

2023 Michigan Behavioral Risk Factor Survey

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Consent

You do not have to answer any question you do not want to. We cannot identify you personally, and we will keep anything you say confidential. If you have any question about this survey, I will provide a toll-free telephone number for you to call to get more information. The toll-free number is 1-844-403-3937.

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

Should you have any questions about this study or your participation in it, you are welcome to contact Samantha Collins at Samantha.Collins@icf.com.

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 source of your primary 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?" If the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.

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

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

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

- | | | |
|-----|-----------------------|--|
| __ | (Specify) | [See Physical Activity Coding List] |
| 7 7 | Don't know / Not sure | [Go to Q4.8] |
| 9 9 | Refused | [Go to Q4.8] |

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

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

4.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

4.5 What other type of physical activity gave you the next most exercise during the past month?

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

__	(Specify)	[See Physical Activity Coding List]
8 8	No other activity	[Go to Q4.8]
7 7	Don't know / Not sure	[Go to Q4.8]
9 9	Refused	[Go to Q4.8]

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

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

4.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

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

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

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

Section 5: Hypertension Awareness

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

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

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

- | | | |
|---|---|---------------------|
| 1 | Yes | |
| 2 | Yes, but female told only during pregnancy | [Go to Q6.1] |
| 3 | No | [Go to Q6.1] |
| 4 | Told borderline high or pre-hypertensive or elevated blood pressure | [Go to Q6.1] |
| 7 | Don’t know / Not sure | [Go to Q6.1] |
| 9 | Refused | [Go to Q6.1] |

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

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

Section 6: Cholesterol Awareness

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

Read only if necessary:

- | | | |
|---|---|---------------------|
| 1 | Never | [Go to Q7.1] |
| 2 | Within the past year (anytime less than one year ago) | |
| 3 | Within the past 2 years (1 year but less than 2 years ago) | |
| 4 | Within the past 3 years (2 years but less than 3 years ago) | |
| 5 | Within the past 4 years (3 years but less than 4 years ago) | |
| 6 | Within the past 5 years (4 years but less than 5 years ago) | |
| 8 | 5 or more years ago | |

Do not read:

- | | | |
|---|-----------------------|---------------------|
| 7 | Don’t know / Not sure | [Go to Q7.1] |
| 9 | Refused | [Go to Q7.1] |

- 6.2** Have you EVER been told by a doctor, nurse or other health professional that your cholesterol is high?

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

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

6.3 Are you currently taking medicine prescribed by a doctor or other health professional for your cholesterol?

Interviewer note: If respondent questions why they might take drugs without having high cholesterol read: 'High' cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines.

- 1 Yes
- 2 No
- 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 |
| 3 | No |
| 4 | No, pre-diabetes or borderline diabetes |
| 7 | Don’t know / Not sure |
| 9 | Refused |

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

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

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

Section 7A: Diabetes Module

CATI NOTE: To be asked following Core Q7.13; if response to Q7.12 is “Yes” (code=1)

7A.1 According to your doctor or other health professional, what type of diabetes do you have?

- | | |
|---|-----------------------|
| 1 | Type 1 |
| 2 | Type 2 |
| 7 | Don’t know / Not sure |
| 9 | Refused |

7A.2 Insulin can be taken by shot or pump. Are you now taking insulin?

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

7A.3 About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

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

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

7A.4 When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

Read if necessary:

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

Do not read:

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

7A.5 When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?

Read if necessary:

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

Do not read:

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

7A.6 When was the last time you took a course or class in how to manage your diabetes yourself??

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),
- 3 Within the past 5 years (3-4 years but less than 5 years ago),
- 3 Within the past 10 years (5-9 years but less than 10 years ago),
- 4 10 or more years ago

Do not read:

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

7A.7 Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- 1 Yes
- 2 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 additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

8.3a 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

8.4 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

8.5 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

8.6 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

8.7 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.

8.7a Do you live in the city of Detroit?

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

8.8 What is the ZIP Code where you currently live?

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

CATI NOTE: If cellular telephone interview skip to Q8.11 (QSTVER ≥ 20)

8.9 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 Q8.11]
- 7 Don't know / Not sure [Go to Q8.11]
- 9 Refused [Go to Q8.11]

8.10 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

8.11 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

8.12 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

8.13 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

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

– – Number of children

8 8 None

9 9 Refused

8.15 Is your annual household income from all sources—

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

Please read as necessary:

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 Q8.17.

