

2010 Michigan Behavioral Risk Factor Survey

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Consent

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

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

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

Section 1: Health Status

1.1 Would you say that in general your health is— (73)

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? (74-75)

- — 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? (76-77)

- — Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 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? (78-79)

- — 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? (80)

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

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

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

(81)

- 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?

(82)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(83)

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

The next question is about getting enough rest or sleep.

- 4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

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

Section 5: Exercise

- 5.1 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? (86)

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

Section 6: Diabetes

- 6.1 Have you ever been told by a doctor that 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.

1	Yes	
2	Yes, but female told only during pregnancy	[Go to Q6B.1]
3	No	[Go to Q6B.1]
4	No, pre-diabetes or borderline diabetes	[Go to Q6B.1]
7	Don't know / Not sure	[Go to Q6B.1]
9	Refused	[Go to Q6B.1]

(87)

Section 6A: Pre-Diabetes (Included in Split A Only)

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

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

(245)

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

CATI NOTE: If Core Q6.1 = 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?”

(246)

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

Section 6B: Diabetes Module (Included in Split A only)

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

6B.1 How old were you when you were told you have diabetes?

(247-248)

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

6B.2 Are you now taking insulin?

(249)

- 1 Yes
- 2 No
- 9 Refused

6B.3 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(250-252)

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

(253-255)

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

(256-257)

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

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

(258-259)

- _ _ 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.4 = 555 (No feet), go to Q6B.8.

6B.7 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

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

6B.8 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (262)

Read 1-4 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

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

6B.9 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

6B.10 Have you ever taken a course or class in how to manage your diabetes yourself? (264)

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

Section 7: Oral Health

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (88)

Read only if necessary:

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

Do not read:

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

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

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

(89)

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

CATI NOTE: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.

7.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
(90)

Read only if necessary:

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

Do not read:

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

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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."

8.1 (Ever told) you had a heart attack, also called a myocardial infarction?
(91)

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

- 8.2** (Ever told) you had angina or coronary heart disease? (92)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 8.3** (Ever told) you had a stroke? (93)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 9: Asthma

- 9.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 9.2** Do you still have asthma? (95)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10: Disability

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

- 10.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

- 10.2** 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? (97)

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

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

Section 11: Tobacco Use

- 11.1** Have you smoked at least 100 cigarettes in your entire life? (98)

Interviewer Note: 5 packs = 100 cigarettes

- 1 Yes
2 No [Go to Q11.5]
7 Don't know / Not sure [Go to Q11.5]
9 Refused [Go to Q11.5]

- 11.2** Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 Every day
2 Some days
3 Not at all [Go to Q11.4]
7 Don't know / Not sure [Go to Q11.5]
9 Refused [Go to Q11.5]

- 11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes [Go to Q11.5]
2 No [Go to Q11.5]
7 Don't know / Not sure [Go to Q11.5]
9 Refused [Go to Q11.5]

CATI NOTE: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

11.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

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

Do not read:

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

- 12.2a** Are you of Arab or Chaldean origin? (501)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 12.3** Which one or more of the following would you say is your race? (107-112)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.

- 12.4** Which one of these groups would you say best represents your race? (113)
- 1 White
 - 2 Black or African American
 - 3 Asian
 - 4 Native Hawaiian or Other Pacific Islander
 - 5 American Indian or Alaska Native
 - 6 Other [specify] _____

Do not read:

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

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(114)

If “Yes”, please read:

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12months

If “No”, please read:

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

Do not read:

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

12.6 Are you...?

(115)

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

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

(116-117)

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

12.8 What is the highest grade or year of school you completed?

(118)

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

12.9 Are you currently...?

(119)

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

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 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

12.10 Is your annual household income from all sources— (120-121)

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

Read only if necessary:

- 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

12.11 About how much do you weigh without shoes? (122-125)

Interviewer Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

- — — — Weight
- (pounds/kilograms)
- 7 7 7 7 Don’t know / Not sure
- 9 9 9 9 Refused

12.12 About how tall are you without shoes? (126-129)

Interviewer Note: If respondent answers in metrics, put “9” in column 126.

Round fractions down

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

12.13 What county do you live in? (130-132)

__ __	FIPS county code
7 7 / 7 7	Don't know / Not sure
9 9 / 9 9	Refused

CATI Note: If Q12.13 = 163 (Wayne County), continue with Q12.13a. Otherwise, go to Q12.14.

12.13a Do you live in the city of Detroit? (502)

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

12.14 What is your ZIP Code where you live? (133-137)

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

12.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (138)

1	Yes	
2	No	[Go to Q12.17]
7	Don't know / Not sure	[Go to Q12.17]
9	Refused	[Go to Q12.17]

12.16 How many of these telephone numbers are residential numbers? (139)

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

12.17 During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters. (140)

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

12.18a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (141)

- 1 Yes [Go to Q12.18c]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.18b Do you share a cell phone for personal use (at least one-third of the time) with other adults? (142)

- 1 Yes [Go to Q12.18d]
- 2 No [Go to Q12.19]
- 7 Don't know / Not sure [Go to Q12.19]
- 9 Refused [Go to Q12.19]

12.18c Do you usually share this cell phone (at least one-third of the time) with any other adults? (143)

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

12.18d Thinking about all the phone calls that you receive, what percent, between 0 and 100, are received on your cell phone? (144-146)

- Enter Percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

- 12.19** **Indicate sex of respondent. Ask only if necessary.** (147)
- | | | |
|---|--------|---|
| 1 | Male | [Go to next section] |
| 2 | Female | [If respondent is 45 years old or older, go to next section] |

- 12.20** To your knowledge, are you now pregnant? (148)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

Section 13: Alcohol Consumption

- 13.1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (149)
- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

