

2012 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 to the maximum extent allowable by law. 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 877-403-2076.

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

Should you have any questions about this study or your participation in it, you are welcome to contact Debra Rusz at 517-353-1766.

Section 1: Health Status

1.1 Would you say that in general your health is — (73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

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

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

- — 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? (76-77)

- — Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 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? (78-79)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service? (80)

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

3.2 Do you have one person you think of as your personal doctor or health care provider?

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

(81)

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

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

- 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? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 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

CATI NOTE: If Q3.4 = 1, 2, or 3 and mi_split = B, continue. Otherwise, go to Q4.1.

Section 3a: Alcohol Use (Included in Split B Only)

- 3A.1** At your last check-up, did a doctor or other health professional ask you whether you drank **X [CATI X = 5 for men, X = 4 for women]** or more alcoholic drinks on an occasion? (451)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 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? (84)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5: Chronic Health Conditions

Now I would like to ask you some questions about general 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."

- 5.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (85)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 5.2** (Ever told) you had angina or coronary heart disease? (86)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 5.3** (Ever told) you had a stroke? (87)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 5.4** (Ever told) you had asthma? (88)
- 1 Yes
2 No [Go to Q5.6]
7 Don't know / Not sure [Go to Q5.6]
9 Refused [Go to Q5.6]
- 5.5** Do you still have asthma? (89)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 5.6** (Ever told) you had skin cancer? (90)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 5.7** (Ever told) you had any other types of cancer? (91)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 5.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (92)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

5.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (93)

Interviewer Note: Arthritis diagnoses include:

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

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

5.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (94)

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

5.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (95)

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

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

5.12 Do you have any trouble seeing, even when wearing glasses or contact lenses? (96)

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don’t know / Not sure
- 9 Refused

5.13 (Ever told) you have diabetes?

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

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

(97)

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

**CATI NOTES: If mi_split = B, go to Q6.1.
If Q5.13 = 1 (Yes), go to Q5B.1. Otherwise, go to Q5A.1.**

Section 5A: Pre-Diabetes (Included in Split A Only)

CATI NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q5.13 (Diabetes awareness question).

5A.1 Have you had a test for high blood sugar or diabetes within the past three years?

(210)

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

CATI NOTE: If Core Q5.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q5A.2 “Yes” (code = 1).

5A.2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

(211)

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

Section 5B: Diabetes Module (Included in Split A only)

CATI NOTE: To be asked following Core Q5.13; if response is “Yes” (code=1)

5B.1 How old were you when you were told you have diabetes? (212-213)

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

5B.2 Are you now taking insulin? (214)

- 1 Yes
- 2 No
- 9 Refused

5B.3 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (215-217)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5B.4 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (218-220)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5B.5 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (221-222)

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

5B.6 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(223-224)

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

CATI NOTE: If Q5B.4 = 555 (No feet), go to Q5B.8.

5B.7 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(225-226)

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

5B.8 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(227)

Read only if necessary:

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

Do not read:

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

5B.9 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(228)

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

- 5B.10** Have you ever taken a course or class in how to manage your diabetes yourself? (229)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 6: Oral Health

- 6.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (98)

Read only if necessary:

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

Do not read:

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

- 6.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

(99)

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

Section 7: Demographics

- 7.1** What is your age? (100-101)

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

7.2 Are you Hispanic or Latino? (102)

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

7.2a Are you of Arab or Chaldean origin? (452)

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

7.3 Which one or more of the following would you say is your race? (103-108)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q7.3; continue. Otherwise, go to Q7.5.

7.4 Which one of these groups would you say best represents your race? (109)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

7.5 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (110)

- 1 Yes
- 2 No

Do not read:

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

7.6 Are you...? (111)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

7.7 How many children less than 18 years of age live in your household? (112-113)

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

7.8 What is the highest grade or year of school you completed? (114)

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

7.9 Are you currently...? (115)

Interviewer Note: If the respondent states they are retired, but still working, please code them as being employed. Only code retired, if they are not working at all.

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

7.10 Is your annual household income from all sources— (116-117)

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

Read only if necessary:

0 4 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 If “no,” code 04; if “yes,” ask 02
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 If “no,” code 02

0 5 Less than \$35,000 If “no,” ask 06
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 If “no,” ask 07
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don’t know / Not sure

9 9 Refused

7.11 About how much do you weigh without shoes? (118-121)

Interviewer Note: If respondent answers in metrics, put “9” in column 118.

