

## 2015 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 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 — (90)

**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? (91-92)

- — 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? (93-94)

- — 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? (95-96)

- — 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? (97)

- 1 Yes
- 2 No [Go to Q3.2]
- 7 Don't know / Not sure [Go to Q3.2]
- 9 Refused [Go to Q3.2]

**3.1a** Do you personally have Medicaid, Medicare or the Healthy Michigan Plan? (901)

**Interviewer Note: If initial response is “Yes,” probe for which type or combination.**

- 1 Yes, Medicaid only
- 2 Yes, Medicare only
- 3 Yes, the Healthy Michigan Plan only
- 4 Yes, both Medicaid and Medicare
- 5 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?”**

(98)

- 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?

(99)

- 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. (100)

- 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: Hypertension Awareness**

**4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (101)

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

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

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go to Q5.1]
- 3 No [Go to Q5.1]
- 4 Told borderline high or pre-hypertensive [Go to Q5.1]
- 7 Don't know / Not sure [Go to Q5.1]
- 9 Refused [Go to Q5.1]

**4.2** Are you currently taking medicine for your high blood pressure? (102)

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

## Section 5: Cholesterol Awareness

**5.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (103)

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

**5.2** About how long has it been since you last had your blood cholesterol checked? (104)

**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
- 9 Refused

**5.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (105)

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

## Section 6: 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."

**6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (106)

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

- 6.2** (Ever told) you had angina or coronary heart disease? (107)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.3** (Ever told) you had a stroke? (108)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.4** (Ever told) you had asthma? (109)
- 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? (110)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.6** (Ever told) you had skin cancer? (111)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.7** (Ever told) you had any other types of cancer? (112)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**6.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

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

**6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (114)

**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

**6.10** (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (115)

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

**6.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)

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

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

**6.12** (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.**

(117)

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

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

**6.13** How old were you when you were told you have diabetes?

(118-119)

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

**Section 6A: Diabetes Module**

**6A.1** Are you now taking insulin?

(289)

- 1 Yes
- 2 No
- 9 Refused

**6A.2** 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.

(290-292)

**Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in ‘98 times per day.’**

- 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

**6A.3** 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.

(293-295)

- 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

**6A.4** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(296-297)

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

**6A.5** 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"?

(298-299)

- \_ \_ 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 Q6A.3 = 555 (No feet), go to Q6A.7.**

**6A.6** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(300-301)

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

- 6A.7** 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. (302)

**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

- 6A.8** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (303)

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

- 6A.9** Have you ever taken a course or class in how to manage your diabetes yourself? (304)

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

**Section 7: Demographics**

- 7.1** Indicate sex of respondent. **Ask only if necessary.** (120)

- 1 Male
- 2 Female

- 7.2** What is your age? (121-122)

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

**7.3** Are you Hispanic, Latino/a, or Spanish origin? (123-126)

**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

**7.3a** Are you of Arab or Chaldean origin? (902)

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

**7.4** Which one or more of the following would you say is your race? (127-154)

**Interviewer Notes: Select all that apply**

**If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading.**

**Please read:**

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
  - 4 1 Asian Indian
  - 4 2 Chinese
  - 4 3 Filipino
  - 4 4 Japanese
  - 4 5 Korean
  - 4 6 Vietnamese
  - 4 7 Other Asian
- 5 0 Pacific Islander
  - 5 1 Native Hawaiian
  - 5 2 Guamanian or Chamorro
  - 5 3 Samoan
  - 5 4 Other Pacific Islander

**Do not read:**

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI NOTE: If more than one response to Q7.4; continue. Otherwise, go to Q7.6.**

**7.5** Which one of these groups would you say best represents your race? (155-156)

**Interviewer Note: If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading.**

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

**7.6** Are you...? (157)

**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 What is the highest grade or year of school you completed? (158)

**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

7.8 Do you own or rent your home? (159)

**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.**

**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

7.9 What county do you live in? (160-162)

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

**CATI Note: If Q7.9 = 163 (Wayne County), continue with Q7.9a. Otherwise, go to Q7.10.**

7.9a Do you live in the city of Detroit? (903)

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

**7.10** What is your ZIP Code where you live? (163-167)

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—	—	—	—										
7	7	7	7										
9	9	9	9										

**CATI Note: If cellular telephone interview skip to Q7.14 (QSTVER ≥ 20)**

**7.11** 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. (168)

1	Yes	
2	No	[Go to Q7.13]
7	Don't know / Not sure	[Go to Q7.13]
9	Refused	[Go to Q7.13]

**7.12** How many of these telephone numbers are residential numbers? (169)

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

**7.13** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (170)

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

**7.14** 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? (171)

**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

**Do not read:**

7	Don't know / Not sure
9	Refused

7.15 Are you currently...? (172)

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 1 year or more
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

CATI NOTE: If Q7.15 = 1, 2 or 4, continue. Otherwise, go to Q7.16.

7.15a If Q7.15 = 1 or 2:

What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

Interviewer Notes: If respondent is unclear, ask "What is your job title?"

If respondent has more than one job, ask "What is your main job?"

If Q7.15 = 4:

What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

Interviewer Notes: If respondent is unclear, ask "What was your job title?"

If respondent had more than one job, ask "What was your main job?"

