

2022 Michigan Behavioral Risk Factor Survey

Section 1:	Health Status.....	3
Section 2:	Healthy Days - Health-Related Quality of Life	3
Section 3:	Health Care Access	4
Section 4:	Exercise.....	5
Section 5:	Inadequate Sleep	5
Section 6:	Oral Health	5
Section 7:	Chronic Health Conditions	6
Section 7a:	Pre-diabetes	8
Section 8:	Demographics	9
Section 8a:	Sexual Orientation and Gender Identity (SOGI)	14
Section 9:	Disability	15
Section 10:	Breast and Cervical Cancer Screening	16
Section 11:	Colorectal Cancer Screening	18
Section 12:	Tobacco Use	21
Section 13:	Lung Cancer Screening	22
Section 14:	Alcohol Consumption	23
Section 15:	Immunization.....	24
Section 16:	HIV/AIDS	25
Section 17:	Long-term COVID Effects	26

Version A (Split 1)

Section 18:	Oral Health	27
Section 19:	Industry and Occupation	27
Section 20:	Tobacco Cessation	27
Section 21:	Alcohol Screening & Brief Intervention	28
Section 22:	COVID Vaccination	29
Section 23:	Cognitive Decline	30
Section 24:	Cancer Survivorship: Type of Cancer	32
Section 25:	Cancer Survivorship: Course of Treatment.....	33
Section 26:	Cancer Survivorship: Pain Management	34
Section 27:	Social Determinants and Health Equity	35
Section 28:	Random Child Selection.....	37
Section 29:	Childhood Asthma Prevalence.....	40
Section 30:	Family Planning.....	40
Section 31:	Food Security	43
Section 32:	Stroke	44
Section 33:	Hepatitis C.....	45

Version B (Split 2)

Section 34:	Industry and Occupation (repeat of Section 19)	46
Section 35:	Tobacco Cessation (repeat of Section 20).....	46
Section 36:	Other Tobacco Questions	47
Section 37:	Exposure to Secondhand Smoke	47
Section 38:	Alcohol Screening & Brief Intervention (repeat of Section 21).....	47
Section 39:	COVID Vaccination (repeat of Section 22)	48
Section 40:	Cancer Survivorship: Type of Cancer (repeat of Section 24)	49
Section 41:	Cancer Survivorship: Course of Treatment (repeat of Section 25).....	51
Section 42:	Cancer Survivorship: Pain Management (repeat of Section 26).....	52
Section 43:	Social Determinants and Health Equity (repeat of Section 27).....	52
Section 44:	Random Child Selection (repeat of Section 28).....	55
Section 45:	Childhood Asthma Prevalence (repeat of Section 29).....	57
Section 46:	Family Planning (repeat of Section 30).....	58

Section 47:	Reactions to Race	61
Section 48:	Food Security (repeat of Section 31)	63
Section 49:	Stroke (repeat of Section 32)	64
Section 50:	Hepatitis C (repeat of Section 33)	65

Version C (Split 3)

Section 51:	Industry and Occupation (repeat of Section 19)	66
Section 52:	Tobacco Cessation (repeat of Section 20).....	66
Section 53:	Other Tobacco Questions (repeat of Section 36)	67
Section 54:	Exposure to Secondhand Smoke (repeat of Section 37).....	67
Section 55:	Alcohol Screening & Brief Intervention (repeat of Section 21).....	68
Section 56:	COVID Vaccination (repeat of Section 22)	68
Section 57:	Cancer Survivorship: Type of Cancer (repeat of Section 24)	69
Section 58:	Cancer Survivorship: Course of Treatment (repeat of Section 25).....	71
Section 59:	Cancer Survivorship: Pain Management (repeat of Section 26).....	72
Section 60:	Marijuana Use	72
Section 61:	Random Child Selection (repeat of Section 28).....	74
Section 62:	Childhood Asthma Prevalence (repeat of Section 29).....	77
Section 63:	Family Planning (repeat of Section 30).....	77
Section 64:	Reactions to Race (repeat of Section 47)	80
Section 65:	Food Security (repeat of Section 31)	82
Section 66:	Stroke (repeat of Section 32)	83
Section 67:	Radon Awareness	84

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 844-403-3937.

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

Should you have any questions about this study or your participation in it, you are welcome to contact Yan Tian at TianY@michigan.gov.

Section 1: Health Status

1.1 Would you say that in general your health is —

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?

Interviewer Note: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

- — 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?

Interviewer Note: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

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

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

Interviewer Note: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

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

Section 3: Health Care Access

3.1 What is the current primary source of your health insurance?

Interviewer Note: If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

Read if necessary:

01	A plan purchased through an employer or union (including plans purchased through another person's employer)
02	A private nongovernmental plan that you or another family member buys on your own
03	Medicare
04	Medigap
05	Medicaid
06	Children's Health Insurance Program (CHIP)
07	Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
08	Indian Health Service
09	State sponsored health plan
10	Other government program
88	No coverage of any type
77	Don't Know/Not Sure
99	Refused

3.2 Do you have one person or a group of doctors that you think of as your personal health care provider?

Interviewer Note: If "No," read: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

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?

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?

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

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

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

Section 4: Exercise

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

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

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

Section 5: Inadequate Sleep

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

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

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

Section 6: Oral Health

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

Read only if necessary:

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

Do not read:

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

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

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

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

Section 7: Chronic Health Conditions

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

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

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

- 7.2** (Ever told) you had angina or coronary heart disease?

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

- 7.3** (Ever told) you had a stroke?

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

- 7.4** (Ever told) you had asthma?

- 1 Yes
- 2 No **[Go to Q7.6]**
- 7 Don't know / Not sure **[Go to Q7.6]**

9 Refused [Go to Q7.6]

7.5 Do you still have asthma?

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

7.6 (Ever told) you had skin cancer that is not melanoma?

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

7.7 (Ever told) you had any melanoma or any other types of cancer?

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

7.8 (Ever told) you had C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

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

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

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

7.10 Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?

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

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

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

Interviewer Note: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow

- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

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

7.12 (Ever told) you had diabetes?

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

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

- 1 Yes
 2 Yes, but female told only during pregnancy [Go to Q7.A1]
 3 No [Go to Q7.A1]
 4 No, pre-diabetes or borderline diabetes [Go to Q7.A1]
 7 Don't know / Not sure [Go to Q7.A1]
 9 Refused [Go to Q7.A1]

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

7.13 How old were you when you were first told you had diabetes?

- Code age in years [97 = 97 and older] [Go to Q8.1]
 9 8 Don't know / Not sure [Go to Q8.1]
 9 9 Refused [Go to Q8.1]

Section 7a: Pre-diabetes

Skip if Q7.12 is coded 1. To be asked following Q7.12.

