

2026 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 866-465-5779.

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.

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 | [Go to Q6.6] |
| 7 | Don't know / Not sure | [Go to Q6.6] |
| 9 | Refused | [Go to Q6.6] |

6.5 Do you still have asthma?

- | | |
|---|-----------------------|
| 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)?

Interviewer Note: Read if necessary:

Dysthymia, renamed persistent depressive disorder, characterized by depressed mood occurring for most of the day, for more days than not, over a minimum duration of two years. It is distinguished from major depressive disorder by its chronicity and typically less severe but more persistent symptom presentation. Individuals with dysthymia may also experience superimposed episodes of major depression (historically termed "double 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 Note: 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 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 Note: 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 Note: 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 Note: 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
 (ft / inches/meters/centimeters)
 7 7 / 7 7 Don't know / Not sure
 9 9 / 9 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: Falls

CATI NOTE: If respondent is 45 years or older continue, otherwise go to Q10.1.

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

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

- | | | | |
|---|---|-----------------------|--------------------------|
| – | – | Number of times | [76 = 76 or more] |
| 8 | 8 | None | [Go to Q10.1] |
| 7 | 7 | Don't know / Not sure | [Go to Q10.1] |
| 9 | 9 | Refused | [Go to Q10.1] |

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

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

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

Section 10: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

10.1 Have you ever had a mammogram?

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

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

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

Read only if necessary:

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

Do not read:

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

10.3 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 Q10.7]**
- 7 Don't know / Not sure **[Go to Q10.7]**
- 9 Refused **[Go to Q10.7]**

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

Read only if necessary:

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

Do not read:

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

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

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

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

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

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

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

10.7 Have you had a hysterectomy?

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

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

Section 11: Colorectal Cancer Screening

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

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

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

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

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

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

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

Read if necessary:

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

Do not read:

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

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

Read if necessary:

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

Do not read:

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

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

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

Do not read:

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

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

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

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

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

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

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

Read if necessary:

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

Do not read:

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

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

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

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

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

Read if necessary:

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

Do not read:

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

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

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

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

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

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

Read if necessary:

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

Do not read:

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

Section 12: Tobacco Use

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

Interviewer Note: 5 packs = 100 cigarettes

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

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

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

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

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

Read if necessary:

Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

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

- 7 Don't know / Not sure
9 Refused

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

Interviewer Note: 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 13: Lung Cancer Screening

CATI NOTE: If Q12.1=1 or Q12.2 = 1, 2, or 3, continue. Otherwise, go to Q3.4.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Read only if necessary:

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

Do not read:

7 Don't know / Not sure
 9 Refused

Section 14: Alcohol Consumption

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

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

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

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

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

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

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

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

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

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

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

Section 15: Immunization

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

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

- 1 Yes
 2 No [Go to Q15.4]
 7 Don't know / Not sure [Go to Q15.4]
 9 Refused [Go to Q15.4]

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

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

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

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

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

15.4 Have you ever had the shingles or zoster vaccine?

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

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

Section 16: Seat Belt Use / Drinking and Driving

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

Please read:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car **[Go to Q17.1]**
- 9 Refused

CATI NOTE: If Q16.1 = 8 (Never drive or ride in a car), go to Section 17; otherwise continue.

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

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

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

Section 17: HIV/AIDS

- 17.1** 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 Q17.3] |
| 7 | Don't know / Not sure | [Go to Q17.3] |
| 9 | Refused | [Go to Q17.3] |

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

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

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

- 17.3** 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 18: Other Tobacco Use (CDC)**

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

CATI NOTE: If Q12.2 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q18.2.

18.1 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 Q18.3.

18.2 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

18.3 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 19: Tobacco Cessation

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

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

19.1 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

19.2 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

19.3 Has your doctor or other health professional ever advised you of, or referred you to, a program or other resources available to help you stop smoking?

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

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

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

19.5 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 20: Other Tobacco Use (MI)

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

20.1 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 21: Exposure to Secondhand Smoking

21.1 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

21.2 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 22: Cancer Survivorship: Type of Cancer

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

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

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure **[Go to Q23.1]**
- 9 Refused **[Go to Q23.1]**

22.2 At what age were you first diagnosed with cancer?

Interviewer Note: If Q22.1= 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 NOTE: If Core Q6.6 = 1 (Yes) and Q22.1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”?” then code Q22.3 as a response of 16 if “Melanoma” or 22 if “other skin cancer”

22.3 What kind of cancer was it?

Interviewer Note: If Q22.1 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?

Read if respondent needs prompting for cancer type:

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

Do not read:

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

Section 23: Prostate Cancer Screening

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

23.1 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 Q23.5]
- 7 Don't Know / Not sure [Go to Q23.5]
- 9 Refused [Go to Q23.5]

23.2 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

23.3 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

23.4 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

CATI NOTE: If respondent answered 23.1 [1=yes]: “Before you had the PSA test did ...”**23.5** (did/Did) a doctor, nurse, or other health professional, ever 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.
If respondent states ‘have never met with health professional’ code as “9” refused.**

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

Do not read:

- 7 Don't know / Not sure

9 Refused

Section 24: 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.**24.1** 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 Q25.1]
- 7 Don't know / Not sure [Go to Q25.1]
- 9 Refused [Go to Q25.1]

24.2 Are you worried about these difficulties with thinking or memory?

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

24.3 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

24.4 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

24.5 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 25: Caregiver

25.1 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 to hear of your loss”.