Round fractions up

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

7.12 About how tall are you without shoes? (122-125)

Interviewer Note: If respondent answers in metrics, put “9” in column 122.

Round fractions down

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

7.13 What county do you live in? (126-128)

– – –	ANSI County Code (formerly FIPS county code)
7 7 7	Don't know / Not sure
9 9 9	Refused

CATI Note: If Q7.13 = 163 (Wayne County), continue with Q7.13a. Otherwise, go to Q7.14.

7.13a Do you live in the city of Detroit? (453)

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

7.14 What is your ZIP Code where you live? (129-133)

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

7.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (134)

1	Yes	
2	No	[Go to Q7.17]
7	Don't know / Not sure	[Go to Q7.17]
9	Refused	[Go to Q7.17]

7.16 How many of these telephone numbers are residential numbers? (135)

- Residential telephone numbers [**6 = 6 or more**]
- 7 Don't know / Not sure
- 9 Refused

7.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (136)

- 1 Yes
- 2 No [**Go to Q7.19**]
- 7 Don't know / Not sure [**Go to Q7.19**]
- 9 Refused [**Go to Q7.19**]

7.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (137-139)

- — — Enter Percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

7.19 Do you own or rent your home? (140)

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

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

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

7.20 Indicate sex of respondent. Ask only if necessary. (141)

- 1 Male [**Go to Q7.22**]
- 2 Female [**If respondent is 45 years old or older, go to Q7.22**]

- 7.21** To your knowledge, are you now pregnant? (142)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 7.22** Next, I'm going to ask you a question about sexual orientation. Do you consider yourself to be: A - Heterosexual, that is straight; B - Homosexual, that is **[if male insert "gay," if female insert "lesbian"]**; C - Bisexual, or D - Something else? (454)

Interviewer Notes: If respondent gives their answer before you finish reading all choices, do not continue reading.

Do not probe.

Read if needed, "Please remember that your answers are confidential."

Read if needed, "Research has shown that some sexual minority community members have important health risk factors. We are collecting information about sexual orientation to learn whether this is true in Michigan."

- 1 A - Heterosexual, that is straight
- 2 B - Homosexual, that is **[if male insert "gay," if female insert "lesbian"]**
- 3 C - Bisexual, or
- 4 D - Something else (**specify**)
- 7 Don't know
- 9 Refused

Section 8: Disability

The following questions are about health problems or impairments you may have.

- 8.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (143)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

- 8.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (144)

Interviewer Note: Include occasional use or use in certain circumstances.

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

Section 9: Tobacco Use

- 9.1** Have you smoked at least 100 cigarettes in your entire life? (145)

Interviewer Note: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

- 9.2** Do you now smoke cigarettes every day, some days, or not at all? (146)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

- 9.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (147)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (148-149)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 7 7 Don't know / Not sure
- 9 9 Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (150)

Interviewer Notes: Snus (rhymes with 'goose')

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

Do not read:

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

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (151-153)

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

- 10.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (154-155)

Interviewer Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

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

- 10.3** 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? (156-157)

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

- 10.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (158-159)

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

Section 11: Immunization

- 11.1** Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or seasonal flu vaccine that was sprayed in your nose? (160)

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 Q11.4]
- 7 Don't know / Not sure [Go to Q11.4]
- 9 Refused [Go to Q11.4]

- 11.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (161-166)

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

- 11.3** At what kind of place did you get your last flu shot/vaccine? (167-168)

0 1 A doctor's office or health maintenance organization (HMO)
 0 2 A health department
 0 3 Another type of clinic or health center (Example: a community health center)
 0 4 A senior, recreation, or community center
 0 5 A store (Examples: supermarket, drug store)
 0 6 A hospital (Example: inpatient)
 0 7 An emergency room
 0 8 Workplace
 0 9 Some other kind of place
 1 0 Received vaccination in Canada/Mexico (Volunteered - Do not read)
 1 1 A school
 7 7 Don't know / Not sure **(Probe: "How would you describe the place where you went to get your most recent flu vaccine?")**

Do not read:

9 9 Refused

- 11.4** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (169)

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

Section 12: Falls

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

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- 12.1** In the past 12 months, how many times have you fallen? (170–171)

_ _ Number of times **[76 = 76 or more]**
 8 8 None **[Go to next section]**
 7 7 Don't know / Not sure **[Go to next section]**
 9 9 Refused **[Go to next section]**