8.16 To your knowledge, are you now pregnant?

1 Yes

2 No

Do not read:

7 Don't know / Not sure

9 Refused

8.17 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

8.18 About how tall are you without shoes?

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

Round fractions down

_ _ / _ _ Height
 (f t / 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: Falls

CATI NOTE: If respondent is 45 years or older continue, otherwise go to Q11.1.

10.1 In the past 12 months, how many times have you fallen?

Interviewer Note: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- – Number of times **[76 = 76 or more]**
- 8 8 None **[Go to Q11.1]**
- 7 7 Don't know / Not sure **[Go to Q11.1]**
- 9 9 Refused **[Go to Q11.1]**

10.2 How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?

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

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

Section 11: Tobacco Use

11.1 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 Q11.3]
- 7 Don't know / Not sure [Go to Q11.3]
- 9 Refused [Go to Q11.3]

11.2 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

11.3 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

11.4 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. If respondent says “Not at all” ask that they do not mean “Never used e-cigs in your entire life”

- 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 12: 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.

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

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 Q13.1]**
7 7 7 Don't know / Not sure **[Go to Q13.1]**
9 9 9 Refused **[Go to Q13.1]**

- 12.2** 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

- 12.3** 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

- 12.4** 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 13: Immunization

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

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

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

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

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

- 13.3** 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

- 13.4** Have you ever had the shingles or zoster vaccine?

Interviewer Note: Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.

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

Section 14: H.I.V./AIDS

- 14.1** 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 Q15.1]
- 7 Don't know / Not sure [Go to Q15.1]
- 9 Refused [Go to Q15.1]

14.2 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

Section 15: Seat Belt Use / Drinking and Driving

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

Please read:

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

Do not read:

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

CATI NOTE: If Q15.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

CATI NOTE: If Q12.1 = 888 (No drinks in the past 30 days); go to next section.

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

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

Section 16: Long-term COVID Effects

- 16.1** Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had 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.

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

- 16.2** Do you currently have 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.

Read if necessary:

- Tiredness or fatigue
- Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as "brain fog")
- Difficulty breathing or shortness of breath
- Joint or muscle pain
- Fast-beating or pounding heart (also known as heart palpitations) or chest pain
- Dizziness on standing
- Menstrual changes
- Symptoms that get worse after physical or mental activities
- Loss of taste or smell

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

- 16.3** Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you COVID-19?

- | | |
|---|-----------------------|
| 1 | Yes, a lot |
| 2 | Yes, a little |
| 3 | Not at all |
| 7 | Don't know / Not sure |
| 9 | Refused |

Version A: Sections 17-32**Section 17: Other Tobacco Use (CDC)**

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

CATI NOTE: If Q11.2 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q17.2.

17.1 Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

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

CATI NOTE: If Q11.4 = 2 or 3, continue. Otherwise, go to Q17.3.

17.2 Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

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

17.3 Prologue: The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

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

Section 18: Other Tobacco Use (Michigan)

18.1 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
- 0 0 I did not smoke hookah ever.
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

Section 19: Tobacco Cessation

CATI NOTE: Ask if Q11.2 = 1 (Every day) or 2 (Some days).

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

19.1 Would you like to quit smoking?

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

19.2 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

19.3 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

19.4 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 20: Exposure to Secondhand Smoking

20.1 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

20.2 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 21: Prostate Cancer Screening

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

21.1 Have you ever had a P.S.A. test?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

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

21.2 About how long has it been since your most recent P.S.A. test?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen 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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

21.3 What was the main reason you had this PSA test - was it...?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

Please read:

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason

Do not read:

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

21.4 Who first suggested this P.S.A. test: you, your doctor, or someone else?

- 1 Self
- 2 Doctor, nurse, health care professional

3 Someone else

Do not read:

7 Don't Know / Not sure
9 Refused

21.5 When you met with a doctor, nurse, or other health professional, did they ever talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or PSA test?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

1 Advantages
2 Disadvantages
3 Both Advantages and disadvantages

Do not read:

4 Neither
7 Don't Know / Not sure
9 Refused

Section 22: Cancer Survivorship: Type of Cancer

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

22.1 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 Q23.1]**
9 Refused **[Go to Q23.1]**

