

## **2024 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 844-403-3937.

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

Should you have any questions about this study or your participation in it, you are welcome to contact the Michigan BRFSS Coordinator at [MIBRFSS@michigan.gov](mailto:MIBRFSS@michigan.gov).

## Section 1: Health Status

1.1 Would you say that in general your health is —

**Please read:**

- 1      Excellent
- 2      Very good
- 3      Good
- 4      Fair
- 5      Poor
  
- 7      Don't know / Not sure
- 9      Refused

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

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

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

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

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

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

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

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

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

- —      Number of days
- 8 8      None

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

### Section 3: Health Care Access

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

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

**Read if necessary:**

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

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

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

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

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

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

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

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

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

## Section 4: Exercise

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

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

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

## Section 5: Oral Health

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

**Read only if necessary:**

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

**Do not read:**

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

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

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

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

## **Section 6: Chronic Health Conditions**

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

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

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

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

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

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

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

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

- |   |                       |                     |
|---|-----------------------|---------------------|
| 1 | Yes                   |                     |
| 2 | No                    | <b>[Go to Q6.6]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q6.6]</b> |
| 9 | Refused               | <b>[Go to Q6.6]</b> |

**6.5** Do you still have asthma?

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

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

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

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

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

**6.8** (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

**6.9** (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

**6.10** 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

**6.11** (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                   | [Go to Q6.A1] |
| 2 | No                    | [Go to Q6.12] |
| 7 | Don't know / Not sure | [Go to Q6.12] |
| 9 | Refused               | [Go to Q6.12] |

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

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

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

- |   |  |               |
|---|--|---------------|
| 1 | Yes  |               |
| 2 | Yes, but female told only during pregnancy | [Go to Q6.B1] |
| 3 | No   | [Go to Q6.B1] |
| 4 | No, pre-diabetes or borderline diabetes    | [Go to Q6.B1] |
| 7 | Don't know / Not sure                      | [Go to Q6.B1] |
| 9 | Refused                                    | [Go to Q6.B1] |

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

**6.13** How old were you when you were first told you had diabetes?

- |     |                                       |              |
|-----|---------------------------------------|--------------|
| —   | Code age in years [97 = 97 and older] | [Go to Q7.1] |
| 9 8 | Don't know / Not sure                 | [Go to Q7.1] |
| 9 9 | Refused                               | [Go to Q7.1] |

### Section 6a: Arthritis

Ask if Q6.11 is coded 1. To be asked following Q6.11.

**6.A1** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

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

### Section 6b: Pre-diabetes

Skip if Q6.12 is coded 1. To be asked following Q6.12.

**6.B1** Have When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?



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

**6.B2** Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

**CATI Note: if Q6.12 = 4, store 1 in Q6.B2**

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

## Section 7: Demographics

**7.1** What is your age?

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

**7.2** 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

**7.3** 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:**

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

**7.3a** 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

**7.4** Are you...?

**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

**7.5** 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

**7.6** 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

**7.7** 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 Q7.7 = 163 (Wayne County), continue with Q7.7a. Otherwise, go to Q7.8.

**7.7a** Do you live in the city of Detroit?

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

**7.8** What is the ZIP Code where you currently live?

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

**CATI NOTE:** If cellular telephone interview skip to Q7.11 (QSTVER ≥ 20)

**7.9** 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 Q7.11]
- 7 Don't know / Not sure [Go to Q7.11]
- 9 Refused [Go to Q7.11]

**7.10** 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

**7.11** 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

**7.12** 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

**7.13** 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
- 8 Unable to work

**Do not read:**

9 Refused

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

— — Number of children  
 8 8 None  
 9 9 Refused

**7.15** Is your annual household income from all sources—

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

**Please read:**

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

**Do not read:**

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

**CATI Note: If female 49 years old or younger, continue. Otherwise, go to Q7.17.**

**7.16** To your knowledge, are you now pregnant?

1 Yes  
 2 No

**Do not read:**

7 Don't know / Not sure  
 9 Refused

**7.17** 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

**7.18** 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 7a: 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 7.A1b**

**7.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 7.A2**

**7.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

**7.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 8: Disability

- 8.1** 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

- 8.2** 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

- 8.3** 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

- 8.4** Do you have serious difficulty walking or climbing stairs?

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

- 8.5** Do you have difficulty dressing or bathing?

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

**8.6** 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 9: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

**9.1** Have you ever had a mammogram?

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

- 1 Yes
- 2 No [Go to Q9.3]
- 7 Don't know / Not sure [Go to Q9.3]
- 9 Refused [Go to Q9.3]

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

**Read only if necessary:**

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

**Do not read:**

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

**9.3** There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test.

Have you ever had a cervical cancer screening test?