7.A1 Have When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

- 1 Within the past year (anytime less than 12 months ago)
 2 Within the last 2 years (1 year but less than 2 years ago)
 3 Within the last 3 years (2 years but less than 3 years ago)
 4 Within the last 5 years (3 to 4 years ago but less than 5 years ago)
 5 Within the last 10 years (5 to 9 years but less than 10 years ago)
 6 10 years ago or more
 8 Never
 7 Don't know / Not sure
 9 Refused

7.A2 Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

CATI Note: if Q7.12 = 4, store 1 in Q7.A2

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

Section 8: Demographics

8.1 What is your age?

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

8.2 Are you Hispanic, Latino/a, or Spanish origin?

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?

Interviewer Notes: Select all that apply

**If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading.
If respondent indicates that they are Hispanic for race, please read the race choices.**

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:

- 8 8 No 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?

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

8.4a Are you of Middle East or North African (MENA) origin (Arab, Chaldean, Lebanese, Egyptian, etc.)?

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

8.5 Are you...?

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?

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?

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?

- _ _ _ ANSI County Code (formerly FIPS county code)
 7 7 7 Don't know / Not sure
 9 9 9 Refused
 8 8 8 County from another state

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?

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

8.9 What is the ZIP Code where you currently live?

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

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

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

- 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 landline telephone numbers are residential numbers?

- _ Enter number (1-5)
 6 Six or more
 7 Don't know / Not sure
 8 None
 9 Refused

8.12 How many cell phones do you have for your personal use?

Interviewer Note: Do not include cell phones that are used exclusively by other members of your household. Read if necessary: Include cell phones used for both business and personal use.

- _ Enter number (1-5)
 6 Six or more
 7 Don't know / Not sure
 8 None
 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?

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

8.14 Are you currently...?

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

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

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

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

8.16 Is your annual household income from all sources—

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

Please read:

- 01 Less than \$10,000?
- 02 Less than \$15,000? (\$10,000 to less than \$15,000)
- 03 Less than \$20,000? (\$15,000 to less than \$20,000)
- 04 Less than \$25,000? (\$20,000 to less than \$25,000)
- 05 Less than \$35,000? (\$30,000 to less than \$35,000)
- 06 Less than \$50,000? (\$35,000 to less than \$50,000)
- 07 Less than \$75,000? (\$50,000 to less than \$75,000)
- 08 Less than \$100,000? (\$75,000 to less than \$100,000)
- 09 Less than \$150,000? (\$100,000 to less than \$150,000)
- 10 Less than \$200,000? (\$150,000 to less than \$200,000)
- 11 \$200,000 or more

Do not read:

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

CATI Note: If female 49 years old or younger, continue. Otherwise, go to Q8.18

8.17 To your knowledge, are you now pregnant?

1 Yes
2 No

Do not read:

7 Don't know / Not sure
9 Refused

8.18 About how much do you weigh without shoes?

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

Round fractions up

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

8.19 About how tall are you without shoes?

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

Round fractions down

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

Section 8a: Sexual Orientation and Gender Identity (SOGI)

The next two questions are about sexual orientation and gender identity.

CATI Note: if sex = male, continue, otherwise go to 8.A1b

8.A1a Which of the following best represents how you think of yourself?

Read if necessary: We ask this question in order to better understand the health and healthcare needs of people with different sexual orientations.

Interviewer note: Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 7 Don't know / Not sure
- 9 Refused

CATI Note: if sex = female, continue, otherwise go to 8.A2

8.A1b Which of the following best represents how you think of yourself?

Read if necessary: We ask this question in order to better understand the health and healthcare needs of people with different sexual orientations.

Interviewer note: Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Lesbian or Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 7 Don't know / Not sure
- 9 Refused

8.A2 Do you consider yourself to be transgender?

Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

Interviewer Note: If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

Interviewer Note: If yes, ask Do you consider yourself to be 1. Male-to-female, 2. Female-to-male, or 3. Gender non-conforming? Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female-to-male
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Disability

9.1 Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

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

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

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

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

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

9.4 Do you have serious difficulty walking or climbing stairs?

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

9.5 Do you have difficulty dressing or bathing?

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

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

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

Section 10: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

10.1 Have you ever had a mammogram?

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

- 1 Yes
- 2 No [Go to Q10.3]
- 7 Don't know / Not sure [Go to Q10.3]
- 9 Refused [Go to Q10.3]

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

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

10.3 Have you ever had a cervical cancer screening test??

- 1 Yes
- 2 No [Go to Q10.7]
- 7 Don't know / Not sure [Go to Q10.7]
- 9 Refused [Go to Q10.7]

10.4 How long has it been since you had your last cervical cancer screening test?

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

10.5 At your most recent cervical cancer screening, did you have a Pap test?

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

10.6 At your most recent cervical cancer screening, did you have an H.P.V. test??

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

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

9 Refused

CATI NOTE: If response to Core Q8.17 = 1 (is pregnant); then go to next section.

10.7 Have you had a hysterectomy?

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

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

Section 11: Colorectal Cancer Screening

CATI NOTE: If respondent is <45 years of age, go to next section.

11.1 Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

1 Yes
2 No [Go to Q11.6]
7 Don't know / Not sure [Go to Q11.6]
9 Refused [Go to Q11.6]

11.2 Have you had a colonoscopy, a sigmoidoscopy, or both?

Interviewer Note: Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.

1 Colonoscopy
2 Sigmoidoscopy [Go to Q11.4]
3 Both [Go to Q11.5]
7 Don't know / Not sure [Go to Q11.5]
9 Refused [Go to Q11.6]

11.3 How long has it been since your most recent colonoscopy?

Read if necessary:

1 Within the past year (anytime less than 12 months ago) [Go to Q11.6]
2 Within the past 2 years (1 year but less than 2 years ago) [Go to Q11.6]
3 Within the past 5 years (2 years but less than 5 years ago) [Go to Q11.6]
4 Within the past 10 years (5 years but less than 10 years ago) [Go to Q11.6]
5 10 or more years ago [Go to Q11.6]

Do not read:

7 Don't know / Not sure
9 Refused

11.4 How long has it been since your most recent sigmoidoscopy?

Read if necessary:

- | | | |
|---|---|----------------------|
| 1 | Within the past year (anytime less than 12 months ago) | [Go to Q11.6] |
| 2 | Within the past 2 years (1 year but less than 2 years ago) | [Go to Q11.6] |
| 3 | Within the past 5 years (2 years but less than 5 years ago) | [Go to Q11.6] |
| 4 | Within the past 10 years (5 years but less than 10 years ago) | [Go to Q11.6] |
| 5 | 10 or more years ago | [Go to Q11.6] |

Do not read:

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

11.5 How long has it been since your most recent colonoscopy or sigmoidoscopy?

- | | |
|---|---|
| 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 | Within the past 10 years (5 years but less than 10 years ago) |
| 5 | 10 or more years ago |

Do not read:

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

11.6 Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | [Go to Q11.7] |
| 2 | No | [Go to Q12.1] |
| 7 | Don't know / Not sure | [Go to Q12.1] |
| 9 | Refused | [Go to Q12.1] |

11.7 A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

Interviewer note: CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.