22.2 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 Q22.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code Q22.3 as a response of 16 if "Melanoma" or 22 if "other skin cancer"

22.3 What kind of cancer was it?

Interviewer Note: If Q22.1 = 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 23: Cancer Survivorship: Course of Treatment

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

23.1 Are you currently receiving treatment for cancer?

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

- 1 Yes [Go to Q24.1]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to Q24.1]
- 4 No, I haven't started treatment [Go to Q24.1]
- 5 Treatment was not needed [Go to Q24.1]

- 7 Don't know / Not sure [Go to Q24.1]
 9 Refused [Go to Q24.1]

23.2 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 24: Firearm Safety

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

24.1 Are any firearms now kept in or around your home?

Interviewer Note: Do not include guns that cannot fire; include those kept in cars, or outdoor storage.

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

24.2 Are any of these firearms now loaded?

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

24.3 Are any of these loaded firearms also unlocked?

Interviewer Note: By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.

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

Section 25: COVID Vaccination

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

- 1 Yes [Go to Q25.3]
 2 No [Go to Q25.2]

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

25.2 Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

- 1 Will definitely get a vaccine
 2 Will probably get a vaccine
 3 Will probably not get a vaccine
 4 Will definitely not get a vaccine

- 7 Don't know / Not sure
 9 Refused

25.3 How many COVID-19 vaccinations have you received?

- 1 One
 2 Two
 3 Three
 4 Four
 5 Five or more

- 7 Don't know / Not sure
 9 Refused

Section 26: Social Determinants and Health

26.1 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

26.2 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

26.3 How often do you feel lonely? 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

26.4 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

26.5 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

26.6 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

26.7 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

26.8 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

26.9 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

26.10 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 27: Random Child Selection

CATI NOTE: If Core Q8.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section.

If Core Q8.14 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q27.1]**

If Core Q8.14 is >1 and Core Q8.14 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

Please read:

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

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

__ / ____ 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).

27.2 Is the child a boy or a girl?

1 Boy [Go to Q27.4]
 2 Girl [Go to Q27.4]
 3 Nonbinary/Other
 9 Refused

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

1 Boy
 2 Girl
 9 Refused

27.4 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

27.5 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

27.6 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 28: Childhood Asthma Prevalence

CATI NOTE: If response to Q8.14 = 88 (None) or 99 (Refused), go to next section.

28.1 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 Q29.1]**
- 7 Don't know / Not sure **[Go to Q29.1]**
- 9 Refused **[Go to Q29.1]**

28.2 Does the child still have asthma?

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

Section 29: Home/ Self-measured Blood Pressure

CATI NOTE: To be asked if response to Q5.1 is “Yes” (code=1).

29.1 Has your doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

Interviewer Note: By other healthcare provider professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

29.2 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

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

Section 30: 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.

30.1 “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

30.2 “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

30.3 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 30.5]
- 7 Don't know / Not sure [Go to 30.5]
- 9 Refused [Go to 30.5]

30.4 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

30.5 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

30.6 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 31: Prescription Drug Use

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

- 1 Yes
- 2 No (include “not prescribed” and “prescribed but did not use” [Go to Q32.1])

Do not read:

- 7 Don't know / Not sure [Go to Q32.1]
- 9 Refused [Go to Q32.1]

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

- 1 Yes
- 2 No **[Go to Q32.1]**

Do not read:

- 7 Don't know / Not sure **[Go to Q32.1]**
- 9 Refused **[Go to Q32.1]**

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

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

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

Do not read:

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

Section 32: Adverse Childhood Experiences

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

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

- 1 Never
- 2 Once
- 3 More than once
- 7 Don't know / Not sure
- 9 Refused

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

- 1 Never
- 2 Once
- 3 More than once

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

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

- 1 Never
- 2 Once
- 3 More than once

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

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

- 1 Never
- 2 Once
- 3 More than once

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

32.5 Were your parents separated or divorced?

- 1 Never
- 2 Once
- 3 More than once

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

32.6 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...

- 1 Never
- 2 Once
- 3 More than once

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

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

Go to Closing Statement.

