

2016 Michigan Behavioral Risk Factor Survey

Section 1:	Health Status.....	3
Section 2:	Healthy Days - Health-Related Quality of Life	3
Section 3:	Health Care Access	4
Section 4:	Exercise.....	5
Section 5:	Inadequate Sleep	5
Section 6:	Chronic Health Conditions	6
Section 7:	Oral Health	9
Section 8:	Demographics	9
Section 9:	Tobacco Use	19
Section 10:	E-Cigarettes	20
Section 11:	Alcohol Consumption	21
Section 12:	Immunization.....	22
Section 13:	Falls.....	23
Section 14:	Seatbelt Use.....	23
Section 15:	Drinking and Driving.....	24
Section 16:	Breast and Cervical Cancer Screening.....	24
Section 17:	Prostate Cancer Screening.....	26
Section 18:	Colorectal Cancer Screening.....	28
Section 19:	HIV/AIDS.....	29

Version A (Split 1)

Section 20:	Cancer Survivorship.....	31
Section 21:	Random Child Selection.....	35
Section 22:	Childhood Asthma Prevalence.....	39
Section 23:	Stroke	39
Section 24:	Adverse Childhood Experiences.....	40
Section 25:	Other Tobacco Questions	46
Section 26:	Cancer Chemoprevention	47
Section 27:	Lung Cancer Screening	50
Section 28:	Family Planning.....	52

Version B (Split 2)

Section 29:	Cancer Survivorship (repeat of Section 20).....	53
Section 30:	Random Child Selection (repeat of Section 21).....	57
Section 31:	Childhood Asthma Prevalence (repeat of Section 22).....	61
Section 32:	Stroke (repeat of Section 23).....	61
Section 33:	Other Tobacco Questions (repeat of Section 25 plus additional questions).....	62
Section 34:	Cancer Chemoprevention (repeat of Section 26)	64
Section 35:	Lung Cancer Screening (repeat of Section 27).....	67
Section 36:	Family Planning (repeat of Section 28).....	68
Section 37:	Oral Health Care	69
Section 38:	Drug Use	70
Section 39:	Gambling.....	71

Version C (Split 3)

Section 40:	Cancer Survivorship (repeat of Section 20).....	72
Section 41:	Random Child Selection (repeat of Section 21).....	76
Section 42:	Childhood Asthma Prevalence (repeat of Section 22).....	80
Section 43:	Stroke (repeat of Section 23)	80
Section 44:	Other Tobacco Questions (repeat of Section 33)	81
Section 45:	Cancer Chemoprevention (repeat of Section 26)	83
Section 46:	Lung Cancer Screening (repeat of Section 27).....	86
Section 47:	Family Planning (repeat of Section 28).....	87
Section 48:	Fish Consumption	88
Section 49:	Hepatitis C Testing.....	89

Consent

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

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

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

Section 1: Health Status

1.1 Would you say that in general your health is — (90)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (91-92)

- — 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? (93-94)

- — 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? (95-96)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service? (97)

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

3.1a Do you personally have Medicaid, Medicare or the Healthy Michigan Plan? (901)

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

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

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

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

(98)

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

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

(99)

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

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (100)
- 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? (101)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5: Inadequate Sleep

I would like to ask you about your sleep pattern.

- 5.1** On average, how many hours of sleep do you get in a 24-hour period? (102-103)

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

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

Section 6: Chronic Health Conditions

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

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

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (104)

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

6.2 (Ever told) you had angina or coronary heart disease? (105)

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

6.3 (Ever told) you had a stroke? (106)

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

6.4 (Ever told) you had asthma? (107)

- 1 Yes
- 2 No [Go to Q6.6]
- 7 Don't know / Not sure [Go to Q6.6]
- 9 Refused [Go to Q6.6]

6.5 Do you still have asthma? (108)

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

6.6 (Ever told) you had skin cancer? (109)

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

6.7 (Ever told) you had any other types of cancer? (110)

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

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (111)

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

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (112)

Interviewer Note: Arthritis diagnoses include:

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

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

6.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (113)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (114)

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

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

6.12 (Ever told) you have diabetes?

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

(115)

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

CATI NOTE: If Q6.12 = 1 (Yes), go to Q6.13. Otherwise, go to Q7.1.

6.13 How old were you when you were told you have diabetes? (116-117)

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

Section 7: Oral Health

- 7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (118)

Read only if necessary:

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

Do not read:

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

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

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

(119)

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

Section 8: Demographics

- 8.1 Indicate sex of respondent. **Ask only if necessary.** (120)

- 1 Male
- 2 Female

- 8.2 What is your age? (121-122)

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

8.3 Are you Hispanic, Latino/a, or Spanish origin? (123-126)

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected

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

Do not read:

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

8.4 Which one or more of the following would you say is your race? (127-154)

Interviewer Notes: Select all that apply

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

Please read:

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

Do not read:

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

CATI NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.

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

(155-156)

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

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
 - 4 1 Asian Indian
 - 4 2 Chinese
 - 4 3 Filipino
 - 4 4 Japanese
 - 4 5 Korean
 - 4 6 Vietnamese
 - 4 7 Other Asian
- 5 0 Pacific Islander
 - 5 1 Native Hawaiian
 - 5 2 Guamanian or Chamorro
 - 5 3 Samoan
 - 5 4 Other Pacific Islander
- 6 0 Other
- 7 7 Don't know / Not sure
- 9 9 Refused

8.5a Are you of Arab or Chaldean origin?

(902)

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

8.6 Are you...?

(157)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

8.7 What is the highest grade or year of school you completed? (158)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

8.8 Do you own or rent your home? (159)

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

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

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

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

8.9 What county do you live in? (160-162)

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

CATI Note: If Q8.9 = 163 (Wayne County), continue with Q8.9a. Otherwise, go to Q8.10.

8.9a Do you live in the city of Detroit? (903)

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

8.10 What is your ZIP Code where you live? (163-167)

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

CATI Note: If cellular telephone interview skip to Q8.14 (QSTVER ≥ 20)

8.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (168)

1	Yes	
2	No	[Go to Q8.13]
7	Don't know / Not sure	[Go to Q8.13]
9	Refused	[Go to Q8.13]

8.12 How many of these telephone numbers are residential numbers? (169)

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

8.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (170)

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

8.14 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? (171)

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

1	Yes
2	No

Do not read:

7	Don't know / Not sure
9	Refused

8.15 Are you currently...?

(172)

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

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

CATI NOTE: If Q8.15 = 1, 2 or 4, continue. Otherwise, go to Q8.16.

