



2012

Utah BRFSS Questionnaire

March 15, 2012

Behavioral Risk Factor Surveillance System 2012 Utah Questionnaire

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Interviewer's Script (Landline)

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "No"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in (state) ?

If "Yes" [Go to cellular phone question]

If "No" [Go to college housing]

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

College Housing

Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

If "No,"

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

If "Yes"

Thank you very much, but we are only interviewing land line telephones and private residences or college housing. **STOP**

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection

Adult

Are you 18 years of age or older?

- 1 **Yes, respondent is male** **[Go to Page 6]**
- 2 **Yes, respondent is female** **[Go to Page 6]**
- 3 **No**

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

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?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 6



To the correct respondent:

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Interviewer's Script (Cell Phone)

HELLO, I am calling for the [STATE] Department of State Health Services. My name is XXX. We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention.

I have just a few questions to find out if you are eligible for the study.

Is this a safe time to talk with you, or are you driving?

Yes **[Go to phone]**
No

If "No",

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) **STOP**

Phone

Is this (phone number) ?

Yes **[Go to cellular phone]**
No **[Confirm phone number]**

If "No",

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Cellular Phone

Is this a cellular telephone?

READ ONLY IF NECESSARY: "By cellular telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

Yes **[Go to adult]**
No

If "No",

Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

Adult

Are you 18 years of age or older?

- | | | |
|---|----------------------------------|----------------------------------|
| 1 | Yes, respondent is male | [Go to Private Residence] |
| 2 | Yes, respondent is female | [Go to Private Residence] |
| 3 | No | |

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time.
STOP

Private Residence

Do you live in a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

- | | |
|------------|-----------------------------------|
| Yes | [Go to state of residence] |
| No | [Go to college housing] |

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

- | |
|------------|
| Yes |
| No |

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

Are you a resident of _____ (state) _____?

- | | |
|------------|-------------------------|
| Yes | [Go to landline] |
| No | [Go to state] |

State

In what state do you live?

_____ ENTER FIPS STATE

Landline

Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

Yes **[Go to cellular phone usage]**
No **[Go to Core]**

NOTE: If the response is “don’t know/not sure, or refused”,
Thank you for your time. **STOP**

Cellular Phone Usage

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

___ % Record value between 1% and 100%, allow for DK and REF responses.

888 Zero
777 Don’t know/Not sure
999 Refused

If "90-100" [Go to Core]

NOTE: If the response is “0-89”, don’t know/not sure, or refused”,
Thank you very much. Those are all the questions that I have for you today. **STOP**

Core Sections

SURVEY INTRO

Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

- 1.1 Would you say that in general your health is— (73)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

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

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- — Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- 2.2 Now thinking about your mental health, which includes stress, depression, and problems

with emotions, for how many days during the past 30 days was your mental health not good?

(76–77)

- | | | | |
|---|---|-----------------------|---|
| – | – | Number of days | |
| 8 | 8 | None | [If Q2.1 and Q2.2 = 88 (None), go to next section] |
| 7 | 7 | Don't know / Not sure | |
| 9 | 9 | Refused | |

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(78-79)

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

Section 3: Health Care Access

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

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

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

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

(81)

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

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

(82)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

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

Section 5: Chronic Health Conditions

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

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

5.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (85)

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

5.2 (Ever told) you had angina or coronary heart disease? (86)

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

5.3 (Ever told) you had a stroke?

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

5.4 (Ever told) you had asthma? (88)

- 1 Yes
- 2 No [Go to Q5.6]
- 7 Don't know / Not sure [Go to Q5.6]
- 9 Refused [Go to Q5.6]

5.5 Do you still have asthma? (89)

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

5.6 (Ever told) you had skin cancer? (90)

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

5.7 (Ever told) you had any other types of cancer? (91)

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

5.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (92)

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

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

(93)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

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

(94)

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

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

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

(95)

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

- 5.12** Do you have any trouble seeing, even when wearing glasses or contact lenses? (96)
- 1 Yes
 - 2 No
 - 3 Not applicable (blind)
 - 7 Don't know / Not sure
 - 9 Refused

- 5.13** (Ever told) you have diabetes? (97)
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"
- If respondent says pre-diabetes or borderline diabetes, use response code 4.
- 1 Yes
 - 2 Yes, but female told only during pregnancy
 - 3 No
 - 4 No, pre-diabetes or borderline diabetes
 - 7 Don't know / Not sure
 - 9 Refused

