

2007-2008 Utah Health Status Survey Questionnaire
Office of Public Health Assessment
Utah Department of Health
Tuesday, November 7, 2006

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INTRODUCTION

Hello, this is _____ calling from the Utah Department of Health. Your telephone number was randomly chosen to be included in a study and we'd like to ask some questions about the health of people living in your household to guide state health policies.

If necessary, read: The information will be used by state lawmakers, public health programs and by your local health department in setting the public health agenda. In order for the study to truly represent all Utahns, it is extremely important that we conduct an interview with every randomly selected household.

Interviewer Note: If respondent wants to verify survey legitimacy, give out toll-free phone number (888) 222-2542 for Kimberly Partain McNamara

- 1 . . . CONTINUE
- 2 . . . ENTER A DISPOSITION

S1c. Is this (xxx)xxx-xxxx?
 1..... YES
 2 NO

PrivRes. Is this a private residence in the state of Utah?

- 1 . . . YES (CONTINUE)
- 2 . . . NO (THANK AND TERMINATE)
- 3 . . . (DK) (THANK AND TERMINATE)
- 4 . . . (REFUSED) (THANK AND TERMINATE)

Interviewer Note: If they ask how you got their number, state that the phone number was randomly generated by computer.

ISCELL. Is this a cellular telephone? By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not be confused with a cordless phone which is simply a wireless extension of your home phone.

- 1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. (CONTINUE)
- 2. YES, A CELLULAR TELEPHONE (THANK AND TERMINATE)

ADULTS. I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older ?

Enter the number of adults

MEN. How many of these adults are men?

Enter the number of men in household.

WOMEN. How many of these adults are women?

Enter the number of women in household.

SELECTED. The person I need to speak with is the _____ male/female. Are you that person?

- 1.... YES
- 2.....NO

(IF THIS IS NOT THE ADULT YOU NEED TO SPEAK WITH, THE CATI PROGRAM WILL USE SEVERAL VARIABLES TO OBTAIN CORRECT ADULT)

NEWADULT. All of your answers and your phone number will remain completely confidential. Also, if there is any question you do not want to answer just let me know and we'll go on to the next one. If it is all right with you my supervisor may listen to all or part of this call to monitor my performance.

Interviewer Note: If for some reason the respondent wants to know what confidentiality code we are using, here it is >> (45 CFR 46.116, Title 21 CFR Part 56.116)

- 1. CONTINUE WITH THE SURVEY
- 2. NOT A GOOD TIME RIGHT NOW/ CALLBACK
- 3. REFUSAL

[READ] Thank you. Your answers will help to influence policy and improve health services across the state.

S2. In what county is this household located?

- 01. Beaver
- 02. Box Elder
- 03. Cache
- 04. Carbon
- 05. Daggett
- 06. Davis
- 07. Duchesne
- 17. Rich
- 18. Salt Lake
- 19. San Juan
- 20. Sanpete
- 21. Sevier
- 22. Summit
- 23. Tooele

- | | | |
|--------------|-------------------------|-----------------------|
| 08. Emery | 24. Uintah | |
| 09. Garfield | 25. Utah | |
| 10. Grand | 26. Wasatch | |
| 11. Iron | 27. Washington | |
| 12. Juab | 28. Wayne | |
| 13. Kane | 29. Weber | |
| 14. Millard | 88. Don't know/Not sure | (SKIP TO TOWN) |
| 15. Morgan | 99. Refused | (THANK AND TERMINATE) |
| 16. Piute | | |

TOWN. (ASKED IF S2=88, OR DK/NOT SURE) What is the name of the town or city where you live?
(OPEN-ENDED)

NEW **MOVED:** ZIPCODE..... What is your Utah zip code?

(Open ended **and code all three digits**)

ENTER # GIVEN, 84_ _ _
99998. (DK)
99999. (REFUSED)

S3a. **Interviewer Note:** DO NOT READ UNLESS NECESSARY: VERIFY THE NUMBER OF ADULTS

We need to know how many people are in your household so that we can ask you the right questions. Please tell me how many people, age 18 or older live in your household, including yourself?

Interviewer Note: If not sure, ask:

Is this CURRENTLY his/her primary residence? For students living away from home, LDS missionaries, and military on active duty, the answer should be NO.

00 . . . NONE
01 . . . ONE
ENTER # OF PEOPLE GIVEN, _____ (02-11)
8..... 8 OR MORE
98 . . . (DK) (THANK AND TERMINATE)
99 . . . (REFUSED) (THANK AND TERMINATE)

Interviewer Note: NUMBER OF ADULTS SHOULD CORRESPOND TO ANSWER PREVIOUSLY GIVEN

S4. How many members of your household are children under 18 years of age?

(OPEN ENDED AND CODE ACTUAL NUMBER)

Interviewer Note: For children who live part time with another parent, please include the child if they are staying in the household tonight.

00 . . . NONE
01 . . . ONE
ENTER # OF PEOPLE GIVEN, _____ (02-11)
12..... 12 OR MORE
98 . . . (DK)
99 . . . (REFUSED)

(If code "01" in S3a, Skip to S6; Otherwise, Continue)

(Variables S6 through STATUS will be asked of the respondent first. After that they will cycle through for each individual in the household, then continue onto HISPANIC for the respondent.)

S6a-z. What is your first name? _____ Of those [BLANK #] people in your household, not including yourself, who is the next oldest after [last fill person]? What is their first name? _____

Interviewer Note: If they don't want to give you a name, ask for initials. This is ONLY to help you keep track of who you are talking to/about during the survey.

Interviewer Note 2: On subsequent people in the household, asking "who is the next oldest?" would be acceptable rather than reading the whole sentence word for word.

HOUSEHOLD MEMBER DEMOGRAPHIC CHARACTERISTICS

PRE1: The next questions ask about some basic characteristics of [all household members/your household].

GENDER: (Autocode respondent's ... Adults a-f = male, Adults g-l=female) Is [name] a male or a female?

- 1..... MALE
- 2..... FEMALE

Interviewer Note: If respondent has provided information such as 'Brian' is my husband or 'Gladys' is my wife, or 'Charles' is my son, interviewer does not ask this Gender question. Instead, make a statement verifying this information, such as 'And Brian is a male?' etc.

RELASHIP: (will not be asked of respondent) How is [name] related to you?

