

## **2017 Michigan Behavioral Risk Factor Survey**

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## Consent

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

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

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

**Section 1: Health Status**

**1.1** Would you say that in general your health is — (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 **[CATI NOTE: 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** A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup? (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: Hypertension Awareness**

**4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (101)

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

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

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go to Q5.1]
- 3 No [Go to Q5.1]
- 4 Told borderline high or pre-hypertensive [Go to Q5.1]
- 7 Don't know / Not sure [Go to Q5.1]
- 9 Refused [Go to Q5.1]

**4.2** Are you currently taking medicine for your high blood pressure? (102)

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

**Section 5: Cholesterol Awareness**

**5.1** Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked? (103)

**Read only if necessary:**

- 1 Never **[Go to Q6.1]**
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused **[Go to Q6.1]**

**5.2** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (104)

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

**5.3** Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol? (105)

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

**Section 6: Chronic Health Conditions**

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

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

**6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (106)

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

- 6.2** (Ever told) you had angina or coronary heart disease? (107)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.3** (Ever told) you had a stroke? (108)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.4** (Ever told) you had asthma? (109)
- 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? (110)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.6** (Ever told) you had skin cancer? (111)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.7** (Ever told) you had any other types of cancer? (112)
- 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? (113)

- 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? (114)

**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? (115)

- 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. (116)

**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.**

(117)

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

**CATI NOTE: If Q6.12 = 1 (Yes), go to Q6.13. Otherwise, go to Q6a.1.**

**6.13** How old were you when you were told you have diabetes?

(118-119)

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

## Section 6a: Pre-Diabetes Module

**CATI NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.12 (Diabetes awareness question).**

**6A.1** Have you had a test for high blood sugar or diabetes within the past three years?

(290)

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

**CATI NOTE: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q6A.2 “Yes” (code = 1).**

**6A.2** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

(291)

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

**Section 6B: Diabetes Module**

**CATI NOTE: To be asked following Core Q6.13; if response to Q6.12 is “Yes” (code=1)**

**6B.1** Are you now taking insulin?

(292)

- 1 Yes
- 2 No
- 9 Refused

**6B.2** About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

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

**If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in “98 times per day.”**

(293-295)

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

**6B.3** About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(296-298)

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

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

**6B.4** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(299-300)

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

**6B.5** A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(301-302)

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

**CATI NOTE: If Q6B.3 = 555 (No feet), go to Q6B.7.**

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

(303-304)

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

**6B.7** When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (305)

**Read only if necessary:**

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

**Do not read:**

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

**6B.8** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (306)

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

**6B.9** Have you ever taken a course or class in how to manage your diabetes yourself? (307)

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

## Section 7: Arthritis Burden

**CATI NOTE: If Q6.9 = 1 (Yes), continue. Otherwise, go to Q8.1.**

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

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

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

(120)

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

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

**Interviewer Note: Q7.2 should be asked of all respondents regardless of employment status.**

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

(121)

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

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

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

(122)

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

**Please read:**

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

**Do not read:**

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

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

(123-124)

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

## Section 8: Demographics

**8.1** Indicate sex of respondent. **Ask only if necessary.**

(125)

**Interviewer Note:** Ask this question even if respondent’s sex has been identified during landline household enumeration or cell phone screening questions.

- 1 Male
- 2 Female

**8.2** What is your age?

(126-127)

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

**8.3** Are you Hispanic, Latino/a, or Spanish origin? (128-131)

**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? (132-159)

**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? (160-161)  
**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...? (162)

**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? (163)

**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? (164)

**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.**

**If respondent asks about why we are asking this question: 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 In what county do you currently live? (165-167)

- — — 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 the ZIP Code where you currently live? (168-172)

- \_\_\_\_ ZIP Code
- 7 7 7 7 Don't know / Not sure
- 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. (173)

- 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? (174)

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

**8.13** Including phones for business and personal use, do you have a cell phone for personal use? (175)

- 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? (176)

**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...? (177)

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

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.

Do not code 7 for “don’t know” on this question.

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?”

[Record answer] \_\_\_\_\_ (488-587)

- 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.

(588-687)

[Record answer] \_\_\_\_\_

99 Refused

**8.16**

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

(178-179)

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

**8.17** Is your annual household income from all sources— (180-181)

**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 (182)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

**8.19** About how much do you weigh without shoes? (183-186)

**Interviewer Note: If respondent answers in metrics, put “9” in column 183.**

**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? (187-190)

**Interviewer Note: If respondent answers in metrics, put “9” in column 187.**

**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 49 years old or younger, continue. Otherwise, go to Q8.21a.**

**8.21** To your knowledge, are you now pregnant? (191)

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 and gender identity. 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.**

**If respondent says they are pansexual, omnisexual or any other gender identity not listed please code as “E- Something else.”**

**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 <b>[if male insert “gay,” if female insert “lesbian”]</b>
3	C - Bisexual
4	D - Transgender, or
4	E - Something else <b>(specify)</b>
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?