**CATI note: If Q5.13 = 1 (Yes) AND qstver=12, 13, 22, or 23 then go to Diabetes Optional Module.
 If Q5.13 = 2,3,4,7,9 and qstver=13 or 23, go to Pre-diabetes Module.
 If Q5.13 = 2,3,4,7,9 and qstver=11, 12, 21, 22 go to Section 6.
 If 5.13=1 (Yes) and qstver=11 or 21 then go to Gestational Diabetes Section.**

Module 1: Pre-Diabetes

Ask on Questionnaires 13 and 23

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

- 1.** Have you had a test for high blood sugar or diabetes within the past three years? (245)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Core Q5.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

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

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

(246)

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

Module 2: Diabetes (plus state-added diabetes questions)

Ask on 12, 13, 22, 23.

To be asked following Core Q5.13; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes?

(247-248)

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

2. Are you now taking insulin?

(249)

- 1 Yes
- 2 No
- 9 Refused

- DIABPILL. Are you now taking diabetes pills?

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

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

(250-252)

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

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

(253–255)

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

- FEETSORE** Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

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

(256-257)

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

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

(258-259)

–	–	Number of times [76 = 76 or more]
8	8	None (Skip to Q7)
9	8	Never heard of "A one C" test (Skip to Q7)
7	7	Don't know / Not sure (Skip to Q7)
9	9	Refused (Skip to Q7)

If Q6 does not equal 88, 98, 77, 99 then ask Q7

- A1CRSLT** Was your most recent "A one C" test less than 7 percent?

1	Yes
2	No
3	Don't know but doctor said it was okay
4	Don't know but doctor said it was too high
7	Don't know / Not sure
9	Refused

CATI note: If Q4 = 555 (No feet), go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

— — Number of times [**76 = 76 or more**]
88 None
77 Don't know / Not sure
99 Refused

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (262)

Read only if necessary:

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

Do not read:

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)

1 Yes [**Go to STDM1**]
2 No [**Go to next section**]
7 Don't know / Not sure [**Go to next section**]
9 Refused [**Go to next section**]

STDM1. Please think only about the courses or classes you took that were taught by a nurse, dietician or pharmacist who is a diabetes educator.

When was the last time you took a course or class in how to manage your diabetes yourself from one of the diabetes educators I mentioned?

- 1 Within the past 6 months (anytime less than 6 months ago)
- 2 Within the past year (6 months but less than 1 year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Two to less than 5 years ago (2 years to less than 5 years ago)
- 5 Five to less than 10 years ago (5 years to less than 10 years ago)
- 6 Ten to less than 15 years ago (10 years to less than 15 years ago)
- 7 Fifteen to less than 20 years ago (15 years to less than 20 years ago)
- 8 Twenty or more years ago
- 10 Never
- 77 Don't know/Not sure
- 99 Refused

Gestational Diabetes

Ask on all questionnaires of diabetic women.

DMPREG. Have you ever been pregnant?

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

DMGEST. Gestational diabetes is a type of diabetes that is diagnosed during pregnancy. Before you were diagnosed with diabetes, were you ever told by a doctor, nurse, or other health professional that you had gestational diabetes?

- 1 Yes
- 2 No
- 3 Had diabetes before getting pregnant
- 7 Don't know/Not sure
- 9 Refused

Section 6: Oral Health

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

(98)

Read only if necessary:

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

Do not read:

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

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

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

(99)

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

Section 7: Demographics

7.1 What is your age? (100-101)

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

7.2 Are you Hispanic or Latino? (102)

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

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

(Check all that apply)

Please read:

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

Or

- 6 Other [specify]_____

Do not read:

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

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

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

Please read:

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

Or

- 6 Other [specify]_____

Do not read:

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

7.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (110)

- 1 Yes
- 2 No

Do not read:

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

7.6 Are you...? (111)

Please read:

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

Or

6 A member of an unmarried couple

Do not read:

9 Refused

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

— — Number of children
 8 8 None
 9 9 Refused

[Programming note: Ask CELADLT on Questionnaire 21,22,23 only of those cell respondents living in a private residence, no dorms or group homes.]

CELADLT How many members of your household, including yourself, are 18 years of age or older?

— — Number of adults
 77 Don't know/not sure
 99 Refused

(CELADLT was inadvertently left off the survey for the first 2 quarters of 2012 cell phone data collection. Added in July, 2012 for the 3rd and 4th quarter cell studies.)