- 01..... SPOUSE OR PARTNER
- 02..... SON
- 03..... DAUGHTER
- 04..... SON-IN-LAW (OF RESP OR SPOUSE)
- 05..... DAUGHTER-IN-LAW (OF R OR SPOUSE)
- 06..... FATHER (OF RESPONDENT OR SPOUSE)
- 07..... MOTHER (OF RESPONDENT OR SPOUSE)
- 08..... BROTHER (OF RESP OR SPOUSE)
- 09..... SISTER (OF RESPONDENT OR SPOUSE)
- 10..... OTHER RELATIVE
- 11..... NON RELATIVE
- 12..... (DK)
- 13..... (REFUSED)

Interviewer Note: If respondent has provided information, such as 'Brian is my husband', or 'Brian is my son', or 'Daphne is my daughter', interviewer does not have to ask relationship, though shall make a verifying statement, such as 'and Brian is your husband?' If step-relationship is indicated, code the response as if there were no 'step' relationship (i.e. step-son would be coded as son, etc.)

[READ] [This question will not be asked of single person households] If there are any questions about other household members that you're not sure how to answer, feel free to confer with other people in the household.

AAGEa-1: How old [were you/was name] on [your/his/her] last birthday?

ENTER # OF YEARS, _____ 18-105
888.. DK
999.. REFUSED

Interviewer Note: If respondent has provided information previously such as, 'Charles is my 9 year old son', interviewer does not have to ask age, but can make a verifying statement such as, 'and Charles is your 9 year old son?'

CAGEm-x: How old is [name]?
ENTER # GIVEN, _____
98..... DK
99..... REFUSED

CAGE2m-x:
Interviewer Probe: Is that ___ years? Months? Weeks?

1..... WEEKS
2..... MONTHS
3..... YEARS
8.. (DK)
9.. (REFUSED)

Interviewer Note: If respondent has provided information previously such as, 'Charles is my 9 year old son', interviewer does not have to ask age, but can make a verifying statement such as, 'and Charles is your 9 year old son?'

(IF 5<=CAGE<=17 AND CAGE2 = 3 & RELASHIP = 2<>3 ASK LEGAL. OTHERWISE SKIPTO HEALTH)

NEW Legal

(I would like to ask you about your relationship with children in your home between the ages of 5 and 17 that you did not say are your son or daughter).

(For clarification purposes we would like to ask you,) are you the legal guardian of or custodian of [child] ?

INTERVIEWER NOTE: DEFINITION OF GUARDIANSHIP ACCORDING TO UTAH STATE LAW- A GUARDIAN IS A PERSON WHO IS LEGALLY RESPONSIBLE FOR TAKING CARE OF A NON-BIOLOGICAL CHILD AND HAS THE AUTHORITY TO CONSENT TO MAJOR MEDICAL, SURGICAL OR PSYCHIATRIC TREATMENT.

1..... YES
2..... NO
8..... (DK)
9..... (REFUSED)

HEALTH. This next question is about your health now. In general, would you say [your/name's] health is excellent, very good, good, fair, or poor?

1..... EXCELLENT
2..... VERY GOOD
3..... GOOD
4..... FAIR
5 POOR
8..... (DK)
9..... (REFUSED)

(ONLY asked of respondent)

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

___ Number of days

0 0 None
8 8 Don't know / Not sure
9 9 Refused

(IF AGE <18, SKIP TO NEXT RESPONDENT QUESTION)

HEIGHT. About how tall [are you/is name] without shoes?

Interviewer Note: Round to the nearest inch, 1/4 rounds down; 1/2 or 3/4 round up

ENTER # GIVEN, _____ (FEET)

8.....(DK)

9.....(REFUSED)

HEIGHT2.

ENTER # GIVEN, _____ (INCHES)

98 (DK)

99 (REFUSED)

WEIGHT. About how much [do you/does name] weigh, without clothes and shoes?

ENTER # GIVEN, _____ (WEIGHT)

998.....(DK)

999.....(REFUSED)

(STUDENT MODULE)

(STUDENT QUESTIONS ONLY ASKED OF RESPONDENT)

NEW STUDENT. ARE YOU CURRENTLY TAKING CLASSES AT A UTAH COLLEGE OR UNIVERSITY?

1..... YES (**SKIPTO UNIV**)

2..... NO (**SKIPTO EMPLOYED**)

8.....(DK) (**SKIPTO EMPLOYED**)

9 (REFUSED) (**SKIPTO EMPLOYED**)

INTERVIEWER: IF THE RESPONDENTS ASKS, WE ARE ONLY ASKING ABOUT PEOPLE ATTENDING UNIVERSITY CLASSES AND WORKING TOWARDS A DEGREE. THIS DOES NOT INCLUDE CONTINUING EDUCATION CLASSES.

NEW UNIV. WHICH COLLEGE OR UNIVERSITY ARE YOU TAKING CLASSES FROM?

1..... UNIVERSITY OF UTAH (U OF U)

2 UTAH STATE UNIVERSITY (USU)

3 BRIGHAM YOUNG UNIVERSITY (BYU)

4 SALT LAKE COMMUNITY COLLEGE (SLCC)

5 UTAH VALLEY STATE COLLEGE (UVSC)

6 SOUTHERN UTAH UNIVERSITY

7 WEBER STATE UNIVERSITY

8 OTHER _____.

88 (DK)

99 (REFUSED)

NEW UNIVO. (**IF CODE "8" IN UNIV ASK:**) WHICH COLLEGE OR UNIVERSITY ARE YOU TAKING CLASSES FROM?

NEW FULLPART. ARE YOU A FULL OR PART TIME STUDENT?

- 1..... FULL TIME
- 2 PART TIME
- 3 ONLY TAKING CONTINUING EDUCATION CLASSES
- 8..... (DK)
- 9 (REFUSED)

(END STUDENT MODULE)

(IF AGE <18, SKIP TO NEXT RESPONDENT QUESTION)

EDUCAT. What is the highest year or grade of education [you have/ name has] completed?

- 1..... Some high school or less
- 2..... High school graduate/GED
- 3..... Some college or vocational school
- 4..... Tech./Vocational school grad/Assoc. degree
- 5..... College graduate (4-year college degree)
- 6..... Some postgraduate courses
- 7..... Postgraduate/Professional degree
(MA, MS, PHD, JD, MD, ETC.)
- 8..... (DK)
- 9..... (REFUSED)

EMPLOYEDa-1 . I am going to ask a few questions about work related activities. Last week, did [you/name] do any work for either pay or profit?