8.15a *If Q8.15 = 1 or 2:*

Now I am going to ask you about your work. What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

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

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

If Q8.15 = 4:

Now I am going to ask you about your work. What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

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

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

(450-549)

[Record answer] _____

- 99 Refused

8.15b

If Q8.15 = 1 or 2:

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

If Q8.15 = 4:

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

(550-649)

[Record answer] _____

99 Refused

8.16

How many children less than 18 years of age live in your household?

(173-174)

– – Number of children
8 8 None
9 9 Refused

8.17 Is your annual household income from all sources— (175-176)

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

Please read:

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

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

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

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

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

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

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

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

8.18 Have you used the internet in the past 30 days (177)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

8.19 About how much do you weigh without shoes? (178-181)

Interviewer Note: If respondent answers in metrics, put "9" in column 161.

Round fractions up

— — — — Weight
(pounds/kilograms)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

8.20 About how tall are you without shoes? (182-185)

Interviewer Note: If respondent answers in metrics, put “9” in column 165.

Round fractions down

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

CATI Note: If female 44 years old or younger, continue. Otherwise, go to Q8.21a.

8.21 To your knowledge, are you now pregnant? (186)

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

8.21a Next, I'm going to ask you a question about sexual orientation. Do you consider yourself to be: A - Heterosexual, that is straight; B - Homosexual, that is **[if male insert “gay,” if female insert “lesbian”]**; C - Bisexual, D - Transgender, or E - Something else? (904)

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

Do not probe.

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

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

1 A - Heterosexual, that is straight
2 B - Homosexual, that is **[if male insert “gay,” if female insert “lesbian”]**
3 C - Bisexual
4 D - Transgender, or
4 E - Something else **(specify)**
7 Don't know
9 Refused

8.21b The following questions are about health problems or impairments you may have.

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

(700)

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

8.21c Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

(701)

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

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

8.22 Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

(187)

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

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

(188)

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

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
(189)

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

8.25 Do you have serious difficulty walking or climbing stairs? (190)

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

8.26 Do you have difficulty dressing or bathing? (191)

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

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

- (192)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (193)

Interviewer Notes: 5 packs = 100 cigarettes

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

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

9.2 Do you now smoke cigarettes every day, some days, or not at all? (194)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

- 9.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (195)
- | | | |
|---|-----------------------|---------------------|
| 1 | Yes | [Go to Q9.5] |
| 2 | No | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

- 9.4** How long has it been since you last smoked a cigarette, even one or two puffs? (196-197)
- | | |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago) |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago) |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago) |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago) |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago) |
| 0 7 | Within the past 15 years (10 years but less than 15 years ago) |
| 0 8 | 15 years or more |
| 0 9 | Never smoked regularly |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

- 9.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (198)

Interviewer Notes: Snus (rhymes with 'goose')

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

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

Section 10: E-Cigarettes

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

- 10.1** Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (199)
- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q11.1] |
| 7 | Don't know / Not sure | |
| 9 | Refused | [Go to Q11.1] |

- 10.2** Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (200)
- 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know / Not sure
 - 9 Refused

Section 11: Alcohol Consumption

- 11.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (201-203)
- 1 _ _ Days per week
 - 2 _ _ Days in past 30 days
 - 8 8 8 No drinks in past 30 days **[Go to Q12.1]**
 - 7 7 7 Don't know / Not sure **[Go to Q12.1]**
 - 9 9 9 Refused **[Go to Q12.1]**

- 11.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (204-205)

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

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

- 11.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (206-207)

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

- 11.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (208-209)

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

Section 12: Immunization

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

(210)

Interviewer Note: Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No [Go to Q12.3]
- 7 Don't know / Not sure [Go to Q12.3]
- 9 Refused [Go to Q12.3]

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

(211-216)

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

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

(217)

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

- 12.4** Since 2005, have you had a tetanus shot?
(218)

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

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

Section 13: Falls

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

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

13.1 In the past 12 months, how many times have you fallen? (219-220)

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

13.2 **[Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q1231 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

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

(221-222)

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

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say — (223)

Please read:

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

Do not read:

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

CATI NOTE: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

Section 15: Drinking and Driving

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

The next question is about drinking and driving.

15.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

(224-225)

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

Section 16: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

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

(226)

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

16.2 How long has it been since you had your last mammogram?

(227)

Read only if necessary:

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

Do not read:

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

16.3 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (228)

- 1 Yes
- 2 No [Go to Q16.5]
- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

16.4 How long has it been since you had your last Pap test? (229)

Read only if necessary:

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

Do not read:

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

16.5 Now, I would like to ask you about the Human Papillomavirus (**Pap-uh-loh-muh virus**) or HPV test. An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? (230)

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

16.6 How long has it been since you had your last HPV test? (231)

Read only if necessary:

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

Do not read:

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

CATI NOTE: If response to Core Q8.21 = 1 (is pregnant); then go to next section.

16.7 Have you had a hysterectomy? (232)

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

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

Section 17: Prostate Cancer Screening

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

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

17.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (233)

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

17.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (234)

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

17.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (235)

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

17.4 Have you EVER HAD a PSA test? (236)

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

17.5 How long has it been since you had your last PSA test? (237)

Read only if necessary:

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

Do not read:

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

17.6 What was the MAIN reason you had this PSA test - was it...? (238)

Please read:

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

Do not read:

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

Section 18: Colorectal Cancer Screening

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

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

18.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (239)

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

18.2 How long has it been since you had your last blood stool test using a home kit? (240)

Read only if necessary:

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

Do not read:

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

18.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (241)

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

18.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (242)

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

18.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (243)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 19: HIV/AIDS

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

19.1 Not counting tests you may have had as part of a blood donation, have you ever been tested for HIV? Include testing fluid from your mouth. (244)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't know / Not sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

19.2 Not including blood donations, in what month and year was your last HIV test? (245-250)

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

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

- __/__/__ Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused

19.3

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

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

(251)

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

Version A: Sections 20-28

Section 20: Cancer Survivorship

CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer), continue. Otherwise, go to CATI NOTE before Q21.1.

