

2015 New Supplements and Core Changes

Supplements (Sample Adult)

Crohn's Disease/Colitis (identical to supplement question on 1999 NHIS)

Have you EVER been told by a doctor or other health professional that you had Crohn's disease or ulcerative colitis?

- 1. Yes
- 2. No
- Refused
- Don't know

Epilepsy (identical to supplement questions on 2013 and 2010 NHIS)

Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?

- 1. Yes
- 2. No
- Refused
- Don't know

Are you currently taking any medicine to control your seizure disorder or epilepsy?

- 1. Yes
- 2. No
- Refused
- Don't know

Today is [fill: Current Date]. Think back to last year about the same time. About how many seizures of any type have you had in the past year?

*Read if necessary: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch."

*If the respondent mentions and counts "auras" as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

- 0. None
- 1. One
- 2. Two or three
- 3. Between four and ten
- 4. More than 10
- Refused
- Don't know

In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

- 1. Yes
- 2. No
- Refused
- Don't know

DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered

with your normal activities like working, school, or socializing with family or friends?

Would you say...

*Read categories below.

- 1. Not at all
- 2. Slightly
- 3. Moderately
- 4. Quite a bit
- 5. Extremely
- Refused
- Don't know

Occupational Health (similar to supplement questions on 2010 NHIS)

* Ask if necessary.

Did you supervise other employees as part of your job?

- 1. Yes
- 2. No
- Refused
- Don't know

Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

- 1. Yes
- 2. No
- Refused
- Don't know

Thinking of ALL the jobs or businesses you have ever had, including work done in the Armed Forces, for whom did you work the longest? (Name of company, business, organization or employer)

_____ Verbatim response

- Refused
- Don't know

What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

_____ Verbatim response

- Refused
- Don't know

What kind of work were you doing? (For example: farming, mail clerk, computer specialist)

_____ Verbatim response

- Refused
- Don't know

What were your most important activities on this job or business? (For example: sell cars, keeps account books, operates printing press)

_____ Verbatim response

- Refused
- Don't know

Looking at the card, which of these best describes the job or business you held for the longest time?

1. An employee of a PRIVATE company, business, or individual for wages, salary, or commission
 2. A FEDERAL government employee
 3. A STATE government employee
 4. A LOCAL government employee
 5. Self-employed in OWN business, professional practice or farm
 6. Working WITHOUT PAY in family-owned business or farm
- Refused
Don't know

About how long did you work at the job or business you held the longest?

* Enter number.

- 1-365
Refused
Don't know

* Enter time period.

1. Days(s)
 2. Week(s)
 3. Month(s)
 4. Year(s)
- Refused
Don't know

The next set of questions refers to your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job]. Which of the following best describes your work arrangement?

* Read categories below.

1. You work as an independent contractor, independent consultant, or freelance worker
 2. You are paid by a temporary agency
 3. You work for a contractor who provides workers and services to others under contract
 4. You are a regular, permanent employee (standard work arrangement)
 5. Some other work arrangement
- Refused
Don't know

Which of the following best describes the hours you usually work?

* Read categories below.

1. A regular daytime schedule
 2. A regular evening shift
 3. A regular night shift
 4. An irregular schedule such as rotating shifts, split shifts, or some other schedule where the hours change from day to day or week to week
- Refused
Don't know

DURING THE PAST 30 DAYS, did you work ANY amount of time between 1:00 AM and 5:00 AM?

1. Yes
 2. No
- Refused

Don't know

DURING THE PAST 30 DAYS, on how many days did you work ANY amount of time between 1:00 AM and 5:00 AM?

1-30

Refused

Don't know

These next four questions ask about your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job]. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each of these statements.

"The demands of my job interfere with my personal or family life."

"I have enough time to get the job done."

"My job allows me to make a lot of decisions on my own."

"I can count on my supervisor or manager for support when I need it."

1. Strongly agree

2. Agree

3. Disagree

4. Strongly disagree

Refused

Don't know

Are you worried about losing your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job]?

1. Yes

2. No

Refused

Don't know

The next two questions are about workplace safety and health. Please answer for your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job].

Overall, how safe do you think your workplace is? Would you say...

* Read categories below.

1. Very safe

2. Safe

3. Unsafe

4. Very unsafe

Refused

Don't know

Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement. "The health and safety of workers is a high priority with management where I work."

1. Strongly agree

2. Agree

3. Disagree

4. Strongly disagree

Refused

Don't know

Again, think about your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job].

DURING THE PAST 12 MONTHS, were you threatened, bullied, or harassed by anyone while you were on the job?

- 1. Yes
- 2. No
- Refused
- Don't know

DURING THE PAST 12 MONTHS, how often were you threatened, bullied, or harassed by anyone while you were on the job? Would you say...

* Read categories below.

- 1. Once
- 2. A few times
- 3. Monthly
- 4. Weekly
- 5. Daily
- Refused
- Don't know

Again, continue thinking about your [fill: job as a (KINDWRK) with (WHOWRK)/current, MAIN job]. How often does your job involve repeated lifting, pushing, pulling, or bending? Would you say...

* Read categories below.

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Always
- Refused
- Don't know

How often does your job involve standing or walking around? Would you say...

* Read categories below.

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Always
- Refused
- Don't know

DURING THE PAST 12 MONTHS, while at work, how often were you exposed to tobacco smoke from other people? Would you say...

* Read categories below.

- 0. Never
- 1. Less than twice a week
- 2. Twice a week or more, but not every day
- 3. Every day
- Refused
- Don't know

In the past year, were health promotion programs made available to you by your employer? Examples of health promotion programs include education about weight management, smoking cessation, screening for high blood pressure, high cholesterol, or other health risks, and onsite fitness facilities or discounted gym memberships.

1. Yes
 2. No
- Refused
Don't know

How often did you participate in any of these activities in the past year? Would you say...
* Read categories below.

0. Never
 1. Once
 2. A few times
 3. Monthly
 4. Weekly
 5. Daily
- Refused
Don't know

Have you EVER been told by a doctor or other health professional that you have a condition affecting the wrist and hand called carpal tunnel syndrome?

1. Yes
 2. No
- Refused
Don't know

DURING THE PAST 12 MONTHS, have you had carpal tunnel syndrome?

1. Yes
 2. No
- Refused
Don't know

Have you ever been told by a doctor or other health professional that your carpal tunnel syndrome was probably work-related?

1. Yes
 2. No
- Refused
Don't know

Did YOU ever discuss with a doctor or other health professional whether your carpal tunnel syndrome was probably caused by your work?

1. Yes
 2. No
- Refused
Don't know

DURING THE PAST THREE MONTHS, how often did you have low back pain? Would you say...
* Read categories below.

1. Some days
 2. Most days
 3. Every day
- Refused
Don't know

Thinking about the last time you had pain, how much pain did you have? Would you say...

* Read categories below.

1. A little
 2. A lot
 3. Somewhere in between a little and a lot
- Refused
Don't know

Have you ever been told by a doctor or other health professional that your low back pain was probably work-related?

1. Yes
 2. No
- Refused
Don't know

Did YOU ever discuss with a doctor or other health professional whether your low back pain was probably caused by your work?

1. Yes
 2. No
- Refused
Don't know

Have you ever filed a workers' compensation claim for your low back pain?

1. Yes
 2. No
- Refused
Don't know

Have you ever received workers' compensation benefits for your low back pain?

1. Yes
 2. No
- Refused
Don't know

DURING THE PAST 12 MONTHS, how many full days did you miss from work because of your low back pain?

* Enter '0' for None.

- 0-365
- Refused
Don't know

DURING THE PAST 12 MONTHS, did you stop working, change jobs, or make a major change in your work activities, such as taking on lighter duties, because of your low back pain?

1. Yes
 2. No
- Refused
Don't know

Cancer Control (similar to supplement questions on 2010 NHIS)

Diet and Nutrition

These questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

During the past month, how often did you eat HOT OR COLD CEREALS? You can tell me per day, per week, or per month.

*Read if necessary: Include cereals eaten at any time of the day.

* Enter number. * Enter '0' for Never.

000 Never

001-995 1-995 times

997 Refused

999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

0 Never

1 Per day

2 Per week

3 Per month

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who ate cereal in the past month

During the past month, what kinds of cereal did you USUALLY eat? You may choose up to two.

* Enter the name of the cereal to locate in the lookup table. * If second cereal is mentioned, enter 'Yes' at next screen and enter cereal name at the following screen.* If cereal is not found, type ZZ

97 Refused

99 Don't know

Verbatim Verbatim response

ZZ Other specify

UniverseText: Sample adults 18+ who ate cereal in the past month

* Enter the other cereal as reported by the respondent.

Verbatim Verbatim response

UniverseText: Selection in data base not found, go here to input actual response

During the past month, was there another cereal that you usually ate?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who ate cereal in the past month

* Enter the name of the cereal to locate in the lookup table. * If cereal is not found, type ZZ

97 Refused

99 Don't know

Verbatim Verbatim response

ZZ Other specify

UniverseText: Sample adults 18+ who ate another cereal in the past month

* Enter the other cereal as reported by the respondent.

Verbatim Verbatim response

UniverseText: Selection in data base not found, go here to input actual response

*Read if necessary: During the past month . . .

How often did you have MILK, either to drink or on cereal? Do NOT include soy milk or small amounts of milk in coffee or tea.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000 Never

001-995 1-995 times

997 Refused

999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

0 Never

1 Per day

2 Per week

3 Per month

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who drank milk in past month

What type of milk was it? Was it usually...

Read categories below. If respondent drinks soy milk only, go back and change MILKNO to '0'.

1 Whole or regular milk

2 2% fat or reduced-fat milk

3 1% fat or low-fat milk (includes 0.5% fat milk or "low-fat" milk no further specified)

4 Fat-free, skim or nonfat milk

5 Other

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who drank milk in past month

During the past month, how often did you drink REGULAR SODA or pop that contains sugar? Do NOT include diet soda.

You can tell me per day, per week, or per month. * Enter '0' for Never.

000 Never

001-995 1-995 times

997 Refused

999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

0 Never

1 Per day

2 Per week

3 Per month

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who drank soda in past month

*Read if necessary: During the past month . . .