(905)

- 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?

(906)

**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?

(192)

- 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?

(193)

- 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?  
(194)

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



**8.25** Do you have serious difficulty walking or climbing stairs? (195)

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

**8.26** Do you have difficulty dressing or bathing? (196)

- 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?

- (197)
- 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? (198)

**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? (199)

- 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? (200)
- |   |                       |              |
|---|-----------------------|--------------|
| 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? (201-202)
- |     |  |
|-----|--|
| 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? (203)
- 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. These products contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

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

- 10.1** Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (204)

**Interviewer Note: Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.**

- 1 Yes
- 2 No [Go to Q11.1]
- 7 Don't know / Not sure [Go to Q11.1]
- 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? (205)

- 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? (206-208)

- 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? (209-210)

**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? (211-212)

– – 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? (213-214)

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

## Section 12: Fruits and Vegetables

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

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

- 12.1** Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. (215-217)

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

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

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

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

- 12.2** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? (218-220)

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

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

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

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

**12.3** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

(221-223)

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

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

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

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

**12.4** How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

(224-226)

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

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

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

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

**12.5** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

(227-229)

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

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

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

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

**12.6** Not including lettuce salads and potatoes, how often did you eat other vegetables?

(230-232)

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

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

**If respondent asks about what to include say: Please include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.**

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

## Section 13: Exercise (Physical Activity)

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

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

**13.1** 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? (233)

- 1 Yes
- 2 No [Go to Q13.8]
- 7 Don't know / Not sure [Go to Q13.8]
- 9 Refused [Go to Q13.8]

**13.2.** What type of physical activity or exercise did you spend the most time doing during the past month? (234-235)

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

- (Specify) [See Physical Activity Coding List]
- 7 7 Don't know / Not sure [Go to Q13.8]
- 9 9 Refused [Go to Q13.8]

**13.3** How many times per week or per month did you take part in this activity during the past month? (236-238)

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

**13.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (239-241)

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



**13.5** What other type of physical activity gave you the next most exercise during the past month? (242-243)

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

- |     |                       |  |
|-----|-----------------------|--|
| --  | (Specify)             | <b>[See Physical Activity Coding List]</b> |
| 8 8 | No other activity     | <b>[Go to Q13.8]</b>                       |
| 7 7 | Don’t know / Not sure | <b>[Go to Q13.8]</b>                       |
| 9 9 | Refused               | <b>[Go to Q13.8]</b>                       |

**13.6** How many times per week or per month did you take part in this activity during the past month? (244-246)

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

**13.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (247-249)

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

**13.8** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (250-252)

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

**Section 14: Seatbelt Use**

**14.1** How often do you use seat belts when you drive or ride in a car? Would you say — (253)

**Please read:**

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

**Do not read:**

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

**Section 15: Immunization**

**15.1** Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a flu shot or flu vaccine that was sprayed in your nose? (254)

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

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

**15.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (255-260)

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

**15.3** 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? (261)

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

**CATI NOTE: If respondent ≥ 50 years of age continue. Otherwise, go to Q16.1.**

**15.4** Have you ever had the shingles or zoster vaccine? (262)

**Interviewer Note: Read if necessary: Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.**

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

**Section 16: HIV/AIDS**

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

**16.1** 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. (263)

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

**16.2** Not including blood donations, in what month and year was your last HIV test? (264-269)

**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

**16.3**

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

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

Do any of these situations apply to you?

(270)

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

**Version A: Sections 17-30****Section 17: Arthritis Management**

**CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q18.1.**

- 17.1** Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (331)

**Please read:**

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

**Do not read:**

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

- 17.2** Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (332)

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

- 17.3** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (333)

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

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

- 17.4** Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (334)

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

## Section 18: Cancer Survivorship

**CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), continue. Otherwise, go to Q19.1.**

**18.1** 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? (408)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure **[Go to Q19.1]**
- 9 Refused **[Go to Q19.1]**

**18.2** 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.**

(409-410)

- – 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 Q18.1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”?” then code 21 if “Melanoma” or 22 if “other skin cancer”**

**If Q18.1 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”**

**18.3** What type of cancer was it? (411-412)

**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

**18.4**

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

(413)

- 1 Yes **[Go to Q19.1]**
- 2 No, I've completed treatment
- 3 No, I've refused treatment **[Go to Q19.1]**
- 4 No, I haven't started treatment **[Go to Q19.1]**
- 5 Treatment was not needed **[Go to Q19.1]**
- 7 Don't know / Not sure **[Go to Q19.1]**
- 9 Refused **[Go to Q19.1]**

**18.5** What type of doctor provides the majority of your health care? (414-415)

**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

**18.6** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (416)

**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

**18.7** 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? (417)

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



**18.8** Were these instructions written down or printed on paper for you? (418)

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

**18.9** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (419)

**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

**18.10** Were you EVER denied health insurance or life insurance coverage because of your cancer? (420)

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

**18.11** Did you participate in a clinical trial as part of your cancer treatment? (421)

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

**18.12** Do you currently have physical pain caused by your cancer or cancer treatment? (422)

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

**18.13** Is your pain currently under control? (423)

**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 19: Caregiving**

**19.1** People may provide regular care or assistance to a friend or family member who has a health problem or disability. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (457)