20.1 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? (427)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to CATI NOTE before Q21.1]
- 9 Refused [Go to CATI NOTE before Q21.1]

20.2 At what age were you first diagnosed with cancer?

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

- (428-429)
- – Code age in years [97 = 97 and older]
 - 9 8 Don't know / Not sure
 - 9 9 Refused

CATI NOTES: If Core Q6.6 = 1 (Yes) and Q20.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code 21 if "Melanoma" or 22 if "other skin cancer"

If Core Q17.6 = 4 (Because you were told you had Prostate Cancer) and Q20.1 = 1 (Only one) then code 19.

If Q20.1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

20.3 What type of cancer was it? (430-431)

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

20.4 Are you currently receiving treatment for cancer? By treatment, we mean surgery, removal of cancerous tissue, radiation therapy, chemotherapy, or chemotherapy pills. (432)

- | | | |
|---|---------------------------------|---------------------------------------|
| 1 | Yes | [Go to CATI NOTE before Q21.1] |
| 2 | No, I've completed treatment | |
| 3 | No, I've refused treatment | [Go to CATI NOTE before Q21.1] |
| 4 | No, I haven't started treatment | [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] |

20.5 What type of doctor provides the majority of your health care? (433-434)

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

Please read [1-10]:

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

Do not read:

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

20.6 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (435)

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

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

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

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

20.7 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? (436)

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

20.8 Were these instructions written down or printed on paper for you? (437)

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

20.9 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (438)

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

20.10 Were you EVER denied health insurance or life insurance coverage because of your cancer? (439)

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

20.11 Did you participate in a clinical trial as part of your cancer treatment? (440)

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

- 20.12** Do you currently have physical pain caused by your cancer or cancer treatment? (441)
- 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]

- 20.13** Is your pain currently under control? (442)

Please read:

- 1 Yes, with medication (or treatment)
- 2 Yes, without medication (or treatment)
- 3 No, with medication (or treatment)
- 4 No, without medication (or treatment)

Do not read:

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

Section 21: Random Child Selection

CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q23.1.

If Core Q8.16 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Q21.1]

If Core Q8.16 is >1 and Core Q7.16 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

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

Please read:

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

21.1 What is the birth month and year of the “Xth” child? (652-657)

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

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

21.2 Is the child a boy or a girl? (658)

1 Boy
2 Girl
9 Refused

21.3 Is the child Hispanic, Latino/a, or Spanish origin? (659-662)

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

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

(663-692)

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 Q21.4, continue. Otherwise, go to Q21.6.

21.5 Which one of these groups would you say best represents the child's race? (693-694)

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

21.6 How are you related to the child? (695)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

Section 22: Childhood Asthma Prevalence

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

(696)

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

22.2 Does the child still have asthma?

(697)

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

Section 23: Stroke

23.1 Next, I would like to ask you about the warning signs for stroke, that is, what are the first signs or symptoms that someone is having a stroke. From anything you may have heard or read, what do you think are the three most important signs and symptoms of a stroke?

(905-910)

Interviewer Notes: If respondent initially responds “Don’t Know,” probe with “Anything at all?” once.

Allow for three responses

Probe for additional responses with “Anything else?”

Do not read:

- 01 Dizziness
- 02 Difficulty understanding
- 03 Severe headache
- 04 Problems with vision
- 05 Shortness of breath
- 06 Slurred speech
- 07 Weakness of one side of the body or face
- 08 Numbness of one side of the body or face
- 09 Any numbness
- 10 Any weakness
- 11 Chest pain

- 12 Disorientation
- 13 Loss of consciousness
- 55 Other (**specify**)
- 66 No other response
- 77 Don't know / Not sure
- 99 Refused

23.2 If you observed someone with these stroke warning signs what would you most likely do first after evaluating the person's condition? (911-912)

Please read:

- 01 Give them some medicine or first aid
- 02 Call their doctor
- 03 Take them to the emergency room
- 04 Call 911
- 05 Stay with them until they feel better, or
- 06 Something else (**specify**)

Do not read:

- 07 Depends on the severity
- 08 Call the emergency room
- 09 Suggest that they make an appointment with their doctor
- 77 Don't know / Not sure
- 99 Refused

Section 24: Adverse Childhood Experiences

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

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

24.1 Were your parents separated or divorced? (913)

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

24.2 Did you live with a parent or guardian who died? (914)

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

9 Refused

24.3 Before you were age 18, how often was it difficult for your family to cover the basics, like food and housing, on your family's income?

(915)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

24.4 How often were you treated or judged unfairly because of your race or ethnic group?

(916)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

24.5 Did you live with anyone who was depressed, mentally ill, or suicidal?

(917)

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

24.6 Did you live with anyone who was a problem drinker or alcoholic?

(918)

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

24.7 Did you live with anyone who used illegal street drugs or who abused prescription medications? (919)

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

24.8 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (920)

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

24.9 How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? (921)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

24.10 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say--- (922)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

24.11 How often did a parent or adult in your home ever swear at you, insult you, or put you down? (923)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

24.12 How often were you a witness to or victim of any neighborhood violence? (924)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

24.13 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (925)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

24.14 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? (926)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

24.15 How often did anyone at least 5 years older than you or an adult force you to have sex?
(927)

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

24.16 The next set of questions also refer to the time before you were 18 years of age.
How often did you feel that you belonged at your high school? Would you say -
(928)

Interviewer Note: If the respondent went to multiple high schools, ask the respondent to respond about high schools in general.

Please read:

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

Do not read:

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

24.17 How often did you feel supported by your friends? Would you say -
(929)

Interviewer Note: If the respondent says some friends did/didn't, ask the respondent to respond about friends in general.

Please read:

- 1 Always
- 2 Usually

- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

24.18 How often were there at least two adults, other than your parents, who took a genuine interest in you? Would you say -

(930)

Please read:

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

Do not read:

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

24.19 How often did you feel that you were able to talk to your family about your feelings? Would you say -

(931)

Please read:

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

Do not read:

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

24.20 How often did you enjoy participating in your community's traditions? Would you say - (932)

Interviewer Note: If the respondent asked what we mean by “community” or “traditions”, tell them “whatever it means to you”.

