

## 2019 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 — (101)

**Please read:**

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

**Or**

- 5 Poor

**Do not read:**

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

**Section 2: Healthy Days — 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? (102-103)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (104-105)

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

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (106-107)

- — 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? (108)

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

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

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

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

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

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

(109)

- 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?

(110)

- 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?

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

(111)

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

## Section 4: Hypertension Awareness

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

(112)

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

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

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

**4.2** Are you currently taking prescription medicine for your high blood pressure?

(113)

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

## Section 5: Cholesterol Awareness

- 5.1** Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked? (114)

**Read only if necessary:**

- |   |                                                             |                     |
|---|-------------------------------------------------------------|---------------------|
| 1 | Never                                                       | <b>[Go to Q6.1]</b> |
| 2 | Within the past year (anytime less than one year ago)       |                     |
| 3 | Within the past 2 years (1 year but less than 2 years ago)  |                     |
| 4 | Within the past 3 years (2 years but less than 3 years ago) |                     |
| 5 | Within the past 4 years (3 years but less than 4 years ago) |                     |
| 6 | Within the past 5 years (4 years but less than 5 years ago) |                     |
| 8 | 5 or more years ago                                         |                     |

**Do not read:**

- |   |                       |                     |
|---|-----------------------|---------------------|
| 7 | Don't know / Not sure |                     |
| 9 | Refused               | <b>[Go to Q6.1]</b> |

- 5.2** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (115)

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

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

- 5.3** Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol? (116)

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

## Section 6: Chronic Health Conditions

**6.1** Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure.” (Ever told) (you had) a heart attack also called a myocardial infarction? (117)

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

**6.2** (Ever told) (you had) angina or coronary heart disease? (118)

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

**6.3** (Ever told) (you had) a stroke? (119)

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

**6.4** (Ever told) (you had) asthma? (120)

- 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? (121)

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



**6.6** (Ever told) (you had) skin cancer? (122)

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

**6.7** (Ever told) (you had) any other types of cancer? (123)

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

**6.8** (Ever told) (you had) Chronic Obstructive Pulmonary Disease, COPD, emphysema or chronic bronchitis? (124)

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

**6.9** (Ever told) (you had) a depressive disorder, (including depression, major depression, dysthymia, or minor depression)? (125)

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

**6.10** Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease? (126)

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

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

**6.11** (Ever told) (you had) diabetes? (127)

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

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

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

**CATI NOTE: If Q6.11 = 1 (Yes), go to Q6.12. Otherwise, go to Q7.1.**

**6.12** How old were you when you were told you had diabetes? (128-129)

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

## Section 6A: Diabetes Module

**CATI NOTE: To be asked following Core Q6.12; if response to Q6.11 is “Yes” (code=1)**

**6A.1** Are you now taking insulin? (280)

- 1 Yes
- 2 No
- 9 Refused

**6A.2** About how often do you check your blood for glucose or sugar?

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

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

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

(281-283)

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

**6A.3** Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations? (284-286)

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

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

**6A.4** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (287-288)

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

**6A.5** About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

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

(289-290)

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

**CATI NOTE: If Q6A.3 = 555 (No feet), go to Q6A.7.**

**6A.6** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (291-292)

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

**6A.7** When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light? (293)

**Read if necessary:**

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

**Do not read:**

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

**6A.8** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (294)

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

**6A.9** Have you ever taken a course or class in how to manage your diabetes yourself? (295)

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

## Section 7: Arthritis Burden

- 7.1 (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (130)

**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 [Go to Q8.1]  
 7 Don't know / Not sure [Go to Q8.1]  
 9 Refused [Go to Q8.1]

- 7.2 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (131)

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

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

- 7.3 Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (132)

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

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

(133)

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

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

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

(134)

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

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

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

(135-136)

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

## Section 8: Demographics

**Interviewer note: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.**

**8.1**                    What is your age? (137-138)

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

**8.2**                    Are you Hispanic, Latino/a, or Spanish origin? (139-142)

**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

**8.3**                    Which one or more of the following would you say is your race? (143-170)

**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 Q8.3; continue. Otherwise, go to Q8.4a.**

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

(171-172)

**Interviewer Note: If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading. If respondent has selected multiple races in previous and refuses to select a single race, code refused.**

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

**8.4a** Are you of Arab or Chaldean origin?

(902)

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



**8.5** Are you...? (173)

**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

**8.6** What is the highest grade or year of school you completed? (174)

**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

**8.7** Do you own or rent your home? (175)

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

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

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

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

**8.8** In what county do you currently live? (176-178)

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

**CATI NOTE: If Q8.8 = 163 (Wayne County), continue with Q8.8a. Otherwise, go to Q8.9.**

**8.8a** Do you live in the city of Detroit? (903)

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

**8.9** What is the ZIP Code where you currently live? (179-183)

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

**CATI NOTE: If cellular telephone interview skip to Q8.12 (QSTVER ≥ 20)**

**8.10** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? (184)

- 1 Yes
- 2 No **[Go to Q8.12]**
- 7 Don't know / Not sure **[Go to Q8.12]**
- 9 Refused **[Go to Q8.12]**