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

11.8 When was your most recent CT colonography or virtual colonoscopy??

Read if necessary:

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

- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

- 11.9** One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

Interviewer note: The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

- 1 Yes **[Go to Q11.10]**
- 2 No **[Go to Q11.11]**
- 7 Don't know / Not sure **[Go to Q11.11]**
- 9 Refused **[Go to Q11.11]**

- 11.10** How long has it been since you had this test?

Read 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

- 11.11** Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

Interviewer note: Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.

- 1 Yes **[Go to Q11.12]**
- 2 No **[Go to Q12.1]**
- 7 Don't know / Not sure **[Go to Q12.1]**
- 9 Refused **[Go to Q12.1]**

- 11.12** Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

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

11.13 How long has it been since you had this test?

Read 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 12: Tobacco Use

12.1 Have you smoked at least 100 cigarettes in your entire life?

Interviewer Notes: 5 packs = 100 cigarettes

“Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blunjoy,bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”

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

12.2 Do you now smoke cigarettes every day, some days, or not at all?

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

12.3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Read if necessary:

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

- 12.4** Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

Interviewer Note: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. 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.

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Not at all (right now)

Do not read:

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

Section 13: Lung Cancer Screening

CATI NOTE: If Q12.1=1 or Q12.2 = 1, 2, or 3, continue. Otherwise, go to Q13.4.

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

- 13.1** How old were you when you first started to smoke cigarettes regularly?

Interviewer Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

- __ __ Age in Years (001 – 100)
- 7 7 7 Don't know / Not sure
- 8 8 8 Never smoked cigarettes regularly **[Go to Q13.4]**
- 9 9 9 Refused

- 13.2** How old were you when you last smoked cigarettes regularly?

- __ __ Age in Years (001 – 100)
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 13.3** On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?

Interviewer Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes.

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

- 13.4** The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area?

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

- 13.5** Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?

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

- 13.6** When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

Read only if necessary:

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

Do not read:

7 Don't know / Not sure
9 Refused

Section 14: Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

- 14.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

1 _ _ Days per week

- 2 _ _ Days in past 30 days
 8 8 8 No drinks in past 30 days [Go to Q15.1]
 7 7 7 Don't know / Not sure [Go to Q15.1]
 9 9 9 Refused [Go to Q15.1]

- 14.2** During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

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

- 14.3** 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?

- _ _ Number of times
 7 7 Don't know / Not sure
 8 8 No days
 9 9 Refused

- 14.4** During the past 30 days, what is the largest number of drinks you had on any occasion?

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

Section 15: Immunization

- 15.1** 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?

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

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

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

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

- 15.3** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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

15.4 Have you received a tetanus shot in the past 10 years?

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

Section 16: HIV/AIDS

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

Interviewer note: 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.

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

16.2 Not including blood donations, in what month and year was your last HIV test?

Interviewer Notes: If response is before January 1985, code "Don't know." If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

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

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

- You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

Section 17: Long-term COVID Effects

- 17.1** Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?

Interviewer Notes: Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.

- 1 Yes
- 3 Tested positive using home test without health professional
- 2 No **[Go to Q18.1]**
- 7 Don't know / Not sure **[Go to Q18.1]**
- 9 Refused **[Go to Q18.1]**

- 17.2** Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

Interviewer Notes: Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself.

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

- 17.3** Which of the following was the primary symptom that you experienced? Was it....?

Read

- 1 Tiredness or fatigue
- 2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as "brain fog")
- 3 Difficulty breathing or shortness of breath
- 4 Joint or muscle pain
- 5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain
- 6 Dizziness on standing
- 7 Depression, anxiety, or mood changes
- 8 Symptoms that get worse after physical or mental activities
- 9 You did not have any long-term symptoms that limited your activities.
- 77 Don't know/Not sure
- 99 Refused

Version A: Sections 18-34**Section 18: Oral Health**

18.1 When was the last time you had an exam for oral cancer in which a doctor or dentist pulls on your tongue sometimes with gauze wrapped around it and feels under the tongue and inside the cheeks?

- 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

18.2 In the past year, did you have your blood pressure checked in a dental office setting?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 19: Industry and Occupation

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

**Interviewer Notes: If respondent is unclear, ask: What is your job title?
If respondent has more than one job ask: What is your main job?**

- ___ Record answer
- 99 Refused

19.2 What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

- ___ Record answer
- 99 Refused

Section 20: Tobacco Cessation

CATI NOTE: Ask if Q12.2 = 1 (Every day) or 2 (Some days).

Please read: Earlier you indicated that you currently smoke cigarettes.

20.1 Would you like to quit smoking?

- 1 Yes
- 2 No

7 Don't know / Not sure
9 Refused

20.2 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?

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

20.3 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?

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

20.4 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

Section 21: Alcohol Screening & Brief Intervention

If Q3.4 = 1 or 2 (had a checkup within the past 2 years) continue, else go to next section.

21.1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

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

21.2 Did the health care provider ask you in person or on a form how much you drink?

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

21.3 Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

1 Yes
2 No

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

21.4 Were you offered advice about what level of drinking is harmful or risky for your health?

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

21.5 Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

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

Section 22: COVID Vaccination

22.1 Have you received at least one dose of a COVID-19 vaccination?

- 1 Yes **[Go to Q22.2]**
- 2 No **[Go to Q22.5]**
- 7 Don't know / Not sure **[Go to Q23.1]**
- 9 Refused **[Go to Q23.1]**

22.2 Which vaccine did you receive?

- 1 Pfizer/BioNTech
- 2 Moderna
- 3 Johnson & Johnson
- 4 Other, please specify: _____
- 7 Don't know / Not sure
- 9 Refused

22.3 How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 7 Don't know / Not sure
- 9 Refused

22.4 Did you receive any of the following COVID-19 vaccine doses?

- 1 Additional dose recommended by CDC for immunocompromised individuals
- 2 Booster dose recommended by CDC for all adults ≥ 16 years
- 3 None of these
- 4 Both of these
- 7 Don't know / Not sure

9 Refused

22.5 There are many reasons why people have not had a COVID-19 vaccine. What is the main reason you have not gotten a COVID-19 vaccine?

