

2025 Michigan Behavioral Risk Factor Survey

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Consent

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

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

Should you have any questions about this study or your participation in it, you are welcome to contact us at 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

Or

- 5 Poor

Do not read:

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

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

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

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

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

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

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

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

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

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

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

Section 3: Health Care Access

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

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

Read if necessary:

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

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

Interviewer Note: If “No,” read: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” If the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.

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

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

- 1 Yes

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

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

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

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

Section 4: Exercise

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

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

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

Section 5: Hypertension Awareness

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

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

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

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

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

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

Section 6: Cholesterol Awareness

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

Read only if necessary:

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

Do not read:

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

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

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

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

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

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

- 1 Yes
- 2 No

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

Section 7: Chronic Health Conditions

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

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

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

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

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

7.3 (Ever told) you had a stroke?

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

7.4 (Ever told) you had asthma?

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

7.5 Do you still have asthma?

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

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

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

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

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

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

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

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

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

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

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

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

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

Interviewer Note: Arthritis diagnoses include:

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

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

7.12 (Ever told) you had diabetes?

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

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

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

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

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

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

Section 7A: Arthritis

CATI NOTE: To be asked following Core Q7.11; if response to Q7.11 is “Yes” (code=1)

7A.1 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

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

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

7A.2 Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

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

7A.3 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

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

7A.4 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

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

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

7A.5 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.*

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

Section 7B: Diabetes Module

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

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

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

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

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

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

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

- | | |
|-----|-----------------------------------|
| — — | Number of times [76 = 76 or more] |
| 8 8 | None |
| 9 8 | Never heard of “A one C” test |
| 7 7 | Don’t know / Not sure |
| 9 9 | Refused |

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

Read if necessary:

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

Do not read:

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

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

Read if necessary:

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

Do not read:

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

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

Read if necessary:

- | | |
|---|--|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago), |
| 3 | Within the past 3 years (2 years but less than 3 years ago), |
| 3 | Within the past 5 years (3-4 years but less than 5 years ago), |
| 3 | Within the past 10 years (5-9 years but less than 10 years ago), |
| 4 | 10 or more years ago |

Do not read:

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

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

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

Section 8: Demographics

8.1 What is your age?

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

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

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected

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

Do not read:

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

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

Interviewer Notes: Select all that apply

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

Please read:

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

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

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

Do not read:

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

8.3a Are you of Middle East or North African (MENA) origin (Arab, Chaldean, Lebanese, Egyptian, etc.)?

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

8.4 Are you...?

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

8.5 What is the highest grade or year of school you completed?

Read only if necessary:

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

6 College 4 years or more (College graduate)

Do not read:

9 Refused

8.6 Do you own or rent your home?

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

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

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

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

8.7 In what county do you currently live?

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

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

8.7a Do you live in the city of Detroit?

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

8.8 What is the ZIP Code where you currently live?

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

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

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

1 Yes
2 No [Go to Q8.11]
7 Don't know / Not sure [Go to Q8.11]
9 Refused [Go to Q8.11]

8.10 How many of these landline telephone numbers are residential numbers?

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

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

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

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

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

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

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

8.13 Are you currently...?

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

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

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

—	—	Number of children
8	8	None
9	9	Refused

8.15 Is your annual household income from all sources—

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

Please read as necessary:

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

Do not read:

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

CATI Note: If female 49 years old or younger, continue. Otherwise, go to Q8.17.

8.16 To your knowledge, are you now pregnant?

1	Yes
2	No

Do not read:

7	Don't know / Not sure
9	Refused

8.17 About how much do you weigh without shoes?

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

Round fractions up

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

8.18 About how tall are you without shoes?

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

Round fractions down

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

Section 9: Disability

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

Are you deaf or do you have serious difficulty hearing?

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

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

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

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

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

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

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

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

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

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

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

Section 10: Inadequate Sleep

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

Interviewer Note: Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

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

Section 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 do not mean “Never used e-cigs in your entire life”.

