

## 2018 Michigan Behavioral Risk Factor Survey

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## Consent

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

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

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

**Section 1: Health Status**

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

**Please read:**

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

**Or**

- 5 Poor

**Do not read:**

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

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

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

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (93-94)

- – Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to Q3.1]**
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (95-96)

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

### Section 3: Health Care Access

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

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

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

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

(98)

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

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

(99)

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

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

(100)

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

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

- 4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (101)

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

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

Section 5: Inadequate Sleep

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

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

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

Section 6: Chronic Health Conditions

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

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

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

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

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

- 6.3** (Ever told) you had a stroke? (106)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.4** (Ever told) you had asthma? (107)
- 1 Yes
  - 2 No [Go to Q6.6]
  - 7 Don't know / Not sure [Go to Q6.6]
  - 9 Refused [Go to Q6.6]
- 6.5** Do you still have asthma? (108)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.6** (Ever told) you had skin cancer? (109)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.7** (Ever told) you had any other types of cancer? (110)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.8** (Ever told) you have Chronic Obstructive Pulmonary Disease, COPD, emphysema or chronic bronchitis? (111)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

**Interviewer Note: Arthritis diagnoses include:**

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

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

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

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

**6.11** Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease? (114)

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

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

**6.12** (Ever told) you have diabetes?

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

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

(115)

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

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

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

(116-117)

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

## Section 7: Oral Health

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

(118)

**Read only if necessary:**

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

**Do not read:**

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



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

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

(119)

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

## Section 8: Demographics

**8.1** What is your sex?

(120)

**Do not read:**

- |   |                       |
|---|-----------------------|
| 1 | Male                  |
| 2 | Female                |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**8.2** What is your age?

(121-122)

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

**8.3** Are you Hispanic, Latino/a, or Spanish origin?

(123-126)

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

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

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

**Do not read:**

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

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

(127-154)

**Interviewer Notes: Select all that apply**

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

**Please read:**

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

**Do not read:**

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

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

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

(155-156)

**Interviewer Notes: If respondent has selected multiple races in the previous and refuses to select a single race, code as "refused."**

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

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

- 4 1 Asian Indian
- 4 2 Chinese
- 4 3 Filipino
- 4 4 Japanese
- 4 5 Korean
- 4 6 Vietnamese
- 4 7 Other Asian

- 5 0 Pacific Islander
  - 5 1 Native Hawaiian
  - 5 2 Guamanian or Chamorro
  - 5 3 Samoan
  - 5 4 Other Pacific Islander

**Do not read:**

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

- 8.5a** Are you of Arab or Chaldean origin? (901)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 8.6** Are you...? (157)

**Please read:**

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

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

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

**Read only if necessary:**

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

**Do not read:**

- 9 Refused

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

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

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

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

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

**8.9** In what county do you currently live? (160-162)

- ANSI County Code (formerly FIPS county code)
- $\bar{7} \bar{7} \bar{7}$  Don't know / Not sure
- 9 9 9 Refused

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

**8.9a** Do you live in the city of Detroit? (902)

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

**8.10** What is the ZIP Code where you currently live? (163-167)

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

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

**8.11** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? . (168)

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

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

—	Residential telephone numbers (1-5)
6	Six or more
7	Don't know / Not sure
9	Refused

**8.13** How many cell phones do you have for personal use? (170)

**Interviewer Note: Include cell phones used for both business and personal use.**

—	Number of cell phones (1-5)
6	Six or more
7	Don't know / Not sure
8	None
9	Refused

**8.14** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (171)

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

- 1 Yes
- 2 No

**Do not read:**

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

**8.15** Are you currently...? (172)

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

**If more than one response, say “select the category which best describes you.”**

**Please read:**

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

**Or**

- 8 Unable to work

**Do not read:**

- 9 Refused

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

**8.15a**

*If Q8.15 = 1 or 2:*

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

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

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

*If Q8.15 = 4:*

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

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

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

(389-488)

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

99 Refused

**8.15b**

*If Q8.15 = 1 or 2:*

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

*If Q8.15 = 4:*

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

(489-588)

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

99 Refused

**8.16**

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

(173-174)

– – Number of children  
8 8 None  
9 9 Refused

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

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

**Please read:**

- 0 4 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If “no,” code 04; if “yes,” ask 02  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If “no,” code 02
- 0 5 Less than \$35,000 If “no,” ask 06  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If “no,” ask 07  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If “no,” code 08  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read:**

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

**8.18** About how much do you weigh without shoes? (177-180)

**Interviewer Note: If respondent answers in metrics, put “9” in column 161.**

**Round fractions up**

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



**8.19** About how tall are you without shoes? (181-184)

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

**Round fractions down**

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

**CATI Note: If female 44 years old or younger, continue. Otherwise, go to Q8.20a.**

**8.20** To your knowledge, are you now pregnant? (185)

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

**8.20a** Next, I'm going to ask you a question about sexual orientation. Do you consider yourself to be: A - Heterosexual, that is straight; B - Homosexual, that is **[if male insert “gay,” if female insert “lesbian”]**; C - Bisexual, D - Transgender, or E - Something else? (903)

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

**Do not probe.**

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

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

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

**8.20b** The following questions are about health problems or impairments you may have.

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

(904)

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

**8.20c** 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?

(905)

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

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

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

Are you deaf or do you have serious difficulty hearing?