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

- 1 Yes
- 2 No [Go to Q19.9]
- 7 Don't know / Not sure [Go to Q19.9]
- 8 Caregiving recipient died in past 30 days [Go to CATI NOTE before Q20.1]
- 9 Refused [Go to Q19.9]

**19.2** What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)? (458-459)

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

**Do not read; code response using these categories.**

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Same-sex partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother

- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
- 16 Unmarried partner
  
- 77 Don't know/Not sure
- 99 Refused

**19.3** For how long have you provided care for that person? Would you say... (460)

**Please read:**

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

**Do not read:**

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

**19.4** In an average week, how many hours do you provide care or assistance? Would you say... (461)

**Please read:**

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

**Do not read:**

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

**19.5** What is the main health problem, long-term illness, or disability that the person you care for has? (462-463)

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

**Do not read; record one response.**

- 01 Arthritis/Rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as Emphysema or COPD

- 05 Dementia and other cognitive impairment disorders such as Alzheimer’s disease
- 06 Developmental disabilities such as Autism, Down’s Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart Disease, Hypertension
- 09 Human Immunodeficiency Virus (HIV) Infection
- 10 Mental Illness, such as anxiety, depression, or schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance abuse or addiction disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other
  
- 77 Don’t know/Not sure
- 99 Refused

**19.6** In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing? (464)

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

**19.7** In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals? (465)

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

**19.8** Of the following support services, which one do you most need, that you are not currently getting? (466)

**Interviewer Note: If respondent asks what respite care is tell them that respite care means short-term breaks for people who provide care.**

**Please read:**

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care, or
- 6 You don’t need any of these support services

**Do not read:**

- 7 Don’t know / Not sure
- 9 Refused

**CATI NOTE: If Q19.1 = 1 or Q19.1 = 8, go to CATI NOTE before Q20.1.**

- 19.9** In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (467)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**Section 20: Random Child Selection**

**CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q22.1.**

**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 Q20.1]**

**If Core Q8.16 is >1 and Core Q8.16 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.”

- 20.1** What is the birth month and year of the “Xth” child? (689-694)
- $\frac{\_}{7} \frac{\_}{7} / \frac{\_}{7} \frac{\_}{7} \frac{\_}{7} \frac{\_}{7}$  Code month and year
  - $\frac{\_}{9} \frac{\_}{9} / \frac{\_}{9} \frac{\_}{9} \frac{\_}{9} \frac{\_}{9}$  Don't know / Not sure
  - 99/9999 Refused

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

- 20.2** Is the child a boy or a girl? (695)
- 1 Boy

2 Girl  
 9 Refused  
**20.3** Is the child Hispanic, Latino/a, or Spanish origin? (696-699)

**If yes, ask: Are they...**

**Interviewer Note: One or more categories may be selected**

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

**Do not read:**

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

**20.4** Which one or more of the following would you say is the race of the child? (700-727)

**Interviewer Notes: Select all that apply**

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

**Please read:**

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

**Do not read:**

- 6 0 Other
- 8 8 No additional choices

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

**CATI NOTE: If more than one response to Q20.4, continue. Otherwise, go to Q20.6.**

**20.5** Which one of these groups would you say best represents the child's race? (728-729)

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

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

**Do not read:**

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

**20.6** How are you related to the child? (730)

**Please read:**

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

**Do not read:**

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

**Section 21: Childhood Asthma Prevalence**

- 21.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (731)
- |   |                       |                                       |
|---|-----------------------|---------------------------------------|
| 1 | Yes                   |                                       |
| 2 | No                    | <b>[Go to CATI NOTE before Q22.1]</b> |
| 7 | Don't know / Not sure | <b>[Go to CATI NOTE before Q22.1]</b> |
| 9 | Refused               | <b>[Go to CATI NOTE before Q22.1]</b> |
- 21.2** Does the child still have asthma? (732)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**Section 22: Colorectal Cancer Screening**

**CATI NOTE: If respondent is  $\leq$  49 years of age, go to CATI NOTE before Q23.1.**

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

- 22.1** 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? (907)
- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q22.3]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q22.3]</b> |
| 9 | Refused               | <b>[Go to Q22.3]</b> |
- 22.2** How long has it been since you had your last blood stool test using a home kit? (908)
- 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               |



**22.3** 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? (909)

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

**22.4** 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? (910)

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

**22.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (911)

**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 23: Lung Cancer Screening

**CATI NOTE: If Q9.2 = 1, 2, or 3, continue. Otherwise, go to CATI NOTE before Q23.3.**

**23.1**            *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?

(912-913)

**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

**23.2**            *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?

(914-915)