- 13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (150-152)
- | | | |
|---|-------------------------------|-----------------------------|
| 1 | _ _ Days per week | |
| 2 | _ _ Days in past 30 days | |
| 8 | 8 8 No drinks in past 30 days | [Go to next section] |
| 7 | 7 7 Don't know / Not sure | |
| 9 | 9 9 Refused | |

- 13.3** 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? (153-154)

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 | |

13.4 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? (155-156)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (157-158)

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

Section 14a: H1N1 Adult Immunization (Include in Jan. - Jun. only)

14A.1 There are currently vaccines available for two kinds of flu – the seasonal flu, and the 2009 H1N1 flu. I will first ask questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then will ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu? (933)

- 1 Yes
- 2 No [Go to Q14B.1]
- 7 Don't know/Not sure [Go to Q14B.1]
- 9 Refused [Go to Q14B.1]

14A.2 During what month did you receive your H1N1 flu vaccine? (934-935)

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

CATI NOTE: If Q14A.2_Month equals (7, 8, 9, 10, 11 or 12) then Q14A.2_Year = 2009; else if Q14A.2_Month equals (1, 2, 3, 4, 5 or 6) then Q14A.2_Year = 2010.

Interviewer verify response – That was [FILL IN MONTH] of [FILL IN YEAR], correct?

- 14A.3** Was this a shot or was it a vaccine sprayed in the nose? (936)
- 1 Flu shot
 - 2 Flu Nasal Spray (spray, mist or drop in the nose)
 - 7 Don't know/Not sure
 - 9 Refused

Section 14b: Immunization

- 14B.1** Now I will ask you about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot? (159)
- 1 Yes
 - 2 No [Go to Q14B.3]
 - 7 Don't know / Not sure [Go to Q14B.3]
 - 9 Refused [Go to Q14B.3]

- 14B.2** During what month and year did you receive your most recent seasonal flu shot? (160-165)
- ____ / ____ Month / Year
 77 / 7777 Don't know / Not sure
 99 / 9999 Refused

- 14B.3** The seasonal flu vaccine sprayed in the nose is also called Flumist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? (166)
- 1 Yes
 - 2 No [Go to Q14B.5]
 - 7 Don't know / Not sure [Go to Q14B.5]
 - 9 Refused [Go to Q14B.5]

- 14B.4** During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose? (167-172)
- ____ / ____ Month / Year
 77 / 7777 Don't know / Not sure
 99 / 9999 Refused

- 14B.5** 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? (173)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 15: Falls

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

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

15.1 In the past 3 months, how many times have you fallen? (174–175)

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

15.2 **[Fill in “Did this fall (from Q15.1) cause an injury?”]. If only one fall from Q15.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

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

(176–177)

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

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (178)

Please read:

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

Do not read:

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

CATI NOTE: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

Section 17: Drinking and Driving

CATI NOTE: If Q13.1 = 2 (No); go to next section.

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (179–180)

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

Section 18: Women's Health

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

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (181)

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

18.2 How long has it been since you had your last mammogram? (182)

Read only if necessary:

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

Do not read:

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

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (183)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.4 How long has it been since your last breast exam? (184)

Read only if necessary:

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

Do not read:

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (185)

- 1 Yes
- 2 No [Go to Q18.6a]
- 7 Don't know / Not sure [Go to Q18.6a]
- 9 Refused [Go to Q18.6a]

18.6 How long has it been since you had your last Pap test? (186)

Read only if necessary:

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

Do not read:

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

CATI Note: If Q18.6 = 4 or 5, continue with Q18.6a. Otherwise, go to CATI Note before Q18.7.

18.6a What would you say is the most important reason that you have never had a Pap test or that you have not had one in the last 3 years?

(503-504)

Read only if necessary:

- 0 1 Didn't know I should
- 0 2 Fear / Don't want to know
- 0 3 Don't have a regular doctor
- 0 4 Doctor didn't recommend it
- 0 5 Embarrassment / Fear
- 0 6 Cost / No insurance coverage
- 0 7 Lack of time
- 0 8 Lack of transportation
- 0 9 Didn't want one
- 1 0 Had a hysterectomy **[Go to CATI Note before Q19.1]**

Or

- 1 1 Other [specify] _____

Do not read:

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

CATI NOTE: If response to Core Q12.20 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy?

(187)

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

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

Section 19: Prostate Cancer Screening

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

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

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (188)

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

19.2 How long has it been since you had your last PSA test? (189)

Read only if necessary:

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

Do not read:

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

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (190)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.4 How long has it been since your last digital rectal exam? (191)

Read only if necessary:

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

Do not read:

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (192)

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

Section 20: Colorectal Cancer Screening

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

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

20.1 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? (193)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

20.2 How long has it been since you had your last blood stool test using a home kit? (194)

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

20.3 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? (195)

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

20.4 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? (196)

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

20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (197)

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 21: HIV/AIDS

CATI NOTE: If respondent is 65 years old or older, go to next section.

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 don't 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.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (198)

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

21.2 Not including blood donations, in what month and year was your last HIV test? (199-204)

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

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

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

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (205-206)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.

21.4 Was it a rapid test where you could get your results within a couple of hours? (207)

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

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

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

Do any of these situations apply to you?

(208)

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

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

22.1 How often do you get the social and emotional support you need?

Interviewer Note: If asked, say “please include support from any source.”

(209)

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life?

(210)

Please read:

- | | |
|---|-------------------|
| 1 | Very satisfied |
| 2 | Satisfied |
| 3 | Dissatisfied |
| 4 | Very dissatisfied |

Do not read:

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

Section 23: Influenza-like Illness (Include in January - March only)

We now would like to ask you some questions about recent respiratory illnesses.