(186)

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

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

(187)

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

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

(188)

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

- 8.24** Do you have serious difficulty walking or climbing stairs? (189)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- 8.25** Do you have difficulty dressing or bathing? (190)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- 8.26** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (191)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 9: Tobacco Use

- 9.1** Have you smoked at least 100 cigarettes in your entire life? (192)
- Interviewer Notes: 5 packs = 100 cigarettes**
- “For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”**
- 1 Yes  
2 No [Go to Q9.5]  
7 Don't know / Not sure [Go to Q9.5]  
9 Refused [Go to Q9.5]
- 9.2** Do you now smoke cigarettes every day, some days, or not at all? (193)
- 1 Every day  
2 Some days  
3 Not at all [Go to Q9.4]  
7 Don't know / Not sure [Go to Q9.5]  
9 Refused [Go to Q9.5]

- 9.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (194)
- 1 Yes [Go to Q9.5]
  - 2 No [Go to Q9.5]
  - 7 Don't know / Not sure [Go to Q9.5]
  - 9 Refused [Go to Q9.5]

- 9.4** How long has it been since you last smoked a cigarette, even one or two puffs? (195-196)
- 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

- 9.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (197)
- Interviewer Notes: Snus (rhymes with 'goose')**

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

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

## Section 10: Alcohol Consumption

- 10.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (198-200)
- 1 \_ \_ Days per week
  - 2 \_ \_ Days in past 30 days
  - 8 8 8 No drinks in past 30 days [Go to Q11.1]
  - 7 7 7 Don't know / Not sure [Go to Q11.1]
  - 9 9 9 Refused [Go to Q11.1]

**10.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (201-202)

**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

**10.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (203-204)

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

**10.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (205-206)

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

**Section 11: Immunization**

**11.1** During the past 12 months, have you had either a flu shot or flu vaccine that was sprayed in your nose? (207)

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

- 1 Yes
- 2 No [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.4]
- 9 Refused [Go to Q11.4]

**11.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (208-213)

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

**11.3** At what kind of place did you get your last flu shot or vaccine? (214-215)

**Read only if necessary:**

- 0 1 A doctor’s office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (supermarket, drug store)
- 0 6 A hospital (inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 1 A school

**Do not read:**

- 1 0 Received vaccination in Canada/Mexico
- 7 7 Don’t know/Not sure
- 9 9 Refused

**11.4** 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? (216)

**Interviewer Note: If respondent is confused read: there are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.**

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

**Section 12: Falls**

**CATI NOTE: If respondent is 45 years or older continue, otherwise go to Q13.1.**

**12.1** In the past 12 months, how many times have you fallen? (217-218)

- – Number of times **[76 = 76 or more]**
- 8 8 None **[Go to Q13.1]**
- 7 7 Don’t know / Not sure **[Go to Q13.1]**
- 9 9 Refused **[Go to Q13.1]**

**12.2** [Fill in “Did this fall (from Q12.1) cause an injury **that limited your regular activities for at least a day?**”]. If only one fall from Q12.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.

How many of these falls caused an injury that limited your regular activities for at least a day?

(219-220)

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

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

### Section 13: Seatbelt Use and Drinking and Driving

**13.1** How often do you use seat belts when you drive or ride in a car? Would you say —

(221)

**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 Q13.1 = 8 (Never drive or ride in a car), go to Section 14; otherwise continue.**

**CATI NOTE: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.**

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

(222-223)

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

## Section 14: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

**14.1** Have you ever had a mammogram? (224)

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

- 1 Yes
- 2 No [Go to Q14.3]
- 7 Don't know / Not sure [Go to Q14.3]
- 9 Refused [Go to Q14.3]

**14.2** How long has it been since you had your last mammogram? (225)

**Read only if necessary:**

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

**Do not read:**

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

**16.3** Have you ever had a Pap test? (226)

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

- 1 Yes
- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]



**14.4** How long has it been since you had your last Pap test? (227)

**Read only if necessary:**

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

**Do not read:**

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

**14.5** An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? (228)

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

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

**14.6** How long has it been since you had your last HPV test? (229)

**Read only if necessary:**

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

**Do not read:**

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

**CATI NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.**

**14.7** Have you had a hysterectomy? (230)

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

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

## Section 15: Prostate Cancer Screening

**CATI NOTE: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

**15.1** Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (231)

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

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

**15.2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (232)

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

**15.3** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (233)

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

**15.4** Have you ever had a PSA test? (234)

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

**15.5** How long has it been since you had your last PSA test? (235)

**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

**15.6** What was the main reason you had this PSA test - was it...? (236)

**Please read:**

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

**Do not read:**

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

## Section 16: Colorectal Cancer Screening

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

**16.1** 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? (237)

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

**16.2** How long has it been since you had your last blood stool test using a home kit? (238)

**Read only if necessary:**

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

**Do not read:**

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

**16.3** 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? (239)

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

**16.4** 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? (240)

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

**16.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (241)

**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 17: HIV/AIDS

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

**17.1** Not counting tests you may have had as part of a blood donation, have you ever been tested for HIV? (242)

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q17.3]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q17.3]</b> |
| 9 | Refused               | <b>[Go to Q17.3]</b> |