How often did you drink 100% PURE fruit juice such as orange, mango, apple, grape and pineapple juices? Do NOT include fruit flavored drinks with added sugar or fruit juice you made at home and added sugar to.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000 Never

001-995

1-995 times

997 Refused

999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

0 Never

1 Per day

2 Per week

3 Per month

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who drank fruit juice in past month

*Read if necessary: During the past month

How often did you drink COFFEE or tea that had sugar or honey added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as

Arizona Iced Tea and Frappuccino. Do not include artificially sweetened coffee or diet tea. (You can tell me per day, per week or per month.)* Enter '0' for Never.

000 Never

001-995 1-995 times

997 Refused

999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

0 Never

1 Per day

2 Per week

3 Per month

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who drank coffee in past month

*Read if necessary: During the past month . . .

How often did you drink SPORTS and ENERGY drinks such as Gatorade, Red Bull, and Vitamin water?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000 Never

001-995 1-995 times

997 Refused

999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

0 Never

1 Per day

2 Per week

3 Per month

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who drank sports drink in past month

*Read if necessary: During the past month . . .

How often did you drink sweetened fruit drinks, such as Kool-aid, cranberry and lemonade? Include fruit drinks you made at home and added sugar to.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

000 Never

001-995 1-995 times

997 Refused

999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who drank fruit drinks in past month

*Read if necessary: During the past month . . .

How often did you eat FRUIT? Include fresh, frozen, or canned fruit. Do NOT include juices.

*Read if necessary: You can tell me per day, per week, or per month.

. * Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate fruit in past month

*Read if necessary: During the past month . . .

How often did you eat a green leafy or lettuce SALAD, with or without other vegetables?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate salad in past month

*Read if necessary: During the past month . . .

How often did you eat any kind of FRIED POTATOES, including French fries, home fries, or hash brown potatoes?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never

- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate fried potatoes in past month

*Read if necessary: During the past month . . .

How often did you eat any OTHER KIND OF POTATOES, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad?

*Read if necessary: You can tell me per day, per week, or per month.

*Read if necessary: INCLUDE red-skinned and Yukon Gold potatoes.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate other potatoes in the past month

*Read if necessary: During the past month . . .

How often did you eat refried beans, baked beans, beans in soup, pork and beans or any other type of cooked dried beans? Do NOT include green beans.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate beans in past month

*Read if necessary: During the past month . . .

How often did you eat BROWN RICE or other cooked whole grains, such as bulgur, cracked wheat, or millet? Do NOT include white rice.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate brown rice in past month

*Read if necessary: During the past month . . .

Not including what you just told me about (lettuce salads, potatoes, cooked dried beans), how often did you eat OTHER VEGETABLES?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate other vegetables in past month

*Read if necessary: During the past month . . .

How often did you have Mexican-type SALSA made with tomato? *Read if necessary: You can tell me per day, per week, or per month. * Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate salsa in past month

*Read if necessary: During the past month . . .

How often did you eat PIZZA? Include frozen pizza, fast food pizza, and homemade pizza. You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never

- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate pizza in past month

*Read if necessary: During the past month . . .

How often did you have TOMATO SAUCES such as with spaghetti or noodles or mixed into foods such as lasagna? Do not include tomato sauce on pizza.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate tomato sauces in past month

*Read if necessary: During the past month . . .

How often did you eat any kind of CHEESE? Include cheese as a snack, cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Do not include cheese on pizza.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate cheese in past month

*Read if necessary: During the past month . . .

Looking at this card, how often did you eat RED MEAT, such as beef, pork, ham, or sausage? Do NOT include chicken, turkey, or seafood.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate red meat in past month

*Read if necessary: During the past month . . .

Looking at this card, how often did you eat PROCESSED MEAT, such as bacon, lunch meats, or hot dogs?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate processed meat in past month

*Read if necessary: During the past month . . .

How often did you eat WHOLE GRAIN BREAD including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal and pumpernickel. Do NOT include white bread.

*Read if necessary: You can tell me per day, per week, or per month.

*Read if necessary: INCLUDE cracked wheat, multi-grain and bran breads.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate whole grain bread in past month

*Read if necessary: During the past month . . .

How often did you eat CHOCOLATE, or any other types of CANDY? Do NOT include SUGAR-FREE CANDY. You can tell me per day, per week or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate candy in past month

*Read if necessary: During the past month . . .

How often did you eat DOUGHNUTS, sweet rolls, Danish, muffins, (pan dulce) or pop-tarts? Do NOT include sugar-free items.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate donuts in past month

*Read if necessary: During the past month . . .

How often did you eat COOKIES, CAKE, PIE, or BROWNIES? Do NOT include sugar-free kinds.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate cookies in past month

*Read if necessary: During the past month . . .

How often did you eat ICE CREAM OR OTHER FROZEN DESSERTS? Do NOT include sugar-free kinds.

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate ice cream in past month

*Read if necessary: During the past month . . .

How often did you eat POPCORN?

*Read if necessary: You can tell me per day, per week, or per month.

* Enter '0' for Never.

- 000 Never
- 001-995 1-995 times
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+

*Enter time period.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who ate popcorn in past month

These next questions are about vitamins and minerals you may have taken during the past month, that is, the past 30 days.

DURING THE PAST MONTH, did you take any vitamin or mineral pills or supplements of ANY kind?

*Read if necessary: INCLUDE vitamin or mineral pills or liquids. Do NOT include vitamin-fortified foods.

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

UniverseText: Sample adults 18+

DURING THE PAST MONTH, did you take any MULTI-vitamins such as One-A-Day, Theragran, or Centrum?

*Read if necessary: Include combinations of three or more vitamins and minerals, such as those labeled "stress" or "antioxidant". Do not include combinations of herbal or plant substances, or combinations of just two, like calcium and vitamin D.

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

UniverseText: Sample adults 18+ who have taken vitamins or mineral supplements in the past month

On how many DAYS during the past month did you take a MULTI-vitamin? *Enter number of days taking multi-vitamins.

*Enter '30' for all days in the month.

- 01-30 1-30 days
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have taken a multi-vitamin in the past month

DURING THE PAST MONTH, did you take any CALCIUM SUPPLEMENTS, including Tums or calcium chews? [Fill1:

Do NOT include any calcium in the MULTI-vitamins you told me about.]

*Read if necessary: Do NOT include milk or calcium-fortified orange juice.

- 1 Yes
- 2 No
- 7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have taken vitamins or mineral supplements in the past month

On how many DAYS during the past month did you take calcium supplements? *Enter number of days taking calcium.

*Enter '30' for all days in the month.

01-30 1-30 days

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have taken calcium in the past month

DURING THE PAST MONTH, did you take any VITAMIN D PILLS OR SUPPLEMENTS?

Fill1: [Do NOT include any vitamin D in the MULTI-vitamins you told me about.] Fill2: [Do NOT include calcium

supplements that contain vitamin D.] Fill3: [Do not include calcium supplements that contain vitamin D or MULTI-vitamins you told me about.]

*Read if necessary: Do NOT include vitamin D fortified milk or other foods such as cereals and bread.

1 Yes

2No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have taken vitamin or mineral supplements in the past month

On how many DAYS during the past month did you take vitamin D? *Enter '30' for all days in the month.

01-30 1-30 days

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have taken vitamin D in the past month

Which of these is the MAIN reason you took vitamin D...? *Read categories below.

1 For OVERALL health

2 For BONE health

3 To prevent CANCER

4 For some other reason

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have taken vitamin D in the past month

*Specify the reason took vitamin D.

97 Refused

99 Don't know

Verbatim Verbatim response

UniverseText: Sample adults 18+ who gave other reason for taking vitamin D

PHYSICAL ACTIVITY

The next questions are about walking for transportation. I will ask you separately about walking for other reasons like relaxation or exercise.

During the past 7 days, did you walk to get some place that took you at least 10 minutes?

- 1 Yes
- 2 No
- 3 Unable to walk
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

In the past 7 days, how many times did you do that?

*Read if necessary: Walk for at least 10 minutes to get some place.

- 01-94 1-94 times
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have walked for transportation in the past 7 days

[Fill1: How long did that walk take?/ Fill2: On average, how long did those walks take?]

* Enter number for length of walk for transportation.

- 001-995 1-995
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who have walked for transportation at least once in the past week

* Enter time period for length of walking for transportation.

- 1 Minutes
- 2 Hours
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have walked for transportation at least once in the past week and gave a number for the first part of this two-part question

Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days, did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.

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

UniverseText: Sample adults 18+ who are able to walk

In the past 7 days, how many times did you do that?

- 01-94 1-94 times
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have walked for leisure in the past 7 days

[Fill1: How long did that walk take?/ Fill2: On average, how long did those walks take?]

* Enter number for length of walk for fun, relaxation, or exercise.

- 001-995 1-995
- 997 Refused
- 999 Don't know

UniverseText: Sample Adults 18+ who have walked for leisure at least once in the past week.

* Enter time period for length of walking for fun, relaxation, or exercise.

- 1 Minutes
- 2 Hours
- 7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have walked for leisure at least once in the past week and gave a number for the first part of this two-part question

[NEW] How often are there people walking within sight of your home? Would you say:

- 1 Every day
- 2 Every 2-3 days
- 3 About once a week
- 4 Less than once a week
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

[NEW] How often does the weather make you less likely to walk? (If needed state “ We mean any kind of bad weather that makes you less likely to walk, such as hot, cold, rainy, snowy, and windy) Would you say:

- 1 Almost always
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who responded yes to the questions about walking for leisure or transportation

The next questions are about where you live. (If needed – These questions are about your walking or places you can walk, not walking by other people)

[NEW] Where you live, are there roads, sidewalks, paths or trails where you can walk?

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

UniverseText: Sample adults 18+

[NEW] (Where you live) Are there shops, stores, or markets that you can walk to?

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

UniverseText: Sample adults 18+

[NEW] (Where you live) Are there bus or transit stops that you can walk to?

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

UniverseText: Sample adults 18+

[NEW] (Where you live) Are there places like movies, libraries, or churches that you can walk to?

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

UniverseText: Sample adults 18+

[NEW] (Where you live) Are there places that you can walk to that help you relax, clear your mind, and reduce stress?