**8.11** How many of these telephone numbers are residential numbers? (185)

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

**8.12** How many cell phones do you have for personal use? (186)

- Cell phones [**6 = 6 or more**]
- 7 Don't know / Not sure
- 9 Refused

**8.13** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (187)

**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

**8.14** Are you currently...? (188)

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

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

**Do not code 7 for "don't know" on this question.**

**Please read:**

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

**Or**

- 8 Unable to work

**Do not read:**

- 9 Refused

**8.15** How many children less than 18 years of age live in your household? (189-190)

— — Number of children  
 8 8 None  
 9 9 Refused

**8.16** Is your annual household income from all sources— (191-192)

**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

**8.17** About how much do you weigh without shoes? (193-196)

**Interviewer Note: If respondent answers in metrics, put “9” in column 182.**

**Round fractions up**

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

**8.18** About how tall are you without shoes? (197-200)

**Interviewer Note: If respondent answers in metrics, put “9” in column 186.**

**Round fractions down**

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

**CATI Note: If female 49 years old or younger, continue. Otherwise, go to Q8.19a.**

**8.19** To your knowledge, are you now pregnant? (201)

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

**8.19a** Next, I'm going to ask you a question about sexual orientation and gender identity. Do you consider yourself to be: A - Heterosexual, that is straight; B - Homosexual, that is **[if male insert “gay,” if female insert “lesbian”]**; C - Bisexual, D - Transgender, or E - Something else? (904)

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

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

**Do not probe.**

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

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

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

9 Refused

**8.20** 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? (202)

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

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

(203)

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

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

(204)

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

**8.23** Do you have serious difficulty walking or climbing stairs?

(205)

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

**8.24** Do you have difficulty dressing or bathing?

(206)

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

- 8.25** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (207)
- 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? (208)
- Interviewer Notes: Do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana. 5 packs = 100 cigarettes**
- 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? (209)
- 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? (210)
- 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? (211-212)
- 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? (213)

**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? (214-216)

- 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? (217-218)

**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? (219-220)

- \_ \_ 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?  
(221-222)

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

## Section 11: Exercise (Physical Activity)

**11.1** 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?

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

(223)

1	Yes	
2	No	[Go to Q11.8]
7	Don't know / Not sure	[Go to Q11.8]
9	Refused	[Go to Q11.8]

**11.2.** What type of physical activity or exercise did you spend the most time doing during the past month?

(224-225)

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

__ __	(Specify)	[See Physical Activity Coding List]
7 7	Don't know / Not sure	[Go to Q11.8]
9 9	Refused	[Go to Q11.8]

**11.3** How many times per week or per month did you take part in this activity during the past month?

(226-228)

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

- 11.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (229-231)

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

- 11.5** What other type of physical activity gave you the next most exercise during the past month? (232-233)

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

__	(Specify)	<b>[See Physical Activity Coding List]</b>
8 8	No other activity	<b>[Go to Q11.8]</b>
7 7	Don't know / Not sure	<b>[Go to Q11.8]</b>
9 9	Refused	<b>[Go to Q11.8]</b>

- 11.6** How many times per week or per month did you take part in this activity during the past month? (234-236)

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

- 11.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (237-239)

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

- 11.8** During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

**Interviewer note: Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.**

(240-242)

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

## Section 12: Fruits and Vegetables

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

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

- 12.1** Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. (243-245)

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

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

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

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

- 12.2** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? (246-248)

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

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

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

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

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

(249-251)

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

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

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

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

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

(252-254)

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

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

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

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

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

(255-257)

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

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

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

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

**12.6** Not including lettuce salads and potatoes, how often did you eat other vegetables?  
(258-260)

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

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

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

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

## Section 13: Immunization

**13.1** During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?  
(261)

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

- 1 Yes
- 2 No [Go to Q13.3]
- 7 Don't know / Not sure [Go to Q13.3]
- 9 Refused [Go to Q13.3]

**13.2** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? (262-267)

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

**13.3** Have you received a tetanus shot in the past 10 years? (268)

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

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus shot in the past 10 years
- 7 Don't know / Not sure
- 9 Refused

**13.4** Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (269)

**Interviewer Note: Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.**

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

## Section 14: HIV/AIDS

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

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

(270)

- 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** Not including blood donations, in what month and year was your last HIV test? (271-276)

**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

**14.3** 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? (277)

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

**Version A: Sections 15-28****Section 15: Cognitive Decline**

**CATI NOTE:** If Q8.1  $\geq$  45, continue. Otherwise, go to CATI NOTE before Q16.1.

**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.

**15.1** During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (377)

- |   |                       |                                       |
|---|-----------------------|---------------------------------------|
| 1 | Yes                   |                                       |
| 2 | No                    | <b>[Go to CATI Note before Q16.1]</b> |
| 7 | Don't know / Not sure |                                       |
| 9 | Refused               | <b>[Go to CATI Note before Q16.1]</b> |

**15.2** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is... (378)

**Please read:**

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

**Do not read:**

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

**15.3** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is... (379)

**Please read:**

- |   |           |                      |
|---|-----------|----------------------|
| 1 | Always    |                      |
| 2 | Usually   |                      |
| 3 | Sometimes |                      |
| 4 | Rarely    | <b>[Go to Q15.5]</b> |
| 5 | Never     | <b>[Go to Q15.5]</b> |

**Do not read:**

- |   |                       |                      |
|---|-----------------------|----------------------|
| 7 | Don't know / Not sure | <b>[Go to Q15.5]</b> |
| 9 | Refused               | <b>[Go to Q15.5]</b> |



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

(380)

**Please read:**

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

**Do not read:**

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

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

(381)

**Please read:**

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

**Do not read:**

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

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

(382)

- 1 Yes
- 2 No

**Do not read:**

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

## Section 16: Adverse Childhood Experiences

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

**16.1** Now, looking back before you were 18 years of age---Did you live with anyone who was depressed, mentally ill, or suicidal?