12.2 [Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(172–173)

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

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say — (174)

Please read:

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

Do not read:

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

CATI NOTE: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI NOTE: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

14.1 During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink? (175–176)

–	–	Number of times
8	8	None
7	7	Don’t know / Not sure
9	9	Refused

Section 15: Breast/Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

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

15.2 How long has it been since you had your last mammogram? (178)

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

15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (179)

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

15.4 How long has it been since your last breast exam? (180)

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

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

15.6 How long has it been since you had your last Pap test? (182)

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

CATI NOTE: If response to Core Q7.21 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (183)

Read only 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 16: Prostate Cancer Screening

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

Now, I will ask you some questions about prostate cancer screening.

- 16.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (184)
- 1 Yes
2 No
7 Don't Know / Not sure
9 Refused
- 16.2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (185)
- 1 Yes
2 No
7 Don't Know / Not sure
9 Refused
- 16.3** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (186)
- 1 Yes
2 No
7 Don't Know / Not sure
9 Refused
- 16.4** Have you EVER HAD a PSA test? (187)
- 1 Yes
2 No [Go to next section]
7 Don't Know / Not sure [Go to next section]
9 Refused [Go to next section]

16.5 How long has it been since you had your last PSA test? (188)

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

16.6 What was the MAIN reason you had this PSA test - was it...? (189)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do not read:

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

Section 17: Colorectal Cancer Screening

CATI NOTE: If respondent is ≤ 49 years of age, go to next section.

Please read: the next questions are about colorectal cancer screening.

17.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (190)

- 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 How long has it been since you had your last blood stool test using a home kit? (191)

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

17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (192)

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

17.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (193)

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

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (194)

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 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. 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.

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (195)

- 1 Yes
- 2 No **[Go to Q18.3]**
- 7 Don't know / Not sure **[Go to Q18.3]**
- 9 Refused **[Go to Q18.3]**

18.2 Not including blood donations, in what month and year was your last HIV test? (196-201)

Interviewer Notes: If response is before January 1985, code "Don't know."

If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

18.3

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 used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease 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.

Do any of these situations apply to you?

(202)

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

Version A: Sections 19 - 28 to be asked of Split A, CDC Split 1 (n=4,000/1,000)

Section 19: Social Context

Please read: Now, I am going to ask you about several factors that can affect a person’s health.

CATI NOTE: If Q7.21 = 1 or 2 (own or rent) continue, else go to Q19.2.

19.1 How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed --- (349)

Please read:

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

Do not read:

- 8 Not applicable
- 7 Don’t know / Not sure
- 9 Refused

19.2 How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed --- (350)

Please read:

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

Do not read:

- 8 Not applicable
- 7 Don’t know / Not sure
- 9 Refused

CATI NOTE: If Q7.9 = 1 (Employed for wages) or 2 (Self-employed), continue to Q19.3 and Q19.4.

CATI NOTE: If Q7.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q19.5 and Q19.6.

CATI NOTE: If Q7.9 = 5 (A homemaker), 6 (A student), or 8 (unable to work), go to Q19.6.

19.3 At your main job or business, how are you generally paid for the work you do? Are you:
(351)

Interviewer Note: If paid in multiple ways at their main job, select option 4 (Paid some other way).

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

19.4 About how many hours do you work per week at all of your jobs and businesses combined?
(352-353)

- – Hours (01-96 or more) **[Go to CATI NOTE before Q20.1]**
- 9 7 Don't know / Not sure **[Go to CATI NOTE before Q20.1]**
- 9 8 Does not work **[Go to CATI NOTE before Q20.1]**
- 9 9 Refused **[Go to CATI NOTE before Q20.1]**

19.5 Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:
(354)

Interviewer Note: If paid in multiple ways at their main job, select option 4 (Paid some other way).

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

19.6 Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?
(355-356)

- – Hours (01-96 or more)
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

Section 20: Chronic Obstructive Pulmonary Disease (COPD)

CATI NOTE: If Core Q5.8 = 1 (Yes) then continue. Otherwise, go to next section.

Please read: Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease or COPD.

20.1 Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (375)

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

20.2 Would you say that shortness of breath affects the quality of your life? (376)

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

20.3 Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (377)

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

20.4 Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (378)

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

20.5 How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (379-380)

- Number (01-76)
- 77 Don't know / Not sure
- 88 None
- 99 Refused

Section 21: Random Child Selection

CATI NOTE: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q23.1.