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

UniverseText: Sample adults 18+

[NEW] (Where you live) Do most streets have sidewalks?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

[NEW] (Where you live) Does traffic make it unsafe for you to walk?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

[NEW] (Where you live) Does crime make it unsafe for you to walk?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

[NEW] (Where you live) Do dogs or other animals make it unsafe for you to walk?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

TOBACCO

Earlier you said you used to smoke cigarettes. Think back to the 12 months BEFORE you quit smoking. During that time, was your usual cigarette brand menthol or non-menthol?

- 1 Menthol
- 2 Non menthol
- 3 No usual type
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who are former smokers

When you last smoked FAIRLY REGULARLY, how many cigarettes did you usually smoke per day?

*Enter '95' if varied.

*Enter '96' if never smoked cigarettes regularly.

01-94 1-94 cigarettes

95 Varied

96 Never smoked regularly

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who are former smokers and had smoked regularly in the past

What is the average number of cigarettes that you smoked daily during the longest period that you smoked?

*Read if necessary: 1 pack equals 20 cigarettes.

*Enter '95' if 95 or more.

01-94 1-94 cigarettes

95 95 or more cigarettes

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who said number of cigarettes smoked daily varied

*Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A nicotine patch?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

*Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A nicotine gum or lozenge (LA-zenj)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

*Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A nicotine containing nasal spray or inhaler?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

*Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

A prescription pill called Chantix (CHAN-tix) or Varenicline (vuh-REN-ih-klin)?

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

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

*Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:
A prescription pill called Zyban (ZI-ban), Bupropion (byoo-PRO-pee-on), or Wellbutrin (well-BYOO-trin)?

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

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

*Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following:
A telephone help line or quit line?

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

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

*Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following:
One-on-one counseling?

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

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

*Read if necessary.

Thinking back to when you stopped smoking completely, did you use ANY of the following:
A stop smoking clinic, class or support group?

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

UniverseText: Sample adults 18+ who are former smokers and quit in the last 2 years

Earlier you said you smoke cigarettes. Is your usual cigarette brand menthol or non-menthol?

- 1 Menthol
- 2 Non menthol
- 3 No usual type
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who are current smokers

Have you EVER stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

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

UniverseText: Sample adults 18+ who are current smokers and answered no, don't know, or refused to quitting smoking in the past year question from Core.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

A nicotine patch?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

*Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

A nicotine gum or lozenge (LA-zenj)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

*Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

A nicotine containing nasal spray or inhaler?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

*Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

A prescription pill called Chantix (CHAN-tix) or Varenicline (vuh-REN-ih-klin)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

A prescription pill called Zyban (ZI-ban), Bupropion (byoo-PRO-pee-on), or Wellbutrin (well-BYOO-trin)?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following:
A telephone help line or quit line?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

*Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following:
One-on-one counseling?

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

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

*Read if necessary.

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following:

A stop smoking clinic, class or support group?

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

UniverseText: Sample adults 18+ who are current smokers and tried to quit in the last year

Would you like to completely quit smoking cigarettes?

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

UniverseText: Sample adults 18+ who are current smokers

[NEW] The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used an e-cigarette EVEN ONE TIME?

*Read if necessary:

E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an "e-liquid" or "e-juice." Popular brands include "NJOY," "BLU," "LOGIC," and "VUSE."

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

UniverseText: Sample adults 18+

[NEW] Do you now use e-cigarettes every day, some days, or not at all?

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

UniverseText: Sample adults 18+ who have ever used e-cigarettes

[NEW] On how many of the PAST 30 DAYS have you used e-cigarettes?

- 00 None
- 01-30 1-30 days
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who now use e-cigarettes some days, not at all, or refused, or don't know current e-cigarette status

[NEW] The next questions are about cigars, including regular or traditional cigars, cigarillos, and filtered cigars. Cigarillos and filtered cigars are smaller than regular cigars. Some common brands are Black and Mild and Swisher Sweets.

Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?"

(Read if necessary: "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in

packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

Read if necessary:

Do not include electronic cigars or e-cigars.)

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

[NEW] Have you smoked at least 50 regular cigars, cigarillos, or little filtered cigars in your entire life?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or little filtered cigar

[NEW] Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or little filtered cigar

[NEW] On how many of the PAST 30 DAYS have you smoked a regular cigar, cigarillo, or little filtered cigar?

00 None

01-30 1-30 days

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days, not at all, or refused, or don't know current cigar smoking status

[NEW] Have you EVER smoked a pipe filled with tobacco- either a regular pipe, water pipe, or hookah EVEN ONE TIME?"
(Read if necessary: A hookah is a type of water pipe. It is sometimes called a "narghile" (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs.)

Read if necessary:

Do not include electronic pipes or e-pipes.)

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

[NEW] Do you now smoke pipes filled with tobacco – either regular pipes, water pipes, or hookahs, every day, some days, or not at all?

(Read if necessary: Do not include pipes filled with substances other than tobacco.)

1 Every day

2 Some days

3 Not at all

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco

[NEW] Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

(Read if necessary: Do not include nicotine replacement therapy products (such as patch, gum, lozenge, or spray, which are considered smoking cessation treatments.)

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

UniverseText: Sample adults 18+

[NEW] Have you used smokeless tobacco products at least 20 times in your entire life?

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

UniverseText: Sample adults 18+ who have ever used smokeless tobacco products

[NEW] Do you NOW use smokeless tobacco products every day, some days, or not at all?

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

UniverseText: Sample adults 18+ who ever used smokeless tobacco products

[NEW] On how many of the PAST 30 DAYS have you used chewing tobacco, snuff, dip, snus, or dissolvable tobacco?

- 00** None
- 01-30** 1-30 days
- 97** Refused
- 99** Don't know

UniverseText: Sample adults 18+ who use smokeless tobacco products some days, not at all, or refused or don't know current smokeless using status

[NEW] During the past 30 days, what brand of smokeless tobacco product did you use MOST OFTEN?

*Do not read categories

- 1 BEECH-NUT
- 2 CAMEL SNUS
- 3 COPE
- 4 COPENHAGEN
- 5 GENERAL SNUS
- 6 GRIZZLY
- 7 HUSKY
- 8 KAYAK
- 9 KODIAK
- 10 LEVI GARRETT
- 11 LONGHORN
- 12 MARLBORO SNUS
- 13 RED MAN
- 14 RED MAN GOLDEN BLEND
- 15 RED SEAL
- 16 SKOAL
- 17 SKOAL SNUS
- 18 SKOAL X-TRA
- 19 STOKER'S
- 20 TIMBER WOLF
- 21 Brand not on list (Specify) _____
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who use smokeless tobacco products at least once in the past 30 days.

In the PAST 12 MONTHS, has a medical doctor, dentist, or other health professional ADVISED you to quit smoking, or to quit using other kinds of tobacco?

- 1 Yes

- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have seen a doctor or other health professional in the past year and are current cigarette smokers or former cigarette smokers who have quit in the past 12 months, or who currently smoke cigars, or pipes, or use smokeless tobacco every day or some days

In the PAST 12 MONTHS, which of the following health professionals advised you to quit smoking or quit using other kinds of tobacco?

*Read answer categories below.

*Enter all that apply, separate with commas.

- 1 Medical doctor
- 2 Dentist
- 3 Nurse
- 4 Dental Hygienist
- 5 Other health professional (specify)
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ whose doctor or other health professional advised them to quit smoking or using other kinds of tobacco in the past 12 months

Have you given birth to a live born infant within the past 5 years?

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

UniverseText: Female sample adults age 18-49

Were you smoking cigarettes when you became pregnant with your last child?

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

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and have had a live birth in the past 5 years

Did you smoke cigarettes at any time during your pregnancy with your last child?

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

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and have had a live birth in the past 5 years

Did you quit smoking for 7 days or longer during your pregnancy with your last child?

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

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and smoked during last pregnancy

In what month of your pregnancy did you quit for 7 days or longer?

- 01 First
- 02 Second
- 03 Third
- 04 Fourth
- 05 Fifth
- 06 Sixth

07 Seventh
08 Eighth
09 Ninth
97 Refused
99 Don't know

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and smoked during last pregnancy, but quit for 7 days or longer

Did you start smoking again during the pregnancy or did you stay off cigarettes for the rest of the pregnancy?

1 Stayed off rest of pregnancy
2 Started again
3 Never started again
7 Refused
9 Don't know

UniverseText: Female sample adults age 18-49 who have smoked at least 100 cigarettes in their entire life and smoked during last pregnancy, but quit for 7 days or longer

SCREENING: SUN

Now, we are going to ask you about your skin's reaction to the sun. After several months of not being in the sun very much, if you went out in the sun for an hour without sunscreen, a hat, or protective clothing, which one of these best describes what would happen to your skin? (*Read choices 1-5 only)

*Read if necessary: Even if you did not go out in the sun, what would happen if you did? Use the most recent experience. If none, then think about the past.

*By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more.

- 01 Get a severe sunburn with blisters
- 02 Have a moderate sunburn with peeling
- 03 Burn mildly with some or no darkening/tanning
- 04 Turn darker without sunburn
- 05 Nothing would happen to my skin
- 06 Do not go out in the sun
- 07 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+

Next, consider that you were out in the sun repeatedly, such as every day for two weeks, without sunscreen, a hat, or protective clothing. Which one of these best describes what your skin would LOOK like? (*Read choices 1-5 only)

*Read if necessary: Even if you did not go out in the sun, what would happen if you did? Use the most recent experience. If none, then think about the past.

*By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more.

- 01 Very dark or deeply tanned
- 02 Dark/Moderately tanned
- 03 A little dark/mildly tanned
- 04 Freckled but still light skinned
- 05 Burned repeatedly with little or no darkening or tanning---still light skinned
- 06 Don't go out in the sun
- 07 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .
Stay in the shade? Would you say (Read categories 1-5). . .

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

*Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .
Wear a baseball cap or sun visor? Would you say (Read categories 1-5). . .

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

*Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a hat that shades your face, ears AND neck such as a hat with a wide brim all around? Would you say (Read categories 1-5). . .

*Read if necessary: Do not include visors, baseball caps, or hats that do not shade the face, ears and neck. Include legionnaire hats.

1 Always

2 Most of the time

3 Sometimes

4 Rarely

5 Never

6 Don't go out in the sun

7 Refused

9 Don't know

UniverseText: Sample adults 18+

*Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a long sleeved shirt? Would you say (Read categories 1-5). . .