(394)

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

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

(395)

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

**16.3** Did you live with anyone who used illegal street drugs or who abused prescription medications?

(396)

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

**16.4** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

(397)

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

**16.5** Were your parents separated or divorced?

(398)

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

**16.6** How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Was it... (399)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**16.7** Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it-- (400)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**16.8** How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it... (401)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**16.9** How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (402)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**16.10** How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? (403)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**16.11** How often did anyone at least 5 years older than you or an adult force you to have sex? (404)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**16.12** For the next three questions, I would like you to think about the present day. The next question is about emotional support. How often do you get the social and emotional support you need? (905)

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

**Please read:**

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

**Do not read:**

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

**16.13**

How many people could you count on to come help you if you called for practical help, like someone to pick up groceries, talk to about a problem, or provide you or a household member with care?

(906)

**Please read:**

- 1 None
- 2 One
- 3 Two
- 4 Three
- 5 Four or more

**Do not read:**

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

**16.14**

Think about the people you rely on for help and support. How common is it for you to reach outside this circle of people to give or receive practical help or social and emotional support?

**Prompt 1, if needed: “help and support” may include informal social and emotional support; help with errands, tasks, or chores; and information for problem solving.**

**Prompt 2, if needed: “reach outside” to people you are unfamiliar with, who are not immediate friends or family.**

**Prompt 3, if needed: “circle of people” are those individuals you reach to for social and emotional support or practical help**

(907)

**Please read:**

- 1 Very common
- 2 Somewhat common
- 3 Somewhat uncommon
- 4 Very uncommon

**Do not read:**

- 7 Don't know / Not sure

9 Refused

**Section 17: Random Child Selection**

**CATI NOTE: If Core Q8.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q20.1.**

**If Core Q8.15 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q17.1]**

**If Core Q8.15 is >1 and Core Q8.15 does not equal 88 or 99, Interviewer please read:** “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

**Please read:**

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

**17.1** What is the birth month and year of the “Xth” child? (624-629)

__ / __ __	Code month and year
7 7 / 7 7 7 7	Don’t know / Not sure
9 9 / 9 9 9 9	Refused

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

**17.2** Is the child a boy or a girl? (630)

1	Boy
2	Girl
9	Refused

**17.3** Is the child Hispanic, Latino/a, or Spanish origin? (631-634)

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

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

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

**Do not read:**

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

**17.4** Which one or more of the following would you say is the race of the child? (635-662)

**Interviewer Notes: Select all that apply**

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

**Please read:**

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

**Do not read:**

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

**CATI NOTE: If more than one response to Q17.4, continue. Otherwise, go to Q17.6.**

**17.5** Which one of these groups would you say best represents the child's race? (663-664)

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

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

**Do not read:**

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

**17.6** How are you related to the child?

(665)

**Please read:**

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

**Do not read:**

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



## Section 18: Childhood Asthma Prevalence

### 18.1 **CATI NOTE: Fill in correct [Xth] number.**

The next two questions are about the Xth child.

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

(666)

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

### 18.2 Does the child still have asthma?

(667)

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

## Section 19: Cancer Survivorship

**CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), continue. Otherwise, go to Q20.1.**

**Interviewer Note: Read:** You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

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

(908)

- |   |                                 |                      |
|---|---------------------------------|----------------------|
| 1 | Yes                             | <b>[Go to Q20.1]</b> |
| 2 | No, I've completed treatment    |                      |
| 3 | No, I've refused treatment      | <b>[Go to Q20.1]</b> |
| 4 | No, I haven't started treatment | <b>[Go to Q20.1]</b> |
| 5 | Treatment was not needed        | <b>[Go to Q20.1]</b> |
| 7 | Don't know / Not sure           | <b>[Go to Q20.1]</b> |
| 9 | Refused                         | <b>[Go to Q20.1]</b> |

### 19.2 Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

(909)

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

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

**19.3** Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should go or *who* you should see for your routine cancer check-ups after completing treatment for cancer? (910)

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

**19.4** Were these instructions written down or printed on paper for you? (911)

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

**19.5** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (912)

**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

**19.6** Did you participate in a clinical trial as part of your cancer treatment? (913)

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

**19.7** Do you currently have physical pain caused by your cancer or cancer treatment? (914)

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

9 Refused [Go to Q20.1]

**19.8** Would you say your pain is currently under control? (915)

**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 20: Family Planning

**CATI NOTE: If (Female) and (Q8.1 ≥ 18 and Q8.1 ≤ 50), continue. Otherwise, go to Q21.1.**

**20.1** 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? (916)

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

**CATI NOTE: If Q8.19 = 1, go to Q21.1. Otherwise, continue.**

**20.2** Have you ever been pregnant? (917)

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

**20.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (918)

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

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

(919)

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

## Section 21: Lung Cancer Screening

**CATI NOTE: If Q9.2 = 1, 2, or 3, continue. Otherwise, go to Q21.3.**

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

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

*If Q9.2 = 3:*

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

(920-921)

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

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

**21.2** *If Q9.2 = 1:*

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

*If Q9.2 = 2:*

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

*If Q9.2 = 3:*

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

(922-923)

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

- 21.3** Has a doctor, nurse, or other health professional EVER told you that you had lung cancer? (924)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 21.4** A spiral CT scan is a procedure used to diagnose early stage lung cancer. Have you ever had a spiral CT scan? (925)
- 1 Yes
  - 2 No [Go to Q22.1]
  - 7 Don't know / Not sure [Go to Q22.1]
  - 9 Refused [Go to Q22.1]