Interviewer Note: if more than one mention, probe ‘what is the main reason?’

- 1 Concerns about side effects or allergic reaction
- 2 Plan to wait and see if it is safe
- 3 Don't trust COVID-19 vaccines
- 4 Don't think COVID-19 is a serious illness
- 5 Already had COVID-19
- 6 Don't need COVID-19 vaccine
- 7 COVID-19 vaccines do not work
- 8 Don't like vaccines or needles
- 9 Costs too much to get the vaccine
- 10 Difficulty making an appointment or getting to place of vaccination
- 11 Some other reason, please specify _____

- 88 No reason given
- 77 Don't Know/Not sure
- 99 Refused

Section 23: Cognitive Decline

CATI NOTE: If Q8.1 ≥ 45, continue. Otherwise, go to CATI NOTE before Q24.1.

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.

23.1 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes **[Go to Q23.2]**
- 2 No **[Go to Q24.1]**
- 7 Don't know / Not sure **[Go to Q23.2]**
- 9 Refused **[Go to Q24.1]**

23.2 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...?

Please read:

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

5 Never

Do not read:

7 Don't know / Not sure

9 Refused

23.3 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...?

Please read:

1 Always

2 Usually

3 Sometimes

4 Rarely

[Go to Q23.5]

5 Never

[Go to Q23.5]

Do not read:

7 Don't know / Not sure **[Go to Q23.5]**

9 Refused **[Go to Q23.5]**

23.4 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...?

Please read:

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

Do not read:

7 Don't know / Not sure

9 Refused

23.5 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...?

Please read:

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

Do not read:

7 Don't know / Not sure

9 Refused

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

- 1 Yes
- 2 No

Do not read:

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

Section 24: Cancer Survivorship: Type of Cancer

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to next section.

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

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure **[Go to Q25.1]**
- 9 Refused **[Go to Q25.1]**

24.2 At what age were you first diagnosed with cancer?

Interviewer Note: If Q24.1 = 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

Read if necessary: This question refers to the first time they were told about their first cancer.

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

CATI NOTES: If Core Q7.6 = 1 (Yes) and Q24.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code Q24.3 as a response of 16 if "Melanoma" or 22 if "other skin cancer"

24.3 What kind of cancer was it?

Interviewer Note: If Q24.1 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?

Read if respondent needs prompting for cancer type:

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix/Cervical
- 07 Colon
- 08 Esophagus/Esophageal
- 09 Gallbladder

- 10 Kidney
- 11 Larynx-trachea
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth/tongue/lip
- 18 Ovary/Ovarian
- 19 Pancreas/Pancreatic
- 20 Prostate
- 21 Rectum/Rectal
- 22 Skin (non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis/Testicular
- 27 Throat - pharynx
- 28 Thyroid
- 29 Uterus/Uterine
- 30 Other

Do not read:

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

Section 25: Cancer Survivorship: Course of Treatment

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to next section.

25.1 Are you currently receiving treatment for cancer?

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

- 1 Yes [Go to Q26.1]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to Q26.1]
- 4 No, I haven't started treatment [Go to Q26.1]
- 5 Treatment was not needed [Go to Q26.1]
- 7 Don't know / Not sure [Go to Q26.1]
- 9 Refused [Go to Q26.1]

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

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

- 1 Yes
- 2 No

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

25.3 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?

- 1 Yes
- 2 No [Go to Q25.5]
- 7 Don't know / Not sure [Go to Q25.5]
- 9 Refused [Go to Q25.5]

25.4 Were these instructions written down or printed on paper for you?

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

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

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

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

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

Section 26: Cancer Survivorship: Pain Management

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to next section.

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

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

26.2 Would you say your pain is currently under control...?

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 27: Social Determinants and Health Equity

27.1 In general, how satisfied are you with your life? Are you...?

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 7 Don't know / Not sure
- 9 Refused

27.2 How often do you get the social and emotional support that you need? Is that...

Please read:

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

Do not read:

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

27.3 How often do you feel socially isolated from others? Is that...

Please read:

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

Do not read:

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

27.4 In the past 12 months have you lost employment or had hours reduced?

- 1 Yes

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

27.5 During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

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

27.6 During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

Please read:

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

Do not read:

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

27.7 During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

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

27.8 During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?

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

27.9 During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

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

27.10 During the past 12 months Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...?

Please read:

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

Do not read:

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

Section 28: Random Child Selection

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

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 Q28.1]**

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.”

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

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

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

28.2 Is the child a boy or a girl?

- 1 Boy [Go to Q28.4]
- 2 Girl [Go to Q28.4]
- 3 Nonbinary/Other
- 9 Refused

28.3 What was the child's sex on their original birth certificate?

- 1 Boy
- 2 Girl

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

If yes, ask: Are they...

- 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

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

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:

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

CATI NOTE: If more than one response to Q28.4, continue. Otherwise, go to Q28.6.

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

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:

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

28.7 How are you related to the child? Are you a..?

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 29: Childhood Asthma Prevalence

CATI NOTE: If response to Q8.15 = 88 (None) or 99 (Refused), go to next section.

29.1 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?

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q30.1] |
| 7 | Don't know / Not sure | [Go to Q30.1] |
| 9 | Refused | [Go to Q30.1] |

29.2 Does the child still have asthma?

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

Section 30: Family Planning

CATI NOTE: if respondent greater than 49 years of age, has had a hysterectomy, is pregnant, or if respondent is male go to the next section.

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

30.1 In the past 12 months, did you have sexual intercourse?

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

30.2 Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy. The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q30.6] |
| 7 | Don't know / Not sure | [Go to Q30.7] |
| 9 | Refused | [Go to Q30.7] |

30.3 The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

Interviewer Note: If respondent reports using two methods, please code the method that occurs first on the list. code the other method in question 4 (do not

ask question 4). If respondent reports using more than two methods, please code the method that occurs first on the list. of the remaining methods mentioned, code the method that occurs first on the list in question 4 (do not ask question 4). If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

Do not read:

- 77 Don't know/Not sure
- 99 Refused

30.4

The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?

Interviewer note: if respondent reports using more than one additional method, please code the method that occurs first on the list. If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read if necessary:

- 00 Nothing else
- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

Do not read:

- 77 Don't know/Not sure
- 99 Refused

CATI NOTE: Ask Q30.5 if respondent indicated method response options 01-08 and 11 in Q30.3 above; else skip Q30.5.