**Interviewer Note:** Read if necessary: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.



- 1 Yes
- 2 No [Go to Q9.7]
- 7 Don't know / Not sure [Go to Q9.7]
- 9 Refused [Go to Q9.7]

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

**Read only if necessary:**

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

**Do not read:**

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

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

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

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

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

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

**CATI NOTE: If response to Core Q7.16 = 1 (is pregnant), then go to next section.**

**9.7** Have you had a hysterectomy?

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

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

## Section 10: Colorectal Cancer Screening

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

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

- 1 Yes
- 2 No [Go to Q10.6]
- 7 Don't know / Not sure [Go to Q10.6]
- 9 Refused [Go to Q10.6]

**10.2** Have you had a colonoscopy, a sigmoidoscopy, or both?

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

- 1 Colonoscopy
- 2 Sigmoidoscopy [Go to Q10.4]
- 3 Both
- 7 Don't know / Not sure [Go to Q10.5]
- 9 Refused [Go to Q10.6]

**10.3** How long has it been since your most recent colonoscopy?

**Read if necessary:**

- 1 Within the past year (anytime less than 12 months ago) [Go to Q10.6]
- 2 Within the past 2 years (1 year but less than 2 years ago) [Go to Q10.6]
- 3 Within the past 5 years (2 years but less than 5 years ago) [Go to Q10.6]
- 4 Within the past 10 years (5 years but less than 10 years ago) [Go to Q10.6]
- 5 10 or more years ago [Go to Q10.6]

**Do not read:**

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

**10.4** How long has it been since your most recent sigmoidoscopy?

**Read if necessary:**

- 1 Within the past year (anytime less than 12 months ago) [Go to Q10.6]
- 2 Within the past 2 years (1 year but less than 2 years ago) [Go to Q10.6]
- 3 Within the past 5 years (2 years but less than 5 years ago) [Go to Q10.6]
- 4 Within the past 10 years (5 years but less than 10 years ago) [Go to Q10.6]
- 5 10 or more years ago [Go to Q10.6]

**Do not read:**

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

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

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

5 10 or more years ago

**Do not read:**

7 Don't know / Not sure

9 Refused

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

1 Yes [Go to Q10.7]

2 No [Go to Q11.1]

7 Don't know / Not sure [Go to Q11.1]

9 Refused [Go to Q11.1]

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

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

1 Yes [Go to Q10.8]

2 No [Go to Q10.9]

7 Don't know / Not sure [Go to Q10.9]

9 Refused [Go to Q10.9]

**10.8** When was your most recent CT colonography or virtual colonoscopy??

**Read if necessary:**

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 5 years (2 years but less than 5 years ago)

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

5 10 or more years ago

**Do not read:**

7 Don't know / Not sure

9 Refused

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

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

1 Yes [Go to Q10.10]

2 No [Go to Q10.11]

7 Don't know / Not sure [Go to Q10.11]

9 Refused [Go to Q10.11]

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

**Read if necessary:**

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

**Do not read:**

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

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

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

- 1 Yes [Go to Q10.12]
- 2 No [Go to Q11.1]
- 7 Don't know / Not sure [Go to Q11.1]
- 9 Refused [Go to Q11.1]

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

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

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

**Read if necessary:**

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

**Do not read:**

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

## Section 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: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. 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. If respondent says “Not at all” ask that if they 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 Use them in the past but do not currently use them at all

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

**Section 12: Lung Cancer Screening**

**CATI NOTE:** If Q11.1=1 or Q11.2 = 1, 2, or 3, continue. Otherwise, go to Q12.4.

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

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

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

- — — Age in Years (001 – 100)  
7 7 7 Don't know / Not sure  
8 8 8 Never smoked cigarettes regularly **[Go to Q12.4]**  
9 9 9 Refused

**12.2** How old were you when you last smoked cigarettes regularly?

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

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

**Interviewer Note:** Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes.

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

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

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

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

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

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

**Read only if necessary:**

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

**Do not read:**

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

## Section 13: 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.

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

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

- 1 \_ \_ Days per week
- 2 \_ \_ Days in past 30 days
- 8 8 8 No drinks in past 30 days [Go to Q14.1]
- 7 7 7 Don't know / Not sure [Go to Q14.1]
- 9 9 9 Refused [Go to Q14.1]

**13.2** 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

**13.3** 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

**13.4** 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 14: Immunization

**14.1** 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 Q14.4]  
 7 Don't know / Not sure [Go to Q14.4]  
 9 Refused [Go to Q14.4]

**14.2** 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

**14.3** At what kind of place did you get your last flu shot or vaccine?

PLEASE READ:

01 A doctor's office or health maintenance organization (HMO)  
 02 A health department  
 03 Another type of clinic or health center (a community health center)  
 04 A senior, recreation, or community center  
 05 A store (supermarket, drug store)  
 06 A hospital (inpatient)  
 07 An emergency room  
 08 Workplace  
 09 Some other kind of place  
 11 A school

DO NOT READ:

12 A drive through location at some other place than listed above  
 10 Received vaccination in Canada/Mexico  
 77 DON'T KNOW / NOT SURE  
 99 REFUSED

**14.4** 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

## Section 15: HIV/AIDS

- 15.1** 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 Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

- 15.2** 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
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

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

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

Do any of these situations apply to you?