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

Read only if necessary:

1 Never attended school or only attended kindergarten
 2 Grades 1 through 8 (Elementary)
 3 Grades 9 through 11 (Some high school)
 4 Grade 12 or GED (High school graduate)
 5 College 1 year to 3 years (Some college or technical school)
 6 College 4 years or more (College graduate)

Do not read:

9 Refused

7.9 Are you currently...? (115)

Please read:

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

7 Retired

Or

8 Unable to work

Do not read:

9 Refused

7.10 Is your annual household income from all sources—

(116-117)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

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

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

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

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

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

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

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

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

UTIncome *[Programming note: These response categories are incorporated into 7.10. We need to be able to report the 7.10 categories to the CDC, but we want to look at these finer categories at the state level. UTIncome should be asked on all questionnaire paths.]*

- 01 less than \$5,000
- 02 \$5,000 to less than \$10,000
- 03 \$10,000 to less than \$15,000
- 04 \$15,000 to less than \$20,000
- 05 \$20,000 to less than \$25,000

- 06 \$25,000 to less than \$30,000
- 07 \$30,000 to less than \$35,000
- 08 \$35,000 to less than \$40,000
- 09 \$40,000 to less than \$45,000
- 10 \$45,000 to less than \$50,000
- 11 \$50,000 to less than \$55,000
- 12 \$55,000 to less than \$60,000
- 13 \$60,000 to less than \$65,000
- 14 \$65,000 to less than \$70,000
- 15 \$70,000 to less than \$75,000
- 16 \$75,000 or more

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

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

Round fractions up

_ _ _ _ Weight
 (pounds/kilograms)
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

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

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

Round fractions down

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

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

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

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

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

CATI note: Q7.15 through 7.18 only asked for land line survey;

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

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

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

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

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

- 1 Yes
- 2 No **[skip to 7.19]**
- 7 Don't know / Not sure **[skip to 7.19]**
- 9 Refused **[skip to 7.19]**

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

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

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

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

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

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

7.20 Indicate sex of respondent. Ask Gender. (141)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

7.21 To your knowledge, are you now pregnant? (142)

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

[Programming note: Ask **SEXOR** on all questionnaire paths.]

SEXOR Research has shown that some sexual minority community members have important health risk factors. We are collecting information about sexual orientation to learn whether this is true in Utah. *(Interviewer note: read the letters for each response below and allow the respondent to answer with just a letter if they choose. Definitions for each response option can be read if needed.)*

Do you consider yourself to be

A. Heterosexual or straight

(If Needed: A person who has sex with and/or is primarily attracted to people of the opposite sex.)

B. Gay or lesbian

(If Needed: A person who has sex with and/or is primarily attracted to people of the same sex.)

or

C. Bisexual

(If Needed: A person who has sex with and/or is attracted to people of either sex.)

Remember, your answers are confidential.

- 1 A. Heterosexual or straight
- 2 B. Gay or Lesbian
- 3 C. Bisexual

Do not read

- 4 Something else/Other
- 7 Don't know/Not sure
- 9 Refused

Section 8: Disability

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

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

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

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

Include occasional use or use in certain circumstances.

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

Section 9: Tobacco Use

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

NOTE: 5 packs = 100 cigarettes

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

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

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

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

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

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

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

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

Snus (rhymes with 'goose')

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

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

Do not read:

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

Section 10: Alcohol Consumption

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

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

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

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

- Number of drinks
- 77 Don't know / Not sure
- 99 Refused

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

- Number of times
- 88 None
- 77 Don't know / Not sure
- 99 Refused

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

- Number of drinks
- 77 Don't know / Not sure
- 99 Refused

Section 11: Immunization

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

READ IF NECESSARY:

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

- 1 Yes
- 2 No **[Go to Q11.4]**
- 7 Don't know / Not sure **[Go to Q11.4]**
- 9 Refused **[Go to Q11.4]**

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

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

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

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

Do not read:

11.4 9 9 Refused
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

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

Section 12: Falls

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

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

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

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

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

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

- Number of falls **[76 = 76 or more]**

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

Section 13: Seatbelt Use

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

Please read:

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

Do not read:

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

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

Section 14: Drinking and Driving

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

The next question is about drinking and driving.

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

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

Section 15: Breast and Cervical Cancer Screening (plus state-added questions)

STMAM1 and STMAM2 within this section are asked on questionnaires 11 and 21 of women age 40 or older.