- 1..... YES **(CONTINUE)**
- 2..... NO .. **(SKIP TO JOBSTATa-L)**
- 8..... (DK) . **(SKIP TO JOBSTATa-L)**
- 9..... (REFUSED) **(SKIP TO JOBSTATa-L)**

HOURSWKD. **(If code "1" in EMPLOYEDa-1, ask:)** How many hours per week [do you/does name] usually work at [your/his/her] main job?

Interviewer Probe: By main job I mean the one at which [you/he/she] usually [work/works] the most hours.

- ENTER # GIVEN, _____ (HOURS)
- 98.... (DK)
- 99.... (REFUSED)

EMPCSELF.. **(If code "1" in EMPLOYEDa-1, ask:)** [Are you/Is name] self-employed?

- 1 YES
- 2 NO
- 8 (DK)
- 9 (REFUSED)

EMPC1a. **(If code "1" in EMPLOYEDa-1, AND AGE 18-65 ask:)** How long [have you /has name] been working for [your/their] current employer? **(Open ended and code actual number of months)**

Interviewer Guide: 1 year=12; 2 years=24; 3 years=36; 4 years=48; 5 years=60

- ENTER # GIVEN, _____, (01-60)
- 00 LESS THAN 4 WEEKS

- 61 MORE THAN 5 YEARS
- 98 (DK)
- 99 (REFUSED)

NUMEMPS.. **(If code "1" in EMPLOYEDa-1, AND AAGE 18-65 ask:)** Thinking about the company [you/name] work[s] for, approximately how many employees work for this organization?

Interviewer Note: If "DK", **Probe:** What is your best guess?

- 01 1 EMPLOYEE
- 02 2-5 EMPLOYEES
- 03 6-10 EMPLOYEES
- 04 11-20 EMPLOYEES
- 05 21-50 EMPLOYEES
- 06 51-100 EMPLOYEES
- 07 101-150 EMPLOYEES
- 08 151-200 EMPLOYEES
- 09 201-250 EMPLOYEES
- 10 MORE THAN 250 EMPLOYEES
- 11 (DK)
- 12 (REFUSED)

TYPEWORK. **(If code "1" in EMPLOYEDa-1, AND AAGE 18-65 ask:)** What kind of work is this company primarily engaged in?

- 01 . . . Agriculture/Forestry/Fishing
- 02 . . . Mining/Extraction (Coal, Oil, Natural Gas, etc.)
- 03 . . . Construction/Special Trades (Electrician, Plumber, etc.)
- 04 . . . Manufacturing (Food, Publishing, Chemicals, Machinery, Glass, etc.)
- 05 . . . Transportation (Rail, Trucking, Air, Pipeline, etc.)
- 06 . . . Public Utilities (phone, electric, gas, sanitary services)
- 07 . . . Wholesale or Retail trade (except restaurants)
- 08 . . . Insurance/Real estate/Banking/Finance
- 09 . . . Hospitality/Hotels/Resaurants/Bars
- 10 . . . Services (Auto Repair, Business Services, Hair Dresser)
- 11 . . . Medical and Health Services
- 12 . . . Public or Private Education
- 13 . . . Other Professional Services (Legal Services, Engineering, Architectural, Accounting, etc.)
- 14 . . . Military
- 15 . . . Other Government (Public Administration, Post Office, Etc.)
- 16 . . . Other _____.
- 88 . . . (DK)
- 99 . . . (REFUSED)

TYPEB. **(IF CODE "16" IN TYPEWORK ASK:)** PLEASE SPECIFY OTHER KIND OF WORK.

JOBSTATa-1. **(IF CODE "2" IN EMPLOYED, ASK:)** Were [you/name] primarily **(read 1-6)**?

- 1.....Retired
- 2.....Keeping house
- 3..... A full time student
- 4..... Temporarily not at work
- 5..... Unemployed and looking for work,
- OR
- 6..... Unable to work
- 7..... OTHER (DO NOT LIST) **(DO NOT READ)**
- 8..... DK **(DO NOT READ)**

STATUS. [Are you/Is name] currently **(read 1-5)**?

Interviewer Note: If respondent says, "DK" or "living as married", continue with probe

Interviewer Probe: What category do you think [you/he/she] fall/s into?

- 1.....Married
- 2.....Divorced
- 3.....Widowed
- 4.....Separated, OR
- 5.....Never married
- 8.....DK (DO NOT READ)
- 9 REFUSED (DO NOT READ)

Interviewer Note: If respondent has provided information, such as 'Brian is my husband, or 'Gladys' is my wife, interviewer does not have to ask STATUS, BUT CAN MAKE A VERIFYING STATEMENT SUCH AS, 'AND BRIAN IS YOUR HUSBAND?'

MOVED (If S4<1, SKIP TO AAGE; OTHERWISE, CONTINUE)

KNOW Thinking about ALL the adults in your household who are age 18 or older, who would know the MOST about the children(s) health in your household? Would that be you, or some other household member?

- 1.....RESPONDENT
- 2 RESPONDENT AND SOMEONE ELSE EQUALLY
- 3 SOME OTHER HOUSEHOLD MEMEBER
- 8 (DK)
- 9 (REFUSED)

HOFH [This question will not be read for single person households] Of the adults living in your house, who would you say is the head of the household or the homeowner.

Interviewer Probe: We just need to identify one of the adults who might be the head of household.

Interviewer Note: If only one adult in the household, just mark their name and continue to the next question.

- 01(RESPONSE IN S6-A)
- 02.....(RESPONSE IN S6-B)
- 03.....(RESPONSE IN S6-C)
- 04.....(RESPONSE IN S6-D)
- 05.....(RESPONSE IN S6-E)
- 06.....(RESPONSE IN S6-F)
- 07.....(RESPONSE IN S7-A)
- 08.....(RESPONSE IN S7-B)
- 09.....(RESPONSE IN S7-C)
- 98.....(DK)
- 99(REFUSED)

HISPANIC..... Are you of Spanish, Hispanic, or Latino origin or descent?

- 1..... YES

- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

(If code "01" in S3a AND code "00" in S10, Skip to RACEa-x; Otherwise, Continue)

HISPAN2. [This question will not be asked of single person households] Are any other household members of Spanish, Hispanic, or Latino origin?

- 1..... YES, ALL
- 2..... YES, SOME
- 3..... NO, NO ONE ELSE IS
- 8..... (DK)
- 9..... (REFUSED)

(If code "02" in HISPAN2, continue; Otherwise, skip to RACEa)

HISPAN3b-1. [This question will not be asked of single person households] Will you please tell me which other household members are of Spanish, Hispanic, or Latino origin?