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

**Version A: Sections 16-35****Section 16: Oral Health**

- 16.1** When was the last time you had an exam for oral cancer in which a doctor or dentist pulls on your tongue sometimes with gauze wrapped around it and feels under the tongue and inside the cheeks?
- 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years ago)
  - 3 Within the past 5 years (2 years but less than 5 years ago)
  - 4 5 or more years ago
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused
- 16.2** In the past year, did you have your blood pressure checked in a dental office setting?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused

**Section 17: Other Tobacco Use (CDC)**

- 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
- 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** 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: 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.

**18.1** Would you like to quit smoking?

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

**18.2** 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

**18.3** 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

**18.4** 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 19: Other Tobacco Use (MI)

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

**19.1** 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 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: Cancer Survivorship: Type of Cancer

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

**21.1** 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 Q22.1]
- 9 Refused [Go to Q22.1]

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

**Interviewer Note:** If Q21.1 = 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 Q6.6 = 1 (Yes) and Q21.1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”?” then code Q21.3 as a response of 16 if “Melanoma” or 22 if “other skin cancer”

**21.3** What kind of cancer was it?

**Interviewer Note:** If Q21.1 = 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 22: Cancer Survivorship: Course of Treatment**

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

**22.1** Are you currently receiving treatment for cancer?

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

- 1 Yes [Go to Q22.3]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to Q22.3]
- 4 No, I haven't started treatment [Go to Q22.3]
- 5 Treatment was not needed [Go to Q22.3]
- 7 Don't know / Not sure [Go to Q22.3]
- 9 Refused [Go to Q22.3]

**22.2** 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

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

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

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

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

**22.5** During the past 30 days, for about how many days have you felt worried, tense, or anxious?

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

## Section 23: Cancer Genomics

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

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

**23.2** To your knowledge, did you or a family member receive genetic counseling for hereditary cancer?

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

## Section 24: Prostate Cancer Screening

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

**24.1** 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 Q24.5]
- 7 Don't Know / Not sure [Go to Q24.5]
- 9 Refused [Go to Q24.5]

**24.2** About how long has it been since your most recent P.S.A. 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

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

**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

**24.4** 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
- 7 Don't know / Not sure
- 9 Refused

**24.5** When you met with a doctor, nurse, or other health professional, did they talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or 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 Advantages
- 2 Disadvantages
- 3 Both advantages and disadvantages

**Do not read:**

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

## Section 25: Cognitive Decline

**CATI NOTE: If Q7.1  $\geq$  45, continue. Otherwise, go to next section.**

**Please read:** The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.

**25.1** During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

- 1 Yes
- 2 No [Go to Q26.1]
- 7 Don't know / Not sure [Go to Q26.1]
- 9 Refused [Go to Q26.1]

**25.2** Are you worried about these difficulties with thinking or memory?

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

**25.3** Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

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

**25.4** During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?

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

**25.5** During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?



**Interview note:** If respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No.

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

## Section 26: Sugar Sweetened Beverages

- 26.1** During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- 1\_\_ Times per day (Range 101-199)
- 2\_\_ Times per week (Range 201-299)
- 3\_\_ Times per month (Range 301-399)

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

- 26.2** During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- 1\_\_ Times per day (Range 101-199)
- 2\_\_ Times per week (Range 201-299)
- 3\_\_ Times per month (Range 301-399)

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

## Section 27: Indoor Tanning

- 27.1** Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth?

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

## Section 28: 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.**

**28.1** “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

**28.2** “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

**28.3** 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 Q28.5]**
- 7 Don’t know / Not sure **[Go to Q28.5]**
- 9 Refused **[Go to Q28.5]**

**28.4** 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

**28.5** 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

**28.6** 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 29: 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.

**29.1** 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 Q30.1]
- 7 Don't know / Not sure [Go to Q30.1]
- 9 Refused [Go to Q30.1]

**29.2** Are any of these firearms now loaded?

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

**29.3** 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 30: Random Child Selection

**CATI NOTE:** If Core Q7.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section.

**If Core Q7.14 = 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 Q30.1]**

**If Core Q7.14 is >1 and Core Q7.14 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.”

**30.1** 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).

**30.2** Is the child a boy or a girl?

1	Boy	<b>[Go to Q30.4]</b>
2	Girl	<b>[Go to Q30.4]</b>
3	Nonbinary/Other	
9	Refused	

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

1	Boy
2	Girl
9	Refused

**30.4** 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

**30.5** 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:**

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

**30.6** 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 31: Childhood Asthma Prevalence

**CATI NOTE:** If response to Q7.14 = 88 (None) or 99 (Refused), go to next section.

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

The next two questions are about the Xth child.

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

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

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

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

## Section 32: Adult Lead Exposure

**32.1** What do you think are ways that people come into contact with lead?

Interviewer Note: Do not read response set. If respondent initially responds "Don't Know", probe with "Anything at all?" once.

Allow for up to five responses. Probe for additional responses with "Anything else?"