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

**CATI NOTE: If Q18.3 = 24 (Lung Cancer), code Q23.3 = 1 (Yes) and go to question Q23.4. Otherwise, continue.**

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

(916)

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

- 23.4**      **[If Q9.1 = 2 and Q18.3 = 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? (917)
- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q24.1]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q24.1]</b> |
| 9 | Refused               | <b>[Go to Q24.1]</b> |

- 23.5**      How long has it been since your last spiral CT scan? (918)
- 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 24: Other Tobacco Questions

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

- 24.1**      Has your doctor or other health care professional ever asked you if you were a smoker? (919)
- |   |                       |
|---|-----------------------|
| 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 Q25.1.**

- 24.2**      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? (920)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

- 24.3** 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? (921)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**Section 25: Radon Awareness**

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

- 25.1** Do you know what radon gas is? (922)

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

- 25.2** Has your current household ever been tested for the presence of radon gas? (923)

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

- 25.3** Were the radon levels within your household above the Environmental Protection Agency's recommended action level of four picocuries (**pi-co-cu-ries**) per liter? (924)

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

- 25.4** What did you do in response to this high radon test? Would you say that you... (925)

- 1 Conducted a retest
- 2 Conducted a long term test
- 3 Had a mitigation system installed
- 4 You no longer go in the basement
- 5 Something else, or
- 6 You did nothing in response to the high radon test
- 7 Don't know / Not sure
- 9 Refused

## Section 26: Binge Drinking

**CATI NOTE: If Q11.3 ≥ 1; but < 77, continue. Otherwise, go to Q27.1.**

**Please read:** Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So, a 40 ounce beer would count as 3 drinks and a cocktail drink with 2 shots would count as 2 drinks.

**26.1** During the most recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about how many beers, including malt liquor, did you drink? (926-927)

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

**26.2** During the same occasion, about how many glasses of wine did you drink? (928-929)

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

**26.3** During the same occasion, about how many drinks of liquor, including cocktails, did you have? (930-931)

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

**26.4** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (932-933)

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

**26.5** During this most recent occasion, where were you when you did most of your drinking?  
(934)

**Read only if necessary:**

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person’s home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as a park, concert, or sporting event

**Do not read:**

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

**26.6** Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion?  
(935)

**Interviewer Note: For those with concerns about this question, answering “Yes” is not meant to imply they were drunk driving or breaking the law.**

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

**CATI NOTE: If Q26.5 = 3 or Q26.5 = 4, continue. Otherwise, go to Q27.1.**

**26.7** During this most recent occasion, approximately how much did you pay for the alcohol which you drank?  
(936-938)

**Interviewer Note: If anyone asks, they do not need to include the amount spent on tips.**

- – – Total amount
- 8 8 8 Paid nothing – all drinks free or paid for by others
- 7 7 7 Don’t know / Not sure
- 9 9 9 Refused

## Section 27: Drug Use

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

- 27.1** 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? (939)

**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

- 27.2** Have you ever used prescription drugs not prescribed to you for the purposes of getting high? (940)

**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

- 27.3** Have you ever injected drugs for the purposes of getting high? (941)

**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 28: Family Planning

**CATI NOTE:** If Q8.1 = 2 (Female) and (Q8.2 ≥ 18 and Q8.2 ≤ 50), continue. Otherwise, go to Q29.1.

- 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? (942)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |

**CATI NOTE:** If Q8.21 = 1, go to Q29.1. Otherwise, continue.

- 28.2** Have you ever been pregnant? (943)
- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q29.1] |
| 7 | Don't know / Not sure | [Go to Q29.1] |
| 9 | Refused               | [Go to Q29.1] |

- 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? (944)
- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q29.1] |
| 7 | Don't know / Not sure | [Go to Q29.1] |
| 9 | Refused               | [Go to Q29.1] |

- 28.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (945)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |

## Section 29: Private Wells

**Please read:** the next two questions are about the drinking water used within your household.

- 29.1** At your primary residence, does your drinking water come from a private well? (946)
- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q30.1] |
| 7 | Don't know / Not sure | [Go to Q30.1] |
| 9 | Refused               | [Go to Q30.1] |



**29.2** When did you last test the quality of the water that comes from this well? Would you say...

(947)

- 1 Within the past year
- 2 2-5 years ago
- 3 6-10 years ago
- 4 More than 10 years ago
- 5 Never
  
- 7 Don't know / Not sure
- 9 Refused

**Go to Closing Statement.**

**Version B: Sections 30 - 41**

**Section 30: Arthritis Management (Repeat of § 17)**

**CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q31.1.**

**30.1** Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (331)

**Please read:**

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

**Do not read:**

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

**30.2** Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (332)

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

**30.3** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (333)

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

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

**30.4** Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (334)

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

## Section 31: Cancer Survivorship (Repeat of § 18)

**CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q32.1.**

**31.1** 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? (408)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to CATI NOTE before Q32.1]
- 9 Refused [Go to CATI NOTE before Q32.1]