23.1 During the past month, were you ill with a fever? (919)

- 1 Yes
- 2 No [go to Q23.8]
- 7 Don't know / Not sure [go to Q23.8]
- 9 Refused [go to Q23.8]

23.2 Did you also have a cough and/or a sore throat? (920)

- 1 Yes
- 2 No [go to Q23.8]
- 7 Don't know / Not sure [go to Q23.8]
- 9 Refused [go to Q23.8]

23.3 When did you first become ill with a fever, cough or sore throat? (921)

Please read:

- 1 Within the past weeks (past 1-7 days)
- 2 2 weeks ago (past 8-14 days)
- 3 3-4 weeks ago (15-30 days before today)

Do not read:

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

23.4 Did you visit a doctor, nurse, or other health professional for this illness? (922)

- 1 Yes
- 2 No [go to Q23.8]
- 7 Don't know / Not sure [go to Q23.8]
- 9 Refused [go to Q23.8]

23.5 What did the doctor, nurse, or other health professional tell you? Did they say... (923)

Please read:

- 1 You had regular influenza or the flu
- 2 You had swine flu, also known as H1N1 or novel H1N1
- 3 You had some other illness, but not the flu

Do not read:

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

23.6 Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (924)

Please read:

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done

Do not read:

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

23.7 Did you receive Tamiflu® or oseltamivir {o sel TAM / veer} or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness? (925)

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

CATI NOTES: If a one adult household with no children and the respondent has NOT been ill (Q23.1 ≥ 2 or Q23.2 ≥ 2), skip to next section.

If a one adult household with no children and the respondent has been ill (Q23.1 = 1 or Q23.2 = 1), go to Q23.10.

Otherwise, continue.

23.8 Did any other members of your household have a fever with cough or sore throat during the past month? (926)

- 1 Yes
- 2 No [If Q23.1 = 1 and Q23.2 = 1, go to Q23.10. Else, go to next section]
- 7 Don't know / Not sure
- 9 Refused

23.9 How many household members, [Fill in “including you,” if Q23.1 = 1 and Q23.2 = 1] were ill during the past month? (927-928)

- # persons (≥1)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: If (Q23.1 = 1 and Q23.2 = 1) or Q23.8 = 1, continue to Q23.10. Otherwise, go to next section.

23.10 How many people in your household, including you, were hospitalized for flu during the past month?

Interviewer Note: If needed: hospitalized means admitted to a hospital to receive medical treatment.

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

(929-930)

Section 23a: High Risk/Health Care Worker (Include in Jan. - Jun. only)

Please read: The next few questions ask about health care work and chronic illness.

23A.1 Do you currently volunteer or work in a hospital, medical clinic, doctor’s office, dentist’s office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

Interviewer Note: If necessary say: “This includes non-health care professionals, such as administrative staff, who work in a health-care facility.”

(313)

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

23A.2 Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (314)

- 1 Yes
- 2 No
- 7 Don't know/Not sure (**Probe by repeating question**)
- 9 Refused

23A.3 Has a doctor, nurse, or other health professional ever said that you have...

Read all items listed below before waiting for an answer:

Lung problems, other than asthma
Kidney problems
Anemia, including Sickle Cell

Or A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

[See Attached Health Problems List, if necessary]

(315)

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

23A.4 Do you still have (this/any of these) problem(s)? (316)

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

Version A: Sections 24 - 30 to be asked of Split A, CDC Split 1 (n=3,000)

Section 24: Inadequate Sleep

Please read: I would like to ask you a few questions about your sleep patterns.

24.1 On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

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

(284-285)

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

24.2 Do you snore?

Interviewer Note: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.

(286)

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

24.3 During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

(287-288)

– – Number of days [01-30]
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

24.4 During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?

(289)

1 Yes
 2 No
 3 Don't drive
 4 Don't have license
 7 Don't know / Not sure
 9 Refused

Section 25: Arthritis Burden

Please read: Next I will ask you about arthritis.

25.1 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(312)

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 |

Section 26: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

26.1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

(367-368)

- | | | |
|---|---|-----------------------|
| – | – | 01–14 days |
| 8 | 8 | None |
| 7 | 7 | Don’t know / Not sure |
| 9 | 9 | Refused |

26.2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

(369-370)

- | | | |
|---|---|-----------------------|
| – | – | 01–14 days |
| 8 | 8 | None |
| 7 | 7 | Don’t know / Not sure |
| 9 | 9 | Refused |

26.3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (371-372)

- – 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

26.4 Over the last 2 weeks, how many days have you felt tired or had little energy? (373-374)

- – 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

26.5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (375-376)

- – 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

26.6 Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (377-378)

- – 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

26.7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (379-380)

- – 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

26.8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (381-382)

- – 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

26.9 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder? (383)

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

26.10 Has a doctor or other healthcare provider EVER told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression? (384)

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

26.11 Have you ever taken medicine or received treatment from a doctor or other health professional for an anxiety or depressive disorder? (505)

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

26.12 Are you currently taking medicine or receiving treatment from a doctor or other health professional for an anxiety or depressive disorder? (506)

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

Section 27: Random Child Selection

CATI NOTE: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q30.1.

If Core Q12.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q27.1]**

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

Please read:

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

27.1 What is the birth month and year of the “Xth” child? (460-465)

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

27.2 Is the child a boy or a girl? (466)

1	Boy
2	Girl
9	Refused

27.3 Is the child Hispanic or Latino? (467)

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

27.4 Which one or more of the following would you say is the race of the child? (468-473)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q27.4, continue. Otherwise, go to Q27.6.

27.5 Which one of these groups would you say best represents the child's race? (474)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

27.6 How are you related to the child? (475)

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 28a: H1N1 Childhood Immunization (Include in Jan. - Jun. only)

CATI NOTE: If selected child’s age is ≥ 6 months, continue. Otherwise, go to next section.