- 01 House dust
- 02 Soil/dirt
- 03 Air pollution
- 04 Old house paint
- 05 Drinking water
- 06 Food
- 07 Old car gasoline
- 08 Ceramic glazes
- 09 Hobby supplies, like fishing weights or buckshot
- 10 Other (specify)

Do not read:

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

**32.2** What do you think is the MOST likely way that most people come into contact with lead?

Interviewer Note: Do not read responses. If respondent initially responds “Don’t Know”, probe with “Anything at all?” once.

Allow for one response.

- 01 House dust
- 02 Soil/dirt
- 03 Air pollution
- 04 Old house paint
- 05 Drinking water
- 06 Food
- 07 Old car gasoline
- 08 Ceramic glazes
- 09 Hobby supplies, like fishing weights or buckshot
- 10 Other (specify)

Do not read:

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

**32.3** Has a doctor, nurse, or health care professional EVER tested your blood for high lead levels?

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

**32.4** Has a doctor, nurse, or health care professional EVER told you that your blood had high lead levels?

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

**32.5** At your primary residence, does your drinking water come from a private well?

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

**32.6** Have you EVER had the drinking water from your private well tested for lead?

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

**32.7** If you were told that you have high levels of lead in the drinking water at your home, who would you go to FIRST for information about what you could do to protect yourself and your loved ones?

Interviewer Note: Read response set.

Interviewer Note: This would include finding information on a website for these sources or the participant calling them on the phone.

- 01 Local health department
- 02 State health department
- 03 State environmental quality department
- 04 Federal government agency, like CDC or EPA
- 05 Private business, like a water supply company
- 06 Private water testing lab
- 07 Doctor or health care professional
- 08 Health website, like WebMD
- 09 Other (specify)

Do not read:

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

### 32.8

Do you currently use a filter for water you use for drinking and/or cooking? This could be a pitcher filter, a filter attached to your faucet, or a filter that is hooked up to your water system. It does not include water softeners.

Interviewer note: reverse osmosis (RO) filtration systems and whole house filtration systems are included.

Interviewer note: Do not read responses. If respondent initially responds "Yes", probe with "For both drinking and cooking?". If respondent initially responds with either "Yes for cooking" or "Yes for drinking", prompt with "Not for drinking?" or "Not for cooking?" as appropriate.

- 1 Yes, both drinking and cooking
- 2 Yes, drinking only
- 3 Yes, cooking only
- 4 No [Go to Q32.10]
- 7 Don't know / Not sure [Go to Q32.10]
- 9 Refused [Go to Q32.10]

### 32.9

What is the MAIN reason that you use a filter for water that you use for drinking or cooking?

Interviewer Note: Read response set. Allow for one response.

- 01 Water tastes bad
- 02 Water is cloudy or has a bad color
- 03 Water smells bad or has a bad odor
- 04 Water tested positive for lead
- 05 Water tested positive for a chemical or other contaminant
- 06 As a safety measure (precaution), but water hasn't tested positive for contamination
- 07 Other (specify)

Do not read:



- 77 Don't know / Not sure  
99 Refused

**32.10** What do you think are things that someone can do to reduce lead in their tap water?

Interviewer Note: Do not read response set. If respondent initially responds "Don't Know", probe with "Anything at all?" once.

Allow for up to ten responses. Probe for additional responses with "Anything else?"

- 01 Let water run before using the water for drinking or cooking, (i.e. flushing the pipes, or getting the water moving)  
02 Use cold water from the tap for drinking and cooking  
03 Use a water filter for drinking water  
04 Clean out faucet aerators regularly  
05 Replace water service lines that have lead pipes, (i.e. lead service lines, plumbing outside of the house)  
06 Replace fittings, valves, and faucets in my house that may have lead  
07 Other (specify)

Do not read:

- 77 Don't know / Not sure  
99 Refused

**32.11** What do you think are things that someone can do to reduce contact with lead if they have lead paint in their home?

Interviewer Note: Do not read response set. If respondent initially responds "Don't Know", probe with "Anything at all?" once.

Allow for up to ten responses. Probe for additional responses with "Anything else?"

- 01 Check house for chipping or peeling paint  
02 Check house for paint dust  
03 Wipe down surfaces with a damp paper towel  
04 Damp mop hard surface floors  
05 Vacuum carpeted floors  
06 Vacuum carpeted floors with a HEPA vacuum  
07 Hire a private contractor to remove lead sources in the home  
08 Cover lead paint walls with a new coat of paint or wallpaper  
09 Remove lead paint with chemicals  
10 Other (specify)

Do not read:

- 77 Don't know / Not sure  
99 Refused

**32.12** How strongly do you agree or disagree with the following statement: The state health department provides the information I need to protect myself and my loved ones from coming into contact with lead?

- 1 Strongly agree  
2 Agree  
3 Neither agree nor disagree

- 4 Disagree
- 5 Strongly disagree

Do not read:

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

## Section 33: Child Lead Exposure

Interviewer Note: For the next question, think about health effects in children.

**33.1** What do you think are the health effects if a child has high levels of lead in their blood?

Interviewer Note: Do not read response set. If respondent initially responds "Don't Know", probe with "Anything at all?" once.

Allow for three responses. Probe for additional responses with "Anything else?"