**31.2** 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.**

- (409-410)
- \_ \_ 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 Q32.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer?" then code 21 if "Melanoma" or 22 if "other skin cancer"**

**If Q31.1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"**

**31.3** What type of cancer was it? (411-412)

**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

**31.4**

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

(413)

- 1 Yes **[Go to CATI NOTE before Q32.1]**
- 2 No, I've completed treatment
- 3 No, I've refused treatment **[Go to CATI NOTE before Q32.1]**
- 4 No, I haven't started treatment **[Go to CATI NOTE before Q32.1]**

- |   |                          |                                       |
|---|--------------------------|---------------------------------------|
| 5 | Treatment was not needed | <b>[Go to CATI NOTE before Q32.1]</b> |
| 7 | Don't know / Not sure    | <b>[Go to CATI NOTE before Q32.1]</b> |
| 9 | Refused                  | <b>[Go to CATI NOTE before Q32.1]</b> |

**31.5** What type of doctor provides the majority of your health care?

(414-415)

**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               |

**31.6** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

(416)

**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               |

**31.7** 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? (417)

- 1 Yes
- 2 No [Go to Q31.9]
- 7 Don't know / Not sure [Go to Q31.9]
- 9 Refused [Go to Q31.9]

**31.8** Were these instructions written down or printed on paper for you? (418)

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

**31.9** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (419)

**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

**31.10** Were you EVER denied health insurance or life insurance coverage because of your cancer? (420)

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

**31.11** Did you participate in a clinical trial as part of your cancer treatment? (421)

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

**31.12** Do you currently have physical pain caused by your cancer or cancer treatment? (422)

- 1 Yes

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

**31.13** Is your pain currently under control? (423)

**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 32: Cognitive Decline

**CATI NOTE: If Q8.2  $\geq$  45, continue. Otherwise, go to CATI NOTE before Q33.1.**

**Please read:** The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

**32.1** During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (468)

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

**32.2** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? (469)

**Please read:**

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

**Do not read:**

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

**32.3** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? (470)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q32.5]
- 5 Never [Go to Q32.5]

**Do not read:**

- 7 Don't know / Not sure [Go to Q32.5]
- 9 Refused [Go to Q32.5]

**32.4** When you need help with these day-to-day activities, how often are you able to get the help that you need? (471)

**Please read:**

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

**Do not read:**

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

**32.5** During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? (472)

**Please read:**

- 1 Always



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

**Do not read:**

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

**32.6** Have you or anyone else discussed your confusion or memory loss with a health care professional? (473)

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

**Section 33: Random Child Selection (Repeat of § 20)**

**CATI NOTE:** If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q35.1.

**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 Q33.1]**

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

**33.1** What is the birth month and year of the "Xth" child? (689-694)

- \_\_ / \_\_ \_\_ \_\_ 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  $\geq$  12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

**33.2** Is the child a boy or a girl? (695)

- 1 Boy
- 2 Girl
- 9 Refused

**33.3** Is the child Hispanic, Latino/a, or Spanish origin? (696-699)

**If yes, ask: Are they...**

**Interviewer Note: One or more categories may be selected**

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

**Do not read:**

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

**33.4** Which one or more of the following would you say is the race of the child? (700-727)

**Interviewer Notes: Select all that apply**

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

**Please read:**

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
  - 4 1 Asian Indian
  - 4 2 Chinese
  - 4 3 Filipino
  - 4 4 Japanese

- 4 5 Korean
- 4 6 Vietnamese
- 4 7 Other Asian

5 0 Pacific Islander

- 5 1 Native Hawaiian
- 5 2 Guamanian or Chamorro
- 5 3 Samoan
- 5 4 Other Pacific Islander

**Do not read:**

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

**CATI NOTE: If more than one response to Q33.4, continue. Otherwise, go to Q33.6.**

**33.5** Which one of these groups would you say best represents the child's race? (728-729)

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

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

5 0 Pacific Islander

- 5 1 Native Hawaiian
- 5 2 Guamanian or Chamorro
- 5 3 Samoan
- 5 4 Other Pacific Islander

**Do not read:**

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

**33.6** How are you related to the child? (730)

**Please read:**

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

**Do not read:**

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

**Section 34: Childhood Asthma Prevalence (Repeat of § 21)**

**34.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (731)

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

**34.2** Does the child still have asthma? (732)

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

**Section 35: Colorectal Cancer Screening (Repeat of § 22)**

**CATI NOTE: If respondent is  $\leq$  49 years of age, go to CATI NOTE before Q36.1.**

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

**35.1** 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? (907)

- 1 Yes
- 2 No [Go to Q35.3]
- 7 Don't know / Not sure [Go to Q35.3]
- 9 Refused [Go to Q35.3]

**35.2** How long has it been since you had your last blood stool test using a home kit? (908)

**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

**35.3** 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? (909)

- 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]**

**35.4** 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? (910)

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

**35.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (911)

**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 36: Lung Cancer Screening (Repeat of § 23)

**CATI NOTE: If Q9.2 = 1, 2, or 3, continue. Otherwise, go to CATI NOTE before Q36.3.**

**36.1** *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?

(912-913)