- | | | |
|---|---|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q25.9] |
| 7 | Don’t know / Not sure | [Go to Q25.9] |
| 8 | Caregiving recipient died in past 30 days | [Go to Q26.1] |
| 9 | Refused | [Go to Q25.9] |

25.2 What is his or her relationship to you?

Interviewer Note: If more than one person, say: “please refer to the person to whom you are giving the most care.”

- | | |
|----|----------------------------|
| 01 | Mother |
| 02 | Father |
| 03 | Mother-in-law |
| 04 | Father-in-law |
| 05 | Child |
| 06 | Husband |
| 07 | Wife |
| 08 | Live-in partner |
| 09 | Brother or brother-in-law |
| 10 | Sister or sister-in-law |
| 11 | Grandmother |
| 12 | Grandfather |
| 13 | Grandchild |
| 14 | Other relative |
| 15 | Non-relative/Family friend |
| 77 | Don’t know/Not sure |
| 99 | Refused |

25.3 For how long have you provided care for that person?

Please read if necessary:

- | | |
|---|-------------------------------|
| 1 | Less than 30 days |
| 2 | 1 month to less than 6 months |
| 3 | 6 months to less than 2 years |
| 4 | 2 years to less than 5 years |
| 5 | 5 years or more |

Do not read:

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

25.4 In an average week, how many hours do you provide care or assistance?

Please read if necessary:

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

Do not read:

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

25.5 What is the main health problem, long-term illness, or disability that the person you care for has?

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

- 01 Arthritis/rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as Emphysema or COPD
- 05 Alzheimer's disease, dementia or other cognitive impairment disorder
- 06 Developmental disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart disease, hypertension, stroke
- 09 Human Immunodeficiency Virus (H.I.V.)
- 10 Mental Illness, such as anxiety, depression, or schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance abuse or addiction disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

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

25.6 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

25.7 In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

- 1 Yes

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

25.8 In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

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

CATI NOTE: If Q25.1 = 1 or Q25.1 = 8, go to CATI NOTE before Q26.1.

25.9 In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

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

Section 26: 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.

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

26.2 Are any of these firearms now loaded?

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

26.3 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 27: Adult Lead Exposure

27.1 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

27.2 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

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

- 1 Yes
- 2 No [Go to Q27.5]
- 7 Don't know / Not sure [Go to Q27.5]
- 9 Refused [Go to Q27.5]

27.4 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

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

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

27.6 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

27.7 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

27.8 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 Q27.10]
- 7 Don't know / Not sure [Go to Q27.10]
- 9 Refused [Go to Q27.10]

27.9 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

27.10 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

27.11 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

27.12 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 28: Child Lead Exposure

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

28.1 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:

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

- 1 Yes
- 2 No [Go to Q29.1]
- 7 Don't know / Not sure [Go to Q29.1]
- 9 Refused [Go to Q29.1]

28.3 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 3.5 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 29: Illicit Drug Use and Treatment Need/Access

Interviewer Note: The following questions are about other drug use. Remember that all the information you provide is strictly confidential.

29.1 Have you ever used or tried:

Interviewer Note: Select all that apply

- 1 Cocaine or crack (rock) (Also known as coke, freebase, powder, blow, snow or yayo)
- 2 Illegal amphetamines/methamphetamines (e.g., speed, crystal meth, ice) (do not

- include prescription amphetamines)
- 3 Ecstasy or similar designer drugs (Also known as MDMA, E, Xtc, Adam, Molly or X)
- 4 Psychedelics (Also known as LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's)
- 5 Dissociatives (Also known as PCP (angel dust), ketamine (Special K))
- 6 Inhalants (Also known as sniffing or huffing glue, gasoline or other solvents)
- 7 Heroin (Also known as junk, horse or smack)
- 8 Salvia (Also known as Salvia Divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, diviner's sage, magic mint or Sally-D)
- 9 Fentanyl (do not include prescription fentanyl)
- 10 Kratom
- 11 Nitrous Oxide (Also known as whippets, balloons, laughing gas, hippy crack)
- 12 None of the above
- 99 Prefer not to answer

29.2 How old were you when you first tried ...

- A Cocaine or crack (rock) (Also known as coke, freebase, powder, blow, snow or yayo)
- B Illegal amphetamines/methamphetamines (e.g., speed, crystal meth, ice) (do not include prescription amphetamines)
- C Ecstasy or similar designer drugs (Also known as MDMA, E, Xtc, Adam, Molly or X)
- D Psychedelics (Also known as LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's)
- E Dissociatives (Also known as PCP (angel dust), ketamine (Special K))
- F Inhalants (Also known as sniffing or huffing glue, gasoline or other solvents)
- G Heroin (Also known as junk, horse or smack)
- H Salvia (Also known as Salvia Divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, diviner's sage, magic mint or Sally-D)
- I Fentanyl (do not include prescription fentanyl)
- J Kratom
- K Nitrous Oxide (Also known as whippets, balloons, laughing gas, hippy crack)
- ____ Years old
- 99 Prefer not to answer

29.3 During the past 12 months, have you used or tried:

- A Cocaine or crack (rock) (Also known as coke, freebase, powder, blow, snow or yayo)
- B Illegal amphetamines/methamphetamines (e.g., speed, crystal meth, ice) (do not include prescription amphetamines)
- C Ecstasy or similar designer drugs (Also known as MDMA, E, Xtc, Adam, Molly or X)
- D Psychedelics (Also known as LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's)
- E Dissociatives (Also known as PCP (angel dust), ketamine (Special K))
- F Inhalants (Also known as sniffing or huffing glue, gasoline or other solvents)
- G Heroin (Also known as junk, horse or smack)
- H Salvia (Also known as Salvia Divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, diviner's sage, magic mint or Sally-D)
- I Fentanyl (do not include prescription fentanyl)
- J Kratom
- K Nitrous Oxide (Also known as whippets, balloons, laughing gas, hippy crack)

- 1 Yes, in the past 30 days
- 2 Yes, but not in the past 30 days
- 3 No
- 9 Prefer not to answer

Interviewer Note: The following questions are about professional help, such as treatment or counselling, that you might have received for reasons related to your alcohol, cannabis, or drug use.