- 01 Brain damage
- 02 Learning problems
- 03 Headaches
- 04 Nervous system damage
- 05 Slowed growth
- 06 Hearing problems
- 07 Speech problems
- 08 Behavior problems
- 09 Hyperactivity
- 10 Other (specify)

Do not read:

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

CATI NOTE: Fill in correct [Xth] number. If no child selected in Random Child Selection Module, go to next section. The next two questions are about the Xth child:

**33.2** Has a doctor, nurse, or other health professional EVER tested the child's blood for lead?

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

**33.3** Has a doctor, nurse, or other health professional EVER said that the child's blood had high lead levels?

Interviewer Note: A lab test result for blood lead concentration that is greater than or equal to 5 µg/dL (micrograms per deciliter of blood) is considered a high lead level.

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

## Section 34: Family Planning

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

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

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

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

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

- 1 Yes
- 2 No [Go to Q34.4]
- 7 Don't know / Not sure [Go to Q35.1]
- 9 Refused [Go to Q35.1]

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

**Interviewer Note: If respondent reports using two methods, please code the method that occurs first on the list. If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.**

**Read if necessary:**

- 01 Female sterilization (Tubal ligation, Essure, or Adiana) [Go to Q35.1]
- 02 Male sterilization (vasectomy) [Go to Q35.1]
- 03 Contraceptive implant [Go to Q35.1]
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard) [Go to Q35.1]
- 05 Shots (Depo-Provera) [Go to Q35.1]
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) [Go to Q35.1]
- 07 Condoms (male or female) [Go to Q35.1]
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream [Go to Q35.1]
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning) [Go to Q35.1]
- 10 Withdrawal or pulling out [Go to Q35.1]
- 11 Emergency contraception or the morning after pill (Plan B or ella) [Go to Q35.1]
- 12 Other method [Go to Q35.1]

**Do not read:**

- 77 Don't know/Not sure **[Go to Q35.1]**  
 99 Refused **[Go to Q35.1]**

**34.4**

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

What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

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

**Read if necessary:**

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

**Do not read:**

- 77 Don't know/Not sure  
 99 Refused

## Section 35: Adverse Childhood Experiences

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

**35.1**

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

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

**35.2**

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

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

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

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

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

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

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

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

- 7 Don't know / Not sure
- 8 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 36 – 52****Section 36: Hepatitis C**

**36.1** 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

**Section 37: Cancer Survivorship: Type of Cancer (repeat of Section 21)**

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

**37.1** 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 Q38.1]**
- 9 Refused **[Go to Q38.1]**

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

**Interviewer Note: If Q37.1= 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 Q6.6 = 1 (Yes) and Q37.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code Q37.3 as a response of 16 if "Melanoma" or 22 if "other skin cancer"**

**37.3** What kind of cancer was it?

**Interviewer Note: If Q37.1 = 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 38: Cancer Survivorship: Course of Treatment (repeat of Section 22)

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

**38.1** Are you currently receiving treatment for cancer?

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

- 1 Yes [Go to Q38.3]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to Q38.3]
- 4 No, I haven't started treatment [Go to Q38.3]
- 5 Treatment was not needed [Go to Q38.3]
- 7 Don't know / Not sure [Go to Q38.3]
- 9 Refused [Go to Q38.3]

**38.2** 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

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

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

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

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

**38.5** During the past 30 days, for about how many days have you felt worried, tense, or anxious?

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

### Section 39: Cancer Genomics (repeat of Section 23)

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

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

**39.2** To your knowledge, did you or a family member receive genetic counseling for hereditary cancer?

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

### Section 40: Prostate Cancer Screening (repeat of Section 24)

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

**40.1** 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 Q40.5]
- 7 Don't Know / Not sure [Go to Q40.5]
- 9 Refused [Go to Q40.5]

**40.2 About how long has it been since your most recent P.S.A. 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

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

**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

**40.4 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
- 7 Don't know / Not sure
- 9 Refused

**40.5 When you met with a doctor, nurse, or other health professional, did they talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or 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 Advantages
- 2 Disadvantages
- 3 Both advantages and disadvantages

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

**Section 41: Sugar Sweetened Beverages (repeat of Section 26)**

- 41.1** During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- 1\_\_ Times per day (Range 101-199)  
2\_\_ Times per week (Range 201-299)  
3\_\_ Times per month (Range 301-399)

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

- 41.2** During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- 1\_\_ Times per day (Range 101-199)  
2\_\_ Times per week (Range 201-299)  
3\_\_ Times per month (Range 301-399)

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

**Section 42: Indoor Tanning (repeat of Section 27)**

- 42.1** Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth?