Please read:

- 1 Always

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

Do not read:

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

24.21 How often did you feel your family stood by you during difficult times? Would you say - (933)

Interviewer Notes: If the respondent says some family members did/didn't, ask the respondent to respond about family in general.

If the respondent indicates that their family situation was complicated, tell them "whoever you considered your family when you were growing up".

Please read:

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

Do not read:

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

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

Section 25: Other Tobacco Questions

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

25.1 Has your doctor or other health care professional ever asked you if you were a smoker? (934)

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

CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to CATI NOTE before Q26.1.

25.2 Earlier you indicated that you currently smoke cigarettes. Has your doctor or other health professional ever advised you of, or referred you to, a program or other resources available to help you stop smoking? (935)

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

25.3 Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (936)

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

Section 26: Cancer Chemoprevention

CATI NOTE: If respondent is ≤ 39 years of age, or is male, go to the CATI NOTE before Q27.1.

The next few questions are about breast and ovarian cancer.

CATI NOTE: If Q16.1 = 2, 7, or 9, go to Q26.4.

26.1 *If Q16.2 = 1, 2, 3, 4, or 5:*

Earlier you indicated that your last mammogram was completed [fill from Q16.2]. Was this your first mammogram?

If Q16.2 = 7 or 9:

Earlier you indicated that you recently had a mammogram. Was this your first mammogram?

(941)

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

26.2 What was your main reason for going in to have this mammogram? Would you say... (942)

Please read:

- 1 You regularly schedule a mammogram and/or your provider recommended you have one
- 2 You found a lump (mass or other problem)
- 3 You have a family history of breast cancer
- 4 Your family or friends said you should get one, or
- 5 Some other reason (**specify**)

Do not read:

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

26.3 Was your last mammogram done as part of a routine checkup, for monitoring a breast problem other than cancer, or because you have already had breast cancer? (943)

- 1 Part of a routine checkup [Go to Q26.5]
- 2 Monitoring of a breast problem other than cancer [Go to Q26.5]
- 3 Because you have already had breast cancer [Go to Q26.5]
- 7 Don't know / Not sure [Go to Q26.5]
- 9 Refused [Go to Q26.5]

26.4 Earlier you indicated that you have never had a mammogram. What would you say is the most important reason why you have never had a mammogram? Would you say... (944)

Please read:

- 1 Your provider didn't tell you that you needed one
- 2 You don't have the time to get one (busy schedule)
- 3 Mammograms cost too much (no insurance)
- 4 Mammograms are painful
- 5 You are afraid that a mammogram will find something
- 6 The radiation from the mammogram causes cancer, or
- 8 Some other reason (**specify**)

Do not read:

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

26.5 Have you ever been diagnosed with breast or ovarian cancer? (945)

Interviewer Note: If "Yes", probe for which type of cancer or both

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

26.6 Thinking about your biological or "blood" relatives, including your parents, grandparents, siblings, aunts, uncles, children or grandchildren, how many of these relatives have been diagnosed with breast cancer? (946)

- 1 None [Go to Q26.8]
- 2 One
- 3 Two
- 4 Three or more
- 7 Don't know / Not sure [Go to Q26.8]
- 9 Refused [Go to Q26.8]

26.7 How many of these relatives were diagnosed with breast cancer at or before the age of 50 years? (947)

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

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

26.8 Now thinking about your female biological relatives, including your mother, sisters, aunts, grandmothers, daughters or granddaughters, how many have been diagnosed with ovarian cancer? (948)

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

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

26.9 Has a doctor or other health care provider ever asked you about your family history of breast or ovarian cancer, including times when you were asked to fill out a form? (949)

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

26.10 Has a doctor or other health care provider ever discussed with you any medications that would reduce your risk of developing breast cancer?

(950)

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

26.11 Are you currently using any medications to reduce your risk for developing breast cancer?

(951)

Interviewer Note: If “Yes,” ask: “Are you currently taking Tamoxifen, Raloxifene, Aromasin, or something else?”

- 1 Yes, Tamoxifen
- 2 Yes, Raloxifene
- 3 Yes, Aromasin
- 4 Yes, Something else
- 5 No
- 7 Don't know / Not sure
- 9 Refused

Section 27: Lung Cancer Screening

CATI NOTE: If Q9.2 = 1, 2, or 3, continue. Otherwise, go to CATI NOTE before Q27.3.

27.1 *If Q9.2 = 1 or 2:*

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

If Q9.2 = 3:

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

(952-953)

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

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

27.2

If Q9.2 = 1:

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

If Q9.2 = 2:

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

If Q9.2 = 3:

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

(954-955)

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

CATI NOTE: If Q20.3 = 24 (Lung Cancer), code Q27.3 = 1 (Yes) and go to question Q27.4. Otherwise, continue.

27.3

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

(956)

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

27.4

[If Q9.1 = 2 and Q20.3 = 24: Earlier you indicated that you were previously diagnosed with lung cancer.] A spiral CT scan is a procedure used to diagnose early stage lung cancer. Have you ever had a spiral CT scan?

(957)

- 1 Yes
- 2 No [Go to CATI NOTE before Q28.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q28.1]
- 9 Refused [Go to CATI NOTE before Q28.1]

27.5 How long has it been since your last spiral CT scan? (958)

Read only if necessary:

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

Do not read:

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

Section 28: Family Planning

CATI NOTE: If Q8.1 = 2 (Female) and (Q8.2 ≥ 18 and Q8.2 ≤ 50), continue. Otherwise, go to closing statement.

28.1 The next set of questions is about family planning. Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (959)

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

CATI NOTE: If Q8.21 = 1, go to closing statement. Otherwise, continue.

28.2 Have you ever been pregnant? (960)

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

28.3 Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (961)

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

28.4 During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (962)

- 1 Yes
- 2 No

7 Don't know / Not sure
9 Refused

Go to Closing Statement.

Version B: Sections 29 - 39

Section 29: Cancer Survivorship (Repeat of § 20)

CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer), continue. Otherwise, go to CATI NOTE before Q30.1.