- 1..... [FILL PERSON 1]
- 2..... [FILL PERSON 2]
- 3..... [FILL PERSON 3]
- 4..... [FILL PERSON 4]
- 5 ETC

[READ]..... The next few questions ask about race.

RACE..... Which one or more of the following would you say is your race? **(Check all that apply)**

Please read:

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

OR

- 6 Other [specify]_____

Do not read:

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

(If response = "1" to only one race category, skip to RACEALL or SF2; If response = "1" to MORE THAN one race category, continue)

PRIRACE.... Which one of these groups would you say best represents [your/fill person's] race?

Please read:

- 1 BLACK OR AFRICAN AMERICAN
- 2 ASIAN
- 2 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 3 AMERICAN INDIAN OR ALASKA NATIVE
- 4 WHITE, OR
- 5 ANOTHER RACE [SPECIFY]_____

Do not read:

- 8.....(DK)
- 9.....(REFUSED)

**If code "08-09" in all of RACE, Skip to SF2;
Otherwise, Continue**

RACEALL.... [This question will not be asked of single person households] Is everyone else in the household [response in RACE]?

Interviewer Note: If no race is listed for this question, select "8/Don't Know".

- 1..... YES
- 2..... NO
- 8.....(DK)
- 9.....(REFUSED)

(if code "2" in RACEALL go to RACE and PRIRACE if necessary (for each person in household)

MEDICAL CONDITIONS

[READ] Now I am going to ask about some medical conditions.

Diabetes

DIAB1. Has a medical DOCTOR or other health professional ever told [anyone currently living in your household/you] that [they/you] have ANY KIND OF DIABETES?

Interviewer Note: If respondent indicates diabetes while pregnant (gestational), code as "Yes".

- 1..... YES (CONTINUE)
- 2..... NO..... (SKIP TO ASTH1)
- 8.....(DK).. (SKIP TO ASTH1)
- 9.....(REFUSED) (SKIP TO ASTH1)

DIAB2. **(If code "1" in DIAB1, ask:)** I need to list all household members who have been told by a doctor they have diabetes starting with you?

Interviewer Note: If only one person in the household, just mark their name and continue to the next question.

Interviewer Probe: Any others? Who is the next oldest household member? (Open ended and code)

- 1..... [FILL PERSON 1]
- 2..... [FILL PERSON 2]
- 3..... [FILL PERSON 3]
- 4..... [FILL PERSON 4]
- 5..... ETC
- 21.....(DK)
- 22.....(REFUSED)

(If response in DIAB1 = 1 and if response in DIAB2 = GENDER '2' [FEMALE] ask:)

DIAB3. Did [your/name's] diabetes occur only during pregnancy, or [have you/has she] also been diagnosed with diabetes while not pregnant?

- 1..... ONLY DURING PREGNANCY
- 2..... HAS BEEN DIAGNOSED WHILE NOT PREGNANT
- 8.....(DK)
- 9.....(REFUSED)

Lupus

LUP1 . Has anyone living in your household ever been told by a doctor that they have Systemic Lupus?

- 1..... YES .. (CONTINUE)
- 2..... NO..... (SKIP TO COV1)
- 8..... (DK).. (SKIP TO COV1)
- 9..... (REFUSED) (SKIP TO COV1)

Interviewer Note: Systemic Lupus (LOO-pus): A rheumatic disease affecting skin and body tissue. Additionally, some people experience involvement of organs such as kidneys, lungs, or heart. Lupus is generally diagnosed between age 18 and 45. Symptoms include skin rashes, abnormal sun sensitivity, and joint pain, inflammation, and stiffness. Lupus is treatable, but can be a very serious impairment.

LUP2.. (If code "1" in LUP1, ask:) I need to list all household members who have ever been told by a doctor or other health professional that they have lupus starting with you?

Interviewer Note: If only one person in the household, just mark their name and continue to the next question.

Interviewer Probe: Any others? Who is the next oldest household member? (Open ended and code)

- 1..... [FILL PERSON 1]
- 2..... [FILL PERSON 2]
- 3..... [FILL PERSON 3]
- 4..... [FILL PERSON 4]
- 5..... ETC
- 21..... (DK)
- 22..... (REFUSED)

HEALTH INSURANCE STATUS

Coverage Status

COV1. The next few questions ask about health insurance. By health insurance I mean private and employer plans, prepaid plans such as HMOs, and government plans, such as Medicare. Are [\[any of the members of your household/you\]](#) currently covered by health insurance?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

INTERVIEWER NOTE: IF RESPONDENT ASKS WHY THIS IS BEING ASKED
ANSWER: 'THIS INFORMATION WILL HELP DEVELOP STRATEGIES TO IMPROVE HEALTH INSURANCE COVERAGE AND BENEFITS IN UTAH.'

(If COV1=Yes, then skip to COV2;

If COV1=No, then continue)

COV3. There are some types of plans you many not have considered, are [\[any of the members of your household/you\]](#) currently covered by...

[Read through COV2x1-10]

COV2. Please tell me if [\[anyone in your household has/you have\]](#) any of the following, ...
[continue to COV2x1-COV2x10]

COV2x1. ... healthcare coverage that is provided through a current or former employer or union?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x1 Interviewer Note: This type of insurance includes 'COBRA'

COV2x2. [Is anyone in the household/Are you] covered by ... A health insurance plan that you purchase directly from an insurance company and not through an employer or union?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x2 Interviewer Note: For example, someone who is self-employed or not employed.

COV2x3. (READ ONLY IF NECESSARY: [Is anyone in the household/Are you] covered by ...)

The health plan of someone who does not live in the household?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x4. (READ ONLY IF NECESSARY: [Is anyone in the household/Are you] covered by ...)

Medicare, that is, the government plan for persons age 65 or older or those with disabilities?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x5. (READ ONLY IF NECESSARY: [Is anyone in the household/Are you] covered by ...)

Medicaid?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x5 Interviewer Note: Medicaid includes the newly implemented PCN, or Primary Care Network for adults.

COV2x6. The Utah Children's Health Insurance Program, or CHIP, is a program for children of working parents whose children are uninsured or who earn too much for Medicaid benefits. [Does anyone/Do you] have coverage through CHIP?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x7: [Is anyone in the household/Are you] covered by ... An other government plan, such as Military, Tri-Care or the V.A?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x8. [Does anyone/Do you] have health insurance that covers ONLY certain specific medical conditions, such as for diabetes or breast cancer?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x8 Interviewer Note: This insurance would not cover ANYTHING ELSE, just the specific condition.