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

## Section 43: Social Determinants of Health and Health Equity

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

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

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

**Please read:**

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

**Do not read:**

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

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

**Please read:**

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

**Do not read:**

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

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

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

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

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

9        Refused

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

**Please read:**

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

**Do not read:**

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

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

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

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

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

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

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

**43.10**       How safe from crime do you consider your neighborhood to be? Would you say...?

**Please read:**

- 1        Extremely safe
- 2        Safe
- 3        Unsafe
- 4        Extremely unsafe

**Do not read:**

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

## Section 44: Food Security (repeat of Section 28)

**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.**

**44.1** "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

**44.2** "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

**44.3** 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 Q44.5]
- 7 Don't know / Not sure [Go to Q44.5]
- 9 Refused [Go to Q44.5]

**44.4** 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

**44.5** 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

**44.6** 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 45: Childhood Social Support

The following questions in this section refer to the time before you were 18 years of age.

**45.1** How often did you feel that you belonged at your high school?

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

**Do not read:**

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

**45.2** How often did you feel supported by your friend?

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

**Do not read:**

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

**45.3** How often were there at least two adults, other than your parents, who took a genuine interest in you?

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

**Do not read:**

- 7 Don't know / Not sure



9 Refused

**45.4** How often did you feel that you were able to talk to your family about your feelings?

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

**Do not read:**

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

**45.5** How often did you enjoy participating in your community's traditions?

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

**Do not read:**

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

**45.6** How often did you feel your family stood by you during difficult times?

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

**Do not read:**

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

## Section 46: Adulthood Social Support

The following questions in this section are related to how you are now as an adult.

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

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

**Do not read:**

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

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

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

Do not read:

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

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

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often

Do not read:

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

## Section 47: Firearm Safety (repeat of Section 29)

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.

**47.1** 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 Q48.1]
- 7 Don't know / Not sure [Go to Q48.1]
- 9 Refused [Go to Q48.1]

**47.2** Are any of these firearms now loaded?

- 1 Yes

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

**47.3** 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 48: Random Child Selection (repeat of Section 30)

**CATI NOTE: If Core Q7.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section.**

**If Core Q7.14 = 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 Q48.1]**

**If Core Q7.14 is >1 and Core Q7.14 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."

**48.1** What is the birth month and year of the "Xth" child?

- |   |                       |
|---|-----------------------|
| <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> | 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).**

**48.2** Is the child a boy or a girl?

- |   |                 |               |
|---|-----------------|---------------|
| 1 | Boy             | [Go to Q48.4] |
| 2 | Girl            | [Go to Q48.4] |
| 3 | Nonbinary/Other |               |
| 9 | Refused         |               |

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

- 1 Boy
- 2 Girl
- 9 Refused

**48.4** 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

**48.5** 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:**

- 6 0 Other

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

**48.6** 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 49: Childhood Asthma Prevalence (repeat of Section 31)

**CATI NOTE:** If response to Q7.14 = 88 (None) or 99 (Refused), go to next section.

**49.1 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 Q50.1]**
- 7 Don't know / Not sure **[Go to Q50.1]**
- 9 Refused **[Go to Q50.1]**

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

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

## Section 50: Family Planning (repeat of Section 34)

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

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

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

- 1 Yes

- 2 No [Go to Q51.1]
- 7 Don't know / Not sure [Go to Q51.1]
- 9 Refused [Go to Q51.1]

**50.2**

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

- 1 Yes
- 2 No [Go to Q50.4]
- 7 Don't know / Not sure [Go to Q51.1]
- 9 Refused [Go to Q51.1]

**50.3**

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

**Interviewer Note: If respondent reports using two methods, please code the method that occurs first on the list. If respondent reports "other method," ask respondent to "please be specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.**

**Read if necessary:**

- 01 Female sterilization (Tubal ligation, Essure, or Adiana) [Go to Q51.1]
- 02 Male sterilization (vasectomy) [Go to Q51.1]
- 03 Contraceptive implant [Go to Q51.1]
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard) [Go to Q51.1]
- 05 Shots (Depo-Provera) [Go to Q51.1]
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) [Go to Q51.1]
- 07 Condoms (male or female) [Go to Q51.1]
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream [Go to Q51.1]
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning) [Go to Q51.1]
- 10 Withdrawal or pulling out [Go to Q51.1]
- 11 Emergency contraception or the morning after pill (Plan B or ella) [Go to Q51.1]
- 12 Other method [Go to Q51.1]

**Do not read:**

- 77 Don't know/Not sure [Go to Q51.1]
- 99 Refused [Go to Q51.1]

**50.4**

Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.  
What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

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

**Read if necessary:**

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

**Do not read:**

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

**Section 51: Reactions to Race**

- 51.1** 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

- 51.2** 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

**51.3** 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 Q7.13= 3, 5, 6, 7, 8, 9 GOTO Q51.5 [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.”]**

**51.4** 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

**51.5** 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



**51.6** 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 52: Adverse Childhood Experiences (repeat of Section 35)

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

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

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

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

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

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

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

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

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

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

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

- 7 Don't know / Not sure
- 8 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 C: Sections 53 - 73****Section 53: Other Tobacco Use (CDC) (repeat of Section 17)**