- 21.5** How long has it been since your last spiral CT scan? (926)
- Read only if necessary:**
- 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years ago)
  - 3 Within the past 3 years (2 years but less than 3 years ago)
  - 4 Within the past 5 years (3 years but less than 5 years ago)
  - 5 5 or more years ago

- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused

**Section 22: Healthy Days (Symptoms)**

- 22.1** 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? (927-928)
- Number of days
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

- 22.2** During the past 30 days, for about how many days have you felt worried, tense, or anxious? (929-930)
- Number of days
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

## Section 23: Binge Drinking

**Interviewer Note: Read:** The next questions ask about your perceptions of alcohol use, and in particular, binge drinking. Binge drinking is defined as having, on one occasion, 5 or more drinks for men and 4 or more drinks for women. A drink is defined as a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

**23.1** The next two questions ask for your opinion on binge drinking. Please indicate how much you agree or disagree with the following statement: “As long as you are not harming other people, I don’t see a problem with binge drinking”. (931)

**Read:**

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly Disagree

**Do not read:**

- 7 Don’t know / Not sure
- 9 Refused

**23.2** Do you think binge drinking is harmful to your health? (932)

**Read:**

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No

**Do not read:**

- 7 Don’t know / Not sure
- 9 Refused

## Section 24: Stroke

**24.1** Next, I would like to ask you about the warning signs for stroke, that is, what are the first signs or symptoms that someone is having a stroke. From anything you may have heard or read, what do you think are the three most important signs and symptoms of a stroke? (933-938)

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

**Allow for three responses**

**Probe for additional responses with “Anything else?”**

**Do not read:**

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

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

(939-940)

**Please read:**

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

**Do not read:**

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

**Section 25: Healthy Food**

**25.1** How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say--

(941)

**Read:**

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

**Do not read:**

- 7 Don't know / Not sure

9 Refused

**25.2** I'm going to read you a list of reasons people may not buy many fruits and vegetables. If this is true for your household, please tell me which is your main reason for not buying as many fruits and vegetables as you would like. Is it because:

**Interviewer Note: Read if necessary (if the respondent chooses more than one): ask "which reason is the main or biggest reason (for not buying as many fruits and vegetables as you would like)?"**

(942)

**Read:**

- 1 You/your family can't afford very many
- 2 They aren't readily available at the store where you/your family shops.
- 3 They are too hard or time consuming to prepare.
- 4 There is a different main reason why you/your family doesn't buy many fruits and vegetables
- 5 None of these – you/your family buys all the fruits and vegetables you want to buy

**Do not read:**

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

**Interviewer Note: Read: I'm going to read two statements about the food you prepare and eat at home. Please tell me how strongly you disagree or agree with each statement.**

**25.3** I have easy access to a store that meets my food needs. Easy access means the store is located near where you live or another convenient location you can get to easily.

(943)

**Read:**

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly Disagree

**Do not read:**

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

**25.4** It is easy to find quality fresh fruits and vegetables where I live. By quality we mean the freshness and flavor you expect when you buy fruits and vegetables.

(944)

**Read:**

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree



5 Strongly Disagree

**Do not read:**

7 Don't know / Not sure  
9 Refused

## Section 26: Prescription Drug Use

**26.1** The next few questions will ask about prescription drug use. In the past year, did you use any pain medications that were prescribed to you by a doctor?

(945)

1 Yes  
2 No (include “not prescribed” and “prescribed but did not use” **[Go to Q27.1]**)

**Do not read:**

7 Don't know / Not sure **[Go to Q27.1]**  
9 Refused **[Go to Q27.1]**

**26.2** The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

(946)

1 Yes  
2 No **[Go to Q26.4]**

**Do not read:**

7 Don't know / Not sure **[Go to Q26.4]**  
9 Refused **[Go to Q26.4]**

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

(947-949)

**Interviewer Note: Do not read responses, check all that apply. Read: Anything else?**

1 Pain relief, prescribed dose did not relieve pain  
2 To relieve other physical symptoms  
3 To relieve anxiety or depression  
4 For fun, good feeling, getting high, peer pressure (friends were doing it)  
5 To prevent or relieve withdrawal symptoms  
6 Other (specify)

**Do not read:**

7 Don't know / Not sure  
9 Refused

- 26.4** The last time you filled a prescription for pain medication was there any medication leftover? (950)
- 1 Yes
  - 2 No **[Go to Q27.1]**

**Do not read:**

- 7 Don't know / Not sure **[Go to Q27.1]**
- 9 Refused **[Go to Q27.1]**

- 26.5** What did you do with the leftover prescription pain medication? (951)

**Interviewer Note: Do not read responses.**

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

**Do not read:**

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

**Section 27: Hepatitis C** (952)

- 27.1** Have you ever been tested for Hepatitis C Virus?

- 1 Yes
- 2 No

**Do not read:**

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

## Section 28: Gambling Disorder

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

**28.1** In the past 30 days, have you bet money or possessions on any of the following activities? Lottery games including scratch tickets, pull tabs or lotto; casino gaming including slot machines or table games; card games such as Texas Hold 'em; sports betting including car, dog or horse racing; internet betting; bingo; dice games; board games or any other type of wagering?