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

The next questions are about breast and cervical cancer.

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

- | | | |
|---|-----------------------|--|
| 1 | Yes | [Go to 15.2] |
| 2 | No | [Go to STMAM1 if female age 40 or older, otherwise go to 15.3.] |
| 7 | Don't know / Not sure | [Go to Q15.3] |
| 9 | Refused | [Go to Q15.3] |

STMAM1 (only asked of women 40+) What is the most important reason you have never had a mammogram?

- 01 Not recommended by Doctor/Doctor never said it was needed.
- 02 No need/No fam HX/No breast cancer/No breasts
- 03 Cost/Not covered by insurance
- 04 Too old
- 05 Too young
- 06 No time
- 07 Services not available/Not convenient/Lack of transportation
- 08 Fear/Uncomfortable/Painful
- 09 Embarrassing
- 10 Afraid of what they might find.
- 11 Put it off/Too lazy
- 12 Haven't thought about it
- 13 Test doesn't work/Effectiveness of test/Cause Cancer
- 14 Don't want to have one
- 15 No regular doctor/Don't go to doctor
- 16 Pregnant/Nursing
- 17 Have an appointment scheduled for future

- 66 Other
- 77 Don't know/Not sure.
- 99 Refused.

CATI note: if 15.1=2, go to 15.3 after asking STMAM1.

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

Read only if necessary:

- | | |
|---|--|
| 1 | Within the past year (anytime less than 12 months ago) [Go to 15.3] |
| 2 | Within the past 2 years (1 year but less than 2 years ago) [Go to 15.3] |
| 3 | Within the past 3 years (2 years but less than 3 years ago) [Go to STMAM2 if age 40+; otherwise go to 15.3] |
| 4 | Within the past 5 years (3 years but less than 5 years ago) [Go to STMAM2 if age 40+; otherwise go to 15.3] |
| 5 | 5 or more years ago [Go to STMAM2 if age 40+; otherwise go to 15.3] |

Do not read:

- 7 Don't know / Not sure **[Go to 15.3]**
- 9 Refused **[Go to 15.3]**

STMAM2 (only asked of women 40+) What is the most important reason you have not had a mammogram in the last two years?

- 01 Not recommended by Doctor/Doctor never said it was needed.
- 02 Not needed/No breast problems/No family history of breast cancer.
- 03 Cost/Not covered by insurance.
- 04 Too old.
- 05 Too young
- 06 No time.
- 07 Services not available/Not convenient/Lack of transportation
- 08 Fear/Uncomfortable/Painful.
- 09 Embarrassing.
- 10 Afraid of that they might find.
- 11 Put it off/Too lazy
- 12 Hasn't thought about it
- 13 Test doesn't work/Effectiveness of test/Cause Cancer
- 14 Doesn't want to have one
- 15 No regular doctor/don't got to doctor
- 16 Nursing
- 17 Other
- 77 Don't know/Not sure.
- 99 Refused.

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

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

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

Read only if necessary:

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

Do not read:

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

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

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

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

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q7.23 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy?

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

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

Section 16: Prostate Cancer Screening

CATI note: If respondent is \leq 39 years of age, or is female, go to next section.

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

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

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

16.4 Have you EVER HAD a PSA test?

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

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

Read only if necessary:

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

Do not read:

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

16.6 What was the MAIN reason you had this PSA test – was it ...?

Please read:

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

Do Not Read:

- 7 Don't know / Not sure

Section 17: Colorectal Cancer Screening (plus state-added questions)

STCC1 within this section is asked on questionnaires 12, 13, 22 and 23

CATI note: If respondent is \leq 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

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

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2 How long has it been since you had your last blood stool test using a home kit?

Read only if necessary:

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

Do not read:

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

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

- 1 Yes
- 2 No **[Go to STCC1]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

STCC1 **(Ask only on Questionnaires 12, 13, 22, 23.)** What is the most important reason you have never had a sigmoidoscopy or colonoscopy?

(Interviewer: Do not read. Mark only ONE)

- 01 Not recommended by Doctor/Doctor never said it was needed.
- 02 Not needed/No symptoms/No family history of cancer.
- 03 Cost/Not covered by insurance/Change in insurance coverage.
- 04 Too old.