COV2x9. (READ ONLY IF NECESSARY: [Does anyone in the household/Do you] have ...)

Coverage through some other source that I have not already mentioned?

1. YES
2. NO
8. (DK)
9. (REFUSED)

(If COV2x9=2, 8, or 9, then skip to COV2x10)

(If COV1=Yes, then continue)

COV2x9Op. What source is this coverage from?
[SPECIFY – OPEN ENDED RESPONSE]

COV2x10. [Is there anyone in your household who has/Do you have] no health insurance coverage?

1. YES, SOMEONE IN HH IS UNINSURED
2. NO, ALL HH MEMBERS ARE INSURED
8. (DK)
9. (REFUSED)

(CATI will be programmed to create a list of all 'YES' responses in Q80x1-10. This list will then be used as the response options in the next question.)

(If COV2x1-COV2x9 = Yes, then continue)

COV2Fx1-9. Are all persons in your household covered by ...?

Interviewer Note: If only one person in the household, just mark 'Yes' and move to the next question.

SLO1 A plan available through a current or former employer or union?

1. Yes – all are covered by same plan
2. No – Only some are covered by this plan
8. (DK)
9. (REFUSED)

SLO2 SLO10 [10 are possible]

1. Yes – all are covered by same plan
2. No – Only some are covered by this plan

8. (DK)
9. (REFUSED)

(If COV2Fx1 - COV2Fx9 all = Yes, skip to cardsize;)
(If any of COV2Fx1 - COV2Fx9 = No, then continue to COV4b-I.)

COV4a-I. It is important to understand coverage for different age groups, so I need to ask about coverage for each person in your household. Starting with [name #1], does [he/she] have ...

- SLO1** A plan available through a current or former employer or union?
1. YES
 2. NO
 8. (DK)
 9. (REFUSED)

- SLO2** **SLO10** [10 are possible]
1. YES
 2. NO
 8. (DK)
 9. (REFUSED)

How about [name #2]?

NOTE: IF YES to COV2x-10, when going through the Short List Options, if answer = YES to any type of insurance for a given individual, then skip the “No Insurance” short list option.

If all of COV2Fx1-9 = ‘1’, ask of respondent only
If any of COV2Fx1-9 = ‘2’, ask for every person in household)

COV11. Thinking about any health insurance, did [you/name] have coverage for all of the last 12 months?

1. YES
2. NO
8. (DK)
9. (REFUSED)

If all of COV2Fx1-9 = ‘1’, ask of respondent only
If any of COV2Fx1-9 = ‘2’, ask for every person in household

CARDSIZE. When thinking about [your/name's] insurance card, would you say it is credit-card-sized, or a larger piece of paper?

1. Credit Card Size
2. Larger piece of paper
3. BOTH (more than 1 type of insurance)
8. (DK)
9. (REFUSED)

CARDNEW. [Do you/Does name] receive a new I.D. card every month or is the I.D. card valid for longer?

1. ID card valid for longer than once a month
2. Once a month
3. BOTH (more than 1 type of insurance)
8. (DK)
9. (REFUSED)

(IF YES to COV2x-10, and if SLO1-9 = NO, and SLO10 is YES for [fill person], ask:)

UNINS. For how many months [have you/has name] been uninsured?

- 00..... LESS THAN 4 WEEKS
- 01-60 . ENTER # OF MONTHS
- 61..... MORE THAN 5 YEARS
- 98..... (DK)
- 99..... (REFUSED)

Reason Uninsured

**(IF YES to COV2x-10, SLO1-9 = NO, and SLO10 is YES for [fill person], continue;
IF not, skip to EMPC1)**

WHY1. The next few questions ask about those household members who do not have insurance coverage. Is anyone in your household uninsured because

[The next few question ask about reasons you may be uninsured. Are you uninsured because ...]

WHY2..... [An/Your] employer does not offer, or no longer offers health insurance coverage to [its employees/you]?

- 1. YES (CONTINUE TO WHY2A-L)
- 2. NO (SKIP TO WHY3)
- 3. NOT EMPLOYED
- 8. (DK)
- 9. (REFUSED)

WHY2a-1 Which household members?

(list all household members)

Interviewer Note: If only one person in the household, just mark their name and continue to the next question.

WHY3..... [Is anyone in your household/Are you] uninsured because... [a household member/you] lost a job or changed employers?

- 1. YES (CONTINUE TO WHY3A-L)
- 2. No (SKIP TO WHY4)
- 8. (DK)
- 9. (REFUSED)

WHY3a-1 Which household members are uninsured for this reason?

(list all household members)

Interviewer Note: If only one person in the household, just mark their name and continue to the next question.

WHY4.....[Is anyone in your household/Are you] uninsured because... [a household member is/you are] a part time or temporary employee?

- 1. YES (CONTINUE TO WHY4A-L)
- 2. No (SKIP TO WHY5)
- 8. (DK)
- 9. (REFUSED)

WHY4a-1 Which household members?

(list all household members)

Interviewer Note: If only one person in the household, just mark their name and continue to the next question.

WHY5..... (READ ONLY IF NECESSARY: [Is anyone in your household/Are you] uninsured because

...the premiums cost too much?

1. YES (CONTINUE TO WHY5A-L)
2. No (SKIP TO WHY6)
8. (DK)
9. (REFUSED)

WHY5a-1 Which household members?

(list all household members)

Interviewer Note: If only one person in the household, just mark their name and continue to the next question.

(If WHY5a-1=1, Continue to WHY5b;

If not, Skip to WHY6)

WHY5b.a-1. Did an existing health condition make the premium cost too much?

1. YES
2. NO
8. (DK)
9. (REFUSED)

WHY6..... (READ ONLY IF NECESSARY: [Is anyone in your household/Are you] uninsured because)

... [they/you] are healthy and decided it would be safe [for them] to go without insurance?

1. YES (CONTINUE TO WHY6A-L)
2. No (SKIP TO WHY7)
8. (DK)
9. (REFUSED)

WHY6a-1 Which household members?

(list all household members)

Interviewer Note: If only one person in the household, just mark their name and continue to the next question.

WHY7..... (READ ONLY IF NECESSARY: [Is anyone in your household/Are you] uninsured because)

... The insurance company refused to cover [them/you]?

1. YES (CONTINUE TO WHY7A-L)
2. No (SKIP TO WHY8)
8. (DK)
9. (REFUSED)

WHY7a-1 Which household members?