(402-501)

[Record answer] \_\_\_\_\_

- 99 Refused

**7.15b**

If Q7.15 = 1 or 2:

What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

If Q7.15 = 4:

What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

(502-601)

[Record answer] \_\_\_\_\_

99 Refused

**7.16**

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

(173-174)

— — Number of children  
8 8 None  
9 9 Refused

**7.17** Is your annual household income from all sources— (175-176)

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

**Please read:**

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

**7.18** Have you used the internet in the past 30 days (177)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**7.19** About how much do you weigh without shoes? (178-181)

**Interviewer Note: If respondent answers in metrics, put “9” in column 178.**

**Round fractions up**

— — — — Weight  
(pounds/kilograms)

7 7 7 7 Don’t know / Not sure

9 9 9 9 Refused

7.20 About how tall are you without shoes? (182-185)

**Interviewer Note: If respondent answers in metrics, put “9” in column 182.**

**Round fractions down**

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

**CATI Note: If female 44 years old or younger, continue. Otherwise, go to Q7.21a.**

7.21 To your knowledge, are you now pregnant? (186)

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

7.21a 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, D - Transgender, or E - Something else? (904)

**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
- 4 D - Transgender, or
- 4 E - Something else (**specify**)
- 7 Don't know
- 9 Refused

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

Are you limited in any way in any activities because of physical, mental, or emotional problems?

(187)

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

**7.23** 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?

(188)

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

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

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

(189)

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

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

(190)

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

**7.26** Do you have serious difficulty walking or climbing stairs?

(191)

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

**7.27** Do you have difficulty dressing or bathing? (192)

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

**7.28** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (193)

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

**Section 8: Tobacco Use**

**8.1** Have you smoked at least 100 cigarettes in your entire life? (194)

**Interviewer Notes: 5 packs = 100 cigarettes**

**“For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”**

- 1 Yes
- 2 No [Go to Q8.5]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

**8.2** Do you now smoke cigarettes every day, some days, or not at all? (195)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q8.4]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

**8.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (196)

- 1 Yes [Go to Q8.5]
- 2 No [Go to Q8.5]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

- 8.4** How long has it been since you last smoked a cigarette, even one or two puffs? (197-198)
- 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
  - 0 8 Never smoked regularly
  - 7 7 Don't know / Not sure
  - 9 9 Refused

- 8.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (199)

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

## Section 9: Alcohol Consumption

- 9.1** 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? (200-202)
- 1 \_ \_ Days per week
  - 2 \_ \_ Days in past 30 days
  - 8 8 8 No drinks in past 30 days **[Go to Q10.1]**
  - 7 7 7 Don't know / Not sure **[Go to Q10.1]**
  - 9 9 9 Refused **[Go to Q10.1]**

- 9.2** 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? (203-204)

**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

**9.3** 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?  
(205-206)

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

**9.4** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(207-208)

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

## Section 10: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank in the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

**Interviewer Notes: If respondent responds less than once per month, code “0” times per month.**

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

**10.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

(209-211)

**Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”**

**Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.**

**Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.**

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 10.6.**

**Do include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.**

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**10.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit. (212-214)

**Interviewer Notes:** If respondent only says daily or weekly, probe with “How many times daily/weekly?”

**Read only if necessary:** “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

**Do not count fruit jam, jelly, or fruit preserves.**

**Do not include dried fruit in ready-to-eat cereals.**

**Do include dried raisins, cran-raisins or craisins if respondent tells you - *but due to their small serving size they are not included in the prompt.***

**Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.**

**Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).**

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**10.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (215-217)

**Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”**

**Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”**

**Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**10.4** During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? (218-220)

**Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”**

**Each time a vegetable is eaten it counts as one time.**

**Include all raw leafy green salads including spinach, mesclun, romaine lettuce, arugula, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.**

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**10.5**

During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(221-223)

**Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”**

**Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”**

**Include all forms of carrots including long or baby-cut.**

**Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).**

**Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.**

**Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.**

**Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).**

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**10.6**

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(224-226)

**Interviewer Notes: If respondent only says daily or weekly, probe with “How many times daily/weekly?”**

**Read only if needed: “Do not count vegetables you have already counted and do not include fried potatoes.”**

**Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.**

**Include any form of the vegetable (raw, cooked, canned, or frozen).**

**Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.**

**Do include tomato juice if respondent did not count in fruit juice.**

**Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).**

**Do not include rice or other grains.**

1 \_\_ Per day  
2 \_\_ Per week  
3 \_\_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

## Section 11: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**Interviewer Note: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.**

**11.1** 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? (227)

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

**11.2.** What type of physical activity or exercise did you spend the most time doing during the past month? (228-229)

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

- |     |                       |                                     |
|-----|-----------------------|-------------------------------------|
| --  | (Specify)             | [See Physical Activity Coding List] |
| 7 7 | Don't know / Not sure | [Go to Q11.8]                       |
| 9 9 | Refused               | [Go to Q11.8]                       |

**11.3** How many times per week or per month did you take part in this activity during the past month? (230-232)

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

**11.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (233-235)

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

**11.5** What other type of physical activity gave you the next most exercise during the past month? (236-237)

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

- |     |                       |                                            |
|-----|-----------------------|--------------------------------------------|
| --  | (Specify)             | <b>[See Physical Activity Coding List]</b> |
| 8 8 | No other activity     | <b>[Go to Q11.8]</b>                       |
| 7 7 | Don't know / Not sure | <b>[Go to Q11.8]</b>                       |
| 9 9 | Refused               | <b>[Go to Q11.8]</b>                       |

**11.6** How many times per week or per month did you take part in this activity during the past month? (238-240)

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

**11.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (241-243)

- |       |                       |
|-------|-----------------------|
| _: _  | Hours and minutes     |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

**11.8** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (244-246)

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

## Section 12: Arthritis Burden

**CATI NOTE: If Q6.9 = 1 (Yes), continue. Otherwise, go to Q13.1.**

**Please read:** Next I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

**12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(247)

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

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

**Interviewer Note: Q12.2 should be asked of all respondents regardless of employment status.**

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

(248)

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

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

**12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

(249)

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

**Please read:**

- 1 A lot
- 2 A little
- 3 Not at all

**Do not read:**

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

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

(250-251)

- – Enter number [00-10]
- 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 —

(252)

**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

**Section 14: Immunization**

**14.1** Now I will ask you questions about the flu vaccine. There are two ways to get the 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 flu shot or flu vaccine that was sprayed in your nose?