(953)

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

**Go to Closing Statement.**

**Version B: Sections 29 - 41****Section 29: Adverse Childhood Experiences (Repeat of § 16)**

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

**29.1** Now, looking back before you were 18 years of age---Did you live with anyone who was depressed, mentally ill, or suicidal? (394)

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

**29.2** Did you live with anyone who was a problem drinker or alcoholic? (395)

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

**29.3** Did you live with anyone who used illegal street drugs or who abused prescription medications? (396)

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

**29.4** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (397)

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

**29.5** Were your parents separated or divorced? (398)

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

9 Refused

**29.6** How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Was it... (399)

**Please read:**

1 Never  
2 Once  
3 More than once

**Do not read:**

7 Don't know / Not sure  
9 Refused

**29.7** Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it... (400)

**Please read:**

1 Never  
2 Once  
3 More than once

**Do not read:**

7 Don't know / Not sure  
9 Refused

**29.8** How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it... (401)

**Please read:**

1 Never  
2 Once  
3 More than once

**Do not read:**

7 Don't know / Not sure  
9 Refused

**29.9** How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (402)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**29.10** How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? (403)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**29.11** How often did anyone at least 5 years older than you or an adult force you to have sex? (404)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**29.12** For the next three questions, I would like you to think about the present day. The next question is about emotional support. How often do you get the social and emotional support you need? (905)

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

**Please read:**

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

**Do not read:**

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

**29.13**

How many people could you count on to come help you if you called for practical help, like someone to pick up groceries, talk to about a problem, or provide you or a household member with care?

(906)

**Please read:**

- 1 None
- 2 One
- 3 Two
- 4 Three
- 5 Four or more

**Do not read:**

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

**29.14**

Think about the people you rely on for help and support. How common is it for you to reach outside this circle of people to give or receive practical help or social and emotional support?

**Prompt 1, if needed: “help and support” may include informal social and emotional support; help with errands, tasks, or chores; and information for problem solving.**

**Prompt 2, if needed: “reach outside” to people you are unfamiliar with, who are not immediate friends or family.**

**Prompt 3, if needed: “circle of people” are those individuals you reach to for social and emotional support or practical help**

(907)

**Please read:**

- 1 Very common
- 2 Somewhat common
- 3 Somewhat uncommon
- 4 Very uncommon

**Do not read:**

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

**Section 30: Random Child Selection (Repeat of § 17)**

**CATI NOTE: If Core Q8.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q32.1.**

**If Core Q8.15 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q30.1]**

**If Core Q8.15 is >1 and Core Q8.15 does not equal 88 or 99, Interviewer please read:** “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

**Please read:**

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

**30.1**                      What is the birth month and year of the “Xth” child? (624-629)

- /                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).**

**30.2**                      Is the child a boy or a girl? (630)

- 1      Boy
- 2      Girl
- 9      Refused

**30.3**                      Is the child Hispanic, Latino/a, or Spanish origin? (631-634)

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

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



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

**Do not read:**

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

**30.4** Which one or more of the following would you say is the race of the child? (635-662)

**Interviewer Notes: Select all that apply**

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

**Please read:**

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

**Do not read:**

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

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

**30.5** Which one of these groups would you say best represents the child's race? (663-664)

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

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

**Do not read:**

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

**30.6** How are you related to the child?

(665)

**Please read:**

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

**Do not read:**

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

**Section 31: Childhood Asthma Prevalence (Repeat of § 18)****31.1** CATI NOTE: Fill in correct [Xth] number.

The next two questions are about the Xth child.

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

(666)

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

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

(667)

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

**Section 32: Cancer Survivorship (Repeat of § 19)****CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), continue. Otherwise, go to Q33.1.****Interviewer Note: Read:** You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.**32.1** Are you currently receiving treatment for cancer? By treatment, we mean surgery, removal of cancerous tissue, radiation therapy, chemotherapy, or chemotherapy pills.

(908)

- |   |                                 |                      |
|---|---------------------------------|----------------------|
| 1 | Yes                             | <b>[Go to Q33.1]</b> |
| 2 | No, I've completed treatment    |                      |
| 3 | No, I've refused treatment      | <b>[Go to Q33.1]</b> |
| 4 | No, I haven't started treatment | <b>[Go to Q33.1]</b> |
| 5 | Treatment was not needed        | <b>[Go to Q33.1]</b> |
| 7 | Don't know / Not sure           | <b>[Go to Q33.1]</b> |
| 9 | Refused                         | <b>[Go to Q33.1]</b> |

- 32.2** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (909)

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

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

- 32.3** Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should go or *who* you should see for your routine cancer check-ups after completing treatment for cancer? (910)

- 1 Yes
- 2 No [Go to Q32.5]
- 7 Don’t know / Not sure [Go to Q32.5]
- 9 Refused [Go to Q32.5]

- 32.4** Were these instructions written down or printed on paper for you? (911)

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

- 32.5** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (912)

**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

- 32.6** Did you participate in a clinical trial as part of your cancer treatment? (913)

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

- 32.7** Do you currently have physical pain caused by your cancer or cancer treatment? (914)
- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q33.1]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q33.1]</b> |
| 9 | Refused               | <b>[Go to Q33.1]</b> |

- 32.8** Would you say your pain is currently under control? (915)
- 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 33: Family Planning (Repeat of § 20)**

**CATI NOTE: If (Female) and (Q8.1 ≥ 18 and Q8.1 ≤ 50), continue. Otherwise, go to Q34.1.**

- 33.1** 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? (916)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**CATI NOTE: If Q8.19 = 1, go to Q34.1. Otherwise, continue.**

- 33.2** Have you ever been pregnant? (917)
- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q34.1]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q34.1]</b> |
| 9 | Refused               | <b>[Go to Q34.1]</b> |

- 33.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (918)