(list all household members)

Interviewer Note: If only one person in the household, just mark their name and continue to the next question.

(If WHY7a-1=1, Continue to WHY7b;

If not, Skip to WHY8)

WHY7b. a-1.....Did the insurance company refuse to cover [name] because (READ 1-3)

1. Of a pre-existing condition
2. They exceeded lifetime benefits limits, or
3. of some other reason (specify)
8. (DK)
9. (REFUSED)

WHY8..... (READ ONLY IF NECESSARY: [Is anyone in your household/Are you] uninsured because)

... they lost Medicaid or CHIP eligibility?

1. YES (**CONTINUE TO WHY8A-L**)
2. No (**SKIP TO WHY9**)
8. (DK)
9. (REFUSED)

WHY8a-1 Which household members?

(list all household members)

Interviewer Note: If only one person in the household, just mark their name and continue to the next question.

(If WHY8a-1= 1, Continue to WHY8b;)

(If not, Skip to WHY9a-1)

WHY8b.a-1.....Did [name/you] lose eligibility because... (READ 1-6)

- 1 Your family income increased,
- 2 You/they went off welfare,
- 3 Paperwork to complete eligibility was not completed,
- 4 A caseworker did not return calls or requests,
- 5 You did not pay spenddown, or
- 6 For some other reason? (specify)
- 8 DON'T KNOW/NOT SURE (DO NOT READ)
- 9 REFUSED (DO NOT READ)

WHY9..... We're interested in knowing whether there are some people who COULD currently get health insurance through an employer, but decided not to enroll. [Thinking about those household members who don't have coverage, could any of them/Could you] currently be covered by a plan that is available through an employer?

1. YES (**CONTINUE TO WHY9A-L**)
2. No (**SKIP TO WHY10**)
8. (DK)
9. (REFUSED)

WHY9a-1 Which household members?

(list all household members)

Interviewer Note: If only one person in the household, just mark their name and continue to the next question.

WHY10a-1.....Was there any other reason that **[anyone in your household was/you were]** without health insurance coverage, other than what I have already mentioned?

Interviewer: Record Verbatim (Exact Response)

USUAL SOURCE OF CARE

[READ] For the next question about medical visits, "doctors" refers to either general practitioners or specialists and osteopaths. Do **not** include dentists, chiropractors, psychotherapists or other non-medical doctors.

PP1a-1.Thinking about medical visits, is there a **usual** place that **[you go/name goes]** when **[you/he/she]** is sick or needs advice about **[your/his/her]** health?

- 1..... YES . **(CONTINUE)**
- 2..... NO..... **(SKIP TO HCU1)**
- 8..... (DK).. **(SKIP TO HCU1)**
- 9..... (REFUSED) **(SKIP TO HCU1)**

PP2a-1. What kind of place is it? (Open ended and code) **(Read Options 1-6 For Respondent. For all Other Household Members, Read Only if Necessary)**

- 1..... Private clinic/Doctor's office (HMO or through insurance)
- 2..... Public clinic, comm hlth cen or hlth dept clin (Free or sliding scale)
- 3..... Hospital emergency room
- 4..... Urgent care facility or walk-in clinic (e.g., "Insta-care" "UUHC")
- 5..... Military or V.A. Health care facility
- 6..... Other (LIST)
- 8..... (DK)
- 9..... (REFUSED)

NEW 01 = THIS INCLUDES PRIVATE DOCTOR CLINICS WITHIN HOSPITALS

HEALTH CARE UTILIZATION

HCU1a-x During the last 12 months, including all types of visits, how many times did **[you/name]** see or talk to a medical doctor? Please do not count an overnight stay in a hospital.

Interviewer Note: A medical doctor includes general practitioners, as well as specialists (such as dermatologist, orthopedist, etc.) and osteopaths. **Do not** include visits to a dentist, chiropractor, psychotherapist or other non-medical doctors.

(Open ended **and code actual number**)

ENTER # GIVEN, _____ (VISITS)

00..... DID NOT SEE A MEDICAL DOCTOR IN THE LAST 12 MONTHS

01-50 . ENTER # OF VISITS

51..... MORE THAN 50

- 98.....(DK)
- 99.....(REFUSED)

HCU5a-x Did [you/he/she] receive a well visit, that is a routine medical check-up during the past 12 months?

- 1..... YES
- 2..... NO
- 8.....(DK)
- 9.....(REFUSED)

HCU7a-x During the past 12 months, that is since (DATE), [were you/was name] a patient in a hospital overnight (If code "2" in S8b AND code "18-54" in AAGE, read:) ... for any reason other than giving birth?

- 1..... YES .. (CONTINUE)
- 2..... NO (SKIP TO INSDELY)
- 8.....(DK).. (SKIP TO INSDELY)
- 9.....(REFUSED) (SKIP TO INSDELY)

HCU8a-x (If code "1" in HCU7, ask:) During the past 12 months, on how many separate occasions did [you/he/she] stay in a hospital overnight or longer?

(Open ended **and code actual number**)

- ENTER # GIVEN, _____ (VISITS)
- 31..... MORE THAN 30
 - 98.....(DK)
 - 99.....(REFUSED)

ACCESS TO HEALTH CARE

[READ] The Health Department is working on ways to improve access to health care, especially for persons who are currently not getting health care when they need it. The next few questions ask about some reasons people might **delay or have problems** getting **medical, dental, mental health or other care** for themselves.

INSDELY In the past 12 months, did [you/name] have problems or delay seeking care for [yourself/name] because the service was not covered by [your/their] insurance?

Interviewer Note: This question is asked of all individuals, even if they **currently do not** have insurance. The reason is that **at some point in the last 12 months** they may have had insurance and encountered this problem.

- 1 YES
- 2 NO
- 3 PERSON UNINSURED ALL 12 MONTHS
- 8 DK/NOT SURE
- 9 REFUSED

Interviewer Note: If respondent says that all answers to these questions for all HH members will be NO, say that you are required to read each statement, but you can mark NO without requiring a response. Inform them if while reading they realize a response should be changed to YES, they can tell you.

SERVDELY How about because [you/name] could not find the services in [your/name's] area?

- 1 YES
- 2 NO
- 8 DK/NOT SURE
- 9 REFUSED

Interviewer Note: If respondent says that all answers to these questions for all HH members will be NO, say that you are required to read each statement, but you can mark NO without requiring a response. Inform them if while reading they realize a response should be changed to YES, they can tell you.

COSTDELY Did [you/name] have problems or delay getting care for [yourself/himself/herself] because the services cost too much?