Please read: The next questions are about this child’s immunizations.

28A.1 I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot and the other is a spray, mist or drop in the nose

Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu?
(937)

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

CATI NOTE: If child age is 10 years or older, go to Q28A.3.

28A.2 Since September, 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?
(938)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don’t know/Not sure [Go to next section]
- 9 Refused [Go to next section]

28A.3 *If child age < 10:*
During what month did [Fill: he/she] receive [Fill: his/her] first H1N1 flu vaccine?

If child age ≥ 10:
During what month did [Fill: he/she] receive [Fill: his/her] H1N1 flu vaccine?
(939-940)

- — Month
- 7 7 Don’t know/Not sure
- 9 9 Refused

CATI NOTE: If Q28A.3_Month equals (7, 8, 9, 10, 11 or 12) then Q28A.3_Year = 2009; else if Q28A.3_Month equals (1, 2, 3, 4, 5 or 6) then Q28A.3_Year = 2010.

Interviewer verify response – That was [FILL IN MONTH] of [FILL IN YEAR], correct?

28A.4 Was this a shot or was it a vaccine sprayed in the nose?
(941)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don’t know/Not sure
- 9 Refused

**CATI NOTE: If child age ≥ 10, go to next section.
If Q28A.2 = 2, ask Q28A.5. Otherwise, go to next section.**

28A.5 During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (942-943)

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

CATI NOTES: If Q28A.5_Month equals (7, 8, 9, 10, 11 or 12) then Q28A.5_Year = 2009; else if Q28A.5_Month equals (1, 2, 3, 4, 5 or 6) then Q28A.5_Year = 2010.

If Date (Q28A.5_Month, Q28A.5_Year) < Date (Q28A.3_Month, Q28A_Year), interviewer verify responses]

Interviewer verify response – That was [FILL IN MONTH] of [FILL IN YEAR], correct?

28A.6 Was this a shot or was it a vaccine sprayed in the nose? (944)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't know/Not sure
- 9 Refused

Section 28b: Childhood Immunization (Include in Jan. - Jun. only)

CATI NOTE: If selected child's age is ≥ 6 months, continue. Otherwise, go to next section.

28B.1 Now I will ask you about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? (478)

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

28B.2 The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination? (479-484)

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

Section 28c: Childhood Influenza-like Illness (Include in Jan. - Mar. only)

28C.1 Has the child had a fever with cough and/or sore throat during the past month? (931)

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

28C.2 Did the child visit a doctor, nurse, or other health professional for this illness? (932)

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

Section 29: Childhood Asthma Prevalence

29.1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (476)

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

29.2 Does the child still have asthma? (477)

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

Section 30: Tobacco Policy

Please read: As you may know, the Michigan legislature recently passed a statewide law that prohibits smoking in workplaces, including public buildings, offices, restaurants and bars.

30.1 How strongly do you favor or oppose this new statewide law? Would you say that you strongly favor, somewhat favor, somewhat oppose, or strongly oppose this new statewide law, or do you have no opinion?

(507)

- | | |
|---|-----------------------|
| 1 | Strongly favor |
| 2 | Somewhat favor |
| 3 | Somewhat oppose |
| 4 | Strongly oppose |
| 5 | Have no opinion |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 31: Blood Disorders

Please read: The next question is about sickle cell trait, sickle cell disease, and thalassemia, which are inherited blood disorders that can be diagnosed by a blood test at birth or later in life.

31.1 Have you ever been told that you had sickle cell trait, sickle cell disease or thalassemia?

(508)

Interviewer Note: If “Yes”, probe for which type.

Interviewer Note: Thalassemia is pronounced (thal-a-SE-me-ah).

- | | |
|---|--------------------------|
| 1 | Yes, sickle cell trait |
| 2 | Yes, sickle cell disease |
| 3 | Yes, thalassemia |
| 4 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 32: Infertility

CATI NOTE: If Q12.1 ≤ 50 and Q12.6 = 1 or 6, continue. Otherwise, go to closing statement.

Please read: The next questions are about infertility, which means that a couple is unable to become pregnant after a year of trying to do so, or that their pregnancies end in miscarriages.

- 32.1** *If Q12.18 = 1:*
 Have you or your wife/partner ever had any medical procedures for infertility, taken infertility medications, or had some other form of infertility treatment?
- If Q12.18 = 2:*
 Have you or your husband/partner ever had any medical procedures for infertility, taken infertility medications, or had some other form of infertility treatment? (509)
- | | | |
|---|-----------------------|----------------------------------|
| 1 | Yes | |
| 2 | No | [Go to closing statement] |
| 7 | Don't know / Not sure | [Go to closing statement] |
| 9 | Refused | [Go to closing statement] |

- 32.2** *If Q12.18 = 1:*
 What type of treatment did you or your wife/partner have? Was it....
- If Q12.18 = 2:*
 What type of treatment did you or your husband/partner have? Was it.... (510)

**Interviewer Note: IVF = In Vitro Fertilization, ISI = Intracytoplasmic Sperm Injection
 Both count as medical procedures**

Please read:

- 1 A medical procedure such as In Vitro Fertilization or Intracytoplasmic Sperm Injection
- 2 Infertility medication only
- 3 Both a medical procedure and medication, or
- 4 Something else **[specify]**

Do not read:

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

Go to Closing Statement.

Version B: Sections 33 - 41 to be asked of Split B, CDC Split 2 (n=3,000)**Section 33: Inadequate Sleep (repeat of Section 24 of Version A)**

Please read: I would like to ask you a few questions about your sleep patterns.

- 33.1** On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

Interviewer Note: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.
(284-285)

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

- 33.2** Do you snore?

Interviewer Note: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.