(253)

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

- 1 Yes
- 2 No [Go to Q14.3]
- 7 Don't know / Not sure [Go to Q14.3]
- 9 Refused [Go to Q14.3]

**14.2** 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?

(254-259)

- / -- -- -- Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

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

(260-261)

**Interviewer Note: Read only if necessary.**

- 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

- 14.4** 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? (262)
- 1 Yes
  - 2 No
  - 7 Don’t know / Not sure
  - 9 Refused

**Section 15: 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.

- 15.1** 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. (263)
- 1 Yes
  - 2 No [Go to next section]
  - 7 Don’t know / Not sure [Go to next section]
  - 9 Refused [Go to next section]

- 15.2** Not including blood donations, in what month and year was your last HIV test? (264-269)

**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
- $\frac{\_}{7} \frac{\_}{7} / \frac{\_}{7} \frac{\_}{7} \frac{\_}{7} \frac{\_}{7}$  Don’t know / Not sure
- 9 9 / 9 9 9 9 Refused

**15.3**

Where did you have your last HIV test – At a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

(270-271)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 9 Emergency room
- 0 3 Hospital inpatient
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

**Version A: Sections 16 - 25**

**Section 16: Cognitive Decline**

**CATI NOTE: If Q7.2 ≥ 45, continue. Otherwise, go to CATI NOTE before Q17.1.**

**Please read:** The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

**16.1** During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (334)

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

**16.2** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? (335)

**Please read:**

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

**Do not read:**

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

**16.3** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? (336)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q16.5]
- 5 Never [Go to Q16.5]

**Do not read:**

- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

**16.4** When you need help with these day-to-day activities, how often are you able to get the help that you need?

(337)

**Please read:**

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

**Do not read:**

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

**16.5** During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?

(338)

**Please read:**

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

**Do not read:**

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

**16.6** Have you or anyone else discussed your confusion or memory loss with a health care professional?

(339)

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

## Section 17: Colorectal Cancer Screening

**CATI NOTE: If respondent is ≤ 49 years of age, go to CATI NOTE before Q18.1.**

**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? (386)

- 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? (387)

**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? (388)

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

**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? (389)

- 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? (390)

**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: Social Context

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

**CATI NOTE: If Q7.8 = 1 or 2 (own or rent) continue, else go to Q18.2.**

**18.1** 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 --- (602)

**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

**18.2** 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 ---

(603)

**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 Q7.15 = 1 (Employed for wages) or 2 (Self-employed), continue to Q18.3 and Q18.4.**

**CATI NOTE: If Q7.15 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q18.5 and Q18.6.**

**CATI NOTE: If Q7.15 = 5 (A homemaker), 6 (A student), or 8 (unable to work), go to Q18.6.**

**18.3** At your main job or business, how are you generally paid for the work you do? Are you:

(604)

**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

**18.4** About how many hours do you work per week at all of your jobs and businesses combined?

(605-606)

- Hours (01-96 or more) **[Go to CATI NOTES before Q19.1]**
- 9 7 Don't know / Not sure **[Go to CATI NOTES before Q19.1]**
- 9 8 Does not work **[Go to CATI NOTES before Q19.1]**
- 9 9 Refused **[Go to CATI NOTES before Q19.1]**

**18.5** 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:

(607)

**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

**18.6** Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

(608-609)

- Hours (01-96 or more)
- 97 Don't know / Not sure
- 98 Does not work
- 99 Refused

## Section 19: Random Child Selection

**CATI NOTE: If Core Q7.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q21.1.**

**If Core Q7.16 = 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 Q19.1]**

**If Core Q7.16 is >1 and Core Q7.16 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.”

**19.1**                      What is the birth month and year of the “Xth” child? (612-617)

_ _ / _ _	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).**

**19.2**                      Is the child a boy or a girl? (618)

1	Boy
2	Girl
9	Refused

**19.3** Is the child Hispanic, Latino/a, or Spanish origin? (619-622)

**If yes, ask: Are they...**

**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

**19.4** Which one or more of the following would you say is the race of the child? (623-652)

**Interviewer Notes: Select all that apply**

**If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading.**

**Please read:**

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
  - 4 1 Asian Indian
  - 4 2 Chinese
  - 4 3 Filipino
  - 4 4 Japanese
  - 4 5 Korean
  - 4 6 Vietnamese
  - 4 7 Other Asian
- 5 0 Pacific Islander
  - 5 1 Native Hawaiian
  - 5 2 Guamanian or Chamorro
  - 5 3 Samoan
  - 5 4 Other Pacific Islander

**Do not read:**

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI NOTE: If more than one response to Q19.4, continue. Otherwise, go to Q19.6.**

**19.5** Which one of these groups would you say best represents the child’s race? (653-654)

**Interviewer Note: If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading.**

- 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

**19.6** How are you related to the child? (655)

**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 20: Childhood Asthma Prevalence

- 20.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (656)
- |   |                       |                                       |
|---|-----------------------|---------------------------------------|
| 1 | Yes                   |                                       |
| 2 | No                    | <b>[Go to CATI NOTE before Q21.1]</b> |
| 7 | Don't know / Not sure | <b>[Go to CATI NOTE before Q21.1]</b> |
| 9 | Refused               | <b>[Go to CATI NOTE before Q21.1]</b> |

- 20.2** Does the child still have asthma? (657)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Section 21: Binge Drinking

**CATI NOTE: If Q9.3 ≥ 1; but < 77, continue. Otherwise, go to CATI NOTE before Q22.1.**

**Please read:** Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So, a 40 ounce beer would count as 3 drinks and a cocktail drink with 2 shots would count as 2 drinks.