- 29.4** Have you ever felt that you needed professional help for your alcohol, cannabis, or drug use?

Interviewer Note: Select all that apply

- 1 Yes, for alcohol
- 2 Yes, for cannabis
- 3 Yes, for drugs (please specify the type of drugs): _____
- 4 No
- 9 Prefer not to answer

- 29.5** During the past 12 months, what were the obstacles that prevented you from receiving professional help for your alcohol, cannabis, or drug use?

Interviewer Note: Select all that apply

- 1 The waiting list was too long
- 2 The type of treatment desired was not available
- 3 The treatment was not covered by insurance
- 4 Transportation was difficult
- 5 You had personal or family responsibilities
- 6 You were too busy
- 7 You felt you did not need treatment
- 8 The treatment was not available in your preferred language
- 9 The treatment available was not culturally competent/culturally appropriate
- 10 Other (please specify): _____
- 99 Prefer not to answer

Section 30: Opioid Use and Misuse

- 30.1** In the last 12 months, have you taken any prescription pain relievers when it was prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about prescription medication that is not available over the counter.

- 1 Yes
- 2 No [Go to Q30.8]
- 7 Don't know / Not sure [Go to Q30.8]
- 9 Refused [Go to Q30.8]

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

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

30.3 What was the main reason you used the medication differently than prescribed? Would you say...

Read if necessary:

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

Do not read

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

30.4 In the past year, have you had any pain medication left over from a prescription?

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

30.5 What did you do with the leftover prescription pain medication?

Read if necessary:

- 1 Keep it
- 2 Disposed of it
- 3 Gave it to someone else
- 4 Sold it
- 5 Used it for another unrelated pain/ other purpose

Do not read

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

30.6 The last time you used pain medication that was prescribed to you, what was the main reason?

Read if necessary:

- 1 Pain related to cancer
- 2 Post-surgical care/medical care
- 3 Back pain, short term
- 4 Back pain, long term
- 5 Joint pain, short term
- 6 Joint pain, long term
- 7 Carpal tunnel syndrome
- 8 Arthritis

- 9 Work-related injury
- 10 Other injury causing short term pain
- 11 Other injury causing long term pain
- 12 Other physical conditions causing pain
- 13 To prevent or relieve withdrawal symptoms
- 14 Dental pain
- 15 Pain due to diabetes-related nerve damage

Do not read

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

30.7 In the past year, what prescription pain medications were prescribed to you by a doctor?

- 1 Butorphanol Tartrate
- 2 Carisoprodol
- 3 Celebrex
- 4 Codeine
- 5 Darvocet
- 6 Darvon
- 7 Demerol
- 8 Dilaudid
- 9 Duragesic
- 10 Embeda
- 11 Fentanyl
- 12 Fentora
- 13 Gabapentin
- 14 Hydrocodone
- 15 Hydromorphone
- 16 Ibuprofen / Motrin
- 17 Kadian
- 18 Levorphanol
- 19 Lortab
- 20 Lorcet
- 21 Meperidine
- 22 Methadone
- 23 Morphine
- 24 Naproxen
- 25 Narcan
- 26 Neurontin
- 27 Opium Tincture
- 28 Oxycodone
- 29 Oxycontin
- 30 Pentazocine
- 31 Percocet
- 32 Percodan
- 33 Propoxyphene
- 34 Roxicet
- 35 Soma
- 36 Stadol
- 37 Suboxone
- 38 Subutex
- 39 Toradol
- 40 Tramadol
- 41 Tylenol with codeine (Tylenol #3)

- 42 Tylox
- 43 Ultram (Ultram ER)
- 44 Ultracet
- 45 Vicodin
- 46 Other (specify_____)

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

30.8 In the past year, did you use a prescription pain medication that was not prescribed specifically for you by a doctor, dentist, nurse practitioner, or healthcare providers?

- 1 Yes
- 2 No [Go to Q30.12]
- 7 Don't know / Not sure [Go to Q30.12]
- 9 Refused [Go to Q30.12]

30.9 From whom did you obtain the prescription pain medication?

- 1 From a friend or relative
- 2 From an acquaintance
- 3 From a street dealer or other person I did not know
- 4 Online
- 5 Other
- 7 Don't know / Not sure
- 9 Refused

30.10 How often in the past 12 months did you use prescription pain relievers including that were not prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare providers? Would you say....

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about medication that is not available over the counter.

Please read

- 1 Never
- 2 Every day or nearly every day
- 3 Several times a month
- 4 Several times a year

Do not read

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

30.11 In the past 12 months, did you shoot up or inject any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.

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

30.12 How long has it been since you used any prescription pain reliever?

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about prescription medication that is not available over the counter.

Read only if necessary

- 1 Within the past 30 days (or currently taking)
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- 4 Never

Do not read

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

30.13 In the past year have you felt dependent on prescription pain medication or experienced trouble getting off of the medication when you no longer needed it for medical reasons?