If Core Q7.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q21.1]**

If Core Q7.7 is >1 and Core Q7.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

Please read:

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

21.1 What is the birth month and year of the “Xth” child? (392-397)

_ / _	Code month and year
7 7 / 7 7 7 7	Don’t know / Not sure
9 9 / 9 9 9 9	Refused

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

21.2 Is the child a boy or a girl? (398)

1	Boy
2	Girl
9	Refused

21.3 Is the child Hispanic or Latino? (399)

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

21.4 Which one or more of the following would you say is the race of the child? (400-405)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q21.4, continue. Otherwise, go to Q21.6.

21.5 Which one of these groups would you say best represents the child's race? (406)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

21.6 How are you related to the child? (407)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

Section 22: Childhood Asthma Prevalence

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

(408)

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

22.2 Does the child still have asthma?

(409)

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

Section 23: Blood Disorders

Please read: The next question is about sickle cell trait, sickle cell disease, and thalassemia, which are inherited blood disorders that can be diagnosed by a blood test at birth or later in life.

23.1 Have you ever been told that you had sickle cell trait, sickle cell disease or thalassemia?

(455)

Interviewer Note: If “Yes”, probe for which type.

Interviewer Note: Thalassemia is pronounced (thal-a-SE-me-ah).

- | | |
|---|--------------------------|
| 1 | Yes, sickle cell trait |
| 2 | Yes, sickle cell disease |
| 3 | Yes, thalassemia |
| 4 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 24: Infertility

CATI NOTE: If Q7.1 ≤ 75, continue. Otherwise, go to Q25.1.

Please read: The next questions are about infertility and pregnancies not ending in a live birth. This means that after a year of trying to do so, a couple is unable to become pregnant or carry a pregnancy due to miscarriage or stillbirth.

24.1

If Q7.6 = 1 or 6:

Have you or your spouse/partner ever experienced infertility or difficulty carrying a pregnancy due to miscarriage or stillbirth?

Interviewer Note: If Q7.6 = 1 or 6 and response is “Yes”, probe with “Was it you, your partner, both you and your partner, or was it undetermined?”

Interviewer Note: If Q7.6 = 1 or 6 and response is “No”, probe with “Is this because you and your spouse/partner have never tried to get pregnant?”

Interviewer Note: If the respondent is female and indicates that she has had a hysterectomy or tubal ligation (had tubes tied), say: “This question should focus on the time period prior to this procedure.”

If Q7.6 = 2, 3, 4, 5 or 9 and Q7.20 = 2:

Have you ever experienced infertility or difficulty carrying a pregnancy due to miscarriage or stillbirth?

Interviewer Note: If Q7.6 = 2, 3, 4, 5, or 9 and Q7.20 = 2 and response is “No”, probe with “Is this because you have never tried to get pregnant?”

Interviewer Note: If the respondent indicates that she has had a hysterectomy or tubal ligation (had tubes tied), say: “This question should focus on the time period prior to this procedure.”

If Q7.6 = 2, 3, 4, 5 or 9 and Q7.20 = 1:

Have you ever experienced infertility?

(456)

- | | | |
|---|-----------------------------|---------------------------------------|
| 1 | Yes, I have | [Go to CATI Note before Q24.2] |
| 2 | Yes, my partner has | [Go to Q24.2] |
| 3 | Yes, we both have | [Go to Q24.2] |
| 4 | Yes, but undetermined | [Go to Q24.2] |
| 5 | No | [Go to CATI Note before Q24.3] |
| 6 | Never tried to get pregnant | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

CATI NOTE: If Q7.6 = 2, 3, 4, 5 or 9 and Q7.20 = 1, code “1” for Q24.2. Otherwise, continue.

24.2 Was it infertility, difficulty carrying a pregnancy due to miscarriage or stillbirth, or both? (457)

- 1 Infertility
- 2 Difficulty carrying a pregnancy due to miscarriage or stillbirth
- 3 Both

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

CATI NOTE: If Q24.1 = 5, say: “We realize that you previously indicated that you had not experienced any infertility problems, but we are still required to ask you about infertility treatments that you may have received.”

CATI NOTE: If Q7.6 = 2, 3, 4, 5 or 9 and Q7.20 = 1: Skip over response 1 for Q24.3.

24.3 *If Q7.6 = 1 or 6:*
Which of the following treatments have you or your spouse/partner received?