1 Always

2 Most of the time

3 Sometimes

4 Rarely

5 Never

6 Don't go out in the sun

7 Refused

9 Don't know

UniverseText: Sample adults 18+

*Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear long pants or other clothing that reaches your ankles? Would you say (Read categories 1-5). . .

1 Always

2 Most of the time

3 Sometimes

4 Rarely

5 Never

6 Don't go out in the sun

7 Refused

9 Don't know

UniverseText: Sample adults 18+

*Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Use sunscreen? Would you say (Read categories 1-5). . .

1 Always

2 Most of the time

3 Sometimes

4 Rarely

5 Never

6 Don't go out in the sun

7 Refused

9 Don't know

UniverseText: Sample adults 18+

What is the SPF number of the sunscreen you use MOST often?

*Read if necessary: If you use more than one or different ones, pick the one used most often.

*Enter '96' if unable to pick the one used most often.

*Enter '50' if 50 or higher SPF.

01-49 1-49

50 50+

96 More than one, different ones, other

97 Refused

UniverseText: Sample adults 18+ who use sunscreen at least rarely

Is the SPF usually 1-14 or 15-50?

*Enter '2' if 50 or higher SPF.

1 1-14

2 15+

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who answered more than one, different ones, or other to SPF number, or did not know or refused to say the SPF

DURING THE PAST 12 MONTHS, how many times have you had a sunburn?

Read if necessary: By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more. Also include burns from sunlamps and other indoor tanning devices.

*Enter '0' for none.

000 None

001-365 1-365 times

997 Refused

999 Don't know

UniverseText: Sample adults 18+

[NEW] Have you EVER used an indoor tanning device such as a sunlamp, sunbed, or tanning booth?

*Read if necessary: Do NOT include times you have gotten a spray-on tan.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

DURING THE PAST 12 MONTHS, have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who ever used an indoor tanning device

DURING THE PAST 12 MONTHS, how many times have you used an indoor tanning device such as a sunlamp, sunbed or tanning booth? Do NOT include times you have gotten a spray-on tan.

001-365 1-365 times

997 Refused

999 Don't know

UniverseText: Sample adults 18+ who have used indoor tanning device in past year

[NEW] DURING THE PAST 12 MONTHS, have you had a problem such as a burn, rash, or skin infection caused by using an indoor tanning device such as a sunlamp, sunbed, or tanning booth?

*Read if necessary: Do NOT include problems you have experienced from getting a spray-on tan.

1 Yes IF "YES," GO TO Q9b

2 No

3 Refused

4 Don't know

UniverseText: Sample adults 18+ who have used indoor tanning device in past year

[NEW] Q9b Which of the following problem or problems did you have?

*Read if necessary: By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more.

* Mark all that apply.

- 1 Got a sunburn
- 2 Got a rash
- 3 Got a skin infection
- 4 Experienced another problem
- 7 Refused
- 9 Don't know

[NEW] DURING THE PAST 12 MONTHS, have you used self-applied sunless tanning products, also known as self-tanning or fake tanning?

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

UniverseText: Sample adults 18+

[NEW] DURING THE PAST 12 MONTHS, have you gotten a spray-on or mist tan AT A TANNING SALON or other business?

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

UniverseText: Sample adults 18+

Now we are going to ask you about medical tests and exams that check for cancer. Have you EVER had all of your skin from head to toe checked for cancer either by a dermatologist or some other kind of doctor?

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

UniverseText: Sample adults 18+

When did you have your MOST RECENT skin exam to check for cancer?

*Enter month of last skin exam.

* Enter '96' to go to the number and time period format.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 96 Time period format
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have had a skin exam

*Enter year of last skin exam.

- 1880-2011 1880-2011
- 9996 Time period format
- 9997 Refused

9999 Don't know

UniverseText: Sample adults age 18+ who answered month of last skin exam or didn't know month of last skin exam

When did you have your MOST RECENT skin exam?

*Enter number for time since last skin exam.

*Enter '95' for 95 or more.

01-94 01-94

95 95+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who selected number and time period format for most recent skin exam

*Enter time period for time since most recent skin exam.

1 Days ago

2 Weeks ago

3 Months ago

4 Years ago

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

1 A year ago or less

2 More than 1 year but not more than 2 years

3 More than 2 years but not more than 3 years

4 More than 3 years but not more than 5 years

5 Over 5 years ago

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last skin exam was over 5 years ago)

What was the MAIN reason you had this skin exam -- was it part of a routine exam, because of a problem, or some other reason?

1 Part of a routine exam

2 Because of a problem

3 Other reason

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have had a skin exam

WOMEN'S HEALTH

The following questions are about women's health. How old were you when your periods or menstrual cycles started?

*Enter '0' for haven't started.

00 Haven't started

06-60 6-60 years

97 Refused

99 Don't know

UniverseText: Female sample adults 18+

Do you still have periods or menstrual cycles?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 39+ who have started menstrual cycles

When did you have your last period or menstrual cycle? Was it...

* Read categories below.

1 1 year ago or less

2 More than 1 year ago but less than 2 years ago

3 2 years ago or more

7 Refused

9 Don't know

UniverseText: Female sample adults 39+ who do not have periods any more

*If you remember that the respondent mentioned having a biological child in the core, verify the information and enter '1' for yes (and don't ask question).

Have you EVER given birth to a live born infant?

*Read if necessary.

A live born infant is an infant born alive.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 18+ who did not already answer they had a live birth

What is the total number of live births (live born children) you have had? *Enter '25' for 25 or more.

01-24 1-24

25 25+

97 Refused

UniverseText: Female sample adults 18+ who have ever had a live born infant

How old were you when your [fill1: child/first child] was born?

06-60 6-60 years

97 Refused

99 Don't know

UniverseText: Female sample adults 18+ who have ever had a live born infant

What year was your [fill1: child/first child] born?

1890-2011 1890-2011

9997 Refused

9999 Don't know

UniverseText: Female sample adults 18+ who didn't know their age at first's child's birth

SCREENING: PAP

Have you EVER HAD a Pap smear or Pap test?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 18+

At what age did you have your first Pap test?

06-30 6-30 years

97 Refused

99 Don't know

UniverseText: Female sample adults 18-30 who have ever had a Pap smear

How many Pap tests have you had in the LAST 6 YEARS? *Enter '0' for none.

*Enter '95' for 95 or more exams.

00 None

01-94 1-94

95 95+

97 Refused

99 Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear

When did you have your MOST RECENT Pap test?

*Enter month of last Pap test.

*Enter '96' to go to number and time period format.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

96 Time period format

97 Refused

99 Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear

*Enter year of last Pap test.

1880-2011 9996 9997 9999

1880-2011 Time period format Refused Don't know

UniverseText: Female sample adults age 18+ who answered month of last Pap smear test or didn't know month of last Pap smear test

When did you have your MOST RECENT Pap test?

*Enter number for time since last Pap test.

*Enter '95' for 95 or more.

01-94

1-94

95

95+
97
Refused
99

Don't know

UniverseText: Female sample adults 18+ who selected number and time period format for most recent Pap smear test from the initial month screen

*Enter time period for time since most recent Pap test.

1 Days ago
2 Weeks ago
3 Months ago
4 Years ago
7 Refused
9 Don't know

UniverseText: Female sample adults 18+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

1 A year ago or less
2 More than 1 year but not more than 2 years
3 More than 2 years but not more than 3 years
4 More than 3 years but not more than 5 years
5 Over 5 years ago
7 Refused
9 Don't know

UniverseText: Female sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last Pap smear test was over 5 years ago)

Have you ever heard of HPV? HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults LE 64

An HPV test is sometimes given with the Pap test for cervical cancer screening. Did you have an HPV test with your most recent Pap?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear

What was the MAIN reason you had this Pap or HPV test-was it part of a routine exam, because of a problem, or some other reason?

1 Part of a routine exam
2 Because of a problem
3 Other reason
7 Refused
9 Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear or HPV test

Have you had a Pap **or** HPV test in the LAST 3 YEARS where the results were NOT normal?

Pre-coded answers:

1 Yes, Pap test not normal
2 Yes, HPV test not normal
3 Yes, both were not normal

- 4 NO
- 7 Refused
- 9 Don't know/not sure

Universe: Female sample adults 18+ who have had a Pap smear in the past 3 years

What is the most important reason you have NEVER had a Pap or HPV test/NOT had a Pap or HPV test in the **LAST 5 YEARS?**

- 01 No reason/never thought about it
- 02 Didn't need it/didn't know I needed this type of test
- 03 Doctor didn't order it/didn't say I needed it
- 04 Haven't had any problems
- 05 Put it off/didn't get around to it
- 06 Too expensive/no insurance/cost
- 07 Too painful, unpleasant, or embarrassing
- 08 Had hysterectomy
- 09 Don't have doctor
- 10 Had HPV vaccine
- 11 Other
- 97 Refused
- 99 Don't know

UniverseText: Female sample adults 18+ who have never had a Pap smear, or who have not had a Pap smear in the last 5 years

Was your most recent Pap or HPV test recommended by a doctor or other health professional?

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

How much did you pay out of pocket for this Pap or HPV test - Was it NONE, PART, or ALL of the cost?

- 1 None of the cost
- 2 Part of the cost
- 3 All of the cost
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear or HPV test

Have you had a hysterectomy?

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

UniverseText: Female sample adults 18+ who have not already indicated they have had a hysterectomy

When was your hysterectomy?

*Enter month of hysterectomy.

*Enter '96' to go to number and time period format.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

96 Time period format

97 Refused

99 Don't know

UniverseText: Female sample adults 18+ who have ever had a hysterectomy

*Enter year of hysterectomy.

1880-2011 9996 9997 9999

1880-2011 Time period format Refused Don't know

UniverseText: Female sample adults age 18+ who answered month of hysterectomy or didn't know month of hysterectomy

When was your hysterectomy?

*Enter number for time since hysterectomy.

*Enter '95' for 95 or more.

01-94

1-94

95

95+

97

Refused

99

Don't know

UniverseText: Female sample adults 18+ who selected number and time period format for hysterectomy from the initial month screen

*Enter time period for time since hysterectomy.