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Used 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: Alcohol Consumption

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

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

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

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to Q13.1]**
- 7 7 7 Don't know / Not sure **[Go to Q13.1]**
- 9 9 9 Refused **[Go to Q13.1]**

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

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

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

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

- _ _ Number of times
- 7 7 Don't know / Not sure

8 8 No days
9 9 Refused

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

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

Section 13: Immunization

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

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

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

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

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

13.3 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

Interviewer Note: Read if necessary: there are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.

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

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

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

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

Section 14: Fruits and Vegetables

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?

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

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

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

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

Section 15: H.I.V./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 Q16.1]
7	Don't know / Not sure	[Go to Q16.1]
9	Refused	[Go to Q16.1]

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

Version A: Sections 16-26**Section 16: Other Tobacco Use (CDC)**

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

CATI NOTE: If Q11.2 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q16.2.

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

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

CATI NOTE: If Q11.4 = 2 or 3, continue. Otherwise, go to Q16.3.

16.2 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

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

Before today, have you heard of heated tobacco products?

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

Section 17: Other Tobacco Use (Michigan)

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

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

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

- — Record number of days
- 6 6 I've never smoked tobacco using a narghile, hookah or water pipe
- 7 7 Don't know / Not sure
- 8 8 None
- 9 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 tobacco use now if quit resources are available for you?

- 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 tobacco use? (Select all that applies from the list):

- 1 The Michigan Tobacco Quitlink (the state Quitline/1-800-QUIT-NOW)
- 2 My Life My Quit (Quitlink for youth.)
- 3 Text to quit programs (Quitlink/MLMQ, Smokefree.gov)
- 4 Online resources (like CDC.gov/quit, Smokefree.gov, This is Quitting, or the Quitlink/MLMQ)
- 5 Advice and medication/nicotine replacement therapy by doctor.
- 6 Quit resources through health Insurance plans.
- 7 In person Freedom from Smoking / Not on Tobacco (Youth) –classes by American Lung Association.
- 8 Virtual classes/group offered by some hospitals.
- 9 Quit tobacco mobile apps.
- 10 Others..... Mention.....
- 11 Have not quit
- 77 Don't know / Not sure
- 99 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

18.5 Have you quit tobacco use including e-cigarette for good in the past 12 months and stayed tobacco free till now?

- 1 Yes

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

Section 19: Exposure to Secondhand Smoking

19.1 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

19.2 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 20: Cancer Survivorship: Type of Cancer

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

20.1 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 Q21.1]
- 9 Refused [Go to Q21.1]

20.2 At what age were you told that you had cancer?

Interviewer Note: If Q20.1 = 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

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

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

CATI NOTES: If Core Q7.6 = 1 (Yes) and Q20.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code Q20.3 as a response of 16 if "Melanoma" or 22 if "other skin cancer"

20.3 What kind of cancer was it?

Interviewer Note: If Q20.1 = 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 21: Cancer Survivorship: Course of Treatment

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

21.1 Are you currently receiving treatment for cancer?

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

- 1 Yes [Go to Q22.1]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to Q22.1]

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

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

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

Section 22: 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.

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

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

22.2 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 Q22.4] |
| 7 | Don't know / Not sure | [Go to Q23.1] |
| 9 | Refused | [Go to Q23.1] |

22.3 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 Q23.1] |
| 02 | Male sterilization (vasectomy) | [Go to Q23.1] |
| 03 | Contraceptive implant | [Go to Q23.1] |
| 04 | Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard) | [Go to Q23.1] |

- 05 Shots (Depo-Provera) [Go to Q23.1]
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) [Go to Q23.1]
- 07 Condoms (male or female) [Go to Q23.1]
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream [Go to Q23.1]
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning) [Go to Q23.1]
- 10 Withdrawal or pulling out [Go to Q23.1]
- 11 Emergency contraception or the morning after pill (Plan B or ella) [Go to Q23.1]
- 12 Other method [Go to Q23.1]

Do not read:

- 77 Don't know/Not sure [Go to Q23.1]
- 99 Refused [Go to Q23.1]

22.4

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
- 14 Other reasons

Do not read:

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

Section 23: 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.