- 05 Too young
 - 06 No time
 - 07 Services not available/Not convenient/Lack of transportation
 - 08 Fear/Uncomfortable/Painful
 - 09 Embarrassing
 - 10 Afraid of that they might find
 - 11 Put off/Too lazy to have it
 - 12 Haven't thought about it
 - 13 Test doesn't work/Effectiveness of test/Cause Cancer
 - 14 Don't want to have one/Don't want to do prep
 - 15 No regular doctor/don't got to doctor/Doesn't know what doctor to see
 - 16 Other health concerns/co-morbidity
 - 17 Risk of infection
 - 18 Have an appointment scheduled for future

 - 66 Other (write in) *[Programming note: add a screen for writing in response.]*
 - 77 Don't know/Not sure
 - 99 Refused.
- [Those who answer STCC1 go to next section.]**

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

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

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

Read only if necessary:

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

Do not read:

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

Section 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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

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

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

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

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

18.3 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

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

Optional Modules

Module 23: Random Child Selection

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

If Core Q7.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

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

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

INTERVIEWER PLEASE READ:

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

1. What is the birth month and year of the “Xth” child?

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

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

2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino?

1	Yes
---	-----

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

4. Which one or more of the following would you say is the race of the child?

[Check all that apply]

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race?

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

6. How are you related to the child?

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative

6 Not related in any way

Do not read:

7 Don't know / Not sure
9 Refused

Module 24: Childhood Asthma Prevalence

CATI note: If response to Core Q7.7 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

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

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

2. Does the child still have asthma?

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

State-Added Questions

Childhood Diabetes Prevalence

Ask on all questionnaires.

CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CHPREV: Has a doctor, nurse or other health professional EVER said that the child has diabetes?

1 Yes
2 No
7 Don't know
9 Refused

Insurance and Access

Ask on Questionnaire 11 and 21. Ask 'K' questions of all respondents with a randomly selected child.

All question names beginning with a K will be asked about the randomly selected child.

If BRFSS C03Q01=1 and C08Q07 >= 88, then COV reads as follows:

COV0 Previously you said that you have some type of health insurance coverage. Please tell me if you have any of the following, ...

[continue to COV1]

If BRFSS C03Q01=1 and C08Q07 < 88

COV0 Previously you said that **YOU** have some type of health insurance coverage. We would like to ask a few questions about health coverage for you and your child. Please tell me if you have any of the following, ...

[continue to COV1]

If BRFSS C03Q01=2 and C08Q07 >= 88, then COV reads as follows:

COV0 Previously you said that you do not have health insurance coverage. There are some types of plans you many not have considered, are you currently covered by...

[continue to COV1]

If BRFSS C03Q01=2 and C08Q07 < 88, then COV reads as follows:

COV0 Previously you said that you do not have health insurance coverage. We would like to ask a few questions about health coverage for you and your child. There are some types of plans you many not have considered, are you currently covered by...

[continue to COV1]

COV1 ...healthcare coverage that is provided through a current or former employer or union?

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

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

KCOV1 Does the child have this type of coverage?

Read if necessary: healthcare coverage that is provided through a current or former employer or union?

Interviewer Note: This type of insurance includes 'COBRA'

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

COV2 Are you covered by a health insurance plan that you purchase directly from an insurance company and not through an employer or union?

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

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

KCOV2 Is the child covered by this type of plan?

Read if necessary: A health insurance plan that you purchase directly from an insurance company and not through an employer or union?

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

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

COV3 Are you covered by the health plan of someone who does not live in the household?

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

KCOV3 Is the child covered by this type of plan?

Read if necessary: the health plan of someone who does not live in the household?

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

COV4 Are you covered by Medicare, that is, the government plan for persons age 65 or older or those with disabilities?

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

KCOV4 Is the child covered by Medicare?

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

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

COV5 Are you covered by Medicaid?

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

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

KCOV5 Is the child covered by Medicaid?

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

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

COV6 **(Ask only of 18 year old respondents.)** 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. Do you have coverage through CHIP?

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

KCOV6 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 the child have coverage through CHIP?

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

COV7 Are you covered by another government plan, such as Military, Tri-Care, the V.A, or HIP Utah?

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

KCOV7 Is the child covered by this type of plan?

Read if necessary: Another government plan, such as Military, Tri-Care, the V.A, or HIP Utah?

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

COV8 Are you covered by a student health plan?

- 1 Yes
- 2 No

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

KCOV8 Is the child covered by this type of plan?

Read if necessary: a student health plan?

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

COV9 Do you have health insurance that covers ONLY certain specific medical conditions, such as for diabetes or breast cancer?