**53.1** Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

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

**53.2** 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

**53.3** 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 54: Tobacco Cessation (repeat of Section 18)**

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

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

**54.1** Would you like to quit smoking?

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

**54.2** 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

**54.3** 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

**54.4** 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 55: Other Tobacco Use (MI) (repeat of Section 19)

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

**55.1** 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 56: Exposure to Secondhand Smoking (repeat of Section 20)

**56.1** 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

**56.2** 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 57: Hepatitis C (repeat of Section 36)

**57.1** 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

## Section 58: Cancer Survivorship: Type of Cancer (repeat of Section 21)

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

**58.1** 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 Q59.1]
- 9 Refused [Go to Q59.1]

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

**Interviewer Note: If Q58.1 = 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 Q6.6 = 1 (Yes) and Q58.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code Q58.3 as a response of 16 if "Melanoma" or 22 if "other skin cancer"**

**58.3** What kind of cancer was it?

**Interviewer Note: If Q58.1 = 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 59: Cancer Survivorship: Course of Treatment (repeat of Section 22)

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

**59.1** Are you currently receiving treatment for cancer?

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

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

**59.2** 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

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

- 1 Yes

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

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

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

**59.5** During the past 30 days, for about how many days have you felt worried, tense, or anxious?

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

## Section 60: Cancer Genomics (repeat of Section 23)

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

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

**60.2** To your knowledge, did you or a family member receive genetic counseling for hereditary cancer?

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

## Section 61: Prostate Cancer Screening (repeat of Section 24)

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

**61.1** 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 Q61.5]
- 7 Don't Know / Not sure [Go to Q61.5]
- 9 Refused [Go to Q61.5]



**61.2 About how long has it been since your most recent P.S.A. 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

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

**61.4 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

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

**61.5 When you met with a doctor, nurse, or other health professional, did they talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or 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 Advantages
- 2 Disadvantages
- 3 Both advantages and disadvantages

**Do not read:**

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

## Section 62: Cognitive Decline (repeat of Section 25)

**CATI NOTE:** If Q7.1  $\geq 45$ , continue. Otherwise, go to next section.

**Please read:** The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.

**62.1** During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

- 1 Yes
- 2 No [Go to Q63.1]
- 7 Don't know / Not sure [Go to Q63.1]
- 9 Refused [Go to Q63.1]

**62.2** Are you worried about these difficulties with thinking or memory?

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

**62.3** Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

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

**62.4** During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?

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

**62.5** During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

**Interview note:** If respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No.

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

## Section 63: Caregiver

**63.1** During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

**Interviewer Note: If caregiving recipient has died in the past 30 days, and code 8 say "I'm so sorry for your loss".**

- |   |   |               |
|---|---|---------------|
| 1 | Yes                                       |               |
| 2 | No  | [Go to Q64.1] |
| 7 | Don't know / Not sure                     | [Go to Q64.1] |
| 8 | Caregiving recipient died in past 30 days | [Go to Q64.1] |
| 9 | Refused                                   | [Go to Q64.1] |

**63.2** What is their relationship to you?

**Interviewer Notes: If more than one person, say: "please refer to the person to whom you are giving the most care." Read selections if necessary or unable to code.**

- |    |   |
|----|---|
| 01 | Parent, stepparent, or parent-in-law                |
| 02 | Grandparent, step grandparent or grandparent-in-law |
| 03 | Spouse or partner                                   |
| 04 | Child or stepchild                                  |
| 05 | Grandchild or step grandchild                       |
| 06 | Sibling, stepsibling, or sibling-in-law             |
| 07 | Other relative                                      |
| 08 | Friend or non-relative                              |
| 77 | Don't know/Not sure                                 |
| 99 | Refused   |

**63.3** What is the main health problem or disability that the person you care for has?

**Interviewer Notes: If multiple responses say, "Please tell me which one of these conditions would you say is the major problem?"**

- |    |  |
|----|--|
| 01 | Alzheimer's disease, dementia, or other cognitive impairment                                     |
| 02 | Heart disease, hypertension, or stroke   |
| 03 | Cancer   |
| 04 | Diabetes   |
| 05 | Injuries including broken bones or traumatic brain injury  |
| 06 | Mental illness such as depression, anxiety, or schizophrenia                                     |
| 07 | Developmental disorders such as autism, Down syndrome, or spina bifida                           |
| 08 | Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease       |
| 09 | Arthritis/rheumatism   |
| 10 | Hearing or vision loss   |
| 11 | Movement disorders such as Parkinson's, spinal cord injury, multiple sclerosis or cerebral palsy |
| 12 | Old age, infirmity, or frailty   |
| 13 | Other  |
| 77 | Don't know/Not sure  |

99      Refused

**63.4**      Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

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

**63.5**      In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?

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

**63.6**      In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?

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

**63.7**      In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?

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

**63.8**      In an average week, how many hours do you provide regular care or assistance? Would you say ...

- 1      Less than 20 hours per week (19 hours or less)
- 2      Less than 40 hours per week (more than 19 hours, but less than 40 hours)
- 3      40 hours or more per week 7
- 7      Don't know / Not sure
- 9      Refused