1 Days ago

2 Weeks ago

3 Months ago

4 Years ago

7 Refused

9 Don't know

UniverseText: Female sample adults 18+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

1 A year ago or less

2 More than 1 year but not more than 2 years

3 More than 2 years but not more than 3 years

4 More than 3 years but not more than 5 years

5 Over 5 years ago

7 Refused

9 Don't know

UniverseText: Female sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose hysterectomy was over 5 years ago)

Have you EVER had BOTH ovaries removed, either as part of a hysterectomy or as one or more separate surgeries?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults age 18+

How old were you when you had BOTH of your ovaries removed?

001-120 1-120 years

997 Refused

999 Don't know

UniverseText: Female sample adults age 18+ who have had BOTH ovaries removed

SCREENING: BREAST

Have you EVER HAD a breast exam done by a doctor or other health professional to check for lumps or other signs of breast cancer?

*Read if necessary. A breast exam is when the breasts are felt by a doctor or other health professional to check for lumps or other signs of breast cancer.

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

UniverseText: Female sample adults 30+

When did you have your MOST RECENT breast exam?

*Enter month of last breast exam.

*Enter '96' to go to number and time period format.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 96 Time period format
- 97 Refused
- 99 Don't know

UniverseText: Female sample adults 30+ who have ever had a breast exam

*Enter year of last breast exam.

- 1880-2011 1880-2011
- 9996 Time period format
- 9997 Refused
- 9999 Don't know

UniverseText: Female sample adults age 30+ who answered month of last breast exam or didn't know month of last breast exam

When did you have your MOST RECENT breast exam?

*Enter number for time since last breast exam.

*Enter '95' for 95 or more.

- 01-94 1-94
- 95 95+
- 97 Refused
- 99 Don't know

UniverseText: Female sample adults 30+ who selected number and time period format for most recent breast exam from the initial month screen

*Enter time period for time since most recent breast exam.

- 1 Days ago
- 2 Weeks ago
- 3 Months ago
- 4 Years ago
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 30+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years
- 3 More than 2 years but not more than 3 years
- 4 More than 3 years but not more than 5 years
- 5 Over 5 years ago
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 30+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last breast exam was over 5 years ago)

Have you EVER HAD a mammogram?

*Read if necessary.

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

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

UniverseText: Female sample adults age 30+

How many mammograms have you had in the LAST 6 YEARS?

*Enter '0' for none.

*Enter '95' for 95 or more mammograms.

- 00 None
- 01-94 1-94
- 95 95+
- 97 Refused
- 99 Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

When did you have your MOST RECENT mammogram?

*Enter month of last mammogram.

*Enter '96' to go to number and time period format.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 96 Time period format
- 97 Refused
- 99 Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

*Enter year of last mammogram.

- 1880-2011 1880-2011
- 9996 Time period format
- 9997 Refused
- 9999 Don't know

UniverseText: Female sample adults age 30+ who answered month of last mammogram or didn't know month of last mammogram

When did you have your MOST RECENT mammogram?

*Enter number for time since last mammogram.

*Enter '95' for 95 or more.

01-94 1-94

95 95+

97 Refused

99 Don't know

UniverseText: Female sample adults 30+ who selected number and time period format for most recent mammogram from the initial month screen

*Enter time period for time since most recent mammogram.

1 Days ago

2 Weeks ago

3 Months ago

4 Years ago

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

1 A year ago or less

2 More than 1 year but not more than 2 years

3 More than 2 years but not more than 3 years

4 More than 3 years but not more than 5 years

5 Over 5 years ago

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last mammogram was over 5 years ago)

[NEW] How much did you pay out of pocket for this mammogram -- was it NONE, PART, or ALL of the cost?

None of the cost

Part of the cost

All of the cost

Refused

Don't know

UniverseText: Female sample adults 30+ who have received a mammogram

What was the MAIN reason you had this mammogram -- was it part of a routine exam, because of a problem, or some other reason?

1 Part of a routine exam

2 Because of a problem

3 Other reason

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

Fill1 (IF MAMHAD=1 and most recent screening exam LE 2 years from system date)

[Was your most recent mammogram recommended by a doctor or other health professional?]

Else (IF MAMHAD=2, or MAMHAD GT 2 years from system date or RMAM2=R,D)

[In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a mammogram?]

1 Yes

2 No

3 Did not see a doctor in the past 12 months

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who have a doctor

[NEW] Were you informed that your mammogram showed that you have dense breast tissue?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

After your MOST RECENT mammogram, were you advised to have more tests?

*Read if necessary: More tests may include another mammogram, a sonogram, an MRI, a biopsy, or something else to check for problems in your breast.

1 Yes

2 No → IF NO GO TO question "Have you EVER HAD a biopsy to test or remove a lump from your breast that was found NOT to be cancer?"

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

Which tests did you actually have?

None → IF NONE GO TO next question; OTHERWISE GO TO "As a result of these additional tests..."

Ultrasound

Breast MRI

Additional mammogram(s)

Biopsy

Other

Refused

Don't know

UniverseText: Female sample adults 30+ who were advised to have more tests after most recent mammogram

What is the most important reason why you DID NOT have more tests?

*Put response into correct category below. → GO to "Have you EVER HAD a biopsy..."

01 No reason/never thought about it

02 Put it off/didn't get around to it

03 Too expensive/no insurance/cost

04 Too painful, unpleasant, or embarrassing

05 I'm too young

06 Don't have doctor

07 Fear

08 Other

97 Refused

99 Don't know

UniverseText: Female sample adults 30+ who were advised to have more tests after most recent mammogram and did not have more tests

*Record mode of previous question.

1 In person

2 Over the telephone

UniverseText: Female sample adults 30+ who have ever had a mammogram and did not follow recommendation to have more tests

As a result of these additional tests after your mammogram(s), were you diagnosed with cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who received more tests after most recent mammogram

Have you EVER HAD a biopsy to test or remove a lump from your breast that was found NOT to be cancer?
*Read if necessary: A biopsy is the removal of a sample of tissue to see whether cancer cells are present.

1 Yes

2 No

3 Lump removed was cancerous

7 Refused

9 Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

How many of these biopsies have you had?

*Enter '95' if 95 or more biopsies

*Read if necessary: A biopsy is the removal of a sample of tissue to see whether cancer cells are present

01-94 1-94

95 95+

97 Refused

UniverseText: Female sample adults 30+ who have had a lump removed that was not cancerous

SCREENING: LUNG

The next set of questions is about tests of your chest area. These questions ask about chest x-rays and CT scans, but not mammograms.

In the last 12 months, did you have a chest x-ray?

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

UniverseText: Sample adults 40+

Were any of the chest x-rays you had in the last 12 months done to check for lung cancer, rather than for some other reason?

- 1 Yes, to check for lung cancer
- 2 No, for some other reason
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who have had a chest xray in the past 12 months

The following questions are about CT scans, also called CAT scans. During this test, you are lying down and moved through a donut shaped x-ray machine while holding your breath.

Have you EVER HAD a CT or CAT scan?

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

UniverseText: Sample adults 40+

Were any of the CT or CAT scans you had done of your chest area?

- 1 Yes
- 2 No
- 3 Several areas of upper body region
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan

The next questions are only about CT or CAT scans to check or screen for lung cancer. Do not include any CT or CAT scans of your chest area that were done for other reasons.

Were any of the CT or CAT scans done to check or screen for lung cancer, rather than for some other reason?

- 1 Yes, to check or screen for lung cancer
- 2 No, for some other reason
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area

[NEW]. When did you have your MOST RECENT CT or CAT scan of your chest area to check or screen for lung cancer?

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years
- 3 More than 2 years but not more than 3 years
- 4 More than 3 years but not more than 5 years
- 5 Over 5 years ago
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area to screen for lung cancer

[NEW]. How many CT or CAT scans to check or screen for lung cancer have you had in the LAST 3 YEARS?

*Enter '0' for none.

*Enter '95' for 95 or more CT scans.

00 None

01-94 1-94

95 95+

97 Refused

99 Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area to screen for lung cancer

10 [NEW]. When do you expect to have your next CT scan of your chest area to check or screen for lung cancer?

01 Less than a year from now

02 One year from now

03 More than one year from now

04 When doctor recommends it

05 Never

97 Refused

99 Don't know

UniverseText: Sample adults 40+ who have had a CAT scan or CT scan of the chest area to screen for lung cancer

MEDICATIONS

Do you now take any of the following medications regularly, that is, at least 3 times a week? Aspirin, Bayer, Bufferin, or Excedrin? *Read if necessary: Do NOT include Tylenol.

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

UniverseText: Sample adults 18+

Have you taken any of these kinds of medications regularly for the last 3 months?

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

UniverseText: Sample adults 18+ who now take Aspirin etc.

Do you now take any of the following medications regularly, that is, at least 3 times a week?

Advil, Ibuprofen, Motrin, Nuprin, Aleve, Naprosyn, Naproxen, or Celebrex?

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

UniverseText: Sample adults 18+

Have you taken any of these kinds of medications regularly for the last 3 months?

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

UniverseText: Sample adults 18+ who now take Advil etc.

[NEW]. Do you now take any OVER-THE-COUNTER MEDICATIONS that contain acetaminophen regularly, that is, at least 3 times a week? Acetaminophen is contained in many products such as Tylenol, Tylenol PM, Nyquil, Theraflu, Excedrin, Alka Seltzer Plus, and Midol.

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

UniverseText: Sample adults 18+

[NEW]. Have you taken any of these kinds of medications regularly for the last 3 months?

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

UniverseText: Sample adults 18+ who take over-the-counter Tylenol, etc.

[NEW]. Do you now take any of the following PRESCRIPTION PAIN MEDICATIONS that contain acetaminophen regularly, that is, at least 3 times a week? Acetaminophen is contained in many prescription pain products such as Vicodin, Percocet, Endocet, Tylenol with Codeine, and Fioricet.

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

UniverseText: Sample adults 18+

[NEW]. Have you taken any of these kinds of medications regularly for the last 3 months?

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

UniverseText: Sample adults 18+ who take prescription Tylenol, etc.

Some men take medications such as Propecia (pro-PEE-she-ah), Proscar (PRAHS-car) or Finasteride (fin-AS-tur-eyed) for hair loss or for problems with their prostate gland. Do you now take any of these medications regularly, that is, at least 3 times a week?

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

UniverseText: Male sample adults 18+

Have you taken Propecia, Proscar or Finasteride regularly for the last 3 months?