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

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

KCOV9 Does the child have health insurance that covers ONLY certain specific medical conditions, such as for diabetes or breast cancer?

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

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

COV10 Do you have coverage through some other source that I have not already mentioned?

- 1 Yes **[go to COV10open]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

COV10op What source is this coverage from?

[SPECIFY – OPEN ENDED RESPONSE]

****At this point CATI determines the insurance status of the adult. 1=insured, 2=uninsured. Insured adults go on to COV12, uninsured adults go on to COV11 (after being asked the next K questions, if applicable).**

KCOV10 Does the child have coverage through some other source that I have not already mentioned?

- 1 Yes **[go to KCOV10open]**
- 2 No

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

KCOV10op What source is this coverage from?

[SPECIFY – OPEN ENDED RESPONSE]

****At this point, CATI determines the insurance status of the child. 1=insured, 2=uninsured. Insured kids will go to KCOV12, uninsured kids will go to KCOV11.**

COV11 Are you without health insurance coverage?

- 1 Yes, respondent is uninsured (**SKIP to UNINS**)
- 2 No, respondent is insured (**skip to COV11op**)
- 7 Don't know/Not sure (**go to COV12**)
- 9 Refused (**go to COV12**)

COV11op What is the source of this coverage?

[SPECIFY – OPEN ENDED RESPONSE]
(**go to COV12**)

KCOV11 Is the child without health insurance coverage?

- 1 Yes child is uninsured (**child should get KUNINS**)
- 2 No, child is insured (**child should get KCOV11op**)
- 7 Don't know/Not sure (**child should go to KCOV12**)
- 9 Refused (**child should go to KCOV12**)

KCOV11op What is the source of this coverage?

[SPECIFY – OPEN ENDED RESPONSE]
(**child should go to KCOV12**)

UNINS For how many months have you been uninsured?

- 00 Less than 4 weeks (**Skip to WHY1**)
- 01-60 enter # of months (**Skip to WHY1**)
- 61 More than 5 years (**Skip to WHY1**)
- 77 Don't know/Not sure (**Skip to WHY1**)
- 99 Refused (**Skip to WHY1**)

KUNINS For how many months has the child been uninsured?

- 00 Less than 4 weeks (**Skip to KWHY1**)
- 01-60 enter # of months (**Skip to KWHY1**)
- 61 More than 5 years (**Skip to KWHY1**)
- 77 Don't know/Not sure (**Skip to KWHY1**)
- 99 Refused (**Skip to KWHY1**)

COV12 Thinking about any health insurance, did you have coverage for all of the last 12 months?

- 1 Yes

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

KCOV12 Thinking about any health insurance, did the child have coverage for all of the last 12 months?

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

CARDSIZE When thinking about your 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)
- 7 Don't know/Not sure
- 9 Refused

KCARDSIZ When thinking about your child'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)
- 7 Don't know/Not sure
- 9 Refused

CARDNEW Do you 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)
- 7 Don't know/Not sure
- 9 Refused

KCARDNEW Does the child 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)
- 7 Don't know/Not sure
- 9 Refused

If adult is uninsured they will be asked WHY questions; uninsured children are asked KWHY questions.

If adult is insured, they will not get WHY questions and will next be asked INSDELY. If child is insured, they will not get KWHY questions but will next be asked KINSDELY.

WHY1 *(Programming note: The wording of this question changes depending on whether or not both adult and child are uninsured and whether or not adult is the only adult of HH. If the adult is the only adult and he/she is unemployed, skip this question.)*

The next few questions ask about reasons you ["and your child", if both adult and child are uninsured] may be uninsured. Are you uninsured because your employer or the employer of someone in the household does not offer, or no longer offers health insurance coverage to you?

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

KWHY1 [If only the child is uninsured read: The next few questions ask about reasons your child may be uninsured.]

Is the child uninsured
(if WHY1 was read, then read) for this reason?
(if adult did not get WHY1, then read) because the employer of someone in the household does not offer, or no longer offers health insurance coverage to the child?

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

WHY2 Are you uninsured because you or someone in the household lost a job, got laid off, or changed employers?

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

KWHY2 Is the child uninsured
(if WHY2 was read then read) for this reason?
(if adult did not get WHY2, then read) because you or someone in the household lost a job, got laid off or changed employers?

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

WHY3 *(if adult is only adult of HH and is unemployed, skip this question.)*
Are you uninsured because you are or someone in the household is a part time or temporary employee?