- 1 YES
- 2 NO
- 8 DK/NOT SURE
- 9 REFUSED

Interviewer Note: If respondent says that all answers to these questions for all HH members will be NO, say that you are required to read each statement, but you can mark NO without requiring a response. Inform them if while reading they realize a response should be changed to YES, they can tell you.

STATDELY How about because of concern about [your/his/her] VISA, citizenship, or residency status?

- 1 YES
- 2 NO
- 8 DK/NOT SURE
- 9 REFUSED

Interviewer Note: If respondent says that all answers to these questions for all HH members will be NO, say that you are required to read each statement, but you can mark NO without requiring a response. Inform them if while reading they realize a response should be changed to YES, they can tell you.

(If Insdely = 2 & Servdely=2 & Costdely=2 & Statdely = 2 SKIPTO: PRESCRIP)
(If Insdely = 1 or Servdely=1 or Costdely=1 or Statdely = 1 ASK: PROBTYP)

NEW PROBTYP Considering any difficulties obtaining services, for what types of services did [you/name] have these problems in the last 12 months?

NEW PROBTYP1 With a medical doctor?
 1. YES
 2. NO
 8. (DK)
 9. (REFUSED)

NEW PROBTYP2 ... a dentist?
 1. YES
 2. No
 8. (DK)
 9. (REFUSED)

NEW PROBTYP3 ... a mental health provider?
 1. YES
 2. NO
 8. (DK)

9. (REFUSED)

- NEW** PROBTYP4 With some other type of health services?
1. YES
 2. NO
 8. (DK)
 9. (REFUSED)

- NEW** PROBTYP5 What other types of health services did you have difficulty obtaining?

Prescription Benefits

PRESCRIP Was there a time during the last 12 months when [you/name] needed to use **prescription medicine**, but could not because of the cost?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

RXSKIP(Read only if necessary: Was there a time during the last 12 months when) [you/name] skipped a dose of a **prescription medicine** to make it last longer?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

RXLESS (Read only if necessary: Was there a time during the last 12 months when,) after paying for [fill name's] **prescription medicine**, there was not enough money for food, heat, or other basic necessities?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9 (REFUSED)

NEW CHILDREN'S MENTAL HEALTH

(ASKED ONLY OF CHILDREN AGED 5 TO 17 AND WHERE RELASHIP = 2|3 OR LEGAL=1)

NEW S2Q59 Now I would like to ask you some questions about the mental health of children between the ages of 5 and 17 who live in your house.

Overall, do you think that [child] has difficulties with one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?

- 1..... YES (**CONTINUE**)
- 2..... NO (**SKIP TO RULES**)
- 8..... (DK)
- 9..... (REFUSED)

INTERVIEWER: WE ARE NOT ASKING IF THE CHILD HAS DEVELOPMENTAL OR LEARNING DISABILITIES. WE ARE ASKING ABOUT PROBLEMS WITH BEHAVIORS, EMOTIONS, CONCENTRATION OR BEHAVIOR. IF THE CHILD HAS A DEVELOPMENTAL DISABILITY WE ARE INTERESTED IN BEHAVIORAL PROBLEMS THAT MAY OR MAY NOT BE ASSOCIATED WITH A DEVELOPMENTAL DISABILITY OR LEARNING DISABILITY.

INTERVIEWER NOTE: IF RESPONDENT ASKS WHY SOME CHILDREN HAVE BEEN EXCLUDED, WE ARE ONLY ASKING ABOUT CHILDREN 5 TO 17 FOR WHOM THE RESPONDENT IS EITHER A PARENT OR LEGAL GUARDIAN.

NEW S2Q60 Would you describe these difficulties as minor, moderate or severe?

- 1..... MINOR
- 2..... MODERATE
- 3..... SEVERE
- 8..... (DK)
- 9..... (REFUSED)

NEW S2Q61 Overall, would you say [child's] mental and emotional health puts a burden on your family a great deal, a medium amount, a little, or not at all?

- 1..... A GREAT DEAL
- 2..... A MEDIUM AMOUNT
- 3..... A LITTLE
- 4..... NOT AT ALL
- 8..... (DK)
- 9..... (REFUSED)

NEW KidsRX Does [child] currently use medicine prescribed by a doctor because of difficulties with emotions, concentration, behavior or being unable to get along with others? This only includes prescription medication and does not include over the counter medication or vitamins.

- 1..... YES
- 2..... NO
- 8..... (DK)
- 10 (REFUSED)

IF KIDSRX=2 SKIPTO RXNEED, OTHERWISE SKIPTO NEXT CHILD IN ROSTER OR RULES

NEW RXNeed Does [child] currently need a medicine prescribed by a doctor because of these problems, but he/she is unable to get the medication because of cost?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (refused)

LIFESTYLE

Exposure to Second Hand Smoke

RULES. The next few questions ask about cigarette smoking. Which statement best describes the rules about smoking inside your home?

Please read:

- 1 There are no rules about smoking inside your home
- 2 Smoking is allowed anywhere inside your home
- 3 Smoking is allowed in some places or at some times, OR

Or

- 4 Smoking is not allowed anywhere inside your home

Do not read:

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

SMOKED. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes **anywhere inside your home?**

- 1..... YES.... (CONTINUE)
- 2..... NO..... (SKIP TO BRTHPLCE)
- 8..... (DK).. (SKIP TO BRTHPLCE)
- 9..... (REFUSED) (SKIP TO BRTHPLCE)

SMOKWHRE..... On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

- ENTER # GIVEN, _____ (DAYS)
- 8. (DK)
 - 9. (REFUSED)

MIGRATION

BRTHPLCE Were you born in the U.S., or a foreign country?

- 1..... U.S. (SKIPTO INCOME)
- 2..... FOREIGN COUNTRY (CONTINUE)
- 8..... (DK).. (SKIPTO INCOME)
- 9..... (REFUSED) (SKIPTO INCOME)

FOREIGN In which FOREIGN COUNTRY were you born?

- 001..... LIST (as given to PEGUS March 22, 2001: see Country Listing.doc)
- 002..... (DK)
- 003..... (REFUSED)

TIMEUS How long have you lived in the U.S.?

- 1. YEARS
- 2. MONTHS
- 8. (DK)
- 9. (REFUSED)

TIMEUSb How long have you lived in the U.S.?