29.1 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? (427)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to CATI NOTE before Q30.1]
- 9 Refused [Go to CATI NOTE before Q30.1]

29.2 At what age were you first diagnosed with cancer?

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

(428-429)

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

CATI NOTES: If Core Q6.6 = 1 (Yes) and Q29.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"?" then code 21 if "Melanoma" or 22 if "other skin cancer"

If Core Q17.6 = 4 (Because you were told you had Prostate Cancer) and Q29.1 = 1 (Only one) then code 19.

If Q29.1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

29.3 What type of cancer was it? (430-431)

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

29.4 Are you currently receiving treatment for cancer? By treatment, we mean surgery, removal of cancerous tissue, radiation therapy, chemotherapy, or chemotherapy pills. (432)

- | | | |
|---|---------------------------------|---------------------------------------|
| 1 | Yes | [Go to CATI NOTE before Q30.1] |
| 2 | No, I've completed treatment | |
| 3 | No, I've refused treatment | [Go to CATI NOTE before Q30.1] |
| 4 | No, I haven't started treatment | [Go to CATI NOTE before Q30.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q30.1] |
| 9 | Refused | [Go to CATI NOTE before Q30.1] |

29.5 What type of doctor provides the majority of your health care? (433-434)

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

Please read [1-10]:

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

Do not read:

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

29.6 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (435)

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

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

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

29.7 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? (436)

- 1 Yes
- 2 No [Go to Q29.9]
- 7 Don't know / Not sure [Go to Q29.9]
- 9 Refused [Go to Q29.9]

29.8 Were these instructions written down or printed on paper for you? (437)

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

29.9 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (438)

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

29.10 Were you EVER denied health insurance or life insurance coverage because of your cancer? (439)

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

29.11 Did you participate in a clinical trial as part of your cancer treatment? (440)

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

- 29.12** Do you currently have physical pain caused by your cancer or cancer treatment? (441)
- 1 Yes
 - 2 No [Go to CATI NOTE before Q30.1]
 - 7 Don't know / Not sure [Go to CATI NOTE before Q30.1]
 - 9 Refused [Go to CATI NOTE before Q30.1]

- 29.13** Is your pain currently under control? (442)

Please read:

- 5 Yes, with medication (or treatment)
- 6 Yes, without medication (or treatment)
- 7 No, with medication (or treatment)
- 8 No, without medication (or treatment)

Do not read:

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

Section 30: Random Child Selection (Repeat of § 21)

CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q32.1.

If Core Q8.16 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Q30.1]

If Core Q8.16 is >1 and Core Q7.16 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

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

Please read:

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

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

(652-657)

$\frac{_}{7} \frac{_}{7} / \frac{_}{9} \frac{_}{9}$	Code month and year
$\frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$	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 \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

30.2 Is the child a boy or a girl?

(658)

1	Boy
2	Girl
9	Refused

30.3 Is the child Hispanic, Latino/a, or Spanish origin?

(659-662)

If yes, ask: Are they...

Interviewer Note: One or more categories may be selected

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

Do not read:

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

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

(663-692)

Interviewer Notes: Select all that apply

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

Please read:

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

Do not read:

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

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

30.5 Which one of these groups would you say best represents the child's race? (693-694)

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

30.6 How are you related to the child? (695)

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 31: Childhood Asthma Prevalence (Repeat of § 22)

31.1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (696)

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

31.2 Does the child still have asthma? (697)

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

Section 32: Stroke (Repeat of § 23)

32.1 Next, I would like to ask you about the warning signs for stroke, that is, what are the first signs or symptoms that someone is having a stroke. From anything you may have heard or read, what do you think are the three most important signs and symptoms of a stroke? (905-910)

Interviewer Notes: If respondent initially responds "Don't Know," probe with "Anything at all?" once.

Allow for three responses

Probe for additional responses with "Anything else?"

Do not read:

- 01 Dizziness
- 02 Difficulty understanding
- 03 Severe headache
- 04 Problems with vision
- 05 Shortness of breath
- 06 Slurred speech
- 07 Weakness of one side of the body or face
- 08 Numbness of one side of the body or face
- 09 Any numbness
- 10 Any weakness
- 11 Chest pain
- 12 Disorientation
- 13 Loss of consciousness
- 55 Other (**specify**)
- 66 No other response
- 77 Don't know / Not sure
- 99 Refused

32.2 If you observed someone with these stroke warning signs what would you most likely do first after evaluating the person's condition?

(911-912)

Please read:

- 01 Give them some medicine or first aid
- 02 Call their doctor
- 03 Take them to the emergency room
- 04 Call 911
- 05 Stay with them until they feel better, or
- 06 Something else (**specify**)

Do not read:

- 07 Depends on the severity
- 08 Call the emergency room
- 09 Suggest that they make an appointment with their doctor
- 77 Don't know / Not sure
- 99 Refused

Section 33: Other Tobacco Questions (Repeat of § 25 plus additions)

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

33.1 Has your doctor or other health care professional ever asked you if you were a smoker?
(934)

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

CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to Q33.4.

33.2 Earlier you indicated that you currently smoke cigarettes. Has your doctor or other health professional ever advised you of, or referred you to, a program or other resources available to help you stop smoking? (935)

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

33.3 Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (936)

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

33.4 On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe? (937-938)

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
- 77 Don't know / Not sure
- 88 None
- 99 Refused

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

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

(939)

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

33.6 In the past seven days, have you been in a car with someone who was smoking a cigarette, cigar or pipe? (*Do not include yourself*) (940)

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

Section 34: Cancer Chemoprevention (Repeat of § 26)

CATI NOTE: If respondent is ≤ 39 years of age, or is male, go to the CATI NOTE before Q35.1.

The next few questions are about breast and ovarian cancer.

CATI NOTE: If Q16.1 = 2, 7, or 9, go to Q34.4.

34.1 *If Q16.2 = 1, 2, 3, 4, or 5:*

Earlier you indicated that your last mammogram was completed [fill from Q16.2].
Was this your first mammogram?

If Q16.2 = 7 or 9:

Earlier you indicated that you recently had a mammogram. Was this your first
mammogram?