**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

**36.2** *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? (914-915)

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

**CATI NOTE: If Q31.3 = 24 (Lung Cancer), code Q36.3 = 1 (Yes) and go to question Q36.4. Otherwise, continue.**

**36.3** Has a doctor, nurse, or other health professional EVER told you that you had lung cancer? (916)

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

**36.4** **[If Q9.1 = 2 and Q31.3 = 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? (917)

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

**36.5** How long has it been since your last spiral CT scan? (918)

**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 37: Other Tobacco Questions (Repeat of § 24 plus additions)**

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

- 37.1** Has your doctor or other health care professional ever asked you if you were a smoker? (919)
- 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 Q37.4.**

- 37.2** 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? (920)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 37.3** 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? (921)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 37.4** On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe? (948-949)

**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.

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



(950)

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

**37.6** 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*)

(951)

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

### Section 38: Binge Drinking (Repeat of § 26)

**CATI NOTE:** If Q11.3  $\geq$  1; but < 77, continue. Otherwise, go to CATI NOTE before Q39.1.

**Please read:** Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So, a 40 ounce beer would count as 3 drinks and a cocktail drink with 2 shots would count as 2 drinks.

**38.1** During the most recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about how many beers, including malt liquor, did you drink?

(926-927)

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

**38.2** During the same occasion, about how many glasses of wine did you drink?

(928-929)

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

9 9 Refused

**38.3** During the same occasion, about how many drinks of liquor, including cocktails, did you have? (930-931)

— — Number of times

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

**38.4** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (932-933)

— — Number of times

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

**38.5** During this most recent occasion, where were you when you did most of your drinking? (934)

**Read only if necessary:**

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as a park, concert, or sporting event

**Do not read:**

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

**38.6** Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion? (935)

**Interviewer Note: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.**

- 1 Yes

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

**CATI NOTE: If Q38.5 = 3 or Q38.5 = 4, continue. Otherwise, go to CATI NOTE before Q39.1.**

**38.7** During this most recent occasion, approximately how much did you pay for the alcohol which you drank? (936-938)

**Interviewer Note: If anyone asks, they do not need to include the amount spent on tips.**

- — — Total amount
- 8 8 8 Paid nothing – all drinks free or paid for by others
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

### Section 39: Family Planning (Repeat of § 28)

**CATI NOTE: If Q8.1 = 2 (Female) and (Q8.2 ≥ 18 and Q8.2 ≤ 50), continue. Otherwise, go to Q40.1.**

**39.1** The next set of questions is about family planning. Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (942)

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

**CATI NOTE: If Q8.21 = 1, go to Q40.1. Otherwise, continue.**

**39.2** Have you ever been pregnant? (943)

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

**39.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (944)

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

**39.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (945)

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

### Section 40: Private Wells (Repeat of § 29)

**Please read:** the next two questions are about the drinking water used within your household.

**40.1** At your primary residence, does your drinking water come from a private well? (946)

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

**40.2** When did you last test the quality of the water that comes from this well? Would you say... (947)

- 1 Within the past year
- 2 2-5 years ago
- 3 6-10 years ago
- 4 More than 10 years ago
- 5 Never
  
- 7 Don't know / Not sure
- 9 Refused

### Section 41: Reactions to Race

**Please read:** Earlier I asked you to self-identify your race. Now, the last few questions will ask you how other people identify you and treat you.

**41.1** How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, Arab/Chaldean, or some other group?

**Interviewer Note: If the respondent requests clarification of this question, say: “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.”**

(952-953)

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 10 Arab/Chaldean
- 8 Some other group (**specify**)
  
- 7 Don't know / Not sure
- 9 Refused

**41.2**

How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

**Interviewer Note: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.**

(954)

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
  
- 7 Don't know / Not sure
- 9 Refused

**CATI NOTE: If Q8.15 = 1, 2, or 4, continue. Otherwise, go to Q41.4.**

**41.3** Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? (955)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

**41.4** Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

**Interviewer Note: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."**

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

**41.5** Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? (957)

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

**41.6** Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race? (958)

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

**Go to Closing Statement.**

**Version C: Sections 42 - 53**

**Section 42: Cancer Survivorship (Repeat of § 18)**

**CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q43.1.**

**42.1** 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? (408)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to CATI NOTE before Q43.1]
- 9 Refused [Go to CATI NOTE before Q43.1]

**42.2** 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.**

(409-410)

- \_ \_ 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 Q42.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code 21 if "Melanoma" or 22 if "other skin cancer"**

**If Q42.1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"**

**42.3** What type of cancer was it? (411-412)

**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

**42.4**

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

(413)