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

UniverseText: Male sample adults 18+ who take Propecia, Proscar, or Finasteride regularly

What is the main reason you are taking Propecia, Proscar or Finasteride?

*Read categories below.

- 1 For problems related to your prostate
- 2 For male pattern baldness
- 3 To reduce the chance that you may develop prostate cancer
- 4 Other
- 7 Refused
- 9 Don't know

UniverseText: Male sample adults 18+ who have taken Propecia, Proscar or Finasteride regularly for last 3 months

Are you currently taking Hormone Replacement Therapy?

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

UniverseText: Female sample adults 30+

Have you ever taken Hormone Replacement Therapy?

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

UniverseText: Female sample adults 30+ who are not currently taking HRT

About how long ago did you stop using Hormone Replacement Therapy -- was it 2 years ago or less, more than 2 years ago but not more than 5 years, or more than 5 years ago?

- 1 2 years ago or less
- 2 More than 2 years ago but not more than 5 years ago
- 3 More than 5 years ago
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 30+ who have ever taken HRT but not currently

Are you currently taking Tamoxifen, also known as Nolvadex?

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

UniverseText: Female sample adults 30+

What is the main reason you are taking tamoxifen?

*Put response into correct category below.

- 1 As part of your treatment for breast cancer
- 2 To reduce the chance you may develop breast cancer
- 3 Both
- 4 Other reason (specify)
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 30+ who are currently taking tamoxifen

Are you currently taking Raloxifene (rah-LOX-ih-fen), also known as Evista?

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

UniverseText: Female sample adults 30+

What is the main reason you are taking raloxifene?

*Put response into correct category below.

- 1 As part of your treatment for osteoporosis
- 2 To reduce the chance that you may develop breast cancer
- 3 Both
- 4 Other reason (specify)
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 30+ who are currently taking raloxifene

Are you currently taking birth control pills, birth control implants, or birth control shots?

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

UniverseText: Female sample adults 18+

SCREENING: PROSTATE

Have you EVER HAD a PSA test?

*Read if necessary. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Male sample adults 40+

When did you have your MOST RECENT PSA test?

*Enter month of last PSA test.

*Enter '96' to go to number and time period format.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

96 Time period format

97 Refused

99 Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

* Enter year of last PSA test.

1880-2011 1880-2011

9996 Time period format

9997 Refused

9999 Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

When did you have your MOST RECENT PSA test?

* Enter number for time since last PSA test.

* Enter '95' for 95 or more.

01-94 95 97 99

1-94 95+ Refused Don't know

UniverseText: Male sample adults 40+ who have selected number and time period format for most recent PSA test from the initial month screen

* Enter time period for time since most recent PSA test.

1 Days ago

2 Weeks ago

3 Months ago

4 Years ago

7 Refused

9 Don't know

UniverseText: Male sample adults 40+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

1 A year ago or less

2 More than 1 year but not more than 2 years

- 3 More than 2 years but not more than 3 years
- 4 More than 3 years but not more than 5 years
- 5 Over 5 years ago
- 7 Refused
- 9 Don't know

UniverseText: Male sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last PSA test was over 5 years ago)

What was the MAIN reason you had this PSA test - was it part of a routine exam, because of a problem, or some other reason?

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason
- 7 Refused
- 9 Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

[NEW] Who first suggested the PSA test: you, your doctor, or someone else?

- 1 Self
- 2 Doctor
- 3 Someone else
- 7 Refused
- 9 Don't know

Universe: Male sample adults 40+ who have had a PSA test

How many PSA tests have you had in the LAST 5 years?

*Enter '0' for none.

*Enter '95" for 95 or more PSA tests.

- 00 None
- 01-94 1-94
- 95 95+
- 97 Refused
- 99 Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

[fill 1: Before you had the PSA test did/Did] a doctor EVER talk with you about the advantages of [fill 2: it/the PSA test]?

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

UniverseText: Male sample adults 40+

[fill 1: Before you had the PSA test did/Did] a doctor EVER talk with you about the disadvantages of [fill 2: it/the PSA test]?

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

UniverseText: Male sample adults 40+

[fill 1: Before you had the PSA test did/Did] a doctor EVER tell you that some experts disagree about whether men should have PSA tests?

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

UniverseText: Male sample adults 40+

SCREENING: COLORECTAL

1 [NEW]. Have you and your doctor or other health professional ever **DISCUSSED** getting a test to check for colon cancer?

1 Yes

2 No

7 Refused

9 Don't know

Universe: Sample adults 40+

2. There are several different kinds of tests to check for colon cancer. Colonoscopy (colon-OS-copy) and Sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home. For a Sigmoidoscopy, the doctor checks only part of the colon and you are fully awake.

Have you EVER HAD a colonoscopy?

*Read if necessary:

A polyp is a small growth that develops on the inside of the colon or rectum.

Before these tests, you are asked to take a medication that causes diarrhea.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

3. When did you have your MOST RECENT colonoscopy?

*Enter month of last exam.

*Enter '96' to go to number and time period format.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

96 Time period format

97 Refused

99 Don't know

UniverseText: Sample adults 40+ who have ever had a colonoscopy

*Enter year of last colonoscopy.

1880-2011 1880-2011

9996 Time period format

9997 Refused

9999 Don't know

UniverseText: Sample adults age 40+ who answered month of last colonoscopy or didn't know month of last colonoscopy

When did you have your MOST RECENT colonoscopy?

*Enter number for time since last colonoscopy.

*Enter '95' for 95 or more.

01-94

1-94

95

95+

97

Refused

99

Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent colonoscopy from the initial month screen

*Enter time period for time since most recent colonoscopy.

1 Days ago

2 Weeks ago

3 Months ago

4 Years ago

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

1 A year ago or less

2 More than 1 year but not more than 2 years

3 More than 2 years but not more than 3 years

4 More than 3 years but not more than 5 years

5 More than 5 years but not more than 10 years

6 Over 10 years ago

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last colonoscopy was 6-9 or over 10 years ago)

4. What was the MAIN reason you had this colonoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

1 Part of a routine exam

2 Because of a problem

3 Follow-up test of an earlier test or screening exam

4 Other reason

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have had a colonoscopy

5[NEW]. How much did you pay out of pocket for your most recent colonoscopy -- was it all, part, or none of the cost?

1 All of the cost

2 Part of the cost

3 None of the cost

7 Refused

9 Don't know

Universe: Sample adults 40+ who have had a colonoscopy in the past 10 years

6. Recall that a Sigmoidoscopy is similar to a colonoscopy but the doctor checks only part of the colon and you are fully awake. Have you EVER HAD a Sigmoidoscopy?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

7. When did you have your MOST RECENT Sigmoidoscopy?

*Enter month of last exam.

*Enter '96' to go to number and time period format.

01 January

02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
96 Time period format
97 Refused
99 Don't know

UniverseText: Sample adults 40+ who have ever had a Sigmoidoscopy

*Enter year of last Sigmoidoscopy.

1880-2011 1880-2011
9996 Time period format
9997 Refused
9999 Don't know

UniverseText: Sample adults age 40+ who answered month of last Sigmoidoscopy or didn't know month of last Sigmoidoscopy

When did you have your MOST RECENT Sigmoidoscopy?

*Enter number for time since last Sigmoidoscopy.

*Enter '95' for 95 or more.

01-94 1-94
95 95+
97 Refused
99 Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent Sigmoidoscopy from the initial month screen

*Enter time period for time since most recent Sigmoidoscopy.

1 Days ago
2 Weeks ago
3 Months ago
4 Years ago
7 Refused
9 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

1 A year ago or less
2 More than 1 year but not more than 2 years
3 More than 2 years but not more than 3 years
4 More than 3 years but not more than 5 years
5 More than 5 years but not more than 10 years
6 Over 10 years ago
7 Refused
9 Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last Sigmoidoscopy was 6-9 or over 10 years ago)

8. What was the MAIN reason you had this Sigmoidoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Follow-up test of an earlier test or screening exam
- 4 Other reason
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who have had a Sigmoidoscopy

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

Before today, HAD YOU EVER HEARD of CT colonography or virtual colonoscopy?

*Read if necessary:

This is not the same as a colonoscopy or a Sigmoidoscopy.

Unlike CT tests for other purposes, you DO take laxatives to clean out your colon for this test.

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

UniverseText: Sample adults 40+

10. Have you EVER HAD a CT colonography or virtual colonoscopy?

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

UniverseText: Sample adults 40+ who have ever heard of a CT colonography or a virtual colonoscopy

11. When did you have your MOST RECENT CT colonography or virtual colonoscopy?

*Enter month of last CT colonography or virtual colonoscopy.

*Enter '96' to go to number and time period format.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 96 Time period format
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 40+ who have ever had a CT colonography or virtual colonoscopy

*Enter year of last CT colonography or virtual colonoscopy.

- 1880-2011 1880-2011
- 9996 Time period format
- 9997 Refused
- 9999 Don't know

UniverseText: Sample adults age 40+ who answered month of last CT colonography or virtual colonoscopy or didn't know month of last CT colonography or virtual colonoscopy

When did you have your MOST RECENT CT colonography or virtual colonoscopy?

*Enter number for time since last CT colonography or virtual colonoscopy.

*Enter '95' for 95 or more.

01-94 1-94

95 95+

97 Refused

99 Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent CT colonography or virtual colonoscopy from the initial month screen

*Enter time period for time since most recent CT colonography or virtual colonoscopy.

1 Days ago

2 Weeks ago

3 Months ago

4 Years ago

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

1 A year ago or less

2 More than 1 year but not more than 2 years

3 More than 2 years but not more than 3 years

4 More than 3 years but not more than 5 years

5 More than 5 years but not more than 10 years

6 Over 10 years ago

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last CT colonography or virtual colonoscopy was 6-9 or over 10 years ago)

12. What was the MAIN reason you had this CT colonography or virtual colonoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

1 Part of a routine exam

2 Because of a problem

3 Follow-up test or an earlier test or screening exam

4 Other reason

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have had a CT colonography or virtual colonoscopy

13. A polyp is a small growth that develops on the inside of the colon or rectum. During the past 10 years did a doctor tell you that you had a polyp in your colon or rectum?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

14. The following questions are about another type of test to check for colon cancer - the blood stool or occult blood test, or fecal immunochemical or FIT test, tests to determine whether you have blood in your stool or bowel movement. These tests can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

15 [NEW]. Has your doctor or other health professional EVER told you about these tests for blood in the stool to check for colon cancer?