**17.2** Not including blood donations, in what month and year was your last HIV test? (243-248)

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

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

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

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

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

Do any of these situations apply to you? (249)

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

**Version A: Sections 18-28**

**Section 18: Cancer Survivorship**

**CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes) or Q15.6 = 4 (Because you were told you had prostate cancer), continue. Otherwise, go to CATI NOTE before Q19.1.**

**18.1** You've told us that you have had cancer. I would like to ask you a few more questions about your cancer. How many different types of cancer have you had? (364)

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

**18.2** At what age were you first diagnosed with cancer?

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

(365-366)

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

**CATI NOTES: If Core Q6.6 = 1 (Yes) and Q18.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"?" then code 21 if "Melanoma" or 22 if "other skin cancer"**

**If Core Q16.6 = 4 (Because you were told you had prostate cancer) and Q18.1 = 1 (Only one) then code 19.**

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

**18.3** What type of cancer was it? (367-368)

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

**Breast**

- 0 1 Breast cancer

**Female reproductive (Gynecologic)**

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

**Head/Neck**

- 0 5 Head and neck cancer

- 0 6 Oral cancer
- 0 7 Pharyngeal (throat) cancer
- 0 8 Thyroid
- 0 9 Larynx

**Gastrointestinal**

- 1 0 Colon (intestine) cancer
- 1 1 Esophageal (esophagus)
- 1 2 Liver cancer
- 1 3 Pancreatic (pancreas) cancer
- 1 4 Rectal (rectum) cancer
- 1 5 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

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

**Male reproductive**

- 1 9 Prostate cancer
- 2 0 Testicular cancer

**Skin**

- 2 1 Melanoma
- 2 2 Other skin cancer

**Thoracic**

- 2 3 Heart
- 2 4 Lung

**Urinary cancer**

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

**Others**

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

**Do not read:**

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

**18.4** Are you currently receiving treatment for cancer? (369)

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

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

**18.5** What type of doctor provides the majority of your health care? (370-371)

**Interviewer Notes: 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.).”

**An Oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.**

**Please read [1-10]:**

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

**Do not read:**

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



- 18.6** Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? (372)

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

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

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

- 18.7** Have you ever received instructions from a doctor, nurse, or other health professional about *where* you should go or *who* you should see for your routine cancer check-ups after completing treatment for cancer? (373)

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

- 18.8** Were these instructions written down or printed on paper for you? (374)

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

- 18.9** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (375)

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

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

- 18.10** Were you ever denied health insurance or life insurance coverage because of your cancer? (376)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 18.11** Did you participate in a clinical trial as part of your cancer treatment? (377)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 18.12** Do you currently have physical pain caused by your cancer or cancer treatment? (378)
- 1 Yes
  - 2 No [Go to CATI NOTE before Q19.1]
  - 7 Don't know / Not sure [Go to CATI NOTE before Q19.1]
  - 9 Refused [Go to CATI NOTE before Q19.1]
- 18.13** Would you say your pain is currently under control...? (379)
- Please read:**
- 1 With medication (or treatment)
  - 2 Without medication (or treatment)
  - 3 Not under control, with medication (or treatment)
  - 4 Not under control, without medication (or treatment)
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused

## Section 19: Random Child Selection

**CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q21.1.**

**If Core Q8.16 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q19.1]**

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

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

**Please read:**

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

**19.1**                    What is the birth month and year of the “Xth” child? (591-596)

_ / _	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).**

**19.2**                    Is the child a boy or a girl? (597)

1	Boy
2	Girl
9	Refused

**19.3**                    Is the child Hispanic, Latino/a, or Spanish origin? (598-601)

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

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

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

**Do not read:**

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

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

(602-629)

**Interviewer Notes: Select all that apply**

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

**Please read:**

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

**Do not read:**

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

**CATI NOTE: If more than one response to Q19.4, continue. Otherwise, go to Q19.6.**

**19.5** Which one of these groups would you say best represents the child's race? (630-631)

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

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

**Do not read:**

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

**19.6** How are you related to the child? (632)

**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 20: Childhood Asthma Prevalence**

- 20.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (633)
- |   |                       |                                       |
|---|-----------------------|---------------------------------------|
| 1 | Yes                   |                                       |
| 2 | No                    | <b>[Go to CATI NOTE before Q21.1]</b> |
| 7 | Don't know / Not sure | <b>[Go to CATI NOTE before Q21.1]</b> |
| 9 | Refused               | <b>[Go to CATI NOTE before Q21.1]</b> |

- 20.2** Does the child still have asthma? (634)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**Section 21: Binge Drinking**