Version B: Sections 33 – 45**Section 33: Prostate Cancer Screening (repeat of Section 21)**

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

33.1 Have you ever had a P.S.A. test?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

- 1 Yes
- 2 No [Go to Q33.5]
- 7 Don't Know / Not sure [Go to Q33.5]
- 9 Refused [Go to Q33.5]

33.2 About how long has it been since your most recent P.S.A. test?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen 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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

33.3 What was the main reason you had this PSA test - was it...?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

Please read:

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason

Do not read:

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

33.4 Who first suggested this P.S.A. test: you, your doctor, or someone else?

- 1 Self
- 2 Doctor, nurse, health care professional

3 Someone else

Do not read:

7 Don't Know / Not sure

9 Refused

33.5 When you met with a doctor, nurse, or other health professional, did they ever talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or PSA test?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

1 Advantages

2 Disadvantages

3 Both Advantages and disadvantages

Do not read:

4 Neither

7 Don't Know / Not sure

9 Refused

Section 34: Cancer Survivorship: Type of Cancer (repeat of Section 22)

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

34.1 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 Q35.1]**

9 Refused **[Go to Q35.1]**

34.2 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 Q34.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code Q34.3 as a response of 16 if "Melanoma" or 22 if "other skin cancer"

34.3 What kind of cancer was it?

Interviewer Note: If Q34.1 = 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 35: Firearm Safety (repeat of Section 24)

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

35.1 Are any firearms now kept in or around your home?

Interviewer Note: Do not include guns that cannot fire; include those kept in cars, or outdoor storage.

- 1 Yes
- 2 No **[Go to Q36.1]**

- 7 Don't know / Not sure [Go to Q36.1]
- 9 Refused [Go to Q36.1]

35.2 Are any of these firearms now loaded?

- 1 Yes
- 2 No [Go to Q36.1]
- 7 Don't know / Not sure [Go to Q36.1]
- 9 Refused [Go to Q36.1]

35.3 Are any of these loaded firearms also unlocked?

Interviewer Note: By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.

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

Section 36: COVID Vaccination (repeat of Section 25)

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

- 1 Yes [Go to Q36.3]
- 2 No [Go to Q36.2]
- 7 Don't know / Not sure [Go to Q37.1]
- 9 Refused [Go to Q37.1]

36.2 Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

- 1 Will definitely get a vaccine
- 2 Will probably get a vaccine
- 3 Will probably not get a vaccine
- 4 Will definitely not get a vaccine
- 7 Don't know / Not sure
- 9 Refused

36.3 How many COVID-19 vaccinations have you received?

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

Section 37: Social Determinants and Health (repeat of Section 26)

37.1 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

37.2 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

37.3 How often do you feel lonely? 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

37.4 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

37.5 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

37.6 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

37.7 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

37.8 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

37.9 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

37.10 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 38: Reactions to Race

- 38.1** 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

- 38.2** 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

- 38.3** 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 Q8.13= 3, 5, 6, 7, 8, 9 GOTO Q38.5 [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.”]

38.4 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

38.5 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

38.6 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 39: Random Child Selection (repeat of Section 27)

CATI NOTE: If Core Q8.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section.

If Core Q8.14 = 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 Q39.1]**

If Core Q8.14 is >1 and Core Q8.14 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.”

39.1 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 |
| 9 9 / 9 9 9 9 | Don't know / Not sure |
| | Refused |

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

39.2 Is the child a boy or a girl?

- | | | |
|---|-----------------|---------------|
| 1 | Boy | [Go to Q39.4] |
| 2 | Girl | [Go to Q39.4] |
| 3 | Nonbinary/Other | |
| 9 | Refused | |

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

- | | |
|---|---------|
| 1 | Boy |
| 2 | Girl |
| 9 | Refused |

39.4 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 |

39.5 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 additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

39.6 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 40: Childhood Asthma Prevalence (repeat of Section 28)**CATI NOTE: If response to Q8.14 = 88 (None) or 99 (Refused), go to next section.****40.1 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 Q41.1] |
| 7 | Don't know / Not sure | [Go to Q41.1] |
| 9 | Refused | [Go to Q41.1] |

40.2 Does the child still have asthma?

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

Section 41: Home/ Self-measured Blood Pressure (repeat of Section 29)**CATI NOTE: To be asked if response to Q5.1 is "Yes" (code=1).****41.1** Has your doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?**Interviewer Note: By other healthcare provider professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.**

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

41.2 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

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

Section 42: Food Security (repeat of Section 30)

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.