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

**33.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (919)

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

**Section 34: Lung Cancer Screening (Repeat of § 21)**

**CATI NOTE: If Q9.2 = 1, 2, or 3, continue. Otherwise, go to Q34.3.**

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

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

If Q9.2 = 3:

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

(920-921)

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

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

**34.2** If Q9.2 = 1:

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

If Q9.2 = 2:

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

If Q9.2 = 3:

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

(922-923)

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

**34.3** Has a doctor, nurse, or other health professional EVER told you that you had lung cancer? (924)

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

**34.4** A spiral CT scan is a procedure used to diagnose early stage lung cancer. Have you ever had a spiral CT scan? (925)

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

**34.5** How long has it been since your last spiral CT scan? (926)

**Read only if necessary:**

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

**Do not read:**

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

**Section 35: Healthy Days (Symptoms) (Repeat of § 22)**

**35.1** 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? (927-928)

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

**35.2** During the past 30 days, for about how many days have you felt worried, tense, or anxious? (929-930)

- Number of days

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

### Section 36: Binge Drinking (Repeat of § 23)

**Interviewer Note: Read: The next questions ask about your perceptions of alcohol use, and in particular, binge drinking. Binge drinking is defined as having, on one occasion, 5 or more drinks for men and 4 or more drinks for women. A drink is defined as a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.**

**36.1** The next two questions ask for your opinion on binge drinking. Please indicate how much you agree or disagree with the following statement: “As long as you are not harming other people, I don’t see a problem with binge drinking”. (931)

**Read:**

1 Strongly Agree  
 2 Agree  
 3 Neither agree nor disagree  
 4 Disagree  
 5 Strongly Disagree

**Do not read:**

7 Don't know / Not sure  
 9 Refused

**36.2** Do you think binge drinking is harmful to your health? (932)

**Read:**

1 Definitely Yes  
 2 Probably Yes  
 3 Probably No  
 4 Definitely No

**Do not read:**

7 Don't know / Not sure  
 9 Refused

### Section 37: Stroke (Repeat of § 24)

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



(933-938)

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

**Allow for three responses**

**Probe for additional responses with “Anything else?”**

**Do not read:**

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

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

(939-940)

**Please read:**

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

**Do not read:**

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

**Section 38: Healthy Food (Repeat of § 25)**

- 38.1** How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say-- (941)

**Read:**

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

**Do not read:**

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

- 38.2** I'm going to read you a list of reasons people may not buy many fruits and vegetables. If this is true for your household, please tell me which is your main reason for not buying as many fruits and vegetables as you would like. Is it because:

**Interviewer Note: Read if necessary (if the respondent chooses more than one): ask "which reason is the main or biggest reason (for not buying as many fruits and vegetables as you would like)?"** (942)

**Read:**

- 1 You/your family can't afford very many
- 2 They aren't readily available at the store where you/your family shops.
- 3 They are too hard or time consuming to prepare.
- 4 There is a different main reason why you/your family doesn't buy many fruits and vegetables
- 5 None of these – you/your family buys all the fruits and vegetables you want to buy

**Do not read:**

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

**Interviewer Note: Read: I'm going to read two statements about the food you prepare and eat at home. Please tell me how strongly you disagree or agree with each statement.**

- 38.3** I have easy access to a store that meets my food needs. Easy access means the store is located near where you live or another convenient location you can get to easily. (943)

**Read:**

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly Disagree

**Do not read:**

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

- 38.4** It is easy to find quality fresh fruits and vegetables where I live. By quality we mean the freshness and flavor you expect when you buy fruits and vegetables. (944)

**Read:**

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly Disagree

**Do not read:**

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

**Section 39: Prescription Drug Use (Repeat of § 26)**

- 39.1** The next few questions will ask about prescription drug use. In the past year, did you use any pain medications that were prescribed to you by a doctor?

(945)

- 1 Yes
- 2 No (include “not prescribed” and “prescribed but did not use” **[Go to Q40.1]**)

**Do not read:**

- 7 Don't know / Not sure **[Go to Q40.1]**
- 9 Refused **[Go to Q40.1]**

- 39.2** The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

(946)

- 1 Yes
- 2 No **[Go to Q39.4]**

**Do not read:**

- 7 Don't know / Not sure **[Go to Q39.4]**
- 9 Refused **[Go to Q39.4]**

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

(947-949)

**Interviewer Note: Do not read responses, check all that apply. Read: Anything else?**

- 1 Pain relief, prescribed dose did not relieve pain
- 2 To relieve other physical symptoms
- 3 To relieve anxiety or depression
- 4 For fun, good feeling, getting high, peer pressure (friends were doing it)
- 5 To prevent or relieve withdrawal symptoms
- 6 Other (specify)

**Do not read:**

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

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

(950)

- 1 Yes
- 2 No **[Go to Q40.1]**

**Do not read:**

- 7 Don't know / Not sure **[Go to Q40.1]**
- 9 Refused **[Go to Q40.1]**

**39.5** What did you do with the leftover prescription pain medication?

(951)

**Interviewer Note: Do not read responses.**

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

**Do not read:**

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

## Section 40: Other Tobacco Questions

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

**40.1** Has your doctor or other health care professional ever asked you if you were a smoker? (954)

- 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 Q40.4.