**CATI NOTE: If Q10.3  $\geq$  1; but < 77, continue. Otherwise, go to Q22.1.**

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

- 21.1** During the most recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about how many beers, including malt liquor, did you drink? (906-907)
- |     |                       |
|-----|-----------------------|
| – – | Number of times       |
| 8 8 | None                  |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused               |
- 21.2** During the same occasion, about how many glasses of wine did you drink? (908-909)
- |     |                       |
|-----|-----------------------|
| – – | Number of times       |
| 8 8 | None                  |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused               |

**21.3** During the same occasion, about how many drinks of liquor, including cocktails, did you have? (910-911)

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

**21.4** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (912-913)

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

**21.5** During this most recent occasion, where were you when you did most of your drinking? (914)

**Read only if necessary:**

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

**Do not read:**

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

**21.6** Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion? (915)

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

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

**CATI NOTE: If Q21.5 = 3 or Q21.5 = 4, continue. Otherwise, go to Q22.1.**

**21.7** During this most recent occasion, approximately how much did you pay for the alcohol which you drank? (916-918)

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

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

**Section 22: Other Tobacco Questions**

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

**22.1** Has your doctor or other health care professional ever asked you if you were a smoker? (919)

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

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

**22.2** Earlier you indicated that you currently smoke cigarettes. Has your doctor or other health professional ever advised you of, or referred you to, a program or other resources available to help you stop smoking? (920)

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

**22.3** Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (921)

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



## Section 23: Access to Oral Health Care

**23.1** The next questions are about oral health care. When was the last time you had an exam for oral cancer in which a doctor or dentist pulls on your tongue sometimes with gauze wrapped around it and feels under the tongue and inside the cheeks? (922)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

**23.2** Have you been covered for the entire past 12 month period by any of the following types of dental insurance? (923-924)

**Interviewer Notes: If respondent says “Yes,” please probe for a specific answer.**

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

**Please read:**

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

**Don't read:**

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

## Section 24: Cancer Genomics

**CATI NOTE: If Q8.1 = 2 (Female), continue. Otherwise, go to Q25.1.**

**Please read:** The next few questions are about genetic counseling for breast and ovarian cancer. Genetic counseling is the process of communication between a specially trained health professional and someone concerned about the risk of disease in his or her family.

**24.1** Have you or any of your family members received genetic counseling for breast and ovarian cancer? (925)

**Interviewer Notes: If “Yes,” ask: “Would you say yourself only, yourself and at least one family member, or at least one family member, but not yourself?”**

**Genetic counseling for breast and ovarian cancer always occurs together. If the respondent indicates that a family member or themselves has received genetic counseling for breast or ovarian cancer, but they are unsure or don’t think they have had both please consider this a “yes” response for that particular person.**

- 1 Yourself only,
- 2 Yourself and at least one family member
- 3 At least one family member but not yourself, or
- 4 No one in your family has received genetic counseling
  
- 7 Don’t know / Not sure
- 9 Refused

**24.2** Have you ever been diagnosed with breast or ovarian cancer?

**Interviewer Note: If “Yes”, probe for which type of cancer or both** (926)

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

**24.3** Thinking about your biological or “blood” relatives, including your parents, grandparents, siblings, aunts, uncles, children or grandchildren, how many of these relatives have been diagnosed with breast cancer? (927)

- 1 None [Go to Q24.5]
- 2 One
- 3 Two
- 4 Three or more
- 7 Don’t know / Not sure [Go to Q24.5]
- 9 Refused [Go to Q24.5]

- 24.4** How many of these relatives were diagnosed with breast cancer at or before the age of 50 years? (928)

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

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

- 24.5** Now thinking about your female biological relatives, including your mother, sisters, aunts, grandmothers, daughters or granddaughters, how many have been diagnosed with ovarian cancer? (929)

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

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

## Section 25: Colorectal Cancer Genetic Testing

- 25.1** Have you or any of your parents, brothers, sisters, or children ever been diagnosed with colorectal cancer by a doctor, nurse, or other health professional? (930)

**Interviewer Notes: If “Yes,” ask: “Was it you, a family member or both?”**

**By “colorectal cancer” we mean cancer of the bowel, large intestine, or rectum.**

- 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 Q26.1]**
- 7 Don't know / Not sure **[Go to Q26.1]**
- 9 Refused **[Go to Q26.1]**

- 25.2** Have you heard of a genetic test that would determine if the colorectal cancer in your family was inherited? (931)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**Please read:** The next two questions also refer to genetic counseling 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.

- 25.3** 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? (932)
- 1 Yes
  - 2 No [Go to Q25.5]
  - 7 Don't know / Not sure [Go to Q25.5]
  - 9 Refused [Go to Q25.5]

- 25.4** Who was it that had the genetic test? Was it... (933)
- Please read:**
- 1 Yourself [Go to Q26.1]
  - 2 A close family member, or
  - 3 Both you and a close family member [Go to Q26.1]

**Do not read:**

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

- 25.5** How likely would you be to have a genetic test to determine if the colorectal cancer in your family was inherited? (934)
- 1 Very likely
  - 2 Somewhat likely
  - 3 Not likely at all
  - 7 Don't know / Not sure
  - 9 Refused

**Section 26: Healthy Days (Symptoms)**

**26.1** The next two questions are about health-related problems or symptoms. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (935-936)