If Q7.6 = 2, 3, 4, 5 or 9:
Which of the following treatments have you received? (458-469)

Interviewer Note: Allow for up to six responses.

Please read:

- 0 1 Drugs to improve or stimulate ovulation (such as Clomid®, Serophene®, or Pergonal®)
- 0 2 Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, are collected and medically placed into a woman's body)
- 0 3 Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm are handled in the laboratory, such as In Vitro Fertilization, Intracytoplasmic Sperm Injection, frozen embryo transfer, or donor embryo transfer)
- 0 4 Another type of surgical treatment for infertility
- 0 5 A consultation with an infertility specialist
- 0 6 Something else **[specify]**, or
- 0 7 You have not received medical consultation or treatment for infertility
[Go to next section]

Do not read:

- 7 7 Don't know / Not sure **[Go to next section]**
- 8 8 No additional responses
- 9 9 Refused **[Go to next section]**

24.4 What was the result of the most recent treatment? Did you or your spouse/partner... (470)

Please read:

- 1 Become pregnant and are still pregnant
- 2 Become pregnant and had a baby
- 3 Become pregnant, but the pregnancy was not maintained
- 4 Did not become pregnant, but are still trying
- 5 Did not become pregnant and have stopped trying, or
- 6 You are currently receiving infertility treatment

Do not read:

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

Section 25: Access to Oral Health Care

Please read: The next questions are about access to oral health care.

25.1 During the past 12 months, have you ever gone to an emergency room for tooth pain because you could not get a dental appointment? (471)

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

25.2 During the past 12 months, was there any time you needed dental care, but didn't get it because you couldn't afford it? (472)

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

Section 26: Other Tobacco Questions

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

- 26.1** Have you ever smoked tobacco using a narghile, hookah, or water pipe, even one or two puffs? (473)

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

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q26.3] |
| 7 | Don't know / Not sure | [Go to Q26.3] |
| 9 | Refused | [Go to Q26.3] |

- 26.2** During the past 30 days, on how many days did you smoke it? (474-475)

Interviewer Note: If necessary, “During the past 30 days, on how many days did you smoke the narghile, hookah, or water pipe?”

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

- 26.3** Next, I'm going to read you three statements concerning the rules about tobacco smoking inside your home or where you live, excluding decks, garages and porches.

Please tell me which statement best describes the rules inside your home.

(476)

Please read:

- | | |
|---|--|
| 1 | Smoking is not allowed anywhere |
| 2 | Smoking is allowed in some places or at some times, or |
| 3 | Smoking is allowed anywhere inside the home |

Do not read:

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

CATI NOTE: If Q9.2 = 1 or Q9.2 = 2, read: Next I am going to ask you about your exposure to smoke from other people’s cigarettes, cigars or pipes. Please do **not** include yourself.

26.4 In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (477)

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

26.5 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)* (478)

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

CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to Q27.1.

26.6 Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes? (479)

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

Section 27: Mental Illness

Please read: The next two questions are about mental health conditions or emotional problems.

27.1 During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities? (480-481)

Interviewer Note: If asked, “usual activities” includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

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

27.2 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (482)

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

Section 28: Preventive Behaviors

Please read: The last three questions are about activities that you may be doing to help lower your risk for certain health problems or diseases.

28.1 During the past 12 months, have you been trying to control your weight or lose weight? (483)

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

28.2 During the past 12 months, have you increased your physical activity or exercise? (484)

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

28.3 During the past 12 months, have you reduced the amount of fat or calories in your diet? (485)

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

Go to Closing Statement.

Version B: Sections 29 - 40 to be asked of Split B, CDC Split 2 (n=4,000/1,000)

Section 29: Social Context (Repeat of § 19)

Please read: Now, I am going to ask you about several factors that can affect a person's health.

CATI NOTE: If Q7.21 = 1 or 2 (own or rent) continue, else go to Q29.2.

29.1 How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed ---

(349)

Please read:

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

Do not read:

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

29.2 How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed ---

(350)

Please read:

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

Do not read:

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

CATI NOTE: If Q7.9 = 1 (Employed for wages) or 2 (Self-employed), continue to Q29.3 and Q29.4.

CATI NOTE: If Q7.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q29.5 and Q29.6.

CATI NOTE: If Q7.9 = 5 (A homemaker), 6 (A student), or 8 (unable to work), go to Q29.6.