**63.9**      For how long have you provided regular care to this person?

- 1      Within the past 30 days (anytime less than 30 days ago)
- 2      Within the past 2 years (more than 30 days but less than 2 years ago)
- 3      Within the past 5 years (more than 2 years but less than 5 years ago)
- 4      5 years or more
- 7      Don't know / Not sure
- 9      Refused

**Section 64: Sugar Sweetened Beverages (repeat of Section 26)**

**64.1** During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

1\_\_ Times per day (Range 101-199)  
 2\_\_ Times per week (Range 201-299)  
 3\_\_ Times per month (Range 301-399)

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

**64.2** During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

1\_\_ Times per day (Range 101-199)  
 2\_\_ Times per week (Range 201-299)  
 3\_\_ Times per month (Range 301-399)

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

**Section 65: Indoor Tanning (repeat of Section 27)**

**65.1** Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth?

\_\_ Record number of times  
 7 7 Don't know / Not sure  
 8 8 None  
 9 9 Refused

**Section 66: Social Determinants of Health and Health Equity (repeat of Section 43)**

**66.1** 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

**66.2** 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

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

**Please read:**

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

**Do not read:**

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

**66.4** 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

**66.5** 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

**66.6** 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

**66.7** 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

**66.8** 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

**66.9** 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

**66.10** How safe from crime do you consider your neighborhood to be? Would you say...?

**Please read:**

- 1 Extremely safe
- 2 Safe
- 3 Unsafe
- 4 Extremely unsafe

**Do not read:**

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

## Section 67: Food Security (repeat of Section 28)

**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.

**67.1** “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

**67.2** “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

**67.3** 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 Q67.5]**
- 7 Don’t know / Not sure **[Go to Q67.5]**
- 9 Refused **[Go to Q67.5]**

**67.4** 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

**67.5** 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

**67.6** 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 68: Firearm Safety (repeat of Section 29)

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.

**68.1** 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 Q69.1]
- 7 Don't know / Not sure [Go to Q69.1]
- 9 Refused [Go to Q69.1]

**68.2** Are any of these firearms now loaded?

- 1 Yes
- 2 No [Go to Q69.1]
- 7 Don't know / Not sure [Go to Q69.1]
- 9 Refused [Go to Q69.1]

**68.3** 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 69: Random Child Selection (repeat of Section 30)

**CATI NOTE:** If Core Q7.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section.

**If Core Q7.14 = 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 Q69.1]

**If Core Q7.14 is >1 and Core Q7.14 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."

**69.1** 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).**

**69.2** Is the child a boy or a girl?

1	Boy	<b>[Go to Q69.4]</b>
2	Girl	<b>[Go to Q69.4]</b>
3	Nonbinary/Other	
9	Refused	

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

1	Boy
2	Girl
9	Refused

**69.4** 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

**69.5** 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:**

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

**69.6** 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 70: Childhood Asthma Prevalence (repeat of Section 31)

**CATI NOTE:** If response to Q7.14 = 88 (None) or 99 (Refused), go to next section.

**70.1** **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 Q71.1]
- 7 Don't know / Not sure [Go to Q71.1]
- 9 Refused [Go to Q71.1]

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

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

## Section 71: Family Planning (repeat of Section 34)

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

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

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

- 1 Yes
- 2 No [Go to Q72.1]
- 7 Don't know / Not sure [Go to Q72.1]
- 9 Refused [Go to Q72.1]

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

- 1 Yes
- 2 No [Go to Q71.4]
- 7 Don't know / Not sure [Go to Q72.1]
- 9 Refused [Go to Q72.1]

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

**Interviewer Note: If respondent reports using two methods, please code the method that occurs first on the list. If respondent reports "other method," ask respondent to "please be specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.**

**Read if necessary:**

- 01 Female sterilization (Tubal ligation, Essure, or Adiana) **[Go to Q72.1]**
- 02 Male sterilization (vasectomy) **[Go to Q72.1]**
- 03 Contraceptive implant **[Go to Q72.1]**
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard) **[Go to Q72.1]**
- 05 Shots (Depo-Provera) **[Go to Q72.1]**
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) **[Go to Q72.1]**
- 07 Condoms (male or female) **[Go to Q72.1]**
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream **[Go to Q72.1]**
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning) **[Go to Q72.1]**
- 10 Withdrawal or pulling out **[Go to Q72.1]**
- 11 Emergency contraception or the morning after pill (Plan B or ella) **[Go to Q72.1]**
- 12 Other method **[Go to Q72.1]**

**Do not read:**

- 77 Don't know/Not sure **[Go to Q72.1]**
- 99 Refused **[Go to Q72.1]**

**71.4**

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

What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

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

**Read if necessary:**

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

**Do not read:**

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

## Section 72: Reactions to Race (repeat of Section 51)

**72.1** 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

**72.2** 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

**72.3** 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 Q7.13= 3, 5, 6, 7, 8, 9 GOTO Q72.5 [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.”]**

**72.4** 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

**72.5** 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

**72.6** 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 73: Adverse Childhood Experiences (repeat of Section 35)

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

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

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

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

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

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

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

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

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

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

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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



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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

- 7 Don't know / Not sure
- 8 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.**

## 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.