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

**26.2** During the past 30 days, for about how many days have you felt worried, tense, or anxious? (937-938)

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

**Section 27: Workplace Injury**

**CATI NOTE: If Q8.15 = 1, 2 or 4, continue. Otherwise, go to CATI NOTE before Q28.1.**

**27.1** During the past 12 months, were you injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional? (939)

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

**27.2** For your most recent work-related injury, who paid for the majority or most of your medical expenses? (940-941)

**Please read:**

- 0 1 Worker's compensation  
 0 2 You or your family's own health insurance plan or another health insurance coverage plan (Medicare and Medicaid)  
 0 3 You or your family paid out of pocket  
 0 4 Your employer without a workers' compensation claim  
 0 5 Another source  
 0 6 Who will pay is still in process or not resolved

**Do not read:**

- 8 8 No one paid or no treatment  
 7 7 Don't know / Not sure  
 9 9 Refused

## Section 28: Family Planning

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

- 28.1** The next set of questions is about family planning. Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (942)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |

**CATI NOTE: If Q8.20 = 1, go to closing statement. Otherwise, continue.**

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

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

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

**Go to Closing Statement.**

**Version B: Sections 29 - 38****Section 29: Cognitive Decline**

**CATI NOTE:** If Q8.2  $\geq$  45, continue. Otherwise, go to Q30.1.

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

- 29.1** During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (304)
- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q30.1]</b> |
| 7 | Don't know / Not sure |                      |
| 9 | Refused               | <b>[Go to Q30.1]</b> |

- 29.2** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say... (305)

**Please read:**

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

**Do not read:**

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

- 29.3** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say... (306)

**Please read:**

- |   |           |                      |
|---|-----------|----------------------|
| 1 | Always    |                      |
| 2 | Usually   |                      |
| 3 | Sometimes |                      |
| 4 | Rarely    | <b>[Go to Q29.5]</b> |
| 5 | Never     | <b>[Go to Q29.5]</b> |

**Do not read:**

- |   |                       |                      |
|---|-----------------------|----------------------|
| 7 | Don't know / Not sure | <b>[Go to Q29.5]</b> |
| 9 | Refused               | <b>[Go to Q29.5]</b> |

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

(307)

**Please read:**

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

**Do not read:**

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

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

(308)

**Please read:**

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

**Do not read:**

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

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

(309)

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



## Section 30: E-Cigarettes

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

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

**30.1** Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? (321)

- |   |                       |                                       |
|---|-----------------------|---------------------------------------|
| 1 | Yes                   |                                       |
| 2 | No                    | <b>[Go to CATI NOTE before Q31.1]</b> |
| 7 | Don't know / Not sure | <b>[Go to CATI NOTE before Q31.1]</b> |
| 9 | Refused               | <b>[Go to CATI NOTE before Q31.1]</b> |

**30.2** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? (322)

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

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

**CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes) or Q15.6 = 4 (Because you were told you had prostate cancer), continue. Otherwise, go to CATI NOTE before Q32.1.**

**31.1** You've told us that you have had cancer. I would like to ask you a few more questions about your cancer. How many different types of cancer have you had? (364)

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

**31.2** At what age were you first diagnosed with cancer?

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

- |   |   |  |           |
|---|---|--|-----------|
| – | – | Code age in years <b>[97 = 97 and older]</b> | (365-366) |
| 9 | 8 | Don't know / Not sure                        |           |
| 9 | 9 | Refused                                      |           |

**CATI NOTES: If Core Q6.6 = 1 (Yes) and Q18.1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”?” then code 21 if “Melanoma” or 22 if “other skin cancer”**

**If Core Q16.6 = 4 (Because you were told you had prostate cancer) and Q31.1 = 1 (Only one) then code 19.**

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

**31.3** What type of cancer was it?

(367-368)

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

**Breast**

0 1 Breast cancer

**Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx

**Gastrointestinal**

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

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

1 7 Leukemia (blood) cancer

1 8 Non-Hodgkin's Lymphoma

**Male reproductive**

1 9 Prostate cancer

2 0 Testicular cancer

**Skin**

2 1 Melanoma

2 2 Other skin cancer

**Thoracic**

2 3 Heart

2 4 Lung

**Urinary cancer**

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

**Others**

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

**Do not read:**

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

**31.4** Are you currently receiving treatment for cancer? (369)

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

- 1 Yes [Go to CATI NOTE before Q32.1]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to CATI NOTE before Q32.1]
- 4 No, I haven't started treatment [Go to CATI NOTE before Q32.1]
- 5 Treatment was not needed [Go to CATI NOTE before Q32.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q32.1]
- 9 Refused [Go to CATI NOTE before Q32.1]

**31.5** What type of doctor provides the majority of your health care? (370-371)

**Interviewer Notes: 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.)."**

**An Oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.**

**Please read [1-10]:**

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

**Do not read:**

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

- 31.5b** An advanced care plan details the care you would want to receive if you became unable to speak for yourself. Do you have an advanced care plan? (946)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 31.5c** How has your cancer diagnosis changed your employment status or career plans? Would you say... (947)