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

KWHY3 *if adult is only adult of HH and is unemployed, skip this question.*

Is the child uninsured
(if WHY3 was read then read) for this reason?
(if adult did not get WHY3, then read) because you are or someone in the household is a
 part time or temporary employee?

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

WHY4 Are you uninsured because you or someone in the household is self-employed?

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

KWHY4 Is the child uninsured
(if WHY4 was read then read) for this reason?
(if adult did not get WHY4 then read) because you or someone in the household is self-
 employed?

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

WHY5 Are you uninsured because the premiums cost too much?

- 1 Yes **(Continue to WHY5a)**
- 2 No **(Skip to WHY6 or KWHY5 if uninsured child)**
- 7 Don't know/Not sure
- 9 Refused

WHY5A Did an existing health condition make the premium cost too much?

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

KWHY5 Is the child uninsured because the premiums cost too much?

- 1 Yes **(Continue to KWHY5a)**
- 2 No **(Skip to WHY6 or KWHY6 if no uninsured adult)**
- 7 Don't know/Not sure
- 9 Refused

KWHY5A Did an existing health condition make the premium cost too much?

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

WHY6 Are you uninsured because you are healthy and decided it would be safe for you to go without insurance?

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

KWHY6 Is the child uninsured because (insert he/she based on M32Q02) he/she is healthy and it was considered safe for (insert her/him based on M32Q02) him/her to go without insurance?

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

WHY7 Are you uninsured because the insurance company refused to cover you?

- 1 Yes **(Continue to WHY7a)**
- 2 No **(Skip to WHY8)**
- 7 Don't know/Not sure
- 9 Refused

WHY7A Have you been denied coverage because of a pre-existing condition?

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

KWHY7 Is the child uninsured because the insurance company refused to cover (insert her/him based on M32Q02) him/her?

- 1 Yes **(Continue to KWHY7a)**
- 2 No **(Skip to WHY8 or KWHY8 if no uninsured adult)**
- 7 Don't know/Not sure
- 9 Refused

KWHY7A Has the child been denied coverage because of a pre-existing condition?

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

WHY8 Are you uninsured because you lost Medicaid or CHIP eligibility?

- 1 Yes (**Continue to WHY8a**)
- 2 No (**Skip to WHY9 or KWHY9 if uninsured child**)
- 7 Don't know/Not sure
- 9 Refused

WHY8A Did you lose eligibility because

Please read:

- 1 Your family income increased,
- 2 Paperwork to complete eligibility was not completed,
- 3 You were no longer pregnant or you aged out of the program
- 4 You lost your job, or
- 5 For some other reason

Do not read

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

KWHY8 Is the child uninsured because he/she lost Medicaid or CHIP eligibility?

- 1 Yes (**Continue to KWHY8a**)
- 2 No (**Skip to WHY9 or KWHY9 if no uninsured adult**)
- 7 Don't know/Not sure
- 9 Refused

KWHY8A Did the child lose eligibility because

Please read:

- 1 Your family income increased,
- 2 Paperwork to complete eligibility was not completed,
- 3 You were no longer pregnant or you aged out of the program
- 4 You lost your job, or
- 5 For some other reason

Do not read

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

WHY9 *if adult is only adult of HH and is unemployed, skip this question.*

We're interested in knowing whether there are some people who COULD currently get health insurance through an employer, but decided not to enroll. Could you currently be covered by a plan that is available through an employer?

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

KWHY9 *if adult is only adult of HH and is unemployed, skip this question.*

{if no uninsured adult read: We're interested in knowing whether there are some people who COULD currently get health insurance through an employer, but decided not to enroll.}

Could the child currently be covered by a plan that is available through an employer?

- 1 Yes

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

WHY10 Was there any other reason that you were without health insurance coverage, other than what I have already mentioned?

- 1 Yes (**specify in WHY10op**)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

WHY10op What is the other reason? Interviewer record response verbatim.

KWHY10 Was there any other reason that the child was without health insurance coverage, other than what I have already mentioned?

- 1 Yes (**specify in KWHY10op**)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

KWHY10op What is the other reason? Interviewer record response verbatim.

Return to asking questions of all respondents, K questions for selected child, regardless of insurance status, unless otherwise specified.

INSDELY (*Skip if adult has been uninsured for more than 12 months (UNINS>12 months). If this question is skipped, insert the intro below before next question asked.*)

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.