- 1 Yes **[Go to CATI NOTE before Q43.1]**
- 2 No, I've completed treatment
- 3 No, I've refused treatment **[Go to CATI NOTE before Q43.1]**
- 4 No, I haven't started treatment **[Go to CATI NOTE before Q43.1]**
- 5 Treatment was not needed **[Go to CATI NOTE before Q43.1]**
- 7 Don't know / Not sure **[Go to CATI NOTE before Q43.1]**
- 9 Refused **[Go to CATI NOTE before Q43.1]**



**42.5** What type of doctor provides the majority of your health care? (414-415)

**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

**42.6** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (416)

**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

**42.7** 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? (417)

- 1 Yes
- 2 No [Go to Q42.9]
- 7 Don't know / Not sure [Go to Q42.9]
- 9 Refused [Go to Q42.9]

**42.8** Were these instructions written down or printed on paper for you? (418)

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

**42.9** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (419)

**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

**42.10** Were you EVER denied health insurance or life insurance coverage because of your cancer? (420)

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

**42.11** Did you participate in a clinical trial as part of your cancer treatment? (421)

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

**42.12** Do you currently have physical pain caused by your cancer or cancer treatment? (422)

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

**42.13** Is your pain currently under control? (423)

**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 43: Random Child Selection (Repeat of § 20)**

**CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q45.1.**

**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 Q43.1]**

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

**43.1** What is the birth month and year of the "Xth" child? (689-694)

- $\frac{\_}{7} \frac{\_}{7} / \frac{\_}{7} \frac{\_}{7} \frac{\_}{7} \frac{\_}{7}$  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).**

**43.2** Is the child a boy or a girl? (695)

- 1 Boy
- 2 Girl

- 9 Refused  
43.3 Is the child Hispanic, Latino/a, or Spanish origin? (696-699)

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

- 43.4 Which one or more of the following would you say is the race of the child? (700-727)

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 Q43.4, continue. Otherwise, go to Q43.6.**

**43.5** Which one of these groups would you say best represents the child's race? (728-729)

**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

**43.6** How are you related to the child? (730)

**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 44: Childhood Asthma Prevalence (Repeat of § 21)

- 44.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (731)
- 1 Yes
  - 2 No [Go to CATI NOTE before Q45.1]
  - 7 Don't know / Not sure [Go to CATI NOTE before Q45.1]
  - 9 Refused [Go to CATI NOTE before Q45.1]

- 44.2** Does the child still have asthma? (732)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 45: Colorectal Cancer Screening (Repeat of § 22)

**CATI NOTE:** If respondent is  $\leq 49$  years of age, go to CATI NOTE before Q46.1.

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

- 45.1** 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? (907)
- 1 Yes
  - 2 No [Go to Q45.3]
  - 7 Don't know / Not sure [Go to Q45.3]
  - 9 Refused [Go to Q45.3]

- 45.2** How long has it been since you had your last blood stool test using a home kit? (908)

**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

**45.3** 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? (909)

- 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]

**45.4** 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? (910)

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

**45.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (911)

**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 46: Lung Cancer Screening (Repeat of § 23)

**CATI NOTE: If Q9.2 = 1, 2, or 3, continue. Otherwise, go to CATI NOTE before Q46.3.**

**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?

(912-913)

**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?

(914-915)

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

**CATI NOTE: If Q42.3 = 24 (Lung Cancer), code Q46.3 = 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?

(916)

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



- 46.4** [If Q9.1 = 2 and Q42.3 = 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? (917)
- 1 Yes
  - 2 No [Go to Q47.1]
  - 7 Don't know / Not sure [Go to Q47.1]
  - 9 Refused [Go to Q47.1]

- 46.5** How long has it been since your last spiral CT scan? (918)
- 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: Other Tobacco Questions (Repeat of § 37)

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

- 47.1** Has your doctor or other health care professional ever asked you if you were a smoker? (919)
- 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 Q47.4.

- 47.2** 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? (920)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**47.3** 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?

(921)

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

**47.4** On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe? (948-949)

**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.

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

(950)

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

**47.6** 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*)

(951)

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

## Section 48: Binge Drinking (Repeat of § 26)

**CATI NOTE: If Q11.3  $\geq$  1; but  $<$  77, continue. Otherwise, go to CATI NOTE before Q49.1.**

**Please read:** Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So, a 40 ounce beer would count as 3 drinks and a cocktail drink with 2 shots would count as 2 drinks.

**48.1** During the most recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about how many beers, including malt liquor, did you drink? (926-927)

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

**48.2** During the same occasion, about how many glasses of wine did you drink? (928-929)

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

**48.3** During the same occasion, about how many drinks of liquor, including cocktails, did you have? (930-931)

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

**48.4** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (932-933)

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

**48.5** During this most recent occasion, where were you when you did most of your drinking?  
(934)

**Read only if necessary:**

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as a park, concert, or sporting event

**Do not read:**

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

**48.6** Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion?  
(935)

**Interviewer Note: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.**

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

**CATI NOTE: If Q48.5 = 3 or Q48.5 = 4, continue. Otherwise, go to CATI NOTE before Q49.1.**

**48.7** During this most recent occasion, approximately how much did you pay for the alcohol which you drank?  
(936-938)