**Interviewer note: 'retired prior to cancer diagnosis' or 'never employed' fall under the 'no change' category**

**Please read:**

- 1 No change
- 2 You had to retire early
- 3 You had to go on disability
- 4 You had to change careers
- 5 You lost your job and are still looking for another one, or
- 6 Something else

**Do not read:**

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

- 31.6** Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? (372)

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

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

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

- 31.7** Have you ever received instructions from a doctor, nurse, or other health professional about *where* you should go or *who* you should see for your routine cancer check-ups after completing treatment for cancer? (373)

- 1 Yes
- 2 No **[Go to Q31.9]**

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

**31.8** Were these instructions written down or printed on paper for you? (374)

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

**31.9** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (375)

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

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

**31.10** Were you ever denied health insurance or life insurance coverage because of your cancer? (376)

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

**31.11** Did you participate in a clinical trial as part of your cancer treatment? (377)

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

**31.12** Do you currently have physical pain caused by your cancer or cancer treatment? (378)

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

**31.13** Would you say your pain is currently under control...? (379)

**Please read:**

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

**Do not read:**

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

**Section 32: Random Child Selection (Repeat of § 19)**

**CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q34.1.**

**If Core Q8.16 = 1, Interviewer please read:** "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q32.1]**

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

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

**Please read:**

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

**32.1** What is the birth month and year of the "Xth" child? (591-596)

- /           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).**

**32.2** Is the child a boy or a girl? (597)

- 1 Boy
  - 2 Girl
  - 9 Refused
- 32.3** Is the child Hispanic, Latino/a, or Spanish origin? (598-601)

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

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

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

**Do not read:**

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

- 32.4** Which one or more of the following would you say is the race of the child? (602-629)

**Interviewer Notes: Select all that apply**

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

**Please read:**

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

**Do not read:**

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

**CATI NOTE: If more than one response to Q32.4, continue. Otherwise, go to Q32.6.**

**32.5** Which one of these groups would you say best represents the child's race? (630-631)

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

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

**Do not read:**

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

**32.6** How are you related to the child? (632)

**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 33: Childhood Asthma Prevalence (Repeat of § 20)**

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

(633)

- 1 Yes
- 2 No **[Go to CATI NOTE before Q34.1]**
- 7 Don't know / Not sure **[Go to CATI NOTE before Q34.1]**
- 9 Refused **[Go to CATI NOTE before Q34.1]**

**33.2** Does the child still have asthma?

(634)

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

**Section 34: Binge Drinking (Repeat of § 21)**

**CATI NOTE: If Q10.3 ≥ 1; but < 77, continue. Otherwise, go to Q35.1.**

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

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

(906-907)

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

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

(908-909)

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

**34.3** During the same occasion, about how many drinks of liquor, including cocktails, did you have? (910-911)

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

**34.4** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (912-913)

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

**34.5** During this most recent occasion, where were you when you did most of your drinking? (914)

**Read only if necessary:**

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

**Do not read:**

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

**34.6** Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion? (915)

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

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

**CATI NOTE: If Q34.5 = 3 or Q34.5 = 4, continue. Otherwise, go to Q35.1.**

**34.7** During this most recent occasion, approximately how much did you pay for the alcohol which you drank? (916-918)

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

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

**Section 35: Other Tobacco Questions (Repeat of § 22 plus additions)**

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

**35.1** Has your doctor or other health care professional ever asked you if you were a smoker? (919)

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

**CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to Q35.4.**

**35.2** Earlier you indicated that you currently smoke cigarettes. Has your doctor or other health professional ever advised you of, or referred you to, a program or other resources available to help you stop smoking? (920)

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

**35.3** Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (921)

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

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

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

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

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

**35.5** In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (950)

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

**35.6** In the past seven days, have you been in a car with someone who was smoking a cigarette, cigar or pipe? (*Do not include yourself*) (951)

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

**Section 36: Healthy Days (Symptoms) [Repeat of § 26]**

**36.1** The next two questions are about health-related problems or symptoms. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (935-936)

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

**36.2** During the past 30 days, for about how many days have you felt worried, tense, or anxious? (937-938)

- Number of days
- 8 8 None

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

**Section 37: Workplace Injury (Repeat of § 27)**

**CATI NOTE: If Q8.15 = 1, 2 or 4, continue. Otherwise, go to CATI NOTE before Q38.1.**

- 37.1** During the past 12 months, were you injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional? (939)
- 1 Yes
  - 2 No [Go to CATI NOTE before Q38.1]
  - 7 Don't know / Not sure [Go to CATI NOTE before Q38.1]
  - 9 Refused [Go to CATI NOTE before Q38.1]

- 37.2** For your most recent work-related injury, who paid for the majority or most of your medical expenses? (940-941)

**Please read:**

- 0 1 Worker's compensation
- 0 2 You or your family's own health insurance plan or another health insurance coverage plan (Medicare and Medicaid)
- 0 3 You or your family paid out of pocket
- 0 4 Your employer without a workers' compensation claim
- 0 5 Another source
- 0 6 Who will pay is still in process or not resolved