- 21.1** During the most recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about how many beers, including malt liquor, did you drink? (905-906)
- |   |   |                       |
|---|---|-----------------------|
| – | – | Number of times       |
| 8 | 8 | None                  |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused               |

- 21.2** During the same occasion, about how many glasses of wine did you drink? (907-908)
- |   |   |                       |
|---|---|-----------------------|
| – | – | Number of times       |
| 8 | 8 | None                  |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused               |

**21.3** During the same occasion, about how many drinks of liquor, including cocktails, did you have? (909-910)

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

**21.4** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (911-912)

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

**21.5** During this most recent occasion, where were you when you did most of your drinking? (913)

**Read only if necessary:**

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as a park, concert, or sporting event

**Do not read:**

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

**21.6** Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion? (914)

**Interviewer Note: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.**

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

**CATI NOTE: If Q21.5 = 3 or Q21.5 = 4, continue. Otherwise, go to CATI NOTE before Q22.1.**

**21.7** During this most recent occasion, approximately how much did you pay for the alcohol which you drank? (915-917)

**Interviewer Note: If anyone asks, they do not need to include the amount spent on tips.**

- – – Total amount
- 8 8 8 Paid nothing – all drinks free or paid for by others
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Section 22: Other Tobacco Questions**

**CATI NOTE: If Q8.2=1 or Q8.2=2, continue. Otherwise, go to Q22.4.**

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

**22.1** Has your doctor or other health care professional ever asked you if you were a smoker? (918)

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

**22.2** 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? (919)

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

**22.3** 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? (920)

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

- 22.4** The next few questions focus on tobacco use and exposure. On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe?  
(921-922)

**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

**CATI NOTE: If Q8.2 = 1 or Q8.2 = 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.

- 22.5** In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?  
(923)

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

- 22.6** 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*)  
(924)

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

## Section 23: Cancer Survivorship

**Please read:** Now I am going to ask you about cancer.

**CATI NOTE:** If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), answer Q23.1 “Yes” (code = 1), then go to Q23.2.

**23.1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (925)

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

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

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

**Interviewer Note:** This question refers to the first time they were told about their first cancer.

- – Code age in years [97 = 97 and older] (926-927)
- 9 8 Don’t know / Not sure
- 9 9 Refused

**23.3** In the past three months, have you had or are you receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (928)

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

**23.4** What type of doctor provides the majority of your health care?

(929-930)

**Interviewer Note: If the respondent requests clarification of this question, say: “We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).”**

**Please read [1-10]:**

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

**Do not read:**

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

**23.5** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

(931)

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

**Read only if necessary: “By ‘written summary’ we mean any copy of a report or account of treatments received that a person can keep for future reference.”**

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

- 23.6** Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should go or *who* you should see for your routine cancer check-ups after completing treatment for cancer? (932)

**Interviewer Note: If “Yes”, probe with “Were these instructions given to you verbally, written down or printed on paper, or both?”**

- 1 Yes, instructions were given to you verbally
- 2 Yes, instructions were written down or printed on paper for you
- 3 Yes, instructions were given to you both verbally and written down
- 4 No
- 7 Don't know / Not sure
- 9 Refused

- 23.7** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (933)

**Interviewer Note: “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.**

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

- 23.8** Were you EVER denied health insurance or life insurance coverage because of your cancer? (934)

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

- 23.9** A cancer clinical trial is a research study that can be used to answer questions about cancer prevention methods, new cancer therapies, or new ways of using known cancer treatments. Some cancer clinical trials, also called medical research and research studies, are used to test ways to detect the cancer when it is still in an early stage. Clinical trials are also used to determine whether new drugs or treatments are both safe and effective. People are usually recruited into cancer clinical trials on a voluntary basis.

Did you participate in a clinical trial as part of your cancer treatment? (935)

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

- 23.10** Do you currently have physical pain caused by your cancer or cancer treatment? (936)
- |   |                       |                                |
|---|-----------------------|--------------------------------|
| 1 | Yes                   |                                |
| 2 | No                    | [Go to CATI NOTE before Q24.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q24.1] |
| 9 | Refused               | [Go to CATI NOTE before Q24.1] |

- 23.11** Are you currently taking pain medication? (937)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

- 23.12** Is your pain currently under control? (938)
- Interviewer Note: Respondents who are currently taking pain medications should respond to this question based on their level of pain control while on these pain medications.**

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

## Section 24: Family Planning

**CATI NOTE: If Q7.1 = 2 (Female) and (Q7.2 ≥ 18 and Q7.2 ≤ 50), continue. Otherwise, go to Q25.1.**

Please read: The next set of questions is about family planning.

- 24.1** Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (939)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

- 24.2** Have you ever been pregnant? (940)
- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q25.1] |
| 7 | Don't know / Not sure | [Go to Q25.1] |
| 9 | Refused               | [Go to Q25.1] |

- 24.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (941)
- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q25.1] |
| 7 | Don't know / Not sure | [Go to Q25.1] |
| 9 | Refused               | [Go to Q25.1] |

- 24.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (942)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Section 25: Food Access

**Please read:** The last few questions focus on the availability of fresh fruits and vegetables within your community or neighborhood. By fresh fruits and vegetables we are referring to any loose or precut and packaged raw fruits and vegetables that you would normally find within the produce section of most supermarkets or grocery stores.

- 25.1** How often does the distance from your home to a full service grocery store make it difficult for you to buy the variety and quality of fresh fruits and vegetables you would like? Would you say — (943)

**Please read:**

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

**Do not read:**

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

**Please read:** The final three questions focus on the availability of certain fruits and vegetables at the grocery store in your neighborhood or where you typically shop.