29.3 At your main job or business, how are you generally paid for the work you do? Are you:
(351)

Interviewer Note: If paid in multiple ways at their main job, select option 4 (Paid some other way).

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

29.4 About how many hours do you work per week at all of your jobs and businesses combined?
(352-353)

- Hours (01-96 or more) **[Go to CATI NOTE before Q30.1]**
- 9 7 Don't know / Not sure **[Go to CATI NOTE before Q30.1]**
- 9 8 Does not work **[Go to CATI NOTE before Q30.1]**
- 9 9 Refused **[Go to CATI NOTE before Q30.1]**

29.5 Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:
(354)

Interviewer Note: If paid in multiple ways at their main job, select option 4 (Paid some other way).

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

29.6 Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?
(355-356)

- Hours (01-96 or more)
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

Section 30: Chronic Obstructive Pulmonary Disease (Repeat of § 20)

CATI NOTE: If Core Q5.8 = 1 (Yes) then continue. Otherwise, go to next section.

Please read: Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease or COPD.

30.1 Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (375)

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

30.2 Would you say that shortness of breath affects the quality of your life? (376)

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

30.3 Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (377)

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

30.4 Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (378)

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

30.5 How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (379-380)

- Number (01-76)
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

Section 31: Random Child Selection (Repeat of § 21)

CATI NOTE: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to Q33.1.

If Core Q7.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q31.1]**

If Core Q7.7 is >1 and Core Q7.7 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

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

Please read:

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

31.1 What is the birth month and year of the "Xth" child? (392-397)

- / -- Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

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

31.2 Is the child a boy or a girl? (398)

- 1 Boy
- 2 Girl
- 9 Refused

31.3 Is the child Hispanic or Latino? (399)

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

31.4 Which one or more of the following would you say is the race of the child? (400-405)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q31.4, continue. Otherwise, go to Q31.6.

31.5 Which one of these groups would you say best represents the child's race? (406)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

31.6 How are you related to the child? (407)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

Section 32: Childhood Asthma Prevalence (Repeat of § 22)

32.1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (408)

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

32.2 Does the child still have asthma? (409)

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

Section 33: Blood Disorders (Repeat of § 23)

Please read: The next question is about sickle cell trait, sickle cell disease, and thalassemia, which are inherited blood disorders that can be diagnosed by a blood test at birth or later in life.

33.1 Have you ever been told that you had sickle cell trait, sickle cell disease or thalassemia?
(455)

Interviewer Note: If “Yes”, probe for which type.

Interviewer Note: Thalassemia is pronounced (thal-a-SE-me-ah).

- 1 Yes, sickle cell trait
- 2 Yes, sickle cell disease
- 3 Yes, thalassemia
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Section 34: Infertility (Repeat of § 24)

CATI NOTE: If Q7.1 ≤ 75, continue. Otherwise, go to Q35.1.

Please read: The next questions are about infertility and pregnancies not ending in a live birth. This means that after a year of trying to do so, a couple is unable to become pregnant or carry a pregnancy due to miscarriage or stillbirth.

34.1

If Q7.6 = 1 or 6:

Have you or your spouse/partner ever experienced infertility or difficulty carrying a pregnancy due to miscarriage or stillbirth?

Interviewer Note: If Q7.6 = 1 or 6 and response is “Yes”, probe with “Was it you, your partner, both you and your partner, or was it undetermined?”

Interviewer Note: If Q7.6 = 1 or 6 and response is “No”, probe with “Is this because you and your spouse/partner have never tried to get pregnant?”

Interviewer Note: If the respondent is female and indicates that she has had a hysterectomy or tubal ligation (had tubes tied), say: “This question should focus on the time period prior to this procedure.”

If Q7.6 = 2, 3, 4, 5 or 9 and Q7.20 = 2:

Have you ever experienced infertility or difficulty carrying a pregnancy due to miscarriage or stillbirth?

Interviewer Note: If Q7.6 = 2, 3, 4, 5, or 9 and Q7.20 = 2 and response is “No”, probe with “Is this because you have never tried to get pregnant?”

Interviewer Note: If the respondent indicates that she has had a hysterectomy or tubal ligation (had tubes tied), say: “This question should focus on the time period prior to this procedure.”

If Q7.6 = 2, 3, 4, 5 or 9 and Q7.20 = 1:

Have you ever experienced infertility?