42.1 “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

42.2 “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

42.3 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 42.5]**
- 7 Don’t know / Not sure **[Go to 42.5]**
- 9 Refused **[Go to 42.5]**

42.4 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

42.5 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

42.6 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 43: Prescription Drug Use (repeat of Section 31)

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

- 1 Yes
- 2 No (include "not prescribed" and "prescribed but did not use" **[Go to Q44.1]**)

Do not read:

- 7 Don't know / Not sure **[Go to Q44.1]**
- 9 Refused **[Go to Q44.1]**

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

- 1 Yes
- 2 No **[Go to Q44.1]**

Do not read:

- 7 Don't know / Not sure **[Go to Q44.1]**
- 9 Refused **[Go to Q44.1]**

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

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

- 7 Pain relief, prescribed dose did not relieve pain
- 8 To relieve other physical symptoms
- 9 To relieve anxiety or depression
- 10 For fun, good feeling, getting high, peer pressure (friends were doing it)
- 11 To prevent or relieve withdrawal symptoms
- 12 Other (specify)

Do not read:

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

Section 44: Adverse Childhood Experiences (repeat of Section 32)

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

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

- 1 Never
- 2 Once
- 3 More than once

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

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

- 1 Never
- 2 Once
- 3 More than once

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

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

- 1 Never
- 2 Once
- 3 More than once

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

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

- 1 Never
- 2 Once
- 3 More than once

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

44.5 Were your parents separated or divorced?

- 1 Never

- 2 Once
- 3 More than once

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

44.6 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...

- 1 Never
- 2 Once
- 3 More than once

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

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

Section 45: Hepatitis C

45.1 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 46 - 61**Section 46: Other Tobacco Use (CDC) (repeat of Section 17)**

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

CATI NOTE: If Q11.2 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q46.2.

46.1 Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

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

CATI NOTE: If Q11.4 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q46.3.

46.2 Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

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

46.3 Prologue: The next question is about heated tobacco products. Some people refer to these as "heat not burn" tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

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

Section 47: Other Tobacco Use (Michigan) (repeat of Section 18)

47.1 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
- 0 0 I did not smoke hookah ever.
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

Section 48: Tobacco Cessation (repeat of Section 19)**CATI NOTE: Ask if Q11.2 = 1 (Every day) or 2 (Some days).****Please read:** Earlier you indicated that you currently smoke cigarettes.**48.1** Would you like to quit smoking?

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

48.2 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

48.3 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

48.4 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 49: Exposure to Secondhand Smoking (repeat of Section 20)**49.1** 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

49.2 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 50: Prostate Cancer Screening (repeat of Section 21)

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

50.1 Have you ever had a P.S.A. test?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

- 1 Yes
- 2 No [Go to Q50.5]
- 7 Don't Know / Not sure [Go to Q50.5]
- 9 Refused [Go to Q50.5]

50.2 About how long has it been since your most recent P.S.A. test?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen 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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

50.3 What was the main reason you had this PSA test - was it...?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

Please read:

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason

Do not read:

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

50.4 Who first suggested this P.S.A. test: you, your doctor, or someone else?

- 1 Self

- 2 Doctor, nurse, health care professional
- 3 Someone else

Do not read:

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

- 50.5** When you met with a doctor, nurse, or other health professional, did they ever talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or PSA test?

Interviewer Note: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

- 1 Advantages
- 2 Disadvantages
- 3 Both Advantages and disadvantages

Do not read:

- 4 Neither
- 7 Don't Know / Not sure
- 9 Refused

Section 51: Cancer Survivorship: Type of Cancer (repeat of Section 22)

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

- 51.1** 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 Q52.1]**
- 9 Refused **[Go to Q52.1]**

- 51.2** At what age were you first diagnosed with cancer?

Interviewer Note: If Q51.1= 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 Q51.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code Q51.3 as a response of 16 if "Melanoma" or 22 if "other skin cancer"

- 51.3** What kind of cancer was it?

Interviewer Note: If Q51.1 = 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 52: Firearm Safety (repeat of Section 24)

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

52.1 Are any firearms now kept in or around your home?

Interviewer Note: Do not include guns that cannot fire; include those kept in cars, or outdoor storage.

- 1 Yes

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

52.2 Are any of these firearms now loaded?

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

52.3 Are any of these loaded firearms also unlocked?

Interviewer Note: By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.