- 23.1** “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

23.2 "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

23.3 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 23.5]**
- 7 Don't know / Not sure **[Go to 23.5]**
- 9 Refused **[Go to 23.5]**

23.4 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

23.5 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

23.6 In the last 12 months, were you ever 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 24: Adult Lead Exposure

24.1 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

24.2 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

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

- 1 Yes
- 2 No [Go to Q24.5]
- 7 Don't know / Not sure [Go to Q24.5]
- 9 Refused [Go to Q24.5]

24.4 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

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

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

24.6 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

24.7 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

24.8 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 Q24.10]
- 7 Don't know / Not sure [Go to Q24.10]
- 9 Refused [Go to Q24.10]

24.9 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

24.10 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

- 24.11** 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

- 24.12** 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 25: Child Lead Exposure

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

- 25.1** 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

[IF Q7.14 >1 INSERT "I have some additional questions about one specific child. The child I will be referring to is the child with the most recent birthday. All following questions about children will be about the child with the most recent birthday."]

[IF Q7.14 =1 INSERT "I have some additional questions about the child in your household."]

CATI NOTE: Fill in correct [Xth] number. The next two questions are about the Xth child:

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

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

25.3 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

Go to Closing Statement.

Version B: Sections 26 – 34**Section 26: Other Tobacco Use (CDC)** (repeat of Section 16)

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

CATI NOTE: If Q11.2 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q26.2.

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

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

CATI NOTE: If Q11.4 = 2 or 3, continue. Otherwise, go to Q26.3.

26.2 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

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

Before today, have you heard of heated tobacco products?

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

Section 27: 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.

27.1 Would you like to quit tobacco use now if quit resources are available for you?

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

27.2 Are you aware of any local programs or services that are available to help you quit tobacco use? (Select all that applies from the list):

- 1 The Michigan Tobacco Quitlink (the state Quitline/1-800-QUIT-NOW)
- 2 My Life My Quit (Quitlink for youth.)
- 3 Text to quit programs (Quitlink/MLMQ, Smokefree.gov)
- 4 Online resources (like CDC.gov/quit, Smokefree.gov, This is Quitting, or the Quitlink/MLMQ)
- 5 Advice and medication/nicotine replacement therapy by doctor.
- 6 Quit resources through health Insurance plans.
- 7 In person Freedom from Smoking / Not on Tobacco (Youth) –classes by American Lung Association.
- 8 Virtual classes/group offered by some hospitals.
- 9 Quit tobacco mobile apps.
- 10 Others..... Mention.....
- 11 Have not quit
- 77 Don't know / Not sure
- 99 Refused

27.3 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

27.4 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

27.5 Have you quit tobacco use including e-cigarette for good in the past 12 months and stayed tobacco free till now?

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

Section 28: Cancer Survivorship: Type of Cancer (repeat of Section 20)

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

28.1 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 Q29.1]
 9 Refused [Go to Q29.1]

28.2 At what age were you told that you had cancer?

Interviewer Note: If Q28.1 = 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

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

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

CATI NOTES: If Core Q7.6 = 1 (Yes) and Q28.1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”? then code Q28.3 as a response of 16 if “Melanoma” or 22 if “other skin cancer”

28.3 What kind of cancer was it?

Interviewer Note: If Q29.1 = 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 29: Cancer Survivorship: Course of Treatment (repeat of Section 21)

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

29.1 Are you currently receiving treatment for cancer?

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

1 Yes [Go to Q30.1]
2 No, I've completed treatment
3 No, I've refused treatment [Go to Q30.1]
4 No, I haven't started treatment [Go to Q30.1]
5 Treatment was not needed [Go to Q30.1]
7 Don't know / Not sure [Go to Q30.1]
9 Refused [Go to Q30.1]

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

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

Section 30: Family Planning (repeat of Section 22)