(456)

- | | | |
|---|-----------------------------|---------------------------------------|
| 1 | Yes, I have | [Go to CATI Note before Q34.2] |
| 2 | Yes, my partner has | [Go to Q34.2] |
| 3 | Yes, we both have | [Go to Q34.2] |
| 4 | Yes, but undetermined | [Go to Q34.2] |
| 5 | No | [Go to CATI Note before Q34.3] |
| 6 | Never tried to get pregnant | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

CATI NOTE: If Q7.6 = 2, 3, 4, 5 or 9 and Q7.20 = 1, code “1” for Q34.2. Otherwise, continue.

34.2 Was it infertility, difficulty carrying a pregnancy due to miscarriage or stillbirth, or both? (457)

- 1 Infertility
- 2 Difficulty carrying a pregnancy due to miscarriage or stillbirth
- 3 Both

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

CATI NOTE: If Q34.1 = 5, say: “We realize that you previously indicated that you had not experienced any infertility problems, but we are still required to ask you about infertility treatments that you may have received.”

CATI NOTE: If Q7.6 = 2, 3, 4, 5 or 9 and Q7.20 = 1: Skip over response 1 for Q34.3.

34.3 *If Q7.6 = 1 or 6:*
Which of the following treatments have you or your spouse/partner received?

If Q7.6 = 2, 3, 4, 5 or 9:
Which of the following treatments have you received? (458-469)

Interviewer Note: Allow for up to six responses.

Please read:

- 0 1 Drugs to improve or stimulate ovulation (such as Clomid®, Serophene®, or Pergonal®)
- 0 2 Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, are collected and medically placed into a woman's body)
- 0 3 Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm are handled in the laboratory, such as In Vitro Fertilization, Intracytoplasmic Sperm Injection, frozen embryo transfer, or donor embryo transfer)
- 0 4 Another type of surgical treatment for infertility
- 0 5 A consultation with an infertility specialist
- 0 6 Something else **[specify]**, or
- 0 7 You have not received medical consultation or treatment for infertility
[Go to next section]

Do not read:

- 7 7 Don't know / Not sure **[Go to next section]**
- 8 8 No additional responses
- 9 9 Refused **[Go to next section]**

34.4 What was the result of the most recent treatment? Did you or your spouse/partner... (470)

Please read:

- 1 Become pregnant and are still pregnant
- 2 Become pregnant and had a baby
- 3 Become pregnant, but the pregnancy was not maintained
- 4 Did not become pregnant, but are still trying
- 5 Did not become pregnant and have stopped trying, or
- 6 You are currently receiving infertility treatment

Do not read:

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

Section 35: Other Tobacco Questions (Repeat of § 26)

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

35.1 Have you ever smoked tobacco using a narghile, hookah, or water pipe, even one or two puffs? (473)

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

- 1 Yes
- 2 No [Go to Q35.3]
- 7 Don't know / Not sure [Go to Q35.3]
- 9 Refused [Go to Q35.3]

35.2 During the past 30 days, on how many days did you smoke it? (474-475)

Interviewer Note: If necessary, “During the past 30 days, on how many days did you smoke the narghile, hookah, or water pipe?”

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

35.3 Next, I'm going to read you three statements concerning the rules about tobacco smoking inside your home or where you live, excluding decks, garages and porches.

Please tell me which statement best describes the rules inside your home.

(476)

Please read:

- 1 Smoking is **not** allowed anywhere
- 2 Smoking is allowed in some places or at some times, or
- 3 Smoking is allowed **anywhere** inside the home

Do not read:

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

CATI NOTE: If Q9.2 = 1 or Q9.2 = 2, read: Next I am going to ask you about your exposure to smoke from other people's cigarettes, cigars or pipes. Please do **not** include yourself.

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

(477)

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

35.5 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*)

(478)

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

CATI NOTE: If Q9.2=1 or Q9.2=2, continue. Otherwise, go to next section.

35.6 Are you aware of any local programs or services that are available to help you quit smoking, such as telephone quit lines, local health clinic services, and cessation classes?

(479)

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

Section 36: Mental Illness (Repeat of § 27)

Please read: the next two questions are about mental health conditions or emotional problems.

- 36.1** During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities? (480-481)

Interviewer Note: If asked, “usual activities” includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

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

- 36.2** Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (482)

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

Section 37: Gambling

Please read: The next question asks about your recent gambling experiences.