**40.2** 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? (955)

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

**40.3** 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? (956)

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

**40.4** On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe? (957-958)

**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.

**40.5** In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (959)

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

**40.6** 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*) (960)

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

## Section 41: 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.**

**41.1** Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? (961)

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

**41.2** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? (962)

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

**Go to Closing Statement.**

**Version C: Sections 42 - 54****Section 42: Adverse Childhood Experiences (Repeat of § 16)**

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

**42.1** Now, looking back before you were 18 years of age—Did you live with anyone who was depressed, mentally ill, or suicidal? (394)

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

**42.2** Did you live with anyone who was a problem drinker or alcoholic? (395)

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

**42.3** Did you live with anyone who used illegal street drugs or who abused prescription medications? (396)

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

**42.4** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (397)

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

**42.5** Were your parents separated or divorced? (398)

- 1 Yes

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

**42.6** How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Was it... (399)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**42.7** Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it... (400)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**42.8** How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it... (401)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**42.9** How often did anyone at least 5 years older than you or an adult, ever touch you sexually?



(402)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**42.10** How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?

(403)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

**42.11** How often did anyone at least 5 years older than you or an adult force you to have sex?

(404)

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**42.12** For the next three questions, I would like you to think about the present day. The next question is about emotional support. How often do you get the social and emotional support you need?

(905)

**Interviewer note: If asked, say "please include support from any source."**

**Please read:**

- 1 Always
- 2 Usually

- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

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

**42.13**

How many people could you count on to come help you if you called for practical help, like someone to pick up groceries, talk to about a problem, or provide you or a household member with care?

(906)

**Please read:**

- 1 None
- 2 One
- 3 Two
- 4 Three
- 5 Four or more

**Do not read:**

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

**42.14**

Think about the people you rely on for help and support. How common is it for you to reach outside this circle of people to give or receive practical help or social and emotional support?

**Prompt 1, if needed: “help and support” may include informal social and emotional support; help with errands, tasks, or chores; and information for problem solving.**

**Prompt 2, if needed: “reach outside” to people you are unfamiliar with, who are not immediate friends or family.**

**Prompt 3, if needed: “circle of people” are those individuals you reach to for social and emotional support or practical help**

(907)

**Please read:**

- 1 Very common
- 2 Somewhat common
- 3 Somewhat uncommon
- 4 Very uncommon

**Do not read:**

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

**Section 43: Random Child Selection (Repeat of § 17)**

**CATI NOTE: If Core Q8.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q46.1.**

**If Core Q8.15 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q45.1]**

**If Core Q8.15 is >1 and Core Q8.15 does not equal 88 or 99, Interviewer please read:** “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

**Please read:**

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

**43.1**                      What is the birth month and year of the “Xth” child? (624-629)

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

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

**43.2**                      Is the child a boy or a girl? (630)

1	Boy
2	Girl
9	Refused

**43.3**                      Is the child Hispanic, Latino/a, or Spanish origin? (631-634)

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

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

1	Mexican, Mexican American, Chicano/a
2	Puerto Rican

- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

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

**43.4** Which one or more of the following would you say is the race of the child? (635-662)

**Interviewer Notes: Select all that apply**

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

**Please read:**

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

**Do not read:**

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

**CATI NOTE: If more than one response to Q43.4, continue. Otherwise, go to Q43.6.**

**43.5** Which one of these groups would you say best represents the child's race? (663-664)

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

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

**Do not read:**

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

**43.6** How are you related to the child?

(665)

**Please read:**

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

**Do not read:**

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

**Section 44: Childhood Asthma Prevalence (Repeat of § 18)****44.1 CATI NOTE: Fill in correct [Xth] number.**

The next two questions are about the Xth child.

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

(666)

- |   |                       |                                       |
|---|-----------------------|---------------------------------------|
| 1 | Yes                   |                                       |
| 2 | No                    | <b>[Go to CATI NOTE before Q45.1]</b> |
| 7 | Don't know / Not sure | <b>[Go to CATI NOTE before Q45.1]</b> |
| 9 | Refused               | <b>[Go to CATI NOTE before Q45.1]</b> |

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

(667)

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

**Section 45: Cancer Survivorship (Repeat of § 19)**

**CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), continue. Otherwise, go to Q46.1.**

**Interviewer Note: Read:** You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

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

(908)

- |   |                                 |                      |
|---|---------------------------------|----------------------|
| 1 | Yes                             | <b>[Go to Q46.1]</b> |
| 2 | No, I've completed treatment    |                      |
| 3 | No, I've refused treatment      | <b>[Go to Q46.1]</b> |
| 4 | No, I haven't started treatment | <b>[Go to Q46.1]</b> |
| 5 | Treatment was not needed        | <b>[Go to Q46.1]</b> |
| 7 | Don't know / Not sure           | <b>[Go to Q46.1]</b> |
| 9 | Refused                         | <b>[Go to Q46.1]</b> |

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

(909)

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

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

**45.3** Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should go or *who* you should see for your routine cancer check-ups after completing treatment for cancer? (910)

- 1 Yes
- 2 No [Go to Q46.5]
- 7 Don’t know / Not sure [Go to Q46.5]
- 9 Refused [Go to Q46.5]

**45.4** Were these instructions written down or printed on paper for you? (911)

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

**45.5** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (912)

**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

**45.6** Did you participate in a clinical trial as part of your cancer treatment? (913)

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

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

- (914)
- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q46.1] |
| 7 | Don't know / Not sure | [Go to Q46.1] |
| 9 | Refused               | [Go to Q46.1] |