- ENTER # GIVEN, _____
- 8. (DK)
 - 9. (REFUSED)

HOUSEHOLD DEMOGRAPHIC CHARACTERISTICS

INCOME. The last few questions ask about characteristics of your household. I'd like to ask about your **total** combined **household** income during the last 12 months. Please include income from all wage earners, and money from **all sources**, not just wages and salaries, and use income **before** taxes and other deductions. Was your total household income during the last 12 months more or less than \$35,000?

(Interviewer: If "Under", ask:)

Was it over or under \$25,000?

Was it over or under \$15,000?

Was it over or under \$5,000?

(Interviewer: If "Over", ask:)

Was it over or under \$45,000?

Was it over or under \$55,000?

Was it over or under \$65,000?

Was it over or under \$75,000?

01..... LESS THAN \$5,000

02..... \$5,000 - \$9,999

03..... \$10,000 - \$14,999

04..... \$15,000 - \$19,999

05..... \$20,000 - \$24,999

06..... \$25,000 - \$29,999

07..... \$30,000 - \$34,999

08..... \$35,000 - \$39,999

09..... \$40,000 - \$44,999

10..... \$45,000 - \$49,999

11..... \$50,000 - \$54,999

12..... \$55,000 - \$59,999

13..... \$60,000 - \$64,999

14 \$65,000 - \$69,999

15 \$70,000 - \$74,999

16 \$75,000 OR MORE

88..... (DK)

99..... (REFUSED)

STEADY Is your income steady, or does it change from month to month?

1. STEADY

(SKIP TO SAVINGS)

2. CHANGES EVERY MONTH

(CONTINUE TO CHANGES)

8. (DK)

9. (REFUSED)

CHANGES Was your total household income during the past month more or less than \$3,000?

(Interviewer: If "Under", ask:)

Was it over or under \$2,000?

Was it over or under \$1,000?

Was it over or under \$500?

(Interviewer: If "Over", ask:)

Was it over or under \$3,500?

Was it over or under \$4,500?

Was it over or under \$5,500?

01..... LESS THAN \$417

02..... \$417 - \$833

03..... \$834 - \$1,250

04..... \$1,251 - \$1,667

05..... \$1,668 - \$2,083

06..... \$2,084 - \$2,500

07..... \$2,501 - \$2,916

08..... \$2,917 - \$3,333

09..... \$3,334 - \$3,750

10..... \$3,751 - \$4,166

11..... \$4,167 - \$4,583

12..... \$4,584 - \$4,999

13..... \$5,000 - \$5,416

14 \$5,417 - \$5,833

15 \$5,834 - \$6,249

16 \$6,250 OR MORE

88..... (DK)..

99..... (REFUSED)

SAVINGS Now thinking about your total household savings, such as checking or savings accounts or bonds, do you currently have two months or more of your annual household income saved, which would be about [\[response from INCOME /12\]](#) or more saved?

- 1..... YES
- 2..... NO
- 3..... (DK)
- 4..... (REFUSED)

OWNRENT. . Do you own your home or are you renting?

Interviewer Note: If necessary, read: Own means that you own it outright, or that you have a mortgage.

- 1..... OWN
- 2..... RENTING
- 8..... (DK)
- 9..... (REFUSED)

INTERVIEWER NOTE: IF RESPONDENT IS ADULT CHILD, LIVING WITH PARENT(S) ASK WHETHER THEIR HOME IS RENTED OR OWNED.

RELIGION. .. Do you consider yourself (**read options 1-6**)?

- 1..... Protestant
- 2..... Catholic
- 3..... Jewish
- 4..... LDS (Latter Day Saints/Mormon)
- 5..... Some other religion I have not mentioned ... (Open-ended.)

INTERVIEWER NOTE: Please type answer EXACTLY as it is given by the respondent

OR

- 6..... No Religion (SKIP TO PHNSTS)
- 8..... (DK).. (SKIP TO PHNSTS)
- 9..... (REFUSED) (SKIP TO PHNSTS)

ACTIVE. (**If code "1-5" in RELIGION, ask:**) How frequently do you attend services? (READ options 1-3)

- 1..... ONCE A WEEK OR MORE
- 2..... ONCE A MONTH OR MORE
- 3..... LESS OFTEN THAN ONCE A MONTH
- 8..... (DK)
- 9..... (REFUSED)

PHLINES..... How many different phone **lines** do you have in your household? We need the number of different **phone numbers, not** the number of **phones**. Do **not** include cell phones

(Open ended and code.)

- 1..... ONE (SKIP TO LLCR)
- 2..... TWO (CONTINUE)
- 3..... THREE (CONTINUE)
- 4..... FOUR (CONTINUE)
- 5 FIVE OR MORE (CONTINUE)
- 8..... (DK).. (SKIP TO LLCR)

9.....(REFUSED) (SKIP TO LLCR)

PHCALLS. ... **(If code "2-5" in D12, ask:)** How many of these different numbers allow incoming **voice** phone calls? Do not include telephone numbers that are for data transmission or fax transmission only.

(Open ended **and code actual number**)

ENTER # GIVEN, _____

98.....(DK)

99.....(REFUSED)

LLCRa How long have you lived at your current residence?

1..... MONTHS

2..... YEARS

3..... RESPONSE NOT IN MONTHS/YEARS

98.....(DK)

99.....(REFUSED)

LLCRb(How long have you lived at your current residence?)

ENTER # GIVEN, _____

3..... RESPONSE NOT IN MONTHS/YEARS

98.....(DK)

99.....(REFUSED)

WOPHONE. . **(If code "01-12" in LLCR-a or code "01" in LLCR-b, ask:)** Aside from periods of a few days while you were moving, was there ever a time, during the last 12 months, that this household was **without** telephone service for more than 24 hours?

(Otherwise, ask:) Was there ever a time, during the last 12 months, that this household was **without** telephone service for more than 24 hours?

1..... YES

2..... NO

8.....(DK)

9.....(REFUSED)

FOLLOWUP. Occasionally programs at the Department of Health or researchers at Utah universities would like to conduct follow-up surveys. Would you be willing to be contacted at sometime in the future to participate in a follow-up survey? **Interviewer, If necessary, read:** You are not agreeing to participate. You may decline if you like once they ask you to participate.

1..... YES

2..... NO

8.....(DK)

9.....(REFUSED)

FU2 **(If code "01" in FOLLOWUP, ask:)** May I please get your first name so they'll know whom to ask for? **Interviewer, If necessary, read:** Can you spell that for me please?

(Open ended. **Interviewer, Type in respondent's first name only.**)

[READ] Those are all the questions I have. Thank you for your participation, and for contributing to public health in Utah.