(286)

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

- 33.3** During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

(287-288)

— — Number of days [01-30]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

- 33.4** During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?

(289)

1 Yes
2 No
3 Don't drive
4 Don't have license
7 Don't know / Not sure
9 Refused

Section 34: Arthritis Burden (repeat of Section 25 of Version A)

Please read: Next I will ask you about arthritis.

34.1 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(312)

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

Section 35: Anxiety and Depression (repeat of Section 26 of Version A)

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

35.1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

(367-368)

— — 01–14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

35.2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

(369-370)

— — 01–14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

35.3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (371-372)

— — 01–14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

35.4 Over the last 2 weeks, how many days have you felt tired or had little energy? (373-374)

— — 01–14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

35.5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (375-376)

— — 01–14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

35.6 Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (377-378)

— — 01–14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

35.7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (379-380)

— — 01–14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

35.8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (381-382)

- 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

35.9 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder? (383)

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

35.10 Has a doctor or other healthcare provider EVER told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression? (384)

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

35.11 Have you **ever** taken medicine or received treatment from a doctor or other health professional for an anxiety or depressive disorder? (505)

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

35.12 Are you **currently** taking medicine or receiving treatment from a doctor or other health professional for an anxiety or depressive disorder? (506)

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

Section 36: Random Child Selection (repeat of Section 27 of Version A)

CATI NOTE: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q39.1.

If Core Q12.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q36.1]**

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

Please read:

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

36.1 What is the birth month and year of the “Xth” child? (460-465)

_ / _	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).

36.2 Is the child a boy or a girl? (466)

1	Boy
2	Girl
9	Refused

36.3 Is the child Hispanic or Latino? (467)

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

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

(468-473)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q36.4, continue. Otherwise, go to Q36.6.

36.5 Which one of these groups would you say best represents the child's race?

(474)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

36.6 How are you related to the child?

(475)

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 37a: H1N1 Childhood Immunization (repeat of Section 28a, Version A)

CATI NOTE: If selected child’s age is ≥ 6 months, continue. Otherwise, go to next section.

Please read: The next questions are about this child’s immunizations.

37A.1 I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot and the other is a spray, mist or drop in the nose

Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu?
(937)

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

CATI NOTE: If child age is 10 years or older, go to Q37A.3.

37A.2 Since September, 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?
(938)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don’t know/Not sure [Go to next section]
- 9 Refused [Go to next section]

37A.3 *If child age < 10:*
During what month did [Fill: he/she] receive [Fill: his/her] first H1N1 flu vaccine?

If child age ≥ 10:
During what month did [Fill: he/she] receive [Fill: his/her] H1N1 flu vaccine?
(939-940)

- Month
- 7 7 Don’t know/Not sure
- 9 9 Refused

CATI NOTE: If Q37A.3_Month equals (7, 8, 9, 10, 11 or 12) then Q37A.3_Year = 2009; else if Q37A.3_Month equals (1, 2, 3, 4, 5 or 6) then Q37A.3_Year = 2010.

Interviewer verify response – That was [FILL IN MONTH] of [FILL IN YEAR], correct?

37A.4 Was this a shot or was it a vaccine sprayed in the nose?
(941)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don’t know/Not sure
- 9 Refused

**CATI NOTE: If child age ≥ 10, go to next section.
If Q37A.2 = 2, ask Q37A.5. Otherwise, go to next section.**

37A.5 During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine?
(942-943)

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

CATI NOTES: If Q37A.5_Month equals (7, 8, 9, 10, 11 or 12) then Q37A.5_Year = 2009; else if Q37A.5_Month equals (1, 2, 3, 4, 5 or 6) then Q37A.5_Year = 2010.

If Date (Q37A.5_Month, Q37A.5_Year) < Date (Q37A.3_Month, Q37A_Year), interviewer verify responses]

Interviewer verify response – That was [FILL IN MONTH] of [FILL IN YEAR], correct?

37A.6 Was this a shot or was it a vaccine sprayed in the nose?
(944)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't know/Not sure
- 9 Refused

Section 37b: Childhood Immunization (repeat of Section 28b, Version A)

CATI NOTE: If selected child's age is ≥ 6 months, continue. Otherwise, go to next section.

37B.1 Now I will ask you about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?
(478)

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

37B.2 The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination?
(479-484)

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

Section 37c: Childhood Influenza-like Illness (repeat of Section 28c, Version A)

37C.1 Has the child had a fever with cough and/or sore throat during the past month? (931)

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

37C.2 Did the child visit a doctor, nurse, or other health professional for this illness? (932)

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

Section 38: Childhood Asthma Prevalence (repeat of Section 29 of Version A)

38.1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (476)

- 1 Yes
- 2 No [Go to Q39.1]
- 7 Don't know / Not sure [Go to Q39.1]
- 9 Refused [Go to Q39.1]

38.2 Does the child still have asthma? (477)

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

Section 39: Tobacco Policy (repeat of Section 30 of Version A)

Please read: As you may know, the Michigan legislature recently passed a statewide law that prohibits smoking in workplaces, including public buildings, offices, restaurants and bars.

39.1 How strongly do you favor or oppose this new statewide law? Would you say that you strongly favor, somewhat favor, somewhat oppose, or strongly oppose this new statewide law, or do you have no opinion? (507)

- 1 Strongly favor
- 2 Somewhat favor
- 3 Somewhat oppose
- 4 Strongly oppose
- 5 Have no opinion

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

Section 40: Blood Disorders (repeat of Section 31 of Version A)

Please read: The next question is about sickle cell trait, sickle cell disease, and thalassemia, which are inherited blood disorders that can be diagnosed by a blood test at birth or later in life.