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about prescription medication that is not available over the counter.

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

Thank you for answering these questions. If you would like assistance with any of these issues, please call the Substance Abuse and Mental Health Services Administration (SAMHSA) hotline at 1-800-662-HELP (4357) to find out about mental health and substance-related disorder services available in your area.

Go to Closing Statement.

Version B: Sections 31 – 42**Section 31: Oral Health**

31.1 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

31.2 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 32: Other Tobacco Use (CDC) (repeat of Section 18)

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

CATI NOTE: If Q12.2 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q32.2.

32.1 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 Q32.3.

32.2 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

32.3 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 33: Tobacco Cessation (repeat of Section 19)

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

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

33.1 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

33.2 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

33.3 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

33.4 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

33.5 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 34: Cancer Survivorship: Type of Cancer (repeat of Section 22)

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

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

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure **[Go to Q35.1]**
- 9 Refused **[Go to Q35.1]**

34.2 At what age were you first diagnosed with cancer?

Interviewer Note: If Q34.1 = 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 NOTE: If Core Q6.6 = 1 (Yes) and Q34.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"?" then code Q34.3 as a response of 16 if "Melanoma" or 34 if "other skin cancer"

34.3 What kind of cancer was it?

Interviewer Note: If Q34.1 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?

Read if respondent needs prompting for cancer type:

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

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

Do not read:

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

Section 35: Prostate Cancer Screening (repeat of Section 23)

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

35.1 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 Q35.5]
- 7 Don't Know / Not sure [Go to Q35.5]
- 9 Refused [Go to Q35.5]

35.2 **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

35.3 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

35.4 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

CATI NOTE: If respondent answered 35.1 [1=yes]: "Before you had the PSA test did ..."

35.5 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 36: Cognitive Decline (repeat of Section 24)

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.

36.1 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 Q37.1]
- 7 Don't know / Not sure [Go to Q37.1]
- 9 Refused [Go to Q37.1]

36.2 Are you worried about these difficulties with thinking or memory?

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

36.3 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

36.4 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

36.5 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 37: Caregiver (repeat of Section 25)

37.1 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 to hear of your loss".

- 1 Yes
- 2 No [Go to Q37.9]
- 7 Don't know / Not sure [Go to Q37.9]
- 8 Caregiving recipient died in past 30 days [Go to Q38.1]

9 Refused [Go to Q37.9]

37.2 What is his or her relationship to you?

Interviewer Note: If more than one person, say: “please refer to the person to whom you are giving the most care.”

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live-in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend

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

37.3 For how long have you provided care for that person?

Please read if necessary:

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 5 years or more

Do not read:

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

37.4 In an average week, how many hours do you provide care or assistance?

Please read if necessary:

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

Do not read:

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

37.5 What is the main health problem, long-term illness, or disability that the person you care for has?

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

- 01 Arthritis/rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as Emphysema or COPD
- 05 Alzheimer's disease, dementia or other cognitive impairment disorder
- 06 Developmental disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart disease, hypertension, stroke
- 09 Human Immunodeficiency Virus (H.I.V.)
- 10 Mental Illness, such as anxiety, depression, or schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance abuse or addiction disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

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

37.6 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

37.7 In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

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

37.8 In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

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

CATI NOTE: If Q37.1 = 1 or Q37.1 = 8, go to CATI NOTE before Q38.1.

37.9 In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

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

Section 38: Firearm Safety (repeat of Section 26)

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.

38.1 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 Q39.1]
- 7 Don't know / Not sure [Go to Q39.1]
- 9 Refused [Go to Q39.1]

38.2 Are any of these firearms now loaded?

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

38.3 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 39: Adult Lead Exposure (repeat of Section 27)

39.1 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

39.2 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

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

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

39.4 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

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

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

39.6 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

39.7 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

39.8 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 Q39.10]
- 7 Don't know / Not sure [Go to Q39.10]
- 9 Refused [Go to Q39.10]

39.9 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

39.10 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

39.11 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

39.12

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 40: Child Lead Exposure (repeat of Section 28)

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

40.1

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:

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

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

40.3 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 3.5 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 41: Illicit Drug Use and Treatment Need/Access (repeat of Section 29)

Interviewer Note: The following questions are about other drug use. Remember that all the information you provide is strictly confidential.

41.1 Have you ever used or tried:

Interviewer Note: Select all that apply

- 1 Cocaine or crack (rock) (Also known as coke, freebase, powder, blow, snow or yayo)
- 2 Illegal amphetamines/methamphetamines (e.g., speed, crystal meth, ice) (do not include prescription amphetamines)
- 3 Ecstasy or similar designer drugs (Also known as MDMA, E, Xtc, Adam, Molly or X)
- 4 Psychedelics (Also known as LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's)
- 5 Dissociatives (Also known as PCP (angel dust), ketamine (Special K))
- 6 Inhalants (Also known as sniffing or huffing glue, gasoline or other solvents)
- 7 Heroin (Also known as junk, horse or smack)
- 8 Salvia (Also known as Salvia Divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, diviner's sage, magic mint or Sally-D)
- 9 Fentanyl (do not include prescription fentanyl)
- 10 Kratom
- 11 Nitrous Oxide (Also known as whippets, balloons, laughing gas, hippy crack)
- 12 None of the above
- 99 Prefer not to answer