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

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

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

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

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

1 Yes
2 No [Go to Q30.4]
7 Don't know / Not sure [Go to Q31.1]

9 Refused [Go to Q31.1]

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

Interviewer Note: If respondent reports using two methods, please code the method that occurs first on the list. 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 Q31.1] |
| 02 | Male sterilization (vasectomy) | [Go to Q31.1] |
| 03 | Contraceptive implant | [Go to Q31.1] |
| 04 | Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard) | [Go to Q31.1] |
| 05 | Shots (Depo-Provera) | [Go to Q31.1] |
| 06 | Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) | [Go to Q31.1] |
| 07 | Condoms (male or female) | [Go to Q31.1] |
| 08 | Diaphragm, cervical cap, sponge, foam, jelly, film, or cream | [Go to Q31.1] |
| 09 | Had sex at a time when less likely to get pregnant (rhythm or natural family planning) | [Go to Q31.1] |
| 10 | Withdrawal or pulling out | [Go to Q31.1] |
| 11 | Emergency contraception or the morning after pill (Plan B or ella) | [Go to Q31.1] |
| 12 | Other method | [Go to Q31.1] |

Do not read:

- | | | |
|----|---------------------|---------------|
| 77 | Don't know/Not sure | [Go to Q31.1] |
| 99 | Refused | [Go to Q31.1] |

30.4 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
- 14 Other reasons

Do not read:

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

Section 31: Food Security (repeat of Section 23)

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

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

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

Do not read:

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

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

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

Do not read:

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

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

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

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

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months

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

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

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

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

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

Section 32: Radon Awareness and Testing

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

32.1 Do you know what radon gas is?

- 1 Yes
- 2 No [Go to 33.1]
- 7 Don't know / Not sure [Go to 33.1]
- 9 Refused [Go to 33.1]

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

- 1 Yes
- 2 No [Go to 33.1]
- 7 Don't know / Not sure [Go to 33.1]
- 9 Refused [Go to 33.1]

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

- 1 Yes
- 2 No [Go to 33.1]
- 7 Don't know / Not sure [Go to 33.1]
- 9 Refused [Go to 33.1]

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

- 1 Conducted a retest
- 2 Conducted a long term test
- 3 Had a mitigation system installed
- 4 You no longer go in the basement

- 5 Something else, or
- 6 You did nothing in response to the high radon test
- 7 Don't know / Not sure
- 9 Refused

Section 33: Adult Lead Exposure (repeat of Section 24)

33.1 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

33.2 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

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

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

33.4 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

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

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

33.6 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

33.7 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

33.8 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 Q33.10]
- 7 Don't know / Not sure [Go to Q33.10]
- 9 Refused [Go to Q33.10]

33.9 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

33.10 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

33.11 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

33.12 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 34: Child Lead Exposure (repeat of Section 25)

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

34.1 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

[IF Q7.14 >1 INSERT "I have some additional questions about one specific child. The child I will be referring to is the child with the most recent birthday. All following questions about children will be about the child with the most recent birthday."]

[IF Q7.14 =1 INSERT "I have some additional questions about the child in your household."]

CATI NOTE: Fill in correct [Xth] number. The next two questions are about the Xth child:

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

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

34.3 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

Go to Closing Statement.

Version C: Sections 35 - 44**Section 35: Other Tobacco Use (CDC)** (repeat of Section 16)

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

CATI NOTE: If Q11.2 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q35.2.

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

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

CATI NOTE: If Q11.4 = 2 or 3, continue. Otherwise, go to Q35.3.

35.2 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

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

Before today, have you heard of heated tobacco products?

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

Section 36: Other Tobacco Use (Michigan) (repeat of Section 17)

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

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

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

- Record number of days
- 6 6 I've never smoked tobacco using a narghile, hookah or water pipe
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

Section 37: 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.