40.1 Have you ever been told that you had sickle cell trait, sickle cell disease or thalassemia? (508)

Interviewer Note: If “Yes”, probe for which type.

Interviewer Note: Thalassemia is pronounced (thal-a-SE-me-ah).

- 1 Yes, sickle cell trait
- 2 Yes, sickle cell disease
- 3 Yes, thalassemia
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Section 41: Infertility (repeat of Section 32 of Version A)

CATI NOTE: If Q12.1 ≤ 50 and Q12.6 = 1 or 6, continue. Otherwise, go to closing statement.

Please read: The next questions are about infertility, which means that a couple is unable to become pregnant after a year of trying to do so, or that their pregnancies end in miscarriages.

- 41.1** *If Q12.18 = 1:*
 Have you or your wife/partner ever had any medical procedures for infertility, taken infertility medications, or had some other form of infertility treatment?
- If Q12.18 = 2:*
 Have you or your husband/partner ever had any medical procedures for infertility, taken infertility medications, or had some other form of infertility treatment?
- (509)
- | | | |
|---|-----------------------|----------------------------------|
| 1 | Yes | |
| 2 | No | [go to closing statement] |
| 7 | Don't know / Not sure | [go to closing statement] |
| 9 | Refused | [go to closing statement] |

- 41.2** *If Q12.18 = 1:*
 What type of treatment did you or your wife/partner have? Was it...
- If Q12.18 = 2:*
 What type of treatment did you or your husband/partner have? Was it....
- (510)

**Interviewer Note: IVF = In Vitro Fertilization, ISI = Intracytoplasmic Sperm Injection
 Both count as medical procedures**

Please read:

- | | |
|---|--|
| 1 | A medical procedure such as In Vitro Fertilization or Intracytoplasmic Sperm Injection |
| 2 | Infertility medication only |
| 3 | Both a medical procedure and medication, or |
| 4 | something else [specify] |

Do not read:

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

Go to Closing Statement.

Version C: Sections 42 - 54 to be asked of Split C, CDC Split 3 (n=3,000)

Section 42: Cancer Survivorship

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

CATI NOTE: If Q19.5 = 1 (Yes), answer Q42.1 “Yes” (code = 1), then go to Q42.2.

42.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (324)

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

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

42.2 How many different types of cancer have you had? (325)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don’t know / Not sure [go to next section]
- 9 Refused [go to next section]

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

CATI NOTE: If Q42.2 = 2 (Two) or 3 (Three or more), ask: “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.

- Code age in years [97 = 97 and older]
 - 9 8 Don’t know / Not sure
 - 9 9 Refused
- (326-327)

CATI NOTE: If Q19.5 = 1 (Yes) and Q42.2 = 1 (Only one); auto fill Q4 (response code 18)

42.4 What type of cancer was it?

(328-329)

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

Interviewer Note: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

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

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

Do not read:

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

42.5 In the past three months, have you had or are you receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (330)

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

42.6 What type of doctor provides the majority of your health care? (331-332)

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 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

42.7 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (333)

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.”

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

42.8 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? (334)

- 1 Yes
- 2 No [Go to Q42.10]
- 7 Don’t know / Not sure [Go to Q42.10]
- 9 Refused [Go to Q42.10]

42.9 Were these instructions written down or printed on paper for you? (335)

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

42.10 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (336)

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

42.11 Were you EVER denied health insurance or life insurance coverage because of your cancer? (337)

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

42.12 A cancer clinical trial is a research study that can be used to answer questions about cancer prevention methods, new cancer therapies, or new ways of using known cancer treatments. Some cancer clinical trials, also called medical research and research studies, are used to test ways to detect the cancer when it is still in an early stage. Clinical trials are also used to determine whether new drugs or treatments are both safe and effective. People are usually recruited into cancer clinical trials on a voluntary basis.

Did you participate in a clinical trial as part of your cancer treatment?

(338)

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

42.13 Do you currently have physical pain caused by your cancer or cancer treatment?

(339)

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

42.13a Are you currently taking pain medication?

(511)

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

42.14 Is your pain currently under control?

(340)

Interviewer Note: Respondents who are currently taking pain medications should respond to this question based on their level of pain control while on these pain medications.

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

Section 43: Random Child Selection (repeat of Section 27 of Version A)

CATI NOTE: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q46.1.

If Core Q12.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q43.1]**

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

Please read:

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

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

(460-465)

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

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

43.2 Is the child a boy or a girl?

(466)

1	Boy
2	Girl
9	Refused

43.3 Is the child Hispanic or Latino?

(467)

1	Yes
2	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?

(468-473)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 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?

(474)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

43.6 How are you related to the child?

(475)

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 44a: H1N1 Childhood Immunization (repeat of Section 28a, Version A)**CATI NOTE: If selected child's age is \geq 6 months, continue. Otherwise, go to next section.****Please read:** The next questions are about this child's immunizations.

44A.1 I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot and the other is a spray, mist or drop in the nose

Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu? (937)

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

CATI NOTE: If child age is 10 years or older, go to Q44A.3.

44A.2 Since September, 2009, how many of these H1N1 vaccinations has [Fill: he/she] received? (938)

- | | | |
|---|-------------------------------|----------------------|
| 1 | One vaccination or dose | |
| 2 | Two or more vaccination doses | |
| 7 | Don't know/Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

44A.3 *If child age < 10:*
During what month did [Fill: he/she] receive [Fill: his/her] first H1N1 flu vaccine?

If child age \geq 10:
During what month did [Fill: he/she] receive [Fill: his/her] H1N1 flu vaccine?

(939-940)

- | | | |
|-----------|---------------------|--|
| <u> </u> | Month | |
| <u> </u> | Don't know/Not sure | |
| 9 9 | Refused | |

CATI NOTE: If Q44A.3_Month equals (7, 8, 9, 10, 11 or 12) then Q44A.3_Year = 2009; else if Q44A.3_Month equals (1, 2, 3, 4, 5 or 6) then Q44A.3_Year = 2010.

