, since last (name of current month), did you/you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? (1018)

- 1 Yes
- 2 No [Go to 59.5]
- 7 Don't know / Not sure [Go to 59.5]
- 9 Refused [Go to 59.5]

59.4 How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months? (1019)

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months
- 7 Don't know / Not sure
- 9 Refused

59.5 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? (1020)

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

59.6 In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food? (1021)

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

Go to Closing Statement.

Closing Statement

Please read: That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.