(941)

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

34.2 What was your main reason for going in to have this mammogram? Would you say... (942)

Please read:

- 1 You regularly schedule a mammogram and/or your provider recommended you have one
- 2 You found a lump (mass or other problem)
- 3 You have a family history of breast cancer
- 4 Your family or friends said you should get one, or
- 5 Some other reason **(specify)**

Do not read:

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

34.3 Was your last mammogram done as part of a routine checkup, for monitoring a breast problem other than cancer, or because you have already had breast cancer? (943)

- 1 Part of a routine checkup [Go to Q34.5]
- 2 Monitoring of a breast problem other than cancer [Go to Q34.5]
- 3 Because you have already had breast cancer [Go to Q34.5]
- 1 Don't know / Not sure [Go to Q34.5]
- 9 Refused [Go to Q34.5]

34.4 Earlier you indicated that you have never had a mammogram. What would you say is the most important reason why you have never had a mammogram? Would you say... (944)

Please read:

- 1 Your provider didn't tell you that you needed one
- 2 You don't have the time to get one (busy schedule)
- 3 Mammograms cost too much (no insurance)
- 4 Mammograms are painful
- 5 You are afraid that a mammogram will find something
- 6 The radiation from the mammogram causes cancer, or
- 2 Some other reason **(specify)**

Do not read:

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

34.5 Have you ever been diagnosed with breast or ovarian cancer? (945)

Interviewer Note: If "Yes", probe for which type of cancer or both

- 1 Yes, breast cancer only
- 2 Yes, ovarian cancer only
- 3 Yes, both breast and ovarian cancer
- 4 No
- 7 Don't know / Not sure

9 Refused

34.6 Thinking about your biological or “blood” relatives, including your parents, grandparents, siblings, aunts, uncles, children or grandchildren, how many of these relatives have been diagnosed with breast cancer? (946)

- 1 None [Go to Q34.8]
- 2 One
- 3 Two
- 4 Three or more
- 7 Don't know / Not sure [Go to Q34.8]
- 9 Refused [Go to Q34.8]

34.7 How many of these relatives were diagnosed with breast cancer at or before the age of 50 years? (947)

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

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

34.8 Now thinking about your female biological relatives, including your mother, sisters, aunts, grandmothers, daughters or granddaughters, how many have been diagnosed with ovarian cancer? (948)

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

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

34.9 Has a doctor or other health care provider ever asked you about your family history of breast or ovarian cancer, including times when you were asked to fill out a form? (949)

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

34.10 Has a doctor or other health care provider ever discussed with you any medications that would reduce your risk of developing breast cancer?

(950)

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

34.11 Are you currently using any medications to reduce your risk for developing breast cancer?

(951)

Interviewer Note: If "Yes," ask: "Are you currently taking Tamoxifen, Raloxifene, Aromasin, or something else?"

- | | |
|---|-----------------------|
| 1 | Yes, Tamoxifen |
| 2 | Yes, Raloxifene |
| 3 | Yes, Aromasin |
| 4 | Yes, Something else |
| 5 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 35: Lung Cancer Screening (Repeat of § 27)

CATI NOTE: If Q9.2 = 1, 2, or 3, continue. Otherwise, go to CATI NOTE before Q35.3.

35.1 *If Q9.2 = 1 or 2:*

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

If Q9.2 = 3:

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

(952-953)

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

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

35.2

If Q9.2 = 1:

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

If Q9.2 = 2:

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

If Q9.2 = 3:

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

(954-955)

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

CATI NOTE: If Q29.3 = 24 (Lung Cancer), code Q35.3 = 1 (Yes) and go to question Q35.4. Otherwise, continue.

35.3

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

(956)

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

35.4

[If Q9.1 = 2 and Q29.3 = 24: Earlier you indicated that you were previously diagnosed with lung cancer.] A spiral CT scan is a procedure used to diagnose early stage lung cancer. Have you ever had a spiral CT scan?

(957)

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

35.5

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

(958)

Read only if necessary:

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

Do not read:

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

Section 36: Family Planning (Repeat of § 28)

CATI NOTE: If Q8.1 = 2 (Female) and (Q8.2 ≥ 18 and Q8.2 ≤ 50), continue. Otherwise, go to Q37.1.

36.1 The next set of questions is about family planning. Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (959)

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

CATI NOTE: If Q8.21 = 1, go to Q37.1. Otherwise, continue.

36.2 Have you ever been pregnant? (960)

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

36.3 Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (961)

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

36.4 During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (962)

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

Section 37: Oral Health Care

37.1 The next questions are about oral health care. When was the last time you had an exam for oral cancer in which a doctor or dentist pulls on your tongue sometimes with gauze wrapped around it and feels under the tongue and inside the cheeks? (963)

- 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

37.2 Have you been covered for the entire past 12 month period by any of the following types of dental insurance? (964-965)

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

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

Please read:

- 0 1 Coverage provided by your employer
- 0 2 Coverage provided by someone else's employer
- 0 3 A plan that you or someone else buys on your own
- 0 4 Medicaid
- 0 5 Healthy Michigan Plan
- 0 6 TRICARE (formerly CHAMPUS), VA, or Military
- 0 7 Some other source of dental insurance
- 0 8 Covered for only part of the year, or
- 0 9 None (no coverage)

Don't read:

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

Section 38: Drug Use

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

38.1 Have you ever used over the counter drugs, or synthetic or designer drugs, such as K2/Spice, Salvia, and Bath Salts, for the purposes of getting high? (966)

Interviewer Notes: If “Yes”, ask “Was it within the past 30 days, more than 30 days, but within the past 12 months, or more than 12 months ago?”

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

- 1 Yes – within the past 30 days
- 2 Yes – more than 30 days ago, but within the past 12 months
- 3 Yes – more than 12 months ago
- 4 No
- 7 Don't know / Not sure
- 9 Refused

38.2 Have you ever used prescription drugs not prescribed to you for the purposes of getting high? (967)

Interviewer Note: If “Yes”, ask “Was it within the past 30 days, more than 30 days, but within the past 12 months, or more than 12 months ago?”

- 1 Yes – within the past 30 days
- 2 Yes – more than 30 days ago, but within the past 12 months
- 3 Yes – more than 12 months ago
- 4 No
- 7 Don't know / Not sure
- 9 Refused

38.3 Have you ever injected drugs for the purposes of getting high? (968)

Interviewer Note: If “Yes”, ask “Was it within the past 30 days, more than 30 days, but within the past 12 months, or more than 12 months ago?”