- 41.2** How old were you when you first tried ...
- A Cocaine or crack (rock) (Also known as coke, freebase, powder, blow, snow or yayo)
 - B Illegal amphetamines/methamphetamines (e.g., speed, crystal meth, ice) (do not include prescription amphetamines)
 - C Ecstasy or similar designer drugs (Also known as MDMA, E, Xtc, Adam, Molly or X)
 - D Psychedelics (Also known as LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's)
 - E Dissociatives (Also known as PCP (angel dust), ketamine (Special K))
 - F Inhalants (Also known as sniffing or huffing glue, gasoline or other solvents)
 - G Heroin (Also known as junk, horse or smack)
 - H Salvia (Also known as Salvia Divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, diviner's sage, magic mint or Sally-D)
 - I Fentanyl (do not include prescription fentanyl)
 - J Kratom
 - K Nitrous Oxide (Also known as whippets, balloons, laughing gas, hippy crack)
- _____ Years old
 99 Prefer not to answer

- 41.3** During the past 12 months, have you used or tried:
- A Cocaine or crack (rock) (Also known as coke, freebase, powder, blow, snow or yayo)
 - B Illegal amphetamines/methamphetamines (e.g., speed, crystal meth, ice) (do not include prescription amphetamines)
 - C Ecstasy or similar designer drugs (Also known as MDMA, E, Xtc, Adam, Molly or X)
 - D Psychedelics (Also known as LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's)
 - E Dissociatives (Also known as PCP (angel dust), ketamine (Special K))
 - F Inhalants (Also known as sniffing or huffing glue, gasoline or other solvents)
 - G Heroin (Also known as junk, horse or smack)
 - H Salvia (Also known as Salvia Divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, diviner's sage, magic mint or Sally-D)
 - I Fentanyl (do not include prescription fentanyl)
 - J Kratom
 - K Nitrous Oxide (Also known as whippets, balloons, laughing gas, hippy crack)
- 1 Yes, in the past 30 days
 - 2 Yes, but not in the past 30 days
 - 3 No
 - 9 Prefer not to answer

Interviewer Note: The following questions are about professional help, such as treatment or counselling, that you might have received for reasons related to your alcohol, cannabis, or drug use.

- 41.4** Have you ever felt that you needed professional help for your alcohol, cannabis, or drug use?

Interviewer Note: Select all that apply

- 1 Yes, for alcohol
- 2 Yes, for cannabis
- 3 Yes, for drugs (please specify the type of drugs): _____

- 4 No
- 9 Prefer not to answer

41.5 During the past 12 months, what were the obstacles that prevented you from receiving professional help for your alcohol, cannabis, or drug use?

Interviewer Note: Select all that apply

- 1 The waiting list was too long
- 2 The type of treatment desired was not available
- 3 The treatment was not covered by insurance
- 4 Transportation was difficult
- 5 You had personal or family responsibilities
- 6 You were too busy
- 7 You felt you did not need treatment
- 8 The treatment was not available in your preferred language
- 9 The treatment available was not culturally competent/culturally appropriate
- 10 Other (please specify): _____
- 99 Prefer not to answer

Section 42: Opioid Use and Misuse (repeat of Section 30)

42.1 In the last 12 months, have you taken any prescription pain relievers when it was prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about prescription medication that is not available over the counter.

- 1 Yes
- 2 No [Go to Q42.8]
- 7 Don't know / Not sure [Go to Q42.8]
- 9 Refused [Go to Q42.8]

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

- 1 Yes
- 2 No [Go to Q42.4]
- 7 Don't know / Not sure [Go to Q42.4]
- 9 Refused [Go to Q42.4]

42.3 What was the main reason you used the medication differently than prescribed? Would you say...

Read if necessary:

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

Do not read

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

42.4 In the past year, have you had any pain medication left over from a prescription?

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

42.5 What did you do with the leftover prescription pain medication?

Read if necessary:

- 1 Keep it
- 2 Disposed of it
- 3 Gave it to someone else
- 4 Sold it
- 5 Used it for another unrelated pain/ other purpose

Do not read

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

42.6 The last time you used pain medication that was prescribed to you, what was the main reason?

Read if necessary:

- 1 Pain related to cancer
- 2 Post-surgical care/medical care
- 3 Back pain, short term
- 4 Back pain, long term
- 5 Joint pain, short term
- 6 Joint pain, long term
- 7 Carpal tunnel syndrome
- 8 Arthritis
- 9 Work-related injury
- 10 Other injury causing short term pain
- 11 Other injury causing long term pain
- 12 Other physical conditions causing pain
- 13 To prevent or relieve withdrawal symptoms
- 14 Dental pain
- 15 Pain due to diabetes-related nerve damage

Do not read

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

42.7 In the past year, what prescription pain medications were prescribed to you by a doctor?

- 1 Butorphanol Tartrate

- | | |
|----|-----------------------------------|
| 2 | Carisoprodol |
| 3 | Celebrex |
| 4 | Codeine |
| 5 | Darvocet |
| 6 | Darvon |
| 7 | Demerol |
| 8 | Dilaudid |
| 9 | Duragesic |
| 10 | Embeda |
| 11 | Fentanyl |
| 12 | Fentora |
| 13 | Gabapentin |
| 14 | Hydrocodone |
| 15 | Hydromorphone |
| 16 | Ibuprofen / Motrin |
| 17 | Kadian |
| 18 | Levorphanol |
| 19 | Lortab |
| 20 | Lorcet |
| 21 | Meperidine |
| 22 | Methadone |
| 23 | Morphine |
| 24 | Naproxen |
| 25 | Narcan |
| 26 | Neurontin |
| 27 | Opium Tincture |
| 28 | Oxycodone |
| 29 | Oxycontin |
| 30 | Pentazocine |
| 31 | Percocet |
| 32 | Percodan |
| 33 | Propoxyphene |
| 34 | Roxicet |
| 35 | Soma |
| 36 | Stadol |
| 37 | Suboxone |
| 38 | Subutex |
| 39 | Toradol |
| 40 | Tramadol |
| 41 | Tylenol with codeine (Tylenol #3) |
| 42 | Tylox |
| 43 | Ultram (Ultram ER) |
| 44 | Ultracet |
| 45 | Vicodin |
| 46 | Other (specify_____) |
| 77 | Don't know / Not sure |
| 99 | Refused |

42.8

In the past year, did you use a prescription pain medication that was not prescribed specifically for you by a doctor, dentist, nurse practitioner, or healthcare providers?