**25.2** How often is a variety of good quality dark green vegetables, such as broccoli, romaine, chard, collard greens or spinach, available at this location? Would you say — (944)

**Please read:**

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

**Do not read:**

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

**25.3** How often is a variety of good quality orange-colored vegetables, such as sweet potatoes, pumpkin, winter squash or carrots, available at this location? Would you say — (945)

**Please read:**

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

**Do not read:**

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

**25.4** How often is a variety of fresh, frozen, or canned fruits, available at this location? Would you say — (946)

**Please read:**

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

**Do not read:**

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

**Go to Closing Statement.**

**Version B: Sections 26 - 35**

**Section 26: Arthritis Management**

**CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q27.1.**

**26.1** Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (368)

**Please read:**

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

**Do not read:**

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

**26.2** Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (369)

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

**26.3** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (370)

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

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

**26.4** Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (371)

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

## Section 27: Colorectal Cancer Screening (Repeat of § 17)

**CATI NOTE: If respondent is  $\leq 49$  years of age, go to CATI NOTE before Q28.1.**

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

**27.1** 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? (386)

- 1 Yes
- 2 No [Go to Q27.3]
- 7 Don't know / Not sure [Go to Q27.3]
- 9 Refused [Go to Q27.3]

**27.2** How long has it been since you had your last blood stool test using a home kit? (387)

**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

**27.3** 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? (388)

- 1 Yes
- 2 No [Go to CATI NOTE before Q28.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q28.1]
- 9 Refused [Go to CATI NOTE before Q28.1]

**27.4** 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? (389)

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

**27.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (390)

**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 28: Social Context (Repeat of § 18)

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

**CATI NOTE: If Q7.8 = 1 or 2 (own or rent) continue, else go to Q28.2.**

**28.1** 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 --- (602)

**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

**28.2** 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 ---

(603)

**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 Q7.15 = 1 (Employed for wages) or 2 (Self-employed), continue to Q28.3 and Q28.4.**

**CATI NOTE: If Q7.15 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q28.5 and Q28.6.**

**CATI NOTE: If Q7.15 = 5 (A homemaker), 6 (A student), or 8 (unable to work), go to Q28.6.**

**28.3** At your main job or business, how are you generally paid for the work you do? Are you:

(604)

**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

**28.4** About how many hours do you work per week at all of your jobs and businesses combined?

(605-606)

- Hours (01-96 or more) **[Go to CATI NOTES before Q29.1]**
- 9 7 Don't know / Not sure **[Go to CATI NOTES before Q29.1]**
- 9 8 Does not work **[Go to CATI NOTES before Q29.1]**
- 9 9 Refused **[Go to CATI NOTES before Q29.1]**

**28.5** 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:

(607)

**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

**28.6** Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

(608-609)

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

**Section 29: Random Child Selection (Repeat of § 19)**

**CATI NOTE: If Core Q7.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q31.1.**

**If Core Q7.16 = 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 Q29.1]**

**If Core Q7.16 is >1 and Core Q7.16 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.”

**29.1**                      What is the birth month and year of the “Xth” child? (612-617)

_ _ / _ _	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).**

**29.2**                      Is the child a boy or a girl? (618)

1	Boy
2	Girl
9	Refused

**29.3** Is the child Hispanic, Latino/a, or Spanish origin? (619-622)

**If yes, ask: Are they...**

**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

**29.4** Which one or more of the following would you say is the race of the child? (623-652)

**Interviewer Notes: Select all that apply**

**If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading.**

**Please read:**

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
  - 4 1 Asian Indian
  - 4 2 Chinese
  - 4 3 Filipino
  - 4 4 Japanese
  - 4 5 Korean
  - 4 6 Vietnamese
  - 4 7 Other Asian
- 5 0 Pacific Islander
  - 5 1 Native Hawaiian
  - 5 2 Guamanian or Chamorro
  - 5 3 Samoan
  - 5 4 Other Pacific Islander

**Do not read:**

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI NOTE: If more than one response to Q29.4, continue. Otherwise, go to Q29.6.**

**29.5** Which one of these groups would you say best represents the child's race? (653-654)

**Interviewer Note: If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading.**

- 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

**29.6** How are you related to the child? (655)

**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 30: Childhood Asthma Prevalence (Repeat of § 20)**

- 30.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (656)
- |   |                       |                                |
|---|-----------------------|--------------------------------|
| 1 | Yes                   |                                |
| 2 | No                    | [Go to CATI NOTE before Q31.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q31.1] |
| 9 | Refused               | [Go to CATI NOTE before Q31.1] |

- 30.2** Does the child still have asthma? (657)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**Section 31: Binge Drinking (Repeat of § 21)**

**CATI NOTE: If Q9.3 ≥ 1; but < 77, continue. Otherwise, go to CATI NOTE before Q32.1.**

**Please read:** Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So, a 40 ounce beer would count as 3 drinks and a cocktail drink with 2 shots would count as 2 drinks.

- 31.1** During the most recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about how many beers, including malt liquor, did you drink? (905-906)
- |   |   |                       |
|---|---|-----------------------|
| — | — | Number of times       |
| 8 | 8 | None                  |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused               |
- 31.2** During the same occasion, about how many glasses of wine did you drink? (907-908)
- |   |   |                       |
|---|---|-----------------------|
| — | — | Number of times       |
| 8 | 8 | None                  |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused               |

**31.3** During the same occasion, about how many drinks of liquor, including cocktails, did you have? (909-910)

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

**31.4** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (911-912)

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

**31.5** During this most recent occasion, where were you when you did most of your drinking? (913)

**Read only if necessary:**

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as a park, concert, or sporting event

**Do not read:**

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

**31.6** Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion? (914)

**Interviewer Note: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.**

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

**CATI NOTE: If Q31.5 = 3 or Q31.5 = 4, continue. Otherwise, go to CATI NOTE before Q32.1.**

**31.7** During this most recent occasion, approximately how much did you pay for the alcohol which you drank? (915-917)

**Interviewer Note: If anyone asks, they do not need to include the amount spent on tips.**

- — — Total amount
- 8 8 8 Paid nothing – all drinks free or paid for by others
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Section 32: Other Tobacco Questions (Repeat of § 22)**