**45.8** Would you say your pain is currently under control? (915)

**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 46: Family Planning (Repeat of § 20)

**CATI NOTE: If (Female) and (Q8.1 ≥ 18 and Q8.1 ≤ 50), continue. Otherwise, go to Q47.1.**

**46.1** 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? (916)

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

**CATI NOTE: If Q8.19 = 1, go to Q47.1. Otherwise, continue.**

**46.2** Have you ever been pregnant? (917)

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

**46.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (918)

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



9 Refused [Go to Q47.1]

**46.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (919)

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

**Section 47: Lung Cancer Screening (Repeat of § 21)**

**CATI NOTE: If Q9.2 = 1, 2, or 3, continue. Otherwise, go to Q47.3.**

**47.1** If Q9.2 = 1 or 2:  
 Earlier you indicated that you are a current smoker. For how many years have you smoked cigarettes?  
 If Q9.2 = 3:  
 Earlier you indicated that you were a former smoker. For how many years did you smoke cigarettes?  
 (920-921)

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

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

**47.2** If Q9.2 = 1:  
 On average, how many cigarettes do you smoke per day?  
 If Q9.2 = 2:  
 On days that you smoke, on average, how many cigarettes do you smoke per day?  
 If Q9.2 = 3:  
 When you smoked, on average, how many cigarettes did you smoke per day?  
 (922-923)

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

**47.3** Has a doctor, nurse, or other health professional EVER told you that you had lung cancer? (924)

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

**47.4** A spiral CT scan is a procedure used to diagnose early stage lung cancer. Have you ever had a spiral CT scan? (925)

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

**47.5** How long has it been since your last spiral CT scan? (926)

**Read only if necessary:**

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

**Do not read:**

7 Don't know / Not sure  
 9 Refused

**Section 48: Healthy Days (Symptoms) (Repeat of § 22)**

**48.1** 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? (927-928)

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

**48.2** During the past 30 days, for about how many days have you felt worried, tense, or anxious? (929-930)

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

## Section 49: Binge Drinking (Repeat of § 23)

**Interviewer Note: Read: The next questions ask about your perceptions of alcohol use, and in particular, binge drinking. Binge drinking is defined as having, on one occasion, 5 or more drinks for men and 4 or more drinks for women. A drink is defined as a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.**

**49.1** The next two questions ask for your opinion on binge drinking. Please indicate how much you agree or disagree with the following statement: “As long as you are not harming other people, I don’t see a problem with binge drinking”. (931)

**Read:**

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly Disagree

**Do not read:**

- 7 Don’t know / Not sure
- 9 Refused

**49.2** Do you think binge drinking is harmful to your health? (932)

**Read:**

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No

**Do not read:**

- 7 Don’t know / Not sure
- 9 Refused

## Section 50: Stroke (Repeat of § 24)

**50.1** Next, I would like to ask you about the warning signs for stroke, that is, what are the first signs or symptoms that someone is having a stroke. From anything you may have heard or read, what do you think are the three most important signs and symptoms of a stroke? (933-938)

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

**Allow for three responses**

**Probe for additional responses with “Anything else?”**

**Do not read:**

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

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

(939-940)

**Please read:**

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

**Do not read:**

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

**Section 51: Healthy Food (Repeat of § 25)**

**51.1** How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say--

(941)

**Read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely

5 Never

**Do not read:**

7 Don't know / Not sure

9 Refused

**51.2** I'm going to read you a list of reasons people may not buy many fruits and vegetables. If this is true for your household, please tell me which is your main reason for not buying as many fruits and vegetables as you would like. Is it because:

**Interviewer Note: Read if necessary (if the respondent chooses more than one): ask "which reason is the main or biggest reason (for not buying as many fruits and vegetables as you would like)?"**

(942)

**Read:**

1 You/your family can't afford very many

2 They aren't readily available at the store where you/your family shops.

3 They are too hard or time consuming to prepare.

4 There is a different main reason why you/your family doesn't buy many fruits and vegetables

5 None of these – you/your family buys all the fruits and vegetables you want to buy

**Do not read:**

7 Don't know / Not sure

9 Refused

**Interviewer Note: Read: I'm going to read two statements about the food you prepare and eat at home. Please tell me how strongly you disagree or agree with each statement.**

**51.3** I have easy access to a store that meets my food needs. Easy access means the store is located near where you live or another convenient location you can get to easily.

(943)

**Read:**

1 Strongly Agree

2 Agree

3 Neither agree nor disagree

4 Disagree

5 Strongly Disagree

**Do not read:**

7 Don't know / Not sure

9 Refused

**51.4** It is easy to find quality fresh fruits and vegetables where I live. By quality we mean the freshness and flavor you expect when you buy fruits and vegetables.

(944)

**Read:**

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly Disagree

**Do not read:**

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

**Section 52: Other Tobacco Questions (Repeat of § 40)**

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

**52.1** Has your doctor or other health care professional ever asked you if you were a smoker? (954)

- 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 Q52.4.**

**52.2** 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? (955)

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

**52.3** 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? (956)

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

**52.4** On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe? (957-958)

**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.

**52.5** In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (959)

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

**52.6** 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*) (960)

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

**Section 53: E-Cigarettes (Repeat of § 41)**

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.**

**53.1** Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? (961)

- 1 Yes
- 2 No [Go to CATI NOTE before Q54.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q54.1]
- 9 Refused [Go to CATI NOTE before Q54.1]

**53.2** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? (962)

- 1 Every day
- 2 Some days
- 3 Not at all

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

**Section 54: Hepatitis C (Repeat of § 27)**

**54.1** Have you ever been tested for Hepatitis C Virus?

(952)

- 1 Yes
- 2 No

**Do not read:**

- 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.

## Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity)

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

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