30.5 Where did you get the [response from Q30.3] you used when you last had sexual intercourse?

Read if necessary:

- 01 Private doctor's office
- 02 Community health clinic, Community clinic, Public health clinic
- 03 Family planning or Planned Parenthood Clinic
- 04 School or school-based clinic
- 05 Hospital outpatient clinic, emergency room, regular hospital room
- 06 Urgent care center, urgi-care or walk-in facility
- 07 In- store health clinic (like CVS, Target, or Walmart)
- 08 Health care visit with a pharmacist
- 09 Website or app
- 10 Some other place

Do not read:

- 77 Don't know/Not sure
- 99 Refused

30.6 Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.

Interviewer note: if respondent reports "other reason," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 You wanted a pregnancy
- 04 You didn't care if you got pregnant
- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)
- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or "pulling out"
- 10 You had your tubes tied (sterilization)
- 11 Your partner had a vasectomy (sterilization)
- 12 You were breast-feeding, or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons

Do not read:

- 77 Don't know/Not sure
- 99 Refused

30.7 If you could use any birth control method you wanted, what method would you use?

Read if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method
- 13 I am using the method that I want to use
- 14 I don't want to use any method

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Section 31: Food Security

Interviewer Note: The next questions ask about having enough food. Please tell me if the following statement is often true, sometimes true or never true for your household.

31.1 “The food that I/we bought just didn't last, and I/we didn't have money to get more.” Was that often, sometimes, or never true for you/your household in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true

Do not read:

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

31.2 “I/we couldn't afford to eat balanced meals.” Was that often, sometimes, or never true for you/your household in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true

Do not read:

- 7 Don't know / Not sure

9 Refused

31.3 In the last 12 months, since last (name of current month), did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

1 Yes
 2 No [Go to 31.5]
 7 Don't know / Not sure [Go to 31.5]
 9 Refused [Go to 31.5]

31.4 How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1 Almost every month
 2 Some months but not every month
 3 Only 1 or 2 months
 7 Don't know / Not sure
 9 Refused

31.5 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

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

31.6 In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

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

Section 32: Stroke

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

**Interviewer Notes: If respondent initially responds “Don't Know,” probe with “Anything at all?” once.
 Allow for three responses
 Probe for additional responses with “Anything else?”**

Do not read:

01 Dizziness
 02 Difficulty understanding

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

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

Please read:

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

Do not read:

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

Section 33: Hepatitis C

33.1 Next, I'm going to ask you about Hepatitis C.
Have you ever been tested for Hepatitis C Virus?

- 1 Yes
- 2 No

Do not read:

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

Go to Closing Statement.

Version B: Sections 34 – 50**Section 34: Industry and Occupation (repeat of Section 19)**

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

**Interviewer Notes: If respondent is unclear, ask: What is your job title?
If respondent has more than one job ask: What is your main job?**

___ Record answer
99 Refused

34.2 What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

___ Record answer
99 Refused

Section 35: Tobacco Cessation (repeat of Section 20)

CATI NOTE: Ask if Q12.2 = 1 (Every day) or 2 (Some days).

Please read: Earlier you indicated that you currently smoke cigarettes.

35.1 Would you like to quit smoking?

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

35.2 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?

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

35.3 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?

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

35.4 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1 Yes

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

Section 36: Other Tobacco Questions

Please read: the next section includes questions focusing on tobacco use and exposure.

- 36.1** If you have ever smoked tobacco using a narghile, hookah, or water pipe, on how many days during the past 30 days did you smoke it?

Interviewer Note: Pronounced “nar-gee-lah” and “who-ka.”

- Record number of days
- 6 6 I did not smoke hookah ever.
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

If Q12.2= 1 or 2 (every day or some days) continue, else go to next section.

- 36.2** Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

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

Section 37: Exposure to Secondhand Smoking

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

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

- 37.2** 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*)

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

Section 38: Alcohol Screening & Brief Intervention (repeat of Section 21)

If Q3.4 = 1 or 2 (had a checkup within the past 2 years) continue, else go to next section.

38.1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

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

38.2 Did the health care provider ask you in person or on a form how much you drink?

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

38.3 Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

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

38.4 Were you offered advice about what level of drinking is harmful or risky for your health?

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

38.5 Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

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

Section 39: COVID Vaccination (repeat of Section 22)

39.1 Have you received at least one dose of a COVID-19 vaccination?

- 1 Yes **[Go to Q39.2]**
- 2 No **[Go to Q39.5]**
- 7 Don't know / Not sure **[Go to Q40.1]**
- 9 Refused **[Go to Q40.1]**

39.2 Which vaccine did you receive?

- 1 Pfizer/BioNTech
- 2 Moderna

- 3 Johnson & Johnson
- 4 Other, please specify: _____
- 7 Don't know / Not sure
- 9 Refused

39.3 How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 7 Don't know / Not sure
- 9 Refused

39.4 Did you receive any of the following COVID-19 vaccine doses?

- 1 Additional dose recommended by CDC for immunocompromised individuals
- 2 Booster dose recommended by CDC for all adults \geq 16 years
- 3 None of these
- 4 Both of these
- 7 Don't know / Not sure
- 9 Refused

39.5 There are many reasons why people have not had a COVID-19 vaccine. What is the main reason you have not gotten a COVID-19 vaccine?

Interviewer Note: if more than one mention, probe 'what is the main reason?'

- 1 Concerns about side effects or allergic reaction
- 2 Plan to wait and see if it is safe
- 3 Don't trust COVID-19 vaccines
- 4 Don't think COVID-19 is a serious illness
- 5 Already had COVID-19
- 6 Don't need COVID-19 vaccine
- 7 COVID-19 vaccines do not work
- 8 Don't like vaccines or needles
- 9 Costs too much to get the vaccine
- 10 Difficulty making an appointment or getting to place of vaccination
- 11 Some other reason, please specify _____
- 88 No reason given
- 77 Don't Know/Not sure
- 99 Refused

Section 40: Cancer Survivorship: Type of Cancer (repeat of Section 24)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to next section.

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

- 1 Only one
- 2 Two

- 3 Three or more
- 7 Don't know / Not sure [Go to Q41.1]
- 9 Refused [Go to Q41.1]

40.2 At what age were you first diagnosed with cancer?

Interviewer Note: If Q41.1= 2 (Two) or 3 (Three or more), ask: **At what age were you first diagnosed with cancer?**

Read if necessary: This question refers to the first time they were told about their first cancer.