**CATI NOTE: If Q8.2=1 or Q8.2=2, continue. Otherwise, go to Q32.4.**

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

**32.1** Has your doctor or other health care professional ever asked you if you were a smoker? (918)

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

**32.2** 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? (919)

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

**32.3** 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? (920)

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

- 32.4** The next few questions focus on tobacco use and exposure. On how many days during the past 30 days did you smoke tobacco using a narghile, hookah, or water pipe?  
(921-922)

**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

**CATI NOTE: If Q8.2 = 1 or Q8.2 = 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.

- 32.5** In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?  
(923)

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

- 32.6** 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*)  
(924)

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

### Section 33: Cancer Survivorship (Repeat of § 23)

**Please read:** Now I am going to ask you about cancer.

**CATI NOTE: If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), answer Q33.1 “Yes” (code = 1), then go to Q33.2.**

- 33.1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?  
(925)

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

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

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

**Interviewer Note: This question refers to the first time they were told about their first cancer.**

(926-927)

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

**33.3** In the past three months, have you had or are you receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

(928)

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

**33.4** What type of doctor provides the majority of your health care?

(929-930)

**Interviewer Note: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."**

**Please read [1-10]:**

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

**Do not read:**

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

- 33.5** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (931)

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

**Read only if necessary: “By ‘written summary’ we mean any copy of a report or account of treatments received that a person can keep for future reference.”**

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

- 33.6** Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should go or *who* you should see for your routine cancer check-ups after completing treatment for cancer? (932)

**Interviewer Note: If “Yes”, probe with “Were these instructions given to you verbally, written down or printed on paper, or both?”**

- 1 Yes, instructions were given to you verbally
- 2 Yes, instructions were written down or printed on paper for you
- 3 Yes, instructions were given to you both verbally and written down
- 4 No
- 7 Don’t know / Not sure
- 9 Refused

- 33.7** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (933)

**Interviewer Note: “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.**

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

- 33.8** Were you EVER denied health insurance or life insurance coverage because of your cancer? (934)

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

**33.9** A cancer clinical trial is a research study that can be used to answer questions about cancer prevention methods, new cancer therapies, or new ways of using known cancer treatments. Some cancer clinical trials, also called medical research and research studies, are used to test ways to detect the cancer when it is still in an early stage. Clinical trials are also used to determine whether new drugs or treatments are both safe and effective. People are usually recruited into cancer clinical trials on a voluntary basis.

Did you participate in a clinical trial as part of your cancer treatment? (935)

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

**33.10** Do you currently have physical pain caused by your cancer or cancer treatment? (936)

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

**33.11** Are you currently taking pain medication? (937)

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

**33.12** Is your pain currently under control? (938)

**Interviewer Note: Respondents who are currently taking pain medications should respond to this question based on their level of pain control while on these pain medications.**

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

**Section 34: Family Planning (Repeat of § 24)**

**CATI NOTE: If Q7.1 = 2 (Female) and (Q7.2 ≥ 18 and Q7.2 ≤ 50), continue. Otherwise, go to Q35.1.**

Please read: The next set of questions is about family planning.

**34.1** Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (939)

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

**34.2** Have you ever been pregnant? (940)

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

**34.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (941)

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

**34.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (942)

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

## Section 35: Food Access (Repeat of § 25)

**Please read:** The last few questions focus on the availability of fresh fruits and vegetables within your community or neighborhood. By fresh fruits and vegetables we are referring to any loose or precut and packaged raw fruits and vegetables that you would normally find within the produce section of most supermarkets or grocery stores.

**35.1** How often does the distance from your home to a full service grocery store make it difficult for you to buy the variety and quality of fresh fruits and vegetables you would like? Would you say —

(943)

**Please read:**

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

**Do not read:**

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

**Please read:** The final three questions focus on the availability of certain fruits and vegetables at the grocery store in your neighborhood or where you typically shop.

**35.2** How often is a variety of good quality dark green vegetables, such as broccoli, romaine, chard, collard greens or spinach, available at this location? Would you say —

(944)

**Please read:**

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

**Do not read:**

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

**35.3** How often is a variety of good quality orange-colored vegetables, such as sweet potatoes, pumpkin, winter squash or carrots, available at this location? Would you say — (945)

**Please read:**

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

**Do not read:**

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

**35.4** How often is a variety of fresh, frozen, or canned fruits, available at this location? Would you say — (946)

**Please read:**

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

**Do not read:**

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

**Go to Closing Statement.**

**Version C: Sections 36 - 49**

**Section 36: Arthritis Management (Repeat of § 26)**

**CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to CATI NOTE before Q37.1.**

**36.1** Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (368)

**Please read:**

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

**Do not read:**

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

**36.2** Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (369)

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

**36.3** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (370)

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

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

**36.4** Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (371)

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

## Section 37: Colorectal Cancer Screening (Repeat of § 17)

**CATI NOTE: If respondent is  $\leq$  49 years of age, go to CATI NOTE before Q38.1.**

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

**37.1** 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? (386)

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

**37.2** How long has it been since you had your last blood stool test using a home kit? (387)

**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

**37.3** 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? (388)

- 1 Yes
- 2 No [Go to CATI NOTE before Q38.1]
- 7 Don't know / Not sure [Go to CATI NOTE before Q38.1]
- 9 Refused [Go to CATI NOTE before Q38.1]

**37.4** 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? (389)

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

**37.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (390)

**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 38: Random Child Selection (Repeat of § 19)**

**CATI NOTE: If Core Q7.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to CATI NOTE before Q40.1.**

**If Core Q7.16 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q39.1]**

**If Core Q7.16 is >1 and Core Q7.16 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.”

**38.1** What is the birth month and year of the “Xth” child? (612-617)

- /   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).**

**38.2** Is the child a boy or a girl? (618)

- 1 Boy
- 2 Girl
- 9 Refused

**38.3** Is the child Hispanic, Latino/a, or Spanish origin? (619-622)

**If yes, ask: Are they...**

**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

**38.4** Which one or more of the following would you say is the race of the child?

(623-652)