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | |
| 2 | No | [Go to Q42.12] |
| 7 | Don't know / Not sure | [Go to Q42.12] |

9 Refused [Go to Q42.12]

42.9 From whom did you obtain the prescription pain medication?

- 1 From a friend or relative
- 2 From an acquaintance
- 3 From a street dealer or other person I did not know
- 4 Online
- 5 Other

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

42.10 How often in the past 12 months did you use prescription pain relievers including that were not prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare providers? Would you say....

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about medication that is not available over the counter.

Please read

- 1 Never
- 2 Every day or nearly every day
- 3 Several times a month
- 4 Several times a year

Do not read

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

42.11 In the past 12 months, did you shoot up or inject any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.

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

42.12 How long has it been since you used any prescription pain reliever?

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about prescription medication that is not available over the counter.

Read only if necessary

- 1 Within the past 30 days (or currently taking)
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- 4 Never

Do not read

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

42.13 In the past year have you felt dependent on prescription pain medication or experienced trouble getting off of the medication when you no longer needed it for medical reasons?

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about prescription medication that is not available over the counter.

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

Thank you for answering these questions. If you would like assistance with any of these issues, please call the Substance Abuse and Mental Health Services Administration (SAMHSA) hotline at 1-800-662-HELP (4357) to find out about mental health and substance-related disorder services available in your area.

Go to Closing Statement.

Version C: Sections 43 - 55**Section 43: Other Tobacco Use (CDC)** (repeat of Section 18)

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

CATI NOTE: If Q12.2 = 1 (Every day) or 2 (Some days), continue. Otherwise, go to Q43.2.

43.1 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 Q43.3.

43.2 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

43.3 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 44: Tobacco Cessation (repeat of Section 19)

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

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

44.1 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

44.2 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

44.3 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

44.4 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

44.5 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 45: Other Tobacco Use (MI) (repeat of Section 20)

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

45.1 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 46: Exposure to Secondhand Smoking (repeat of Section 21)

46.1 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

46.2 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 47: Cancer Survivorship: Type of Cancer (repeat of Section 22)

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

47.1 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 Q48.1]**
- 9 Refused **[Go to Q48.1]**

47.2 At what age were you first diagnosed with cancer?

Interviewer Note: If Q47.1= 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 NOTE: If Core Q6.6 = 1 (Yes) and Q47.1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"?" then code Q47.3 as a response of 16 if "Melanoma" or 22 if "other skin cancer"

47.3 What kind of cancer was it?

Interviewer Note: If Q47.1 = 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 48: Prostate Cancer Screening (repeat of Section 23)

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

48.1 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 Q48.5]
- 7 Don't Know / Not sure [Go to Q48.5]
- 9 Refused [Go to Q48.5]

48.2 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

48.3 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

48.4 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

CATI NOTE: If respondent answered 48.1 [1=yes]: "Before you had the PSA test did ..."

48.5 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 49: Cognitive Decline (repeat of Section 24)

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.

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

49.2 Are you worried about these difficulties with thinking or memory?

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

49.3 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

49.4 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

49.5 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 50: Caregiver (repeat of Section 25)

50.1 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 to hear of your loss".

- | | | |
|---|---|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q50.9] |
| 7 | Don't know / Not sure | [Go to Q50.9] |
| 8 | Caregiving recipient died in past 30 days | [Go to Q51.1] |
| 9 | Refused | [Go to Q50.9] |

50.2 What is his or her relationship to you?

Interviewer Note: If more than one person, say: "please refer to the person to whom you are giving the most care."

- | | |
|----|----------------------------|
| 01 | Mother |
| 02 | Father |
| 03 | Mother-in-law |
| 04 | Father-in-law |
| 05 | Child |
| 06 | Husband |
| 07 | Wife |
| 08 | Live-in partner |
| 09 | Brother or brother-in-law |
| 10 | Sister or sister-in-law |
| 11 | Grandmother |
| 12 | Grandfather |
| 13 | Grandchild |
| 14 | Other relative |
| 15 | Non-relative/Family friend |
| 77 | Don't know/Not sure |
| 99 | Refused |

50.3 For how long have you provided care for that person?

Please read if necessary:

- | | |
|---|-------------------------------|
| 1 | Less than 30 days |
| 2 | 1 month to less than 6 months |
| 3 | 6 months to less than 2 years |
| 4 | 2 years to less than 5 years |
| 5 | 5 years or more |

Do not read:

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

9 Refused

50.4 In an average week, how many hours do you provide care or assistance?

Please read if necessary:

1 Up to 8 hours per week
 2 9 to 19 hours per week
 3 20 to 39 hours per week
 4 40 hours or more

Do not read:

7 Don't know / Not sure
 9 Refused

50.5 What is the main health problem, long-term illness, or disability that the person you care for has?

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

01 Arthritis/rheumatism
 02 Asthma
 03 Cancer
 04 Chronic respiratory conditions such as Emphysema or COPD
 05 Alzheimer's disease, dementia or other cognitive impairment disorder
 06 Developmental disabilities such as Autism, Down's Syndrome, and Spina Bifida
 07 Diabetes
 08 Heart disease, hypertension, stroke
 09 Human Immunodeficiency Virus (H.I.V.)
 10 Mental Illness, such as anxiety, depression, or schizophrenia
 11 Other organ failure or diseases such as kidney or liver problems
 12 Substance abuse or addiction disorders
 13 Injuries, including broken bones
 14 Old age/infirmity/frailty
 15 Other

 77 Don't know/Not sure
 99 Refused

50.6 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

50.7 In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

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

50.8 In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

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

CATI NOTE: If Q50.1 = 1 or Q50.1 = 8, go to CATI NOTE before Q51.1.

50.9 In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

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

Section 51: Firearm Safety (repeat of Section 26)

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.

51.1 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 Q52.1]
- 7 Don't know / Not sure [Go to Q52.1]
- 9 Refused [Go to Q52.1]

51.2 Are any of these firearms now loaded?

- 1 Yes
- 2 No [Go to Q52.1]
- 7 Don't know / Not sure [Go to Q52.1]
- 9 Refused [Go to Q52.1]

51.3 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 52: Adult Lead Exposure (repeat of Section 27)

52.1 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

52.2 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

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

- 1 Yes
- 2 No [Go to Q52.5]
- 7 Don't know / Not sure [Go to Q52.5]
- 9 Refused [Go to Q52.5]

52.4 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

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

- 1 Yes
- 2 No [Go to Q52.7]
- 7 Don't know / Not sure [Go to Q52.7]
- 9 Refused [Go to Q52.7]

52.6 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

52.7 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

52.8 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 Q52.10]
- 7 Don't know / Not sure [Go to Q52.10]
- 9 Refused [Go to Q52.10]

52.9 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

52.10 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

52.11 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

52.12 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 53: Child Lead Exposure (repeat of Section 28)

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

53.1 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:

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

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

53.3 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 3.5 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 54: Illicit Drug Use and Treatment Need/Access (repeat of Section 29)

Interviewer Note: The following questions are about other drug use. Remember that all the information you provide is strictly confidential.

54.1 Have you ever used or tried:

Interviewer Note: Select all that apply

- 1 Cocaine or crack (rock) (Also known as coke, freebase, powder, blow, snow or yayo)
- 2 Illegal amphetamines/methamphetamines (e.g., speed, crystal meth, ice) (do not

- include prescription amphetamines)
- 3 Ecstasy or similar designer drugs (Also known as MDMA, E, Xtc, Adam, Molly or X)
- 4 Psychedelics (Also known as LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's)
- 5 Dissociatives (Also known as PCP (angel dust), ketamine (Special K))
- 6 Inhalants (Also known as sniffing or huffing glue, gasoline or other solvents)
- 7 Heroin (Also known as junk, horse or smack)
- 8 Salvia (Also known as Salvia Divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, diviner's sage, magic mint or Sally-D)
- 9 Fentanyl (do not include prescription fentanyl)
- 10 Kratom
- 11 Nitrous Oxide (Also known as whippets, balloons, laughing gas, hippy crack)
- 12 None of the above
- 99 Prefer not to answer

54.2 How old were you when you first tried ...

- A Cocaine or crack (rock) (Also known as coke, freebase, powder, blow, snow or yayo)
- B Illegal amphetamines/methamphetamines (e.g., speed, crystal meth, ice) (do not include prescription amphetamines)
- C Ecstasy or similar designer drugs (Also known as MDMA, E, Xtc, Adam, Molly or X)
- D Psychedelics (Also known as LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's)
- E Dissociatives (Also known as PCP (angel dust), ketamine (Special K))
- F Inhalants (Also known as sniffing or huffing glue, gasoline or other solvents)
- G Heroin (Also known as junk, horse or smack)
- H Salvia (Also known as Salvia Divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, diviner's sage, magic mint or Sally-D)
- I Fentanyl (do not include prescription fentanyl)
- J Kratom
- K Nitrous Oxide (Also known as whippets, balloons, laughing gas, hippy crack)
- ____ Years old
- 99 Prefer not to answer

54.3 During the past 12 months, have you used or tried:

- A Cocaine or crack (rock) (Also known as coke, freebase, powder, blow, snow or yayo)
- B Illegal amphetamines/methamphetamines (e.g., speed, crystal meth, ice) (do not include prescription amphetamines)
- C Ecstasy or similar designer drugs (Also known as MDMA, E, Xtc, Adam, Molly or X)
- D Psychedelics (Also known as LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's)
- E Dissociatives (Also known as PCP (angel dust), ketamine (Special K))
- F Inhalants (Also known as sniffing or huffing glue, gasoline or other solvents)
- G Heroin (Also known as junk, horse or smack)
- H Salvia (Also known as Salvia Divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, diviner's sage, magic mint or Sally-D)
- I Fentanyl (do not include prescription fentanyl)
- J Kratom
- K Nitrous Oxide (Also known as whippets, balloons, laughing gas, hippy crack)

- 1 Yes, in the past 30 days
- 2 Yes, but not in the past 30 days
- 3 No
- 9 Prefer not to answer

Interviewer Note: The following questions are about professional help, such as treatment or counselling, that you might have received for reasons related to your alcohol, cannabis, or drug use.