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

CATI NOTES: If Core Q7.6 = 1 (Yes) and Q40.1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”?” then code Q40.3 as a response of 16 if “Melanoma” or 22 if “other skin cancer”

40.3 What kind of cancer was it?

Interviewer Note: If Q24.1 = 2 (Two) or 3 (Three or more), ask: **With your most recent diagnoses of cancer, what type of cancer was it?**

Read if respondent needs prompting for cancer type:

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix/Cervical
- 07 Colon
- 08 Esophagus/Esophageal
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-trachea
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth/tongue/lip
- 18 Ovary/Ovarian
- 19 Pancreas/Pancreatic
- 20 Prostate
- 21 Rectum/Rectal
- 22 Skin (non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis/Testicular
- 27 Throat - pharynx
- 28 Thyroid
- 29 Uterus/Uterine
- 30 Other

Do not read:

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

Section 41: Cancer Survivorship: Course of Treatment (repeat of Section 25)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to next section.

41.1 Are you currently receiving treatment for cancer?

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

1 Yes [Go to Q42.1]
2 No, I've completed treatment
3 No, I've refused treatment [Go to Q42.1]
4 No, I haven't started treatment [Go to Q42.1]
5 Treatment was not needed [Go to Q42.1]
7 Don't know / Not sure [Go to Q42.1]
9 Refused [Go to Q42.1]

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

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

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

41.3 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?

1 Yes
2 No [Go to Q41.5]
7 Don't know / Not sure [Go to Q41.5]
9 Refused [Go to Q41.5]

41.4 Were these instructions written down or printed on paper for you?

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

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

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

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

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

Section 42: Cancer Survivorship: Pain Management (repeat of Section 26)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to next section.

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

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

42.2 Would you say your pain is currently under control...?

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 43: Social Determinants and Health Equity (repeat of Section 27)

43.1 In general, how satisfied are you with your life? Are you...?

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 7 Don't know / Not sure

9 Refused

43.2 How often do you get the social and emotional support that you need? Is that...

Please read:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

Do not read:

7 Don't know / Not sure
9 Refused

43.3 How often do you feel socially isolated from others? Is that...

Please read:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

Do not read:

7 Don't know / Not sure
9 Refused

43.4 In the past 12 months have you lost employment or had hours reduced?

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

43.5 During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

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

43.6 During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

Please read:

1 Always
2 Usually

- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

43.7 During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

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

43.8 During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?

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

43.9 During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

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

43.10 During the past 12 months Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...?

Please read:

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

Do not read:

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

Section 44: Random Child Selection (repeat of Section 28)

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

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 Q44.1]**

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.”

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

_ _ / _ _	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).

44.2 Is the child a boy or a girl?

- 1 Boy **[Go to Q44.4]**
- 2 Girl **[Go to Q44.4]**
- 3 Nonbinary/Other
- 9 Refused

44.3 What was the child’s sex on their original birth certificate?

- 1 Boy
- 2 Girl

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

If yes, ask: Are they...

- 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

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

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:

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

CATI NOTE: If more than one response to Q44.4, continue. Otherwise, go to Q44.6.

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

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:

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

44.7 How are you related to the child? Are you a..?

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 45: Childhood Asthma Prevalence (repeat of Section 29)

CATI NOTE: If response to Q8.15 = 88 (None) or 99 (Refused), go to next section.

45.1 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?

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

45.2 Does the child still have asthma?

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

Section 46: Family Planning (repeat of Section 30)

CATI NOTE: if respondent greater than 49 years of age, has had a hysterectomy, is pregnant, or if respondent is male go to the next section.

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

46.1 In the past 12 months, did you have sexual intercourse?

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

46.2 Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy. The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes
- 2 No **[Go to Q46.6]**
- 7 Don't know / Not sure **[Go to Q46.7]**
- 9 Refused **[Go to Q46.7]**

46.3 The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

Interviewer Note: If respondent reports using two methods, please code the method that occurs first on the list. code the other method in question 4 (do not ask question 4). If respondent reports using more than two methods, please code the method that occurs first on the list. of the remaining methods mentioned, code the method that occurs first on the list in question 4 (do not ask question 4). If respondent reports "other method," ask respondent to "please be specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)

- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

Do not read:

- 77 Don't know/Not sure
- 99 Refused

- 46.4** The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?

Interviewer note: if respondent reports using more than one additional method, please code the method that occurs first on the list. If respondent reports "other method," ask respondent to "please be specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read if necessary:

- 00 Nothing else
- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

Do not read:

- 77 Don't know/Not sure
- 99 Refused

CATI NOTE: Ask Q46.5 if respondent indicated method response options 01-08 and 11 in Q46.3 above; else skip Q46.5.

- 46.5** Where did you get the [response from Q46.3] you used when you last had sexual intercourse?

Read if necessary:

- 01 Private doctor's office
- 02 Community health clinic, Community clinic, Public health clinic
- 03 Family planning or Planned Parenthood Clinic
- 04 School or school-based clinic

- 05 Hospital outpatient clinic, emergency room, regular hospital room
- 06 Urgent care center, urgi-care or walk-in facility
- 07 In- store health clinic (like CVS, Target, or Walmart)
- 08 Health care visit with a pharmacist
- 09 Website or app
- 10 Some other place

Do not read:

- 77 Don't know/Not sure
- 99 Refused

- 46.6** Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.

Interviewer note: if respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 You wanted a pregnancy
- 04 You didn't care if you got pregnant
- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)
- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or “pulling out”
- 10 You had your tubes tied (sterilization)
- 11 Your partner had a vasectomy (sterilization)
- 12 You were breast-feeding, or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons

Do not read:

- 77 Don't know/Not sure
- 99 Refused

- 46.7** If you could use any birth control method you wanted, what method would you use?

Read if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)

- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method
- 13 I am using the method that I want to use
- 14 I don't want to use any method

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Section 47: Reactions to Race

- 47.1** Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

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

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

Interviewer note: Do not offer "mixed race" as a category but use as a code if respondent offers it.

- 01 White
- 02 Black or African American
- 03 Hispanic or Latino
- 04 Asian
- 05 Native Hawaiian or Other Pacific Islander
- 06 American Indian or Alaska Native
- 07 Mixed Race
- 08 Some other group
- 77 Don't know / Not sure
- 99 Refused

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

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

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly

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

47.3 Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

If Q8.14= 3, 5, 6, 7, 8, 9 GOTO Q47.5 [CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”]

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

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

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

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

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

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

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

Section 48: Food Security (repeat of Section 31)

Interviewer Note: The next questions ask about having enough food. Please tell me if the following statement is often true, sometimes true or never true for your household.