- 1 Yes – within the past 30 days
- 2 Yes – more than 30 days ago, but within the past 12 months
- 3 Yes – more than 12 months ago
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Section 39: Gambling

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

39.1 In the past 30 days, have you bet money or possessions on any of the following activities? Lottery games including scratch tickets, pull tabs or lotto; casino gaming

including slot machines or table games; card games such as Texas Hold 'em; sports betting including car, dog or horse racing; internet betting; bingo; dice games; board games or any other type of wagering? (969)

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

Go to Closing Statement.

Version C: Sections 40 - 49

Section 40: Cancer Survivorship (Repeat of § 20)

CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer), continue. Otherwise, go to CATI NOTE before Q41.1.

40.1 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? (427)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to CATI NOTE before Q41.1]
- 9 Refused [Go to CATI NOTE before Q41.1]

40.2 At what age were you first diagnosed with cancer?

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

(428-429)

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

CATI NOTES: If Core Q6.6 = 1 (Yes) and Q39.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code 21 if "Melanoma" or 22 if "other skin cancer"

If Core Q17.6 = 4 (Because you were told you had Prostate Cancer) and Q40.1 = 1 (Only one) then code 19.

If Q40.1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

40.3 What type of cancer was it? (430-431)

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

40.4 Are you currently receiving treatment for cancer? By treatment, we mean surgery, removal of cancerous tissue, radiation therapy, chemotherapy, or chemotherapy pills. (432)

- | | | |
|---|---------------------------------|---------------------------------------|
| 1 | Yes | [Go to CATI NOTE before Q41.1] |
| 2 | No, I've completed treatment | |
| 3 | No, I've refused treatment | [Go to CATI NOTE before Q41.1] |
| 4 | No, I haven't started treatment | [Go to CATI NOTE before Q41.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q41.1] |
| 9 | Refused | [Go to CATI NOTE before Q41.1] |

40.5 What type of doctor provides the majority of your health care? (433-434)

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

Please read [1-10]:

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

Do not read:

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

40.6 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (435)

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

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

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

9 Refused

40.7 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? (436)

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

40.8 Were these instructions written down or printed on paper for you? (437)

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

40.9 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (438)

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

40.10 Were you EVER denied health insurance or life insurance coverage because of your cancer? (439)

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

40.11 Did you participate in a clinical trial as part of your cancer treatment? (440)

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

- 40.12** Do you currently have physical pain caused by your cancer or cancer treatment? (441)
- 1 Yes
 - 2 No [Go to CATI NOTE before Q41.1]
 - 7 Don't know / Not sure [Go to CATI NOTE before Q41.1]
 - 9 Refused [Go to CATI NOTE before Q41.1]

- 40.13** Is your pain currently under control? (442)

Please read:

- 9 Yes, with medication (or treatment)
- 10 Yes, without medication (or treatment)
- 11 No, with medication (or treatment)
- 12 No, without medication (or treatment)

Do not read:

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

Section 41: Random Child Selection (Repeat of § 21)

CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q43.1.

If Core Q8.16 = 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 Q41.1]

If Core Q8.16 is >1 and Core Q7.16 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."

41.1 What is the birth month and year of the “Xth” child? (652-657)

 -- / -- 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).

41.2 Is the child a boy or a girl? (658)

 1 Boy
 2 Girl
 9 Refused

41.3 Is the child Hispanic, Latino/a, or Spanish origin? (659-662)

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

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

(663-692)

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 Q41.4, continue. Otherwise, go to Q41.6.

41.5 Which one of these groups would you say best represents the child's race? (693-694)

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

41.6 How are you related to the child? (695)

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 42: Childhood Asthma Prevalence (Repeat of § 22)

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

(696)

- 1 Yes
- 2 No [Go to Q43.1]
- 7 Don't know / Not sure [Go to Q43.1]
- 9 Refused [Go to Q43.1]

42.2 Does the child still have asthma?

(697)

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

Section 43: Stroke (Repeat of § 22)

43.1 Next, I would like to ask you about the warning signs for stroke, that is, what are the first signs or symptoms that someone is having a stroke. From anything you may have heard or read, what do you think are the three most important signs and symptoms of a stroke?

(905-910)

Interviewer Notes: If respondent initially responds "Don't Know," probe with "Anything at all?" once.

Allow for three responses

Probe for additional responses with "Anything else?"

Do not read:

- 01 Dizziness
- 02 Difficulty understanding
- 03 Severe headache
- 04 Problems with vision
- 05 Shortness of breath
- 06 Slurred speech
- 07 Weakness of one side of the body or face
- 08 Numbness of one side of the body or face
- 09 Any numbness
- 10 Any weakness
- 11 Chest pain
- 12 Disorientation
- 13 Loss of consciousness
- 55 Other (**specify**)
- 66 No other response
- 77 Don't know / Not sure
- 99 Refused

43.2 If you observed someone with these stroke warning signs what would you most likely do first after evaluating the person's condition? (911-912)

Please read:

- 01 Give them some medicine or first aid
- 02 Call their doctor
- 03 Take them to the emergency room
- 04 Call 911
- 05 Stay with them until they feel better, or
- 06 Something else (**specify**)

Do not read:

- 07 Depends on the severity
- 08 Call the emergency room
- 09 Suggest that they make an appointment with their doctor
- 77 Don't know / Not sure
- 99 Refused

Section 44: Other Tobacco Questions (Repeat of § 33)

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

44.1 Has your doctor or other health care professional ever asked you if you were a smoker? (934)

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

CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to Q44.4.

44.2 Earlier you indicated that you currently smoke cigarettes. Has your doctor or other health professional ever advised you of, or referred you to, a program or other resources available to help you stop smoking? (935)

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

44.3 Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (936)

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

44.4 On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe? (937-938)

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

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

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

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

(939)

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

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

(940)

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

Section 45: Cancer Chemoprevention (Repeat of § 26)

CATI NOTE: If respondent is ≤ 39 years of age, or is male, go to the CATI NOTE before Q46.1.

The next few questions are about breast and ovarian cancer.

CATI NOTE: If Q16.1 = 2, 7, or 9, go to Q45.4.

45.1 If Q16.2 = 1, 2, 3, 4, or 5:

Earlier you indicated that your last mammogram was completed [fill from Q16.2].
Was this your first mammogram?