Interviewer verify response – That was [FILL IN MONTH] of [FILL IN YEAR], correct?

44A.4 Was this a shot or was it a vaccine sprayed in the nose? (941)

- | | | |
|---|---|--|
| 1 | Flu shot | |
| 2 | Flu Nasal Spray (spray, mist or drop in the nose) | |
| 7 | Don't know/Not sure | |
| 9 | Refused | |

**CATI NOTE: If child age ≥ 10, go to next section.
If Q44A.2 = 2, ask Q44A.5. Otherwise, go to next section.**

44A.5 During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (942-943)

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

CATI NOTES: If Q44A.5_Month equals (7, 8, 9, 10, 11 or 12) then Q44A.5_Year = 2009; else if Q44A.5_Month equals (1, 2, 3, 4, 5 or 6) then Q44A.5_Year = 2010.

If Date (Q44A.5_Month, Q44A.5_Year) < Date (Q44A.3_Month, Q44A_Year), interviewer verify responses]

Interviewer verify response – That was [FILL IN MONTH] of [FILL IN YEAR], correct?

44A.6 Was this a shot or was it a vaccine sprayed in the nose? (944)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't know/Not sure
- 9 Refused

Section 44b: Childhood Immunization (repeat of Section 28b, Version A)

CATI NOTE: If selected child's age is ≥ 6 months, continue. Otherwise, go to next section.

44B.1 Now I will ask you about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? (478)

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

44B.2 The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination? (479-484)

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

Section 44c: Childhood Influenza-like Illness (repeat of Section 28c, Version A)

44C.1 Has the child had a fever with cough and/or sore throat during the past month? (931)

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

44C.2 Did the child visit a doctor, nurse, or other health professional for this illness? (932)

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

Section 45: Childhood Asthma Prevalence (repeat of Section 29 of Version A)

45.1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (476)

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

45.2 Does the child still have asthma? (477)

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

Section 46: Tobacco Policy (repeat of Section 30 of Version A)

Please read: As you may know, the Michigan legislature recently passed a statewide law that prohibits smoking in workplaces, including public buildings, offices, restaurants and bars.

46.1 How strongly do you favor or oppose this new statewide law? Would you say that you strongly favor, somewhat favor, somewhat oppose, or strongly oppose this new statewide law, or do you have no opinion? (507)

- 1 Strongly favor
- 2 Somewhat favor
- 3 Somewhat oppose
- 4 Strongly oppose
- 5 Have no opinion

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

Section 47: Genetic Discrimination

Please read: The next questions refer to genetic tests that tell you about your chance of developing a disease in the future.

47.1 A genetic test looks at a person's blood or saliva to find differences in genes that might cause disease in the future. How interested are you in having a genetic test that could tell you about your chances of developing a disease? Would you say... (512)

Please read:

- 1 Very interested
- 2 Somewhat interested
- 3 Not very interested
- 4 Not at all interested

Do not read:

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

Please read: The next two questions refer to life insurance and genetic tests. People buy life insurance to provide financial protection for their family in the event that they die. Currently, insurance companies are allowed to use genetic test results along with other health information to determine life insurance coverage and costs.

47.2 How concerned are you that life insurance companies might use genetic test results to determine life insurance coverage and costs? Would you say... (513)

Please read:

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not very concerned
- 4 Not at all concerned

Do not read:

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

47.3 How important do you think it is to have laws that prevent genetic test results from being used to determine life insurance coverage and costs? Would you say... (514)

Please read:

- 1 Very important
- 2 Somewhat important
- 3 Not very important
- 4 Not at all important

Do not read:

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

Please read: The next question is about **health insurance** and genetic tests. Health insurance pays for medical expenses.

47.4 Have you heard about laws that prevent genetic test results from being used to determine health insurance coverage and costs? One such law is called GINA, or the Genetic Information Nondiscrimination Act. (515)

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

Section 48: Newborn Screening

48.1 Have you heard or read anything about Michigan’s statewide Newborn Screening Program to test babies for many serious yet treatable medical conditions? (516)

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

Please read: [If Q48.1 = 1: **As you may know,**] this screening helps to find babies with conditions that benefit from early treatment, such as cystic fibrosis, sickle cell disease, and PKU. A few drops of blood, referred to as blood spots, are taken from a baby’s heel shortly after birth. After screening is completed, the remaining dried blood spots are stored indefinitely unless the parents request otherwise.

48.2 In the past 12 months, have you heard or read anything about the Michigan BioTrust for Health, a program that uses these dried blood spots for health research? (517)

Interviewer Note: If respondents have further questions about newborn screening or the use of dried blood spots for research, they can be referred to the newborn screening toll-free line: 1 (866) 673-9939.

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

Section 49: Colorectal Cancer Genetic Testing

49.1 Have you or any of your parents, brothers, sisters, or children ever been diagnosed with colorectal cancer by a doctor, nurse, or other health care professional?

Interviewer Note: If “Yes”, probe with “Was it you, a family member or both?”

Interviewer Note: By “colorectal cancer” we mean cancer of the bowel, large intestine, or rectum. (518)

- 1 Yes, I have had colorectal cancer
- 2 Yes, my close family member(s) had colorectal cancer
- 3 Yes, I had colorectal cancer and a close family member(s) had colorectal cancer
- 4 No [Go to next section]
- 7 Don’t know / Not sure [Go to next section]
- 9 Refused [Go to next section]

49.2 Have you heard of a genetic test that would determine if the colorectal cancer in your family was inherited? (519)

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

Please read: The next two questions also refer to genetic testing for colorectal cancer. There are several different genetic tests available to determine if the colorectal cancer in your family was inherited. For individuals with colorectal cancer, these tests can be performed on cancer tissue and/or blood samples. For family members without colorectal cancer, these tests would be performed on blood samples only.