48.1 “The food that I/we bought just didn’t last, and I/we didn’t have money to get more.” Was that often, sometimes, or never true for you/your household in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

48.2 “I/we couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for you/your household in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

48.3 In the last 12 months, since last (name of current month), did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

- 1 Yes
- 2 No **[Go to 48.5]**
- 7 Don’t know / Not sure **[Go to 48.5]**
- 9 Refused **[Go to 48.5]**

48.4 How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months
- 7 Don’t know / Not sure
- 9 Refused

48.5 In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food?

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

9 Refused

48.6 In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

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

Section 49: Stroke (repeat of Section 32)

49.1 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?

**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

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

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 50: Hepatitis C (repeat of Section 33)

50.1 Next, I'm going to ask you about Hepatitis C.
Have you ever been tested for Hepatitis C Virus?

- 1 Yes
- 2 No

Do not read:

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

Go to Closing Statement.

Version C: Sections 51 - 67**Section 51: Industry and Occupation (repeat of Section 19)**

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

**Interviewer Notes: If respondent is unclear, ask: What is your job title?
If respondent has more than one job ask: What is your main job?**

___ Record answer
99 Refused

51.2 What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

___ Record answer
99 Refused

Section 52: Tobacco Cessation (repeat of Section 20)

CATI NOTE: Ask if Q12.2 = 1 (Every day) or 2 (Some days).

Please read: Earlier you indicated that you currently smoke cigarettes.

52.1 Would you like to quit smoking?

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

52.2 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?

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

52.3 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?

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

52.4 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1 Yes

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

Section 53: Other Tobacco Questions (repeat of Section 36)

Please read: the next section includes questions focusing on tobacco use and exposure.

- 53.1** If you have ever smoked tobacco using a narghile, hookah, or water pipe, on how many days during the past 30 days did you smoke it?

Interviewer Note: Pronounced “nar-gee-lah” and “who-ka.”

- Record number of days
- 6 6 I did not smoke hookah ever.
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

If Q12.2= 1 or 2 (every day or some days) continue, else go to next section.

- 53.2** Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

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

Section 54: Exposure to Secondhand Smoking (repeat of Section 37)

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

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

- 54.2** 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*)

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

Section 55: Alcohol Screening & Brief Intervention (repeat of Section 21)

If Q3.4 = 1 or 2 (had a checkup within the past 2 years) continue, else go to next section.

55.1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

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

55.2 Did the health care provider ask you in person or on a form how much you drink?

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

55.3 Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

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

55.4 Were you offered advice about what level of drinking is harmful or risky for your health?

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

55.5 Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

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

Section 56: COVID Vaccination (repeat of Section 22)

56.1 Have you received at least one dose of a COVID-19 vaccination?

- 1 Yes **[Go to Q56.2]**
- 2 No **[Go to Q56.5]**
- 7 Don't know / Not sure **[Go to Q57.1]**
- 9 Refused **[Go to Q57.1]**

56.2 Which vaccine did you receive?

- 1 Pfizer/BioNTech
- 2 Moderna
- 3 Johnson & Johnson
- 4 Other, please specify: _____
- 7 Don't know / Not sure
- 9 Refused

56.3 How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 7 Don't know / Not sure
- 9 Refused

56.4 Did you receive any of the following COVID-19 vaccine doses?

- 1 Additional dose recommended by CDC for immunocompromised individuals
- 2 Booster dose recommended by CDC for all adults \geq 16 years
- 3 None of these
- 4 Both of these
- 7 Don't know / Not sure
- 9 Refused

56.5 There are many reasons why people have not had a COVID-19 vaccine. What is the main reason you have not gotten a COVID-19 vaccine?

Interviewer Note: if more than one mention, probe 'what is the main reason?'

- 1 Concerns about side effects or allergic reaction
- 2 Plan to wait and see if it is safe
- 3 Don't trust COVID-19 vaccines
- 4 Don't think COVID-19 is a serious illness
- 5 Already had COVID-19
- 6 Don't need COVID-19 vaccine
- 7 COVID-19 vaccines do not work
- 8 Don't like vaccines or needles
- 9 Costs too much to get the vaccine
- 10 Difficulty making an appointment or getting to place of vaccination
- 11 Some other reason, please specify _____
- 88 No reason given
- 77 Don't Know/Not sure
- 99 Refused

Section 57: Cancer Survivorship: Type of Cancer (repeat of Section 24)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to next section.

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

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure **[Go to Q58.1]**
- 9 Refused **[Go to Q58.1]**

57.2 At what age were you first diagnosed with cancer?

Interviewer Note: If Q57.1= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

Read if necessary: This question refers to the first time they were told about their first cancer.

- _ _ Age in years **[97 = 97 and older]**
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI NOTES: If Core Q7.6 = 1 (Yes) and Q57.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code Q57.3 as a response of 16 if "Melanoma" or 22 if "other skin cancer"

57.3 What kind of cancer was it?

Interviewer Note: If Q57.1 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?

Read if respondent needs prompting for cancer type:

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix/Cervical
- 07 Colon
- 08 Esophagus/Esophageal
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-trachea
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth/tongue/lip
- 18 Ovary/Ovarian
- 19 Pancreas/Pancreatic
- 20 Prostate
- 21 Rectum/Rectal
- 22 Skin (non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis/Testicular

- 27 Throat - pharynx
- 28 Thyroid
- 29 Uterus/Uterine
- 30 Other

Do not read:

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

Section 58: Cancer Survivorship: Course of Treatment (repeat of Section 25)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to next section.

58.1 Are you currently receiving treatment for cancer?

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

- 1 Yes [Go to Q59.1]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to Q59.1]
- 4 No, I haven't started treatment [Go to Q59.1]
- 5 Treatment was not needed [Go to Q59.1]
- 7 Don't know / Not sure [Go to Q59.1]
- 9 Refused [Go to Q59.1]

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

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

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

58.3 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?

- 1 Yes
- 2 No [Go to Q58.5]
- 7 Don't know / Not sure [Go to Q58.5]
- 9 Refused [Go to Q58.5]

58.4 Were these instructions written down or printed on paper for you?

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

9 Refused

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

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

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

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

Section 59: Cancer Survivorship: Pain Management (repeat of Section 26)

CATI NOTE: If Q7.6 = 1 (Yes) or Q7.7 = 1 (Yes), continue. Otherwise, go to next section.

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

1 Yes
2 No [Go to Q60.1]
7 Don't know / Not sure [Go to Q60.1]
9 Refused [Go to Q60.1]

59.2 Would you say your pain is currently under control...?

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 60: Marijuana Use

The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.