- 37.1** In the past 30 days, have you bet money or possessions on any of the following activities? Lottery games including scratch tickets, pull tabs or lotto; casino gaming including slot machines or table games; card games such as Texas Hold 'em; sports betting including car, dog or horse racing; internet betting; bingo; dice games; board games or any other type of wagering? (486)

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

Section 38: Cancer Genomics

CATI NOTE: If Q7.22 = 2 (Female), continue. Otherwise, go to Q39.1.

Please read: The next few questions are about genetic counseling for breast and ovarian cancer. Genetic counseling is the process of communication between a specially trained health professional and someone concerned about the risk of disease in his or her family.

38.1 Have you or any of your family members received genetic counseling for breast and ovarian cancer? (487)

Interviewer Notes: If “Yes,” ask: “Would you say yourself only, yourself and at least one family member, or at least one family member, but not yourself?”

Genetic counseling for breast and ovarian cancer always occurs together. If the respondent indicates that a family member or themselves has received genetic counseling for breast or ovarian cancer, but they are unsure or don’t think they have had both please consider this a “yes” response for that particular person.

- 1 Yourself only,
- 2 Yourself and at least one family member
- 3 At least one family member but not yourself, or
- 4 No one in your family has received genetic counseling

- 7 Don’t know / Not sure
- 9 Refused

38.2 Thinking about your biological or “blood” relatives, including your parents, grandparents, siblings, aunts, uncles or children, how many of these individuals have been diagnosed with breast cancer? (488)

- 1 None [Go to Q38.5]
- 2 One
- 3 Two
- 4 Three or more
- 7 Don’t know / Not sure [Go to Q38.5]
- 9 Refused [Go to Q38.5]

38.3

If Q38.2 = 3 or Q38.2 = 4:

How many of these **[IF Q38.2 = 3: two; ELSE: three or more]** biological relatives that have been diagnosed with breast cancer are members of your immediate family, that is, parents, siblings or children?

(489)

Interviewer Note: Biological and blood relatives refer to the same population.

- 1 None
- 2 One
- 3 Two
- 4 Three or more
- 7 Don't know / Not sure
- 9 Refused

If Q38.2 = 2:

Is the one biological relative that has been diagnosed with breast cancer a member of your immediate family, that is, a parent, sibling or child?

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

38.4

Thinking about all of your biological parents, grandparents, siblings, aunts, uncles, or children that have been diagnosed with breast cancer, how many were diagnosed with breast cancer at or before the age of 50 years?

(490)

Interviewer Note: Biological and blood relatives refer to the same population.

- 1 None
- 2 One
- 3 Two
- 4 Three or more
- 7 Don't know / Not sure
- 9 Refused

38.5

Now thinking about ovarian cancer, how many of your female biological relatives, that is, your mother, sisters, aunts, grandmothers, or daughters, have been diagnosed with ovarian cancer ?

(491)

Interviewer Note: Biological and blood relatives refer to the same population.

- 1 None
- 2 One
- 3 Two
- 4 Three or more
- 7 Don't know / Not sure
- 9 Refused

Section 39: Family Health History

Please read: The next questions are about your family's health history.

- 39.1** Have you ever actively collected health information from your relatives for the purposes of developing a family health history?

Interviewer Note: Active collection refers to the act of purposely seeking out health information.

(492)

- 1 Yes
- 2 No [Go to Q39.4]
- 7 Don't know / Not sure [Go to Q39.4]
- 9 Refused [Go to Q39.4]

- 39.2** Have you ever recorded your family health history for future reference? Examples would include writing it down on paper or saving it to your computer.

Interviewer Note: Any recording of this information should be coded as "Yes".

(493)

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

- 39.3** Have you ever shared your collected family health history with a doctor or other health care provider?

(494)

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

- 39.4** How important do you think your family's health history is to your personal health? Would you say very important, somewhat important, or not important at all.

(495)

- 1 Very important
- 2 Somewhat important
- 3 Not important at all

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

39.5 Has a doctor or other health care provider ever asked you about your family history of cancer, including times when you were asked to fill out a form? (496)

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

Section 40: Tobacco Cessation

CATI NOTE: If Q9.2 = 1 or Q9.2 = 2, continue. Otherwise, go to closing statement.

Please read: the final two questions are about tobacco cessation.

40.1 Has your doctor or other health care professional ever asked you if you were a smoker? (497)

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

40.2 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? (498)

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

Go to Closing Statement.

Closing Statement

Please read: That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.