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

Section 53: COVID Vaccination (repeat of Section 25)

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

- 1 Yes [Go to Q53.3]
- 2 No [Go to Q53.2]
- 7 Don't know / Not sure [Go to Q54.1]
- 9 Refused [Go to Q54.1]

53.2 Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

- 1 Will definitely get a vaccine
- 2 Will probably get a vaccine
- 3 Will probably not get a vaccine
- 4 Will definitely not get a vaccine
- 7 Don't know / Not sure
- 9 Refused

53.3 How many COVID-19 vaccinations have you received?

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

Section 54: Reactions to Race (repeat of Section 38)

54.1 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

54.2 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

54.3 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 Q8.13= 3, 5, 6, 7, 8, 9 GOTO Q54.5 [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.”]

54.4 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

54.5 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

54.6 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 55: Random Child Selection (repeat of Section 27)

CATI NOTE: If Core Q8.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section.

If Core Q8.14 = 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 Q55.1]

If Core Q8.14 is >1 and Core Q8.14 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.”

55.1 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).

55.2 Is the child a boy or a girl?

1	Boy	[Go to Q55.4]
2	Girl	[Go to Q55.4]
3	Nonbinary/Other	
9	Refused	

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

1	Boy
2	Girl
9	Refused

55.4 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

55.5 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 additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

55.7 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
- 10 Refused

Section 56: Childhood Asthma Prevalence (repeat of Section 28)

CATI NOTE: If response to Q8.14 = 88 (None) or 99 (Refused), go to next section.

56.1 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 Q57.1]
- 7 Don't know / Not sure [Go to Q57.1]
- 9 Refused [Go to Q57.1]

56.2 Does the child still have asthma?

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

Section 57: Home/ Self-measured Blood Pressure (repeat of Section 29)

CATI NOTE: To be asked if response to Q5.1 is "Yes" (code=1).

57.1 Has your doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

Interviewer Note: By other healthcare provider professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

57.2 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

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

Section 58: Food Security (repeat of Section 30)

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.

58.1 "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

58.2 "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

58.3 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 58.5]**

7 Don't know / Not sure **[Go to 58.5]**

9 Refused **[Go to 58.5]**

58.4 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

58.5 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

58.6 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 59: Prescription Drug Use (repeat of Section 31)

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

- 1 Yes
 2 No (include “not prescribed” and “prescribed but did not use” **[Go to Q60.1]**)

Do not read:

- 7 Don't know / Not sure **[Go to Q60.1]**
 9 Refused **[Go to Q60.1]**

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

- 1 Yes
 2 No **[Go to Q60.1]**

Do not read:

- 7 Don't know / Not sure **[Go to Q60.1]**
 9 Refused **[Go to Q60.1]**

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

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

- 13 Pain relief, prescribed dose did not relieve pain
 14 To relieve other physical symptoms
 15 To relieve anxiety or depression
 16 For fun, good feeling, getting high, peer pressure (friends were doing it)
 17 To prevent or relieve withdrawal symptoms
 18 Other (specify)

Do not read:

- 7 Don't know / Not sure
 9 Refused

Section 60: Adverse Childhood Experiences (repeat of Section 32)

Prologue: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with

these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

- 60.1** Now, looking back before you were 18 years of age. Did you live with anyone who was depressed, mentally ill, or suicidal?
- 1 Never
 - 2 Once
 - 3 More than once

 - 7 Don't know / Not sure
 - 9 Refused
- 60.2** Did you live with anyone who was a problem drinker or alcoholic?
- 1 Never
 - 2 Once
 - 3 More than once

 - 7 Don't know / Not sure
 - 9 Refused
- 60.3** Did you live with anyone who used illegal street drugs or who abused prescription medications?
- 1 Never
 - 2 Once
 - 3 More than once

 - 7 Don't know / Not sure
 - 9 Refused
- 60.4** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
- 1 Never
 - 2 Once
 - 3 More than once

 - 7 Don't know / Not sure
 - 9 Refused
- 60.5** Were your parents separated or divorced?
- 1 Never
 - 2 Once
 - 3 More than once

 - 7 Don't know / Not sure
 - 9 Refused
- 60.6** How often did your parents or adults in your home ever slap, hit, kick, punch or beat each

other up? Was it...

- 1 Never
- 2 Once
- 3 More than once

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

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

Section 61: Hepatitis C (repeat of Section 45)

61.1 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.

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.