60.1 During the past 30 days, on how many days did you use marijuana or cannabis?

Interviewer Note: Do not include hemp-based CBD-only products.

--	01-30 Number of days	
8 8	No	[Go to Q61.1]
7 7	Don't know / Not sure	[Go to Q61.1]
9 9	Refused	[Go to Q61.1]

60.2 During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?

Interviewer Note: Do not include hemp-based CBD-only products.

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

60.3 During the past 30 days, did you eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?

Interviewer Note: Do not include hemp-based CBD-only products.

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

60.4 During the past 30 days, did you vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)?

Interviewer Note: Do not include hemp-based CBD-only products.

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

60.5 During the past 30 days, did you dab it (for example, using a dabbing rig, knife, or dab pen)?

Interviewer Note: Do not include hemp-based CBD-only products.

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

60.6 During the past 30 days, did you use it in some other way?

Interviewer Note: Do not include hemp-based CBD-only products.

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

60.7 During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

Interviewer Note: Select one. If respondent provides more than one say: Which way did you use it most often? Do not include hemp-based CBD-only products.

Please read:

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).
- 2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol)
- 3 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 4 Dab it (for example, using a dabbing rig, knife, or dab pen), or
- 5 Use it some other way.

Do not read:

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

Section 61: Random Child Selection (repeat of Section 28)

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

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 Q61.1]**

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.”

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

- __ / __ __ 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).

61.2 Is the child a boy or a girl?

- 1 Boy [Go to Q61.4]
- 2 Girl [Go to Q61.4]
- 3 Nonbinary/Other
- 9 Refused

62.3 What was the child's sex on their original birth certificate?

- 1 Boy
- 2 Girl

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

If yes, ask: Are they...

- 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

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

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:

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

CATI NOTE: If more than one response to Q61.4, continue. Otherwise, go to Q61.6.

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

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:

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

61.7 How are you related to the child? Are you a..?

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 62: Childhood Asthma Prevalence (repeat of Section 29)

CATI NOTE: If response to Q8.15 = 88 (None) or 99 (Refused), go to next section.

62.1 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?

1 Yes

2 No **[Go to Q63.1]**

7 Don't know / Not sure **[Go to Q63.1]**

9 Refused **[Go to Q63.1]**

62.2 Does the child still have asthma?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Section 63: Family Planning (repeat of Section 30)

CATI NOTE: if respondent greater than 49 years of age, has had a hysterectomy, is pregnant, or if respondent is male go to the next section.

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

63.1 In the past 12 months, did you have sexual intercourse?

1 Yes

2 No **[Go to Q64.1]**

7 Don't know / Not sure **[Go to Q64.1]**

9 Refused **[Go to Q64.1]**

63.2 Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy. The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

1 Yes

- | | | |
|---|-----------------------|---------------|
| 2 | No | [Go to Q63.6] |
| 7 | Don't know / Not sure | [Go to Q63.7] |
| 9 | Refused | [Go to Q63.7] |

63.3 The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

Interviewer Note: If respondent reports using two methods, please code the method that occurs first on the list. code the other method in question 4 (do not ask question 4). If respondent reports using more than two methods, please code the method that occurs first on the list. of the remaining methods mentioned, code the method that occurs first on the list in question 4 (do not ask question 4). If respondent reports "other method," ask respondent to "please be specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

Do not read:

- 77 Don't know/Not sure
- 99 Refused

63.4 The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?

Interviewer note: if respondent reports using more than one additional method, please code the method that occurs first on the list. If respondent reports "other method," ask respondent to "please be specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read if necessary:

- 00 Nothing else
- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)

- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

Do not read:

- 77 Don't know/Not sure
- 99 Refused

CATI NOTE: Ask Q63.5 if respondent indicated method response options 01-08 and 11 in Q63.3 above; else skip Q63.5.

- 63.5** Where did you get the [response from Q47.3] you used when you last had sexual intercourse?

Read if necessary:

- 01 Private doctor's office
- 02 Community health clinic, Community clinic, Public health clinic
- 03 Family planning or Planned Parenthood Clinic
- 04 School or school-based clinic
- 05 Hospital outpatient clinic, emergency room, regular hospital room
- 06 Urgent care center, urgi-care or walk-in facility
- 07 In- store health clinic (like CVS, Target, or Walmart)
- 08 Health care visit with a pharmacist
- 09 Website or app
- 10 Some other place

Do not read:

- 77 Don't know/Not sure
- 99 Refused

- 63.6** Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.

Interviewer note: if respondent reports "other reason," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 You wanted a pregnancy
- 04 You didn't care if you got pregnant
- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)
- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or "pulling out"

- 10 You had your tubes tied (sterilization)
- 11 Your partner had a vasectomy (sterilization)
- 12 You were breast-feeding, or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons

Do not read:

- 77 Don't know/Not sure
- 99 Refused

63.7 If you could use any birth control method you wanted, what method would you use?

Read if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method
- 13 I am using the method that I want to use
- 14 I don't want to use any method

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Section 64: Reactions to Race (repeat of Section 47)

64.1 Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

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

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

Interviewer note: Do not offer "mixed race" as a category but use as a code if respondent offers it.

- 01 White
- 02 Black or African American

- 03 Hispanic or Latino
- 04 Asian
- 05 Native Hawaiian or Other Pacific Islander
- 06 American Indian or Alaska Native
- 07 Mixed Race
- 08 Some other group
- 77 Don't know / Not sure
- 99 Refused

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

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

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

64.3 Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

If Q8.14= 3, 5, 6, 7, 8, 9 GOTO Q64.5 [CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”]

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

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

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

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

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

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

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

Section 65: Food Security (repeat of Section 31)

Interviewer Note: The next questions ask about having enough food. Please tell me if the following statement is often true, sometimes true or never true for your household.

- 65.1** "The food that I/we bought just didn't last, and I/we didn't have money to get more." Was that often, sometimes, or never true for you/your household in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true

Do not read:

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

- 65.2** "I/we couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you/your household in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true

Do not read:

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

65.3 In the last 12 months, since last (name of current month), did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1 Yes
- 2 No [Go to 65.5]
- 7 Don't know / Not sure [Go to 65.5]
- 9 Refused [Go to 65.5]

65.4 How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months
- 7 Don't know / Not sure
- 9 Refused

65.5 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

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

65.6 In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

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

Section 66: Stroke (repeat of Section 32)

66.1 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?

**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

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

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 67: Radon Awareness

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

67.1 Do you know what radon gas is?

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

67.2 Has your current household ever been tested for the presence of radon gas?

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

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

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

67.4 What did you do in response to this high radon test? Would you say that you...

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

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.