**Interviewer Notes: Select all that apply**

**If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading.**

**Please read:**

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
  - 4 1 Asian Indian
  - 4 2 Chinese
  - 4 3 Filipino
  - 4 4 Japanese
  - 4 5 Korean
  - 4 6 Vietnamese
  - 4 7 Other Asian
- 5 0 Pacific Islander
  - 5 1 Native Hawaiian
  - 5 2 Guamanian or Chamorro
  - 5 3 Samoan
  - 5 4 Other Pacific Islander

**Do not read:**

- 6 0 Other
- 8 8 No additional choices
- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI NOTE: If more than one response to Q38.4, continue. Otherwise, go to Q38.6.**

**38.5** Which one of these groups would you say best represents the child's race? (653-654)

**Interviewer Note: If (40) Asian or (50) Pacific Islander is selected read and code subcategories underneath major heading.**

- 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

**38.6** How are you related to the child? (655)

**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 39: Childhood Asthma Prevalence (Repeat of § 20)**

- 39.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (656)
- |   |                       |                                |
|---|-----------------------|--------------------------------|
| 1 | Yes                   |                                |
| 2 | No                    | [Go to CATI NOTE before Q40.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q40.1] |
| 9 | Refused               | [Go to CATI NOTE before Q40.1] |

- 39.2** Does the child still have asthma? (657)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**Section 40: Binge Drinking (Repeat of § 21)**

**CATI NOTE: If Q9.3 ≥ 1; but < 77, continue. Otherwise, go to CATI NOTE before Q41.1.**

**Please read:** Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So, a 40 ounce beer would count as 3 drinks and a cocktail drink with 2 shots would count as 2 drinks.

- 40.1** During the most recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about how many beers, including malt liquor, did you drink? (905-906)
- |     |                       |
|-----|-----------------------|
| – – | Number of times       |
| 8 8 | None                  |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused               |

- 40.2** During the same occasion, about how many glasses of wine did you drink? (907-908)
- |     |                       |
|-----|-----------------------|
| – – | Number of times       |
| 8 8 | None                  |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused               |

**40.3** During the same occasion, about how many drinks of liquor, including cocktails, did you have? (909-910)

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

**40.4** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (911-912)

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

**40.5** During this most recent occasion, where were you when you did most of your drinking? (913)

**Read only if necessary:**

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as a park, concert, or sporting event

**Do not read:**

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

**40.6** Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion? (914)

**Interviewer Note: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.**

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

**CATI NOTE: If Q40.5 = 3 or Q40.5 = 4, continue. Otherwise, go to CATI NOTE before Q41.1.**

**40.7** During this most recent occasion, approximately how much did you pay for the alcohol which you drank? (915-917)

**Interviewer Note: If anyone asks, they do not need to include the amount spent on tips.**

- — — Total amount
- 8 8 8 Paid nothing – all drinks free or paid for by others
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Section 41: Other Tobacco Questions (Partial repeat of § 22)**

**CATI NOTE: If Q8.2=1 or Q8.2=2, continue. Otherwise, go to CATI NOTE before Q42.1.**

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

**41.1** Has your doctor or other health care professional ever asked you if you were a smoker? (918)

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

**41.2** 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? (919)

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

**41.3** 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? (920)

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

**Section 42: Cancer Survivorship (Repeat of § 23)**

**Please read:** Now I am going to ask you about cancer.

**CATI NOTE:** If Q6.6 = 1 (Yes) or Q6.7 = 1 (Yes), answer Q40.1 “Yes” (code = 1), then go to Q42.2.

**42.1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (925)

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

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

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

**Interviewer Note:** This question refers to the first time they were told about their first cancer.

- – Code age in years [97 = 97 and older] (926-927)
- 9 8 Don’t know / Not sure
- 9 9 Refused

**42.3** In the past three months, have you had or are you receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (928)

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

**42.4** What type of doctor provides the majority of your health care? (929-930)

**Interviewer Note: If the respondent requests clarification of this question, say: “We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).”**

**Please read [1-10]:**

0 1 Cancer Surgeon  
 0 2 Family Practitioner  
 0 3 General Surgeon  
 0 4 Gynecologic Oncologist  
 0 5 Internist  
 0 6 Plastic Surgeon, Reconstructive Surgeon  
 0 7 Medical Oncologist  
 0 8 Radiation Oncologist  
 0 9 Urologist  
 1 0 Other

**Do not read:**

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

**42.5** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (931)

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

**Read only if necessary: “By ‘written summary’ we mean any copy of a report or account of treatments received that a person can keep for future reference.”**

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

- 42.6** Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should go or *who* you should see for your routine cancer check-ups after completing treatment for cancer? (932)

**Interviewer Note: If “Yes”, probe with “Were these instructions given to you verbally, written down or printed on paper, or both?”**

- 1 Yes, instructions were given to you verbally
- 2 Yes, instructions were written down or printed on paper for you
- 3 Yes, instructions were given to you both verbally and written down
- 4 No
- 7 Don't know / Not sure
- 9 Refused

- 42.7** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (933)

**Interviewer Note: “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.**

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

- 42.8** Were you EVER denied health insurance or life insurance coverage because of your cancer? (934)

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

- 42.9** A cancer clinical trial is a research study that can be used to answer questions about cancer prevention methods, new cancer therapies, or new ways of using known cancer treatments. Some cancer clinical trials, also called medical research and research studies, are used to test ways to detect the cancer when it is still in an early stage. Clinical trials are also used to determine whether new drugs or treatments are both safe and effective. People are usually recruited into cancer clinical trials on a voluntary basis.