**Do not read:**

- 8 8 No one paid or no treatment
- 7 7 Don't know / Not sure
- 9 9 Refused

**Section 38: Family Planning (Repeat of § 28)**

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

- 38.1** The next set of questions is about family planning. Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (942)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI NOTE: If Q8.20 = 1, go to closing statement. Otherwise, continue.**

- 38.2** Have you ever been pregnant? (943)
- 1 Yes
  - 2 No [Go to Closing Statement]

7 Don't know / Not sure **[Go to Closing Statement]**  
9 Refused **[Go to Closing Statement]**  
**38.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (944)

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

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

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

**Go to Closing Statement.**

**Version C: Sections 39 - 48**

**Section 39: E-Cigarettes (Repeat of § 30)**

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

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

**39.1** Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? (321)

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

**39.2** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? (322)

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

**Section 40: Cancer Survivorship (Repeat of § 18 plus additions)**

**CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes) or Q15.6 = 4 (Because you were told you had prostate cancer), continue. Otherwise, go to CATI NOTE before Q41.1.**

**40.1** You've told us that you have had cancer. I would like to ask you a few more questions about your cancer. How many different types of cancer have you had? (364)

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

**40.2** At what age were you first diagnosed with cancer?

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

- — Code age in years [97 = 97 and older] (365-366)
- 9 8 Don't know / Not sure
- 9 9 Refused

**CATI NOTES:** If Core Q6.6 = 1 (Yes) and Q18.1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”?” then code 21 if “Melanoma” or 22 if “other skin cancer”

If Core Q16.6 = 4 (Because you were told you had prostate cancer) and Q40.1 = 1 (Only one) then code 19.

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

**40.3** What type of cancer was it?

(367-368)

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

**Breast**

0 1 Breast cancer

**Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx

**Gastrointestinal**

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

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

1 7 Leukemia (blood) cancer

1 8 Non-Hodgkin's Lymphoma

**Male reproductive**

1 9 Prostate cancer

2 0 Testicular cancer

**Skin**

2 1 Melanoma

2 2 Other skin cancer

**Thoracic**

2 3 Heart

2 4 Lung



**Urinary cancer**

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

**Others**

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

**Do not read:**

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

**40.4** Are you currently receiving treatment for cancer? (369)

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

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

**40.5** What type of doctor provides the majority of your health care? (370-371)

**Interviewer Notes: 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.)."**

**An Oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.**

**Please read [1-10]:**

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

**Do not read:**

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

**40.6** Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? (372)

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

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

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

**40.7** Have you ever received instructions from a doctor, nurse, or other health professional about *where* you should go or *who* you should see for your routine cancer check-ups after completing treatment for cancer? (373)

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

**40.8** Were these instructions written down or printed on paper for you? (374)

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

**40.9** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (375)

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

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

- 40.10** Were you ever denied health insurance or life insurance coverage because of your cancer? (376)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- 40.11** Did you participate in a clinical trial as part of your cancer treatment? (377)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- 40.11b** In the past 30 days, have you experienced fatigue, listlessness, lack of energy, all-over weakness, or feeling tired? (952)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- 40.11c** How many days in the past 30 days have you been unable to do your regular activities because of fatigue or other similar symptoms? (953-954)
- Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused
- 40.12** Do you currently have physical pain caused by your cancer or cancer treatment? (378)
- 1 Yes  
2 No [Go to CATI NOTE before Q41.1]  
7 Don't know / Not sure [Go to CATI NOTE before Q41.1]  
9 Refused [Go to CATI NOTE before Q41.1]
- 40.13** Would you say your pain is currently under control...? (379)
- Please read:**
- 1 With medication (or treatment)  
2 Without medication (or treatment)  
3 Not under control, with medication (or treatment)  
4 Not under control, without medication (or treatment)
- Do not read:**
- 7 Don't know / Not sure  
9 Refused

**Section 41: Random Child Selection (Repeat of § 19)**

**CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q42.1.**

**If Core Q8.16 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q41.1]**

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

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

**Please read:**

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

**41.1**                      What is the birth month and year of the “Xth” child? (591-596)

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

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

**41.2**                      Is the child a boy or a girl? (597)

1	Boy
2	Girl
9	Refused

**41.3** Is the child Hispanic, Latino/a, or Spanish origin? (598-601)

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

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

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

**Do not read:**

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

**41.4** Which one or more of the following would you say is the race of the child? (602-629)

**Interviewer Notes: Select all that apply**

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

**Please read:**

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

**Do not read:**

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

**CATI NOTE: If more than one response to Q41.4, continue. Otherwise, go to Q41.6.**

**41.5** Which one of these groups would you say best represents the child's race? (630-631)

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

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

**Do not read:**

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

**41.6** How are you related to the child? (632)

**Please read:**

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

**Do not read:**

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

**Section 42: Childhood Asthma Prevalence (Repeat of § 20)**

- 42.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (633)
- |   |                       |                                |
|---|-----------------------|--------------------------------|
| 1 | Yes                   |                                |
| 2 | No                    | [Go to CATI NOTE before Q43.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q43.1] |
| 9 | Refused               | [Go to CATI NOTE before Q43.1] |