1 Yes

2 No

7 Refused

9 Don't know

Universe: Sample adults 40+

16 [NEW]. Did your doctor or other health professional say that these tests for blood in the stool are a **GOOD** way to check for colon cancer?

1 Yes

2 No

7 Refused

9 Don't know

Universe: Sample adults 40+ who have been told by a doctor about blood stool, occult blood, FIT tests.

17. Have you EVER HAD a blood stool or FIT test, using a HOME test kit?

*Read if necessary:

Do not include tests done at the doctor's office.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

18. When did you have your MOST RECENT blood stool or FIT test using a kit at home?

*Enter month of last home blood stool test.

*Enter '96' to go to number and time period format.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

96 Time period format

97 Refused

99 Don't know

UniverseText: Sample adults 40+ who have ever had a home blood stool test

*Enter year of last home blood stool test.

1880-2011 1880-2011

9996 Time period format

9997 Refused

9999 Don't know

UniverseText: Sample adults age 40+ who answered month of last home blood stool test or didn't know month of last test

When did you have your MOST RECENT blood stool test using a kit at home?

*Enter number for time since last home blood stool test.

*Enter '95' for 95 or more.

01-94 1-94

95 95+

97 Refused

99 Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent home blood stool test from the initial month screen

*Enter time period for time since most recent home blood stool test.

1 Days ago

- 2 Weeks ago
- 3 Months ago
- 4 Years ago
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years
- 3 More than 2 years but not more than 3 years
- 4 More than 3 years but not more than 5 years
- 5 More than 5 years but not more than 10 years
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last home blood stool test was 6-9 or over 10 years ago)

19. What was the MAIN reason you had this home blood stool or FIT test - was it part of a routine exam, because of a problem, or some other reason?

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who have had a home blood stool test

20. Have you EVER HAD a blood stool or FIT test in which your doctor or other health care professional collected a stool sample during an office visit?

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

UniverseText: Sample adults 40+

21. When did you have your MOST recent OFFICE blood stool or FIT test?

*Enter month of last office blood stool test.

*Enter '96' to go to number and time period format.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 96 Time period format
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 40+ who have ever had an office blood stool test

*Enter year of last office blood stool test.

1880-2011 1880-2011
9996 Time period format
9997 Refused
9999 Don't know

UniverseText: Sample adults 40+ who answered month of last office blood stool test or didn't know month of last office blood stool test

When did you have your MOST recent OFFICE blood stool test?

*Enter number for time since last office blood stool test.

*Enter '95' for 95 or more.

01-94 1-94

95 95+

97 Refused

99 Don't know

UniverseText: Sample adults 40+ who selected number and time period format for most recent office blood stool test from the initial month screen

*Enter time period for time since most recent office blood stool test.

1 Days ago

2 Weeks ago

3 Months ago

4 Years ago

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

Was it:

*Read answer categories.

1 A year ago or less

2 More than 1 year but not more than 2 years

3 More than 2 years but not more than 3 years

4 More than 3 years but not more than 5 years

5 More than 5 years but not more than 10 years

6 Over 10 years ago

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last office blood stool test was 6-9 or over 10 years ago)

22. What was the MAIN reason you had this office blood stool or FIT test - was it part of a routine exam, because of a problem, or some other reason?

1 Part of a routine exam

2 Because of a problem

3 Other reason

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have had an office blood stool test

23. In the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you be tested to look for problems in your colon or rectum?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have NOT had a colonoscopy in the past 10 years, Sigmoidoscopy in the past 5 years, CT colonography in the past 5 years, or home blood stool test in the last year

24. Which tests to check for colon cancer did the doctor or other health professional recommend to you? Possible tests include stool blood or fecal occult blood or FIT test; Sigmoidoscopy; colonoscopy; CT colonography or virtual colonoscopy; or other.

*Enter all that apply, separate with commas.

1 Stool blood test/fecal occult blood/ FIT test

2 Sigmoidoscopy

3 Colonoscopy

4 CT colonography/virtual colonoscopy

5 Other

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have had particular tests recommended to look for problems in the colon and who have NOT had a colonoscopy in the past 10 years, Sigmoidoscopy in the past 5 years, CT colonography in the past 5 years, or home blood stool test in the last year and who had another type of test recommended

Genetic Counseling/Testing

[NEW]. These next questions refer to genetic COUNSELING for cancer risk. We will ask about genetic TESTING for cancer risk in a few minutes. Genetic counseling involves a discussion with a specially trained health care provider about your family history of cancer and how likely you are to develop cancer. It may also include a discussion about whether genetic testing is right for you.

Have you ever received genetic counseling for cancer risk?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

[NEW]. What was the MAIN reason you had genetic counseling? [Read response options]

1 My doctor recommended it

2 I requested it

3 Family member suggested it

4 I heard or read about it in the news

5 Other

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever had genetic counseling

[NEW]. Please think about your MOST RECENT genetic counseling session for cancer risk. Was it for breast cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: sample adults 18+ who have ever had genetic counseling

*Read if necessary.

[NEW]. Please think about your MOST RECENT genetic counseling session for cancer risk. Was it for ovarian cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 18+ who have ever had genetic counseling

*Read if necessary.

[NEW]. Please think about your MOST RECENT genetic counseling session for cancer risk. Was it for colon or rectal cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever had genetic counseling

*Read if necessary.

[NEW]. Please think about your MOST RECENT genetic counseling session for cancer risk. Was it for another type of cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever had genetic counseling

*Specify other cancer for which received genetic counseling

97 Refused

99 Don't know

Verbatim Verbatim response

UniverseText: Sample adults 18+ who have had genetic counseling for another type of cancer risk

The following questions refer to genetic testing for cancer risk. That is, testing your blood to see if you carry genes which may predict a greater chance of developing cancer at some point in your life. This does NOT include tests to determine if you have cancer now. Do NOT include self-testing kits administered at home.

Have you EVER DISCUSSED the possibility of getting a genetic test for cancer risk with a doctor or other health professional?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

Did a doctor or other health professional ADVISE you to have such a test?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who discussed getting genetic test with doctor or other health professional

Have you EVER HAD a genetic test to determine if you are at greater risk of developing cancer in the FUTURE?

*Read if necessary.

This does not include any test to see whether you had cancer in the PAST or have cancer NOW.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

Please think about your MOST RECENT genetic test for cancer risk.

Was it for breast cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

*Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for ovarian cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Female sample adults 18+ who have ever had a genetic test

*Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for colon or rectal cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

*Read if necessary.

Please think about your MOST RECENT genetic test for cancer risk.

Was it for another type of cancer?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever had a genetic test

*Specify other test for genetic risk of cancer.

97 Refused

99 Don't know **Verbatim** Verbatim response

UniverseText: Sample adults 18+ who have had a genetic test for another type of cancer

When did you have this genetic test done?

*Enter month of genetic test.

*Enter '96' to go to number and time period format.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

96 Time period format

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have had a genetic test for cancer

*Enter year of genetic test.

1880-2011 1880-2011

9996 Time period format

9997 Refused

9999 Don't know

UniverseText: Sample adults 18+ who gave a month for their genetic test date or who didn't know the month

When did you have this genetic test done?

*Enter number for time since genetic test.

*Enter '95' for 95 or more.

01-94 1-94

95 95+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who requested the time period format at GTRSK_MT

When did you have this genetic test done?

*Enter number for time since genetic test.

*Enter '95' for 95 or more.

01-94 1-94

95 95+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who requested the time period format at GTRSK_MT

*Enter time period for time since genetic test.

1 Days ago

2 Weeks ago

3 Months ago

4 Years ago

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who answered 1-95 for the number part of this 2-part question

Was it:

*Read answer categories.

1 A year ago or less

2 More than 1 year but not more than 2 years

3 More than 2 years but not more than 3 years

4 More than 3 years but not more than 5 years

5 Over 5 years ago

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last genetic test was over 5 years ago)

Compared to the average {man/woman} your age, would you say that you are more likely to get colon or rectal cancer, less likely, or about as likely?

*Read if necessary.

For a colon or rectal cancer survivor, this means getting colon or rectal cancer again in the future.

1 More likely

2 Less likely

3 About as likely

7 Refuse

9 Don't Know

UniverseText: Sample adults age 18+

Compared to the average woman your age, would you say that you are more likely to get breast cancer, less likely, or about as likely?

*Read if necessary.

For a breast cancer survivor, this means getting breast cancer again in the future.

1 More likely

2 Less likely

3 About as likely

7 Refuse

9 Don't Know

UniverseText: Female sample adults age 18+

FAMILY HISTORY

We would like to ask you a few questions about your family history of cancer. Did your BIOLOGICAL FATHER EVER have cancer of any kind?

- 1 Yes
 - 2 No
 - 3 Adopted or don't know biological father
 - 7 Refused
 - 9 Don't know
- UniverseText: Sample adults 18+

What kind of cancer did your father have?

* Enter code for the first (second, third) kind of cancer.

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

UniverseText: Sample adults 18+ whose father ever had cancer

Was your biological father under 50 years of age when [Fill: FHFT YP_1, FHFTYP_2, FHFTYP_3] was first diagnosed?

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

UniverseText: Sample adults 18+ who selected a first kind of cancer for father or refused to answer or didn't know kind of cancer

Did your BIOLOGICAL MOTHER EVER have cancer of any kind?

- 1 Yes
- 2 No
- 3 Adopted or don't know biological mother

7 Refused

9 Don't know

UniverseText: Sample adults 18+

What kind of cancer did your mother have?

* Enter code for the first (second, third) kind of cancer.

01 Bladder

02 Blood

03 Bone

04 Brain

05 Breast

06 Cervix

07 Colon

08 Esophagus

09 Gallbladder

10 Kidney

11 Larynx-windpipe

12 Leukemia

13 Liver

14 Lung

15 Lymphoma

16 Melanoma

17 Mouth/Tongue/Lip

18 Ovary

19 Pancreas

20 Prostate

21 Rectum

22 Skin (non melanoma)

23 Skin (DK what kind)

24 Soft tissue (muscle or fat)

25 Stomach

26 Testis

27 Throat-pharynx

28 Thyroid

29 Uterus

30 Other

97 Refused

99 Don't know

UniverseText: Sample adults 18+ whose mother ever had cancer

Was your biological mother under 50 years of age when [Fill: FHMTYP_1, FHMTYP_2, FHMTYP_3] was first diagnosed?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who selected a first kind of cancer for mother or refused to answer or didn't know kind of cancer

FULL BROTHERS have the same biological mother and father as you. How many FULL BROTHERS do you have? Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more brothers.