**Interviewer Note: If anyone asks, they do not need to include the amount spent on tips.**

- — — Total amount
- 8 8 8 Paid nothing – all drinks free or paid for by others
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

## Section 49: Family Planning (Repeat of § 28)

**CATI NOTE: If Q8.1 = 2 (Female) and (Q8.2 ≥ 18 and Q8.2 ≤ 50), continue. Otherwise, go to Q50.1.**

- 49.1** 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? (942)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI NOTE: If Q8.21 = 1, go to Q50.1. Otherwise, continue.**

- 49.2** Have you ever been pregnant? (943)
- 1 Yes
  - 2 No [Go to Q50.1]
  - 7 Don't know / Not sure [Go to Q50.1]
  - 9 Refused [Go to Q50.1]

- 49.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (944)
- 1 Yes
  - 2 No [Go to Q50.1]
  - 7 Don't know / Not sure [Go to Q50.1]
  - 9 Refused [Go to Q50.1]

- 49.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (945)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 50: Private Wells (Repeat of § 29)

**Please read:** the next two questions are about the drinking water used within your household.

- 50.1** At your primary residence, does your drinking water come from a private well? (946)
- 1 Yes
  - 2 No [Go to Q51.1]
  - 7 Don't know / Not sure [Go to Q51.1]
  - 9 Refused [Go to Q51.1]

**50.2** When did you last test the quality of the water that comes from this well? Would you say...

(947)

- 1 Within the past year
- 2 2-5 years ago
- 3 6-10 years ago
- 4 More than 10 years ago
- 5 Never
  
- 7 Don't know / Not sure
- 9 Refused

### Section 51: Reactions to Race (Repeat of § 41)

**Please read:** Earlier I asked you to self-identify your race. Now, the last few questions will ask you how other people identify you and treat you.

**51.1** How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, Arab/Chaldean, or some other group?

**Interviewer Note: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."**

(952-953)

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 10 Arab/Chaldean
- 8 Some other group (**specify**)
  
- 7 Don't know / Not sure
- 9 Refused

**51.2** How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

**Interviewer Note:** The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.

(954)

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
  
- 7 Don't know / Not sure
- 9 Refused

**CATI NOTE:** If Q8.15 = 1, 2, or 4, continue. Otherwise, go to Q51.4.

**51.3** Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

(955)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

**51.4** Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

**Interviewer Note:** If the respondent indicates that they do not know about other people's experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.”

(956)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

**51.5** Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

(957)

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

**51.6** Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

(958)

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

## Section 52: Fish Consumption

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

**52.1** How often do you eat locally caught fish? This includes fish caught from the Great Lakes, or inland lakes or rivers anywhere in Michigan. Would you say...

(959)

**Please read:**

- 1 More than 4 times per month
- 2 2-4 times per month
- 3 1 time per month or less often, or
- 4 You don't eat locally caught fish

**Do not read:**

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

**52.2** Are you aware of the need to limit how much fish you eat due to mercury and other chemicals found in both store bought and locally caught fish?

(960)

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



**52.3**

Thinking back to when you first learned about chemicals in fish, did knowing about these chemicals change your fish eating habits?

**Interviewer Notes: If “Yes,” ask: “Did you change the kinds of fish you eat, change how often you eat fish or both?”**

**If “No,” ask: “Did you not change your eating habits or do you not eat fish for reasons other than these chemicals?”**

(961)

- 1 Yes, I changed the kinds of fish I eat
- 2 Yes, I changed how often I eat fish
- 3 Yes, I changed both - the kind of fish and how often I eat it
- 4 No, my habits didn't change
- 5 No, I don't eat fish, but for other reasons besides the chemicals
  
- 7 Don't know / Not sure **[Go to Q53.1]**
- 9 Refused **[Go to Q53.1]**

**52.4**

How did you first learn about the need to limit how much fish you eat due to mercury and other chemicals? Would you say...

**Interviewer Note: Please allow up to three responses.**

(962-967)

**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 brochures
- 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 53: Gambling

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

**53.1** 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? (968)

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

**Go to Closing Statement.**

## Water Quality Call Back Recruitment

**CATI NOTE: If Q29.1 = 1 or Q40.1 = 1 or Q50.1 = 1, continue. Otherwise, go to closing statement.**

The Michigan Department of Health and Human Services is currently looking for people to participate in a special follow-up study about water quality. As part of this study you will receive a free water well test and will be asked to participate in a follow-up satisfaction questionnaire. The department would like to call you back in the next few months to talk with you in more detail about this study. The information you give them in the future will be kept confidential. If you agree to this, we will keep your first name, phone number, and zip code on file, separate from your answers collected today and you may refuse to participate in the future. Would it be okay if the department calls you back to discuss your possible participation in this follow-up study?

**Interviewer Note: If “Yes,” please ask for an alternative phone number.**

## Closing Statement

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

## Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

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### Code Description (Physical Activity, Questions 13.2 and 13.5 above)

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