- 42.2** Does the child still have asthma? (634)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**Section 43: Binge Drinking (Repeat of § 21)**

**CATI NOTE: If Q10.3  $\geq$  1; but < 77, continue. Otherwise, go to Q44.1.**

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

- 43.1** During the most recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about how many beers, including malt liquor, did you drink? (906-907)
- |     |                       |
|-----|-----------------------|
| — — | Number of times       |
| 8 8 | None                  |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused               |
- 43.2** During the same occasion, about how many glasses of wine did you drink? (908-909)
- |     |                       |
|-----|-----------------------|
| — — | Number of times       |
| 8 8 | None                  |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused               |

**43.3** During the same occasion, about how many drinks of liquor, including cocktails, did you have? (910-911)

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

**43.4** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (912-913)

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

**43.5** During this most recent occasion, where were you when you did most of your drinking? (914)

**Read only if necessary:**

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

**Do not read:**

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

**43.6** Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion? (915)

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

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



**CATI NOTE: If Q43.5 = 3 or Q43.5 = 4, continue. Otherwise, go to Q44.1.**

**43.7** During this most recent occasion, approximately how much did you pay for the alcohol which you drank? (916-918)

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

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

**Section 44: Other Tobacco Questions (Repeat of § 35)**

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

**44.1** Has your doctor or other health care professional ever asked you if you were a smoker? (919)

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

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

**44.2** Earlier you indicated that you currently smoke cigarettes. Has your doctor or other health professional ever advised you of, or referred you to, a program or other resources available to help you stop smoking? (920)

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

**44.3** Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (921)

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

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

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

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

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

**44.5** In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (950)

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

**44.6** In the past seven days, have you been in a car with someone who was smoking a cigarette, cigar or pipe? (*Do not include yourself*) (951)

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

**Section 45: Healthy Days (Symptoms) [Repeat of § 26]**

**45.1** The next two questions are about health-related problems or symptoms. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (935-936)

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

**45.2** During the past 30 days, for about how many days have you felt worried, tense, or anxious? (937-938)

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

**Section 46: Workplace Injury (Repeat of § 27)**

**CATI NOTE: If Q8.15 = 1, 2 or 4, continue. Otherwise, go to CATI NOTE before Q47.1.**

**46.1** During the past 12 months, were you injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional? (939)

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

**46.2** For your most recent work-related injury, who paid for the majority or most of your medical expenses? (940-941)

**Please read:**

- 0 1 Worker's compensation
- 0 2 You or your family's own health insurance plan or another health insurance coverage plan (Medicare and Medicaid)
- 0 3 You or your family paid out of pocket
- 0 4 Your employer without a workers' compensation claim
- 0 5 Another source
- 0 6 Who will pay is still in process or not resolved

**Do not read:**

- 8 8 No one paid or no treatment
- 7 7 Don't know / Not sure
- 9 9 Refused

**Section 47: Family Planning (Repeat of § 28)****CATI NOTE: If Q8.1 = 2 (Female) and (Q8.2 ≥ 18 and Q8.2 ≤ 50), continue. Otherwise, go to Q48.1.**

- 47.1** The next set of questions is about family planning. Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (942)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI NOTE: If Q8.20 = 1, go to Q48.1. Otherwise, continue.**

- 47.2** Have you ever been pregnant? (943)
- 1 Yes
  - 2 No [Go to Q48.1]
  - 7 Don't know / Not sure [Go to Q48.1]
  - 9 Refused [Go to Q48.1]

- 47.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (944)
- 1 Yes
  - 2 No [Go to Q48.1]
  - 7 Don't know / Not sure [Go to Q48.1]
  - 9 Refused [Go to Q48.1]

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

## Section 48: Prescription Drug Use

**Please read:** the final set of questions is about prescription drug use.

**48.1** In the past year, did you use any pain medications, such as Oxycodone, Vicodin, Norco, Percocet, or similar that were prescribed to you by a doctor? (955)

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

**48.2** The last time you filled a prescription for pain medication that was given to you by a doctor or other health professional, did you use any of the pain medication more frequently or in higher doses than directed? (956)

- 1 Yes
- 2 No [Go to Q48.4]
- 7 Don't know / Not sure [Go to Q48.4]
- 9 Refused [Go to Q48.4]

**48.3** We want to understand why people use prescription medication other than prescribed. What were the main reasons that you used the medication differently than prescribed? (957-959)

**Interviewer Note: Allow up to three responses**

- 1 Pain relief (prescribed dose did not relieve pain)
- 2 To relieve other physical symptoms
- 3 To relieve anxiety and depression
- 4 For fun, good feeling, getting high, peer pressure (friends were doing it)
- 5 To prevent or relieve withdrawal symptoms
- 6 Other (please specify)
- 7 Don't know / Not sure
- 9 Refused

**48.4** The last time you filled a prescription for pain medication was there any medication leftover? (960)

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

**48.5** What did you do with the leftover prescription pain medication? (961)

- 1 Kept it
- 2 Put it in the trash
- 3 Gave it to someone else
- 4 Sold it
- 5 Turned in at an event or pharmacy
- 6 Other (please specify)
- 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.