00 None

01-20 1-20 brothers

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+

[Fill1: Did your BROTHER EVER have cancer of any kind?

*Enter '0' if brother has not had any kind of cancer.

*Enter '1' if brother has had cancer.]

[Fill2: How many of your BROTHERS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more brothers.]

00 None

01-20 1-20 brothers

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have at least one full brother

What kinds of cancer did your [Fill1: brother/Fill2: brothers] have?

* Enter code for the first (second, third) kind of cancer.

01 Bladder

02 Blood

03 Bone

04 Brain

05 Breast

06 Cervix

07 Colon

08 Esophagus

09 Gallbladder

10 Kidney

11 Larynx-windpipe

12 Leukemia

13 Liver

14 Lung

15 Lymphoma

16 Melanoma

17 Mouth/tongue/lip

18 Ovary

19 Pancreas

20 Prostate

21 Rectum

22 Skin (non-melanoma)

23 Skin (DK what kind)

24 Soft tissue (muscle or fat)

25 Stomach

26 Testis

27 Throat-pharynx

28 Thyroid

29 Uterus

30 Other

97 Refused

99 Don't know

UniverseText: Sample adults 18+ whose brother(s) ever had cancer

How many brothers have had [Fill: FHBTYPE_1, FHBTYPE_2, FHBTYPE_3]?

*Enter '21' for 21 or more brothers.

01-20 1-20 brothers

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have brothers with a first kind of cancer

[Fill1: Was your brother under 50 years of age when [Fill3: FHBTYPE_1, FHBTYPE_2, FHBTYPE_3] was first diagnosed?

*Enter '0' if brother was 50 or over.

*Enter '1' if brother was under 50.]

[Fill2: How many of these brothers were under 50 years of age when [Fill3: FHBTYP_1, FHBTYP_2, FHBTYP_3] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more brothers.]

00 None

01-20 1-20 brothers

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ whose brother(s) had a first kind of cancer or refused or didn't know name of first kind of cancer

FULL SISTERS have the same biological mother and father as you. How many FULL SISTERS do you have? Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more sisters.

00 None

01-20 1-20 sisters

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+

[Fill1: Did your SISTER EVER have cancer of any kind?

*Enter '0' if sister has not had any kind of cancer.

*Enter '1' if sister has had cancer.]

[Fill2: How many of your SISTERS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more sisters.]

00 None

01-20 1-20 sisters

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have at least one full sister

What kind of cancer did your [Fill1: sister/Fill2: sisters] have?

* Enter code for the first (second, third) kind of cancer.

01 Bladder

02 Blood

03 Bone

04 Brain

05 Breast

06 Cervix

07 Colon

08 Esophagus

09 Gallbladder

10 Kidney

11 Larynx-windpipe

12 Leukemia

13 Liver

14 Lung

15 Lymphoma

16 Melanoma

17 Mouth/tongue/lip

18 Ovary

19 Pancreas

20 Prostate

21 Rectum
22 Skin (non-melanoma)
23 Skin (DK what kind)
24 Soft tissue (muscle or fat)
25 Stomach
26 Testis
27 Throat-pharynx
28 Thyroid
29 Uterus
30 Other
97 Refused
99 Don't know

UniverseText: Sample adults 18+ whose sister(s) ever had cancer

How many sisters have had [Fill: FHSTYP_1, FHSTYP_2, FHSTYP_3]?

* Enter '21' for 21 or more sisters.

01-20 1-20 sisters

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have sisters with a first kind of cancer

[Fill1: Was your sister under 50 years of age when [Fill3: FHSTYP_1, FHSTYP_2, FHSTYP_3] was first diagnosed?

* Enter '0' if sister was 50 or over.

* Enter '1' if sister was under 50.]

[Fill2: How many of these sisters were under 50 years of age when [Fill3: FHSTYP_1, FHSTYP_2, FHSTYP_3] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more sisters.]

00 None

01-20 1-20 sisters

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ whose sister(s) had a first kind of cancer or refused or didn't know name of first kind of cancer

How many BIOLOGICAL SONS do you have? Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more biological sons.

*Enter '96' for no biological children.

00 None

01-20 1-20 sons

21 21+

96 No biological children

97 Refused

99 Don't know

UniverseText: Sample adults 18+

[Fill1: Did your SON EVER have cancer of any kind?

*Enter '0' if son has not had any kind of cancer.

*Enter '1' if son has had cancer.]

[Fill2: How many of your SONS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more sons.]

00 None

01-20 1-20 sons

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have at least one biological son

What kinds of cancer did your [Fill1: son/Fill2: sons] have?

* Enter code for the first (second) kind of cancer.

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

UniverseText: Sample adults 18+ whose sons(s) ever had cancer

How many sons have had [Fill1: FHNTYP_1, FHNTYP_2]?

*Enter '21' for 21 or more sons.

01-20 1-20 sons

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have sons with a first kind of cancer

[Fill1: Was your son under 50 years of age when [Fill3: FHNTYP_1, FHNTYP_2] was first diagnosed?

*Enter '0' if son was 50 or over.

*Enter '1' if son was under 50.]

[Fill2: How many of these sons were under 50 years of age when [Fill3: FHNTYP_1, FHNTYP_2] was first diagnosed?

*Enter '0' for none.

00 01-20 21 97 99

*Enter '21' for 21 or more sons.] None 1-20 sons 21+ Refused Don't know

UniverseText: Sample adults 18+ whose son(s) had a first kind of cancer or refused or didn't know name of first kind of cancer

How many BIOLOGICAL DAUGHTERS do you have? Please include any who are alive and those who may have died.

*Enter '0' for none.

*Enter '21' for 21 or more biological daughters.

00 None

01-20 1-20 daughters

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who did not say they did not have any biological children at the 'number of biological sons'

[Fill1: Did your DAUGHTER EVER have cancer of any kind?

*Enter '0' if daughter has not had any kind of cancer.

*Enter '1' if daughter has had cancer.]

[Fill2: How many of your DAUGHTERS have EVER had cancer of any kind?

*Enter '0' for none.

*Enter '21' for 21 or more daughters.]

00 None

01-20 1-20 daughters

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have at least one biological daughter

What kinds of cancer did your [Fill1: daughter/Fill2: daughters] have?

* Enter code for the first (second) kind of cancer.

01 Bladder

02 Blood

03 Bone

04 Brain

05 Breast

06 Cervix

07 Colon

08 Esophagus

09 Gallbladder

10 Kidney

11 Larynx-windpipe

12 Leukemia

13 Liver

14 Lung

15 Lymphoma

16 Melanoma

17 Mouth/tongue/lip

18 Ovary

19 Pancreas

20 Prostate

21 Rectum

22 Skin (non-melanoma)

23 Skin (DK what kind)

24 Soft tissue (muscle or fat)

25 Stomach

26 Testis

27 Throat-pharynx

28 Thyroid

29 Uterus

30 Other

97 Refused

99 Don't know

UniverseText: Sample adults 18+ whose daughter(s) ever had cancer

How many daughters have had [Fill: FHDTYP_1, FHDTYP_2]?

*Enter '21' for 21 or more daughters.

01-20 1-20 daughters

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have daughters with a first kind of cancer

[Fill1: Was your daughter under 50 years of age when [Fill3: FHDTYP_1, FHDTYP_2] was first diagnosed?

*Enter '0' if daughter was 50 or over.

*Enter '1' if daughter was under 50.]

[Fill2: How many of these daughters were under 50 years of age when [Fill3: FHDTYP_1, FHDTYP_2] was first diagnosed?

*Enter '0' for none.

*Enter '21' for 21 or more daughters.]

00 None

01-20 1-20 daughters

21 21+

97 Refused

99 Don't know

UniverseText: Sample adults 18+ whose daughter(s) had a first kind of cancer or refused or didn't know name of first kind of cancer

[NEW]. The next few questions are about the number of your second-degree relatives who have been diagnosed with breast or ovarian cancer.

How many of your grandparents, aunt, uncles, nieces, nephews, or grandchildren have ever been diagnosed with breast cancer?

* Interviewer read: Do not include great grandparents, great aunts or uncles, cousins, or step- relatives

*Report number of second-degree relatives who have been diagnosed with breast cancer

1-99 _____

Refused

Don't Know

UniverseText sample adults age 18+

[NEW]. How many of them were diagnosed with breast cancer before the age of 50?

*Report number of second-degree relatives who have ever been diagnosed with breast cancer under age 50

1-99 _____

Refused

Don't Know

UniverseText sample adults age 18+ with second degree relatives diagnosed with breast cancer

[NEW]. How many of your grandmothers, aunts, nieces, or granddaughters have ever been diagnosed with ovarian cancer?

* Interviewer read: Do not include great grandparents, great aunts, cousins, or step- relatives

*Report number of second-degree relatives who have been diagnosed with ovarian cancer

1-99 _____

Refused

Don't Know

UniverseText sample adults age 18+

**Core Change (Addition of Following Questions to Sample Adult Core for infrequent smokers;
similar to existing core questions for those who smoked 100+ cigarettes in lifetime):**

Have you ever smoked a cigarette EVEN ONE TIME?

- 1. Yes
- 2. No
- Refused
- Don't know

How old were you the FIRST TIME you smoked a cigarette?

- * Enter '6' if less than 6 years old.
- * Enter '95' if 95 years old or older.

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

- 1. Every day
- 2. Some days
- 3. Not at all
- Refused
- Don't know

1 of 2

How long has it been since you smoked a cigarette?

- * Enter number for time since smoked.
- * Enter '95' for 95 or more.

2 of 2

Enter time period for time since smoked a cigarette

- 1. Day(s)
- 2. Week(s)
- 3. Month(s)
- 4. Year(s)
- Refused
- Don't know

On how many of the PAST 30 DAYS did you smoke a cigarette?

- *Enter '0' for None.

- Refused
- Don't know