In the past 12 months, did you have problems or delay seeking care for yourself because the service was not covered by your 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
- 7 Don't know/Not sure
- 9 Refused

KINSDELY In the past 12 months, did the child have problems or was there a delay in seeking care for the child because the service was not covered by his/her 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 Child Uninsured all 12 months
- 7 Don't know/Not sure
- 9 Refused

SERVDELY In the past 12 months, did you have problems or delay seeking care for yourself because you could not find the services in your area?

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

KSERVDEL In the past 12 months, did the child have problems or was there a delay in seeking care for the child because the services could not be found in the child's area?

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

KCOSTDEL Thinking about the child, in the past 12 months, did you have problems or delay getting care for the child because the services cost too much?

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

****Skips for EMPLOYED and HOURSWKD were changed beginning July, 2012. Previous to this, everyone was asked EMPLOYED and those who said no, regardless of response to C07Q09, skipped HOURSWKD and NUMEMPS. This meant we were not getting hours data for people who reported being Employed or self-employed, but answered no to working for pay or profit.*

If C07Q09 = (3,4,5,6,7,8,9) then ask Employed. If C07Q09 = (1,2) then skip to HourswkD.

EMPLOYED I am going to ask a few questions about work related activities. Do you do any work for either pay or profit?

[CATI NOTEi: If they respond 1, 7 or 9 to this question they get asked question HOURSWKD. If they respond 2 they skip the other 2 questions in this section (HOURSWKD and NUMEMPS).]

Interviewer Note: If respondent asks why we are asking about employment say: By asking about employment and where people work, the health department is trying to understand more about companies that offer health insurance.

Interviewer Note: If respondent says they have been on vacation recently, it is still necessary to get information on employment. Ask: Do you currently work for pay or profit?

- 1 Yes (skip to HOURSWKD)
- 2 No (skip to next section)
- 7 Don't know/Not sure (skip to HOURSWKD)
- 9 Refused (skip to HOURSWKD)

HOURSWKD If C07Q09 = (1,2) then show "Earlier you said you are [fill in with either "employed for wages" or "self-employed"]".

How many hours per week do you usually work at your main job?

Interviewer Probe: By main job I mean the one at which you usually work the most hours.

- Hours (70 = 70 hours or more)
- 77 Don't know/Not sure
- 99 Refused

NUMEMPS Thinking about the company you work for, approximately how many employees work for this organization?

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

- 1 1 employee
- 2 2-50 Employees
- 3 50+ Employees
- 7 Don't know/Not sure
- 9 Refused

Religion

Asked on all questionnaires

RELIG Do you consider yourself (read options 1-6)?

Interviewer Note: If respondent says "other" ask: "What religion are you?" then choose from the options below, if listed. Select only one.

READ:

- 01. Protestant
- 02. Catholic
- 03. Jewish
- 04. LDS (Latter Day Saints/Mormon)
- 05. No Religion [skip to next section]
- OR
- 06. Some other religion I have not mentioned

DO NOT READ:

- 77. DON'T KNOW / NOT SURE (Do not read) [skip to next section]
- 99. REFUSED (Do not read) [skip to next section]
- 10. Agnostic, Atheist

11. Baptist, Southern Baptist
12. Buddhist, Hindu, Muslim, Islam
13. Christian, Born Again, Church of Christ, Pentacostal
14. Episcopalian, Lutheran, Methodist, Presbyterian
15. Greek Orthodox, Eastern Orthodox
16. Jehovah's Witness
17. Native American Religion
18. Non-Denominational
19. Unitarian

RELIGACTV How many times per day, week, month, or year do you attend services?

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year

DO NOT READ:

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

Chronic Disease

These questions will be asked on all questionnaires of people who said "yes", they had diabetes, cancer, arthritis, asthma, heart disease, stroke, or heart attack. If person has more than one illness, ask all 3 questions about one illness before moving on to next illness.

CHRONINFO You said that a medical professional has told you that you have or have had **[CATI NOTE: fill in illness]** During the last 12 months, have you gotten information about how to take care of your [fill with illness]?

- 1 Yes
- 2 No **[skip to MANAGE]**
- 7 Don't know/not sure **[skip to MANAGE]**
- 9 Refused **[skip to MANAGE]**

INFOFROM During the last 12 months, where did you get information about taking care of your **[CATI NOTE: fill in first illness from previous question – heart attack, diabetes, asthma, heart disease, stroke...]**? From... ()

(Check all