Did you participate in a clinical trial as part of your cancer treatment? (935)

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

- 42.10** Do you currently have physical pain caused by your cancer or cancer treatment? (936)
- |   |                       |                                |
|---|-----------------------|--------------------------------|
| 1 | Yes                   |                                |
| 2 | No                    | [Go to CATI NOTE before Q43.1] |
| 7 | Don't know / Not sure | [Go to CATI NOTE before Q43.1] |
| 9 | Refused               | [Go to CATI NOTE before Q43.1] |

- 42.11** Are you currently taking pain medication? (937)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

- 42.12** Is your pain currently under control? (938)
- Interviewer Note: Respondents who are currently taking pain medications should respond to this question based on their level of pain control while on these pain medications.**

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

### Section 43: Family Planning (Repeat of § 24)

**CATI NOTE: If Q7.1 = 2 (Female) and (Q7.2 ≥ 18 and Q7.2 ≤ 50), continue. Otherwise, go to Q44.1.**

Please read: The next set of questions is about family planning.

- 43.1** Have you ever had a visit with a doctor, nurse, or other health professional in which you discussed pregnancy planning or prevention? (939)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

- 43.2** Have you ever been pregnant? (940)
- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q44.1] |
| 7 | Don't know / Not sure | [Go to Q44.1] |
| 9 | Refused               | [Go to Q44.1] |

- 43.3** Thinking about your most recent pregnancy, did you have a follow-up appointment with a doctor, nurse, or other health professional after this pregnancy? (941)
- 1 Yes
  - 2 No [Go to Q44.1]
  - 7 Don't know / Not sure [Go to Q44.1]
  - 9 Refused [Go to Q44.1]

- 43.4** During this appointment, did you discuss timing of another pregnancy with your doctor, nurse, or other health professional? (942)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**Section 44: Fish Consumption**

**Please read:** The next few questions focus on fish consumption.

- 44.1** How often do you eat fresh, frozen or canned fish that you purchased from a store or restaurant? Would you say... (947)

**Please read:**

- 1 More than 2 times per week
- 2 2 times per week
- 3 Less than 2 times per week, or
- 4 Never

**Do not read:**

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

- 44.2** How often do you eat fish caught from Michigan lakes or rivers? Would you say... (948)

**Please read:**

- 1 More than 2 times per week
- 2 2 times per week
- 3 Less than 2 times per week, or
- 4 Never

**Do not read:**

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

- 44.3** Are you aware of the potential health hazards from mercury and chemicals contained in fish that call for people to limit the amount of certain types of fish they eat? (949)
- 1 Yes
  - 2 No [Go to Q45.1]
  - 7 Don't know / Not sure [Go to Q45.1]
  - 9 Refused [Go to Q45.1]

- 44.4** How did you first become aware of the health hazards of mercury or chemicals in fish that call for people to limit the amount of certain types of fish they eat? Would you say... (950-951)

**Please read:**

- 0 1 When buying a fishing license
- 0 2 The internet
- 0 3 At a doctor's office
- 0 4 From the MDCH Eat Safe Fish Guide
- 0 5 From the radio, TV, magazine or newspaper
- 0 6 From signs posted along a lake or river
- 0 7 From a relative or friend, or
- 0 8 Something else

**Do not read:**

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

## Section 45: Hepatitis C Testing

**Please read:** the next question is about testing for the Hepatitis C Virus.

- 45.1** Have you ever been tested for the Hepatitis C Virus? (952)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 46: Cancer Genomics

**CATI NOTE: If Q7.1 = 2 (Female), continue. Otherwise, go to Q47.1.**

**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.

**46.1** Have you or any of your family members received genetic counseling for breast and ovarian cancer? (953)

**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

**46.2** Have you ever been diagnosed with breast or ovarian cancer?

**Interviewer Note: If “Yes”, probe for which type of cancer or both** (954)

- 1 Yes, breast cancer only
- 2 Yes, ovarian cancer only
- 3 Yes, both breast and ovarian cancer
- 4 No
- 7 Don’t know / Not sure
- 9 Refused

**46.3** Thinking about your biological or “blood” relatives, including your parents, grandparents, siblings, aunts, uncles, children or grandchildren, how many of these relatives have been diagnosed with breast cancer? (955)

- 1 None [Go to Q46.5]
- 2 One
- 3 Two
- 4 Three or more
- 7 Don’t know / Not sure [Go to Q46.5]
- 9 Refused [Go to Q46.5]

- 46.4** How many of these relatives were diagnosed with breast cancer at or before the age of 50 years? (956)

**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

- 46.5** Now thinking about your female biological relatives, including your mother, sisters, aunts, grandmothers, daughters or granddaughters, how many have been diagnosed with ovarian cancer? (957)

**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 47: Hands-only CPR

**Please read:** the next question is about Hands-Only CPR™.

- 47.1** Have you ever heard of **Hands-Only** CPR™? (958)

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

## Section 48: Drug Use

**Please read:** the next two questions are about drug use.

- 48.1** Have you ever used prescription drugs, over the counter drugs, or synthetic or designer drugs, such as K2/Spice, Salvia, and Bath Salts, for the purposes of getting high? (959)

**Interviewer Note: The response to this question should not include any of the following drugs: Alcohol, Cocaine, Fentanyl, Heroin, Inhalants, LSD, Marijuana, Ecstasy, Methamphetamine, PCP, and Steroids.**

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

- 48.2** Have you ever injected drugs for the purposes of getting high? (960)

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

## Section 49: Gambling

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

- 49.1** 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? (961)

- 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.

## Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity)

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### Code Description (Physical Activity, Questions 11.2 and 11.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges, etc.)
3 5 Racquetball	9 8 Other_____
3 6 Raking lawn	9 9 Refused
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	