- 54.4** Have you ever felt that you needed professional help for your alcohol, cannabis, or drug use?

Interviewer Note: Select all that apply

- 1 Yes, for alcohol
- 2 Yes, for cannabis
- 3 Yes, for drugs (please specify the type of drugs): _____
- 4 No
- 9 Prefer not to answer

- 54.5** During the past 12 months, what were the obstacles that prevented you from receiving professional help for your alcohol, cannabis, or drug use?

Interviewer Note: Select all that apply

- 1 The waiting list was too long
- 2 The type of treatment desired was not available
- 3 The treatment was not covered by insurance
- 4 Transportation was difficult
- 5 You had personal or family responsibilities
- 6 You were too busy
- 7 You felt you did not need treatment
- 8 The treatment was not available in your preferred language
- 9 The treatment available was not culturally competent/culturally appropriate
- 10 Other (please specify): _____
- 99 Prefer not to answer

Section 55: Opioid Use and Misuse (repeat of Section 30)

- 55.1** In the last 12 months, have you taken any prescription pain relievers when it was prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about prescription medication that is not available over the counter.

- 1 Yes
- 2 No [Go to Q55.8]
- 7 Don't know / Not sure [Go to Q55.8]
- 9 Refused [Go to Q55.8]

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

- 1 Yes
- 2 No [Go to Q55.4]
- 7 Don't know / Not sure [Go to Q55.4]
- 9 Refused [Go to Q55.4]

55.3 What was the main reason you used the medication differently than prescribed? Would you say...

Read if necessary:

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

Do not read

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

55.4 In the past year, have you had any pain medication left over from a prescription?

- 1 Yes
- 2 No [Go to Q55.7]
- 7 Don't know / Not sure [Go to Q55.7]
- 9 Refused [Go to Q55.7]

55.5 What did you do with the leftover prescription pain medication?

Read if necessary:

- 1 Keep it
- 2 Disposed of it
- 3 Gave it to someone else
- 4 Sold it
- 5 Used it for another unrelated pain/ other purpose

Do not read

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

55.6 The last time you used pain medication that was prescribed to you, what was the main reason?

Read if necessary:

- 1 Pain related to cancer
- 2 Post-surgical care/medical care
- 3 Back pain, short term
- 4 Back pain, long term
- 5 Joint pain, short term
- 6 Joint pain, long term
- 7 Carpal tunnel syndrome
- 8 Arthritis

- 9 Work-related injury
- 10 Other injury causing short term pain
- 11 Other injury causing long term pain
- 12 Other physical conditions causing pain
- 13 To prevent or relieve withdrawal symptoms
- 14 Dental pain
- 15 Pain due to diabetes-related nerve damage

Do not read

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

55.7

In the past year, what prescription pain medications were prescribed to you by a doctor?

- 1 Butorphanol Tartrate
- 2 Carisoprodol
- 3 Celebrex
- 4 Codeine
- 5 Darvocet
- 6 Darvon
- 7 Demerol
- 8 Dilaudid
- 9 Duragesic
- 10 Embeda
- 11 Fentanyl
- 12 Fentora
- 13 Gabapentin
- 14 Hydrocodone
- 15 Hydromorphone
- 16 Ibuprofen / Motrin
- 17 Kadian
- 18 Levorphanol
- 19 Lortab
- 20 Lorcet
- 21 Meperidine
- 22 Methadone
- 23 Morphine
- 24 Naproxen
- 25 Narcan
- 26 Neurontin
- 27 Opium Tincture
- 28 Oxycodone
- 29 Oxycontin
- 30 Pentazocine
- 31 Percocet
- 32 Percodan
- 33 Propoxyphene
- 34 Roxicet
- 35 Soma
- 36 Stadol
- 37 Suboxone
- 38 Subutex
- 39 Toradol
- 40 Tramadol
- 41 Tylenol with codeine (Tylenol #3)

- 42 Tylox
- 43 Ultram (Ultram ER)
- 44 Ultracet
- 45 Vicodin
- 46 Other (specify_____)

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

55.8 In the past year, did you use a prescription pain medication that was not prescribed specifically for you by a doctor, dentist, nurse practitioner, or healthcare providers?

- 1 Yes
- 2 No [Go to Q55.12]
- 7 Don't know / Not sure [Go to Q55.12]
- 9 Refused [Go to Q55.12]

55.9 From whom did you obtain the prescription pain medication?

- 1 From a friend or relative
- 2 From an acquaintance
- 3 From a street dealer or other person I did not know
- 4 Online
- 5 Other

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

55.10 How often in the past 12 months did you use prescription pain relievers including that were not prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare providers? Would you say....

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about medication that is not available over the counter.

Please read

- 1 Never
- 2 Every day or nearly every day
- 3 Several times a month
- 4 Several times a year

Do not read

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

55.11 In the past 12 months, did you shoot up or inject any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.

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

55.12 How long has it been since you used any prescription pain reliever?

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about prescription medication that is not available over the counter.

Read only if necessary

- 1 Within the past 30 days (or currently taking)
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago
- 4 Never

Do not read

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

55.13 In the past year have you felt dependent on prescription pain medication or experienced trouble getting off of the medication when you no longer needed it for medical reasons?

Interviewer Note: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about prescription medication that is not available over the counter.

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

Thank you for answering these questions. If you would like assistance with any of these issues, please call the Substance Abuse and Mental Health Services Administration (SAMHSA) hotline at 1-800-662-HELP (4357) to find out about mental health and substance-related disorder services available in your area.

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.