- 37.1** Would you like to quit tobacco use now if quit resources are available for you?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 37.2** Are you aware of any local programs or services that are available to help you quit tobacco use? (Select all that applies from the list):
- 1 The Michigan Tobacco Quitlink (the state Quitline/1-800-QUIT-NOW)
 - 2 My Life My Quit (Quitlink for youth.)
 - 3 Text to quit programs (Quitlink/MLMQ, Smokefree.gov)
 - 4 Online resources (like CDC.gov/quit, Smokefree.gov, This is Quitting, or the Quitlink/MLMQ)
 - 5 Advice and medication/nicotine replacement therapy by doctor.
 - 6 Quit resources through health Insurance plans.
 - 7 In person Freedom from Smoking / Not on Tobacco (Youth) –classes by American Lung Association.
 - 8 Virtual classes/group offered by some hospitals.
 - 9 Quit tobacco mobile apps.
 - 10 Others..... Mention.....
 - 11 Have not quit
 - 77 Don't know / Not sure
 - 99 Refused
- 37.3** 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
- 37.4** 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
- 37.5** Have you quit tobacco use including e-cigarette for good in the past 12 months and stayed tobacco free till now?

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

Section 38: Exposure to Secondhand Smoking (repeat of Section 19)

38.1 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

38.2 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 39: Cancer Survivorship: Type of Cancer (repeat of Section 20)

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

39.1 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 Q40.1]**
- 9 Refused **[Go to Q40.1]**

39.2 At what age were you told that you had cancer?

Interviewer Note: If Q39.1 = 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

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

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

CATI NOTES: If Core Q7.6 = 1 (Yes) and Q39.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code Q39.3 as a response of 16 if "Melanoma" or 22 if "other skin cancer"

39.3 What kind of cancer was it?

Interviewer Note: If Q39.1 = 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 40: Cancer Survivorship: Course of Treatment (repeat of Section 21)

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

40.1 Are you currently receiving treatment for cancer?

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

- 1 Yes [Go to Q41.1]
- 2 No, I've completed treatment

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

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

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

Section 41: Family Planning (repeat of Section 22)

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.

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

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q42.1] |
| 7 | Don't know / Not sure | [Go to Q42.1] |
| 9 | Refused | [Go to Q42.1] |

41.2 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 Q41.4] |
| 7 | Don't know / Not sure | [Go to Q42.1] |
| 9 | Refused | [Go to Q42.1] |

41.3 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 Q42.1] |
| 02 | Male sterilization (vasectomy) | [Go to Q42.1] |
| 03 | Contraceptive implant | [Go to Q42.1] |

- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard) [Go to Q42.1]
- 05 Shots (Depo-Provera) [Go to Q42.1]
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) [Go to Q42.1]
- 07 Condoms (male or female) [Go to Q42.1]
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream [Go to Q42.1]
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning) [Go to Q42.1]
- 10 Withdrawal or pulling out [Go to Q42.1]
- 11 Emergency contraception or the morning after pill (Plan B or ella) [Go to Q42.1]
- 12 Other method [Go to Q42.1]

Do not read:

- 77 Don't know/Not sure [Go to Q42.1]
- 99 Refused [Go to Q42.1]

41.4

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
- 14 Other reasons

Do not read:

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

Section 42: Food Security (repeat of Section 23)

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

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

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

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

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

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

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

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

- 1 Yes
- 2 No **[Go to 42.5]**
- 7 Don’t know / Not sure **[Go to 42.5]**
- 9 Refused **[Go to 42.5]**

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

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

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

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

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

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

Section 43: Adult Lead Exposure (repeat of Section 24)

43.1 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

43.2 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

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

- 1 Yes
- 2 No [Go to Q43.5]
- 7 Don't know / Not sure [Go to Q43.5]
- 9 Refused [Go to Q43.5]

43.4 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

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

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

43.6 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

43.7 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

43.8 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 Q43.10]
- 7 Don't know / Not sure [Go to Q43.10]
- 9 Refused [Go to Q43.10]

43.9 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

43.10 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

43.11 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

43.12 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 44: Child Lead Exposure (repeat of Section 25)

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

44.1 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

[IF Q7.14 >1 INSERT "I have some additional questions about one specific child. The child I will be referring to is the child with the most recent birthday. All following questions about children will be about the child with the most recent birthday."]

[IF Q7.14 =1 INSERT "I have some additional questions about the child in your household."]

CATI NOTE: Fill in correct [Xth] number. The next two questions are about the Xth child:

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

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

44.3 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

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.