49.3 To your knowledge, did you or any of your parents, brothers, sisters, or children have a genetic test to determine if the colorectal cancer in your family was inherited? (520)

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

49.4 Who was it that had the genetic test? Was it... (521)

Please read:

- 1 Yourself [Go to next section]
- 2 A close family member, or
- 3 Both you and a close family member [Go to next section]

Do not read:

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

49.5 How likely would you be to have a genetic test to determine if the colorectal cancer in your family was inherited? (522)

- 1 Very likely
- 2 Somewhat likely
- 3 Not likely at all
- 7 Don't know / Not sure
- 9 Refused

Section 50: Family Health History

Please read: The next questions are about your family's health history.

- 50.1** Have you ever actively collected health information from your relatives for the purposes of developing a family health history?

Interviewer Note: Active collection refers to the act of purposely seeking out health information.

(523)

- 1 Yes
- 2 No [Go to Q50.4]
- 7 Don't know / Not sure [Go to Q50.4]
- 9 Refused [Go to Q50.4]

- 50.2** Have you ever recorded your family health history for future reference? Examples would include writing it down on paper or saving it to your computer.

Interviewer Note: Any recording of this information should be coded as "Yes".

(524)

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

- 50.3** Have you ever shared your collected family health history with a doctor or other health care provider?

(525)

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

- 50.4** How important do you think your family's health history is to your personal health? Would you say very important, somewhat important, or not important at all.

(526)

- 1 Very important
- 2 Somewhat important
- 3 Not important at all
- 7 Don't know / Not sure
- 9 Refused

50.5 Has a doctor or other health care provider ever asked you about your family history of cancer, including times when you were asked to fill out a form? (527)

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

50.6 Have you ever received genetic counseling for cancer? This would include a conversation with an expert about your hereditary risk of cancer. (528)

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

50.7 Have you ever had a blood test to determine your hereditary risk for cancer? A doctor would have ordered this test and you would have received the results.

Interviewer Note: This does not refer to the genetic tests, such as 23andME, deCODEme, and Navigenics, that you can send into companies.

(529)

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

Section 51: Cervical Cancer Risk Factors

CATI NOTE: If Q12.18 = 2, continue with Q51.1. Otherwise, go to next section.

51.1 From what you understand about cervical cancer, what do you think are the most important things that increase a woman's risk of getting cancer of the cervix?

Interviewer Note: Allow for up to four responses.

Interviewer Note: Please probe once for additional responses.

(530-537)

- 0 1 Poor diet
- 0 2 Being overweight
- 0 3 Lack of exercise
- 0 4 Cigarette smoking
- 0 5 Heredity
- 0 6 Having had a sexually transmitted disease
- 0 7 Having had human papilloma infection or HPV, genital or venereal warts
- 0 8 Having had many sex partners
- 0 9 First intercourse at young age
- 1 0 Unprotected sex
- 1 1 Environmental factors or pollution
- 1 2 No regular pap tests or checkups
- 1 3 Hormone therapy, estrogen, or birth control pills
- 1 4 Being HIV positive
- 1 5 Older age
- 1 6 Poor hygiene
- 1 7 Other infection (not mentioned above)
- 1 8 Having a virus (not mentioned above)
- 1 9 Other [specify] _____
- 2 0 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 52: Access to Oral Health Care

Please read: The next questions are about access to oral health care.

52.1 During the past 12 months, have you ever gone to an emergency room for tooth pain because you could not get a dental appointment?

(538)

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

- 52.2** During the past 12 months, was there any time you needed dental care, but didn't get it because you couldn't afford it? (539)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 53: Secondhand Smoke Exposure

- 53.1** Next, I'm going to read you three statements concerning the rules about tobacco smoking inside your home or where you live, excluding decks, garages and porches. (540)
- Please tell me which statement best describes the rules inside your home.

Please read:

- 1 Smoking is **not** allowed anywhere
- 2 Smoking is allowed in some places or at some times, or
- 3 Smoking is allowed **anywhere** inside the home

Do not read:

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

- 53.2** Overall, during the past five years, would you say that your average exposure to smoke inside your home or where you lived was none, low, moderate, or heavy? (541)
- 1 None
 - 2 Low
 - 3 Moderate
 - 4 Heavy
 - 7 Don't know / Not sure
 - 9 Refused

Section 54: Use of Insect Repellents

Please read: The next two questions are about insect bites.

- 54.1** To the best of your knowledge, are mosquitoes or ticks in Michigan capable of spreading disease to humans when they bite? (542)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

54.2 When you are outdoors and there is a chance of being bitten by a mosquito or other insect, how often do you use insect repellent? Would you say...

Interviewer Note: This question only refers to the use of insect repellents within the time period between late spring and early fall during which there is a chance of being bitten by mosquitoes or other insects.

(543)

Please read:

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

Do not read:

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

Section 55: Indoor Radon

Please read: The next two questions are about indoor radon exposure.

55.1 Have you ever heard of radon, which is a radioactive gas that occurs in nature?

(544)

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

55.2 Has your current home ever been tested for the presence of radon?

(545)

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

Go to Closing Statement.

Closing statement

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

List of Health Problems to Accompany Module 23a, Question 3

[DO NOT READ]

Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioliomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

Kidney Problems

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

Anemia

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

Causes of Weak Immune System

- Cancer
- Chemotherapy
- HIV/AIDS
- Rheumatoid Arthritis
- Steroids
- Systemic lupus erythmatosus (SLE)
- Transplant Medicines