If Q16.2 = 7 or 9:

Earlier you indicated that you recently had a mammogram. Was this your first
mammogram?

(941)

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

45.2 What was your main reason for going in to have this mammogram? Would you say...

(942)

Please read:

- 1 You regularly schedule a mammogram and/or your provider recommended you have one
- 2 You found a lump (mass or other problem)
- 3 You have a family history of breast cancer
- 4 Your family or friends said you should get one, or
- 5 Some other reason (**specify**)

Do not read:

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

45.3 Was your last mammogram done as part of a routine checkup, for monitoring a breast problem other than cancer, or because you have already had breast cancer?

(943)

- 1 Part of a routine checkup [Go to Q45.5]
- 2 Monitoring of a breast problem other than cancer [Go to Q45.5]
- 3 Because you have already had breast cancer [Go to Q45.5]
- 1 Don't know / Not sure [Go to Q45.5]
- 9 Refused [Go to Q45.5]

45.4 Earlier you indicated that you have never had a mammogram. What would you say is the most important reason why you have never had a mammogram? Would you say... (944)

Please read:

- 1 Your provider didn't tell you that you needed one
- 2 You don't have the time to get one (busy schedule)
- 3 Mammograms cost too much (no insurance)
- 4 Mammograms are painful
- 5 You are afraid that a mammogram will find something
- 6 The radiation from the mammogram causes cancer, or
- 2 Some other reason (**specify**)

Do not read:

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

45.5 Have you ever been diagnosed with breast or ovarian cancer? (945)

Interviewer Note: If "Yes", probe for which type of cancer or both

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

45.6 Thinking about your biological or "blood" relatives, including your parents, grandparents, siblings, aunts, uncles, children or grandchildren, how many of these relatives have been diagnosed with breast cancer? (946)

- 1 None **[Go to Q45.8]**
- 2 One
- 3 Two
- 4 Three or more
- 7 Don't know / Not sure **[Go to Q45.8]**
- 9 Refused **[Go to Q45.8]**

45.7 How many of these relatives were diagnosed with breast cancer at or before the age of 50 years? (947)

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

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

45.8 Now thinking about your female biological relatives, including your mother, sisters, aunts, grandmothers, daughters or granddaughters, how many have been diagnosed with ovarian cancer?

(948)

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

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

45.9 Has a doctor or other health care provider ever asked you about your family history of breast or ovarian cancer, including times when you were asked to fill out a form?

(949)

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

45.10 Has a doctor or other health care provider ever discussed with you any medications that would reduce your risk of developing breast cancer?

(950)

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

45.11 Are you currently using any medications to reduce your risk for developing breast cancer?

(951)

Interviewer Note: If "Yes," ask: "Are you currently taking Tamoxifen, Raloxifene, Aromasin, or something else?"

- 1 Yes, Tamoxifen
- 2 Yes, Raloxifene
- 3 Yes, Aromasin
- 4 Yes, Something else
- 5 No
- 7 Don't know / Not sure
- 9 Refused

Section 46: Lung Cancer Screening (Repeat of § 27)

CATI NOTE: If Q9.2 = 1, 2, or 3, continue. Otherwise, go to CATI NOTE before Q45.3.

46.1 *If Q9.2 = 1 or 2:*

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

If Q9.2 = 3:

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

(952-953)

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

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

46.2 *If Q9.2 = 1:*

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

If Q9.2 = 2:

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

If Q9.2 = 3:

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

(954-955)

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

CATI NOTE: If Q39.3 = 24 (Lung Cancer), code Q45.3 = 1 (Yes) and go to question Q46.4. Otherwise, continue.

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

(956)

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

- 46.4** [If Q9.1 = 2 and Q40.3 = 24: Earlier you indicated that you were previously diagnosed with lung cancer.] A spiral CT scan is a procedure used to diagnose early stage lung cancer. Have you ever had a spiral CT scan? (957)
- 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]

- 46.5** How long has it been since your last spiral CT scan? (958)

Read only if necessary:

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

Do not read:

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

Section 47: Family Planning (Repeat of § 28)

CATI NOTE: If Q8.1 = 2 (Female) and (Q8.2 ≥ 18 and Q8.2 ≤ 50), continue. Otherwise, go to Q48.1.

- 47.1** The next set of questions is about family planning. Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (959)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI NOTE: If Q8.21 = 1, go to Q48.1. Otherwise, continue.

- 47.2** Have you ever been pregnant? (960)
- 1 Yes
 - 2 No [Go to Q48.1]
 - 7 Don't know / Not sure [Go to Q48.1]
 - 9 Refused [Go to Q48.1]

- 47.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (961)
- 1 Yes
 - 2 No [Go to Q48.1]
 - 7 Don't know / Not sure [Go to Q48.1]
 - 9 Refused [Go to Q48.1]

- 47.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (962)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 48: Fish Consumption

Please read: The next few questions focus on fish consumption.

- 48.1** How often do you eat fresh, frozen or canned fish that you purchased from a store or restaurant? Would you say... (970)

Please read:

- 1 More than 2 times per week
- 2 2 times per week
- 3 Less than 2 times per week, or
- 4 Never

Do not read:

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

- 48.2** How often do you eat fish caught from Michigan lakes or rivers? Would you say... (971)

Please read:

- 1 More than 2 times per week
- 2 2 times per week
- 3 Less than 2 times per week, or
- 4 Never

Do not read:

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

- 48.3** Are you aware of the potential health hazards from mercury and chemicals contained in fish that call for people to limit the amount of certain types of fish they eat?

(972)

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

48.4 How did you first become aware of the health hazards of mercury or chemicals in fish that call for people to limit the amount of certain types of fish they eat? Would you say...
(973-974)

Please read:

- 0 1 When buying a fishing license
- 0 2 The internet
- 0 3 At a doctor's office
- 0 4 From the MDHHS Eat Safe Fish Guide
- 0 5 From the radio, TV, magazine or newspaper
- 0 6 From signs posted along a lake or river
- 0 7 From a relative or friend, or
- 0 8 Something else

Do not read:

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

Section 49: Hepatitis C Testing

Please read: the last question is about testing for the Hepatitis C Virus.

49.1 Have you ever been tested for the **Hepatitis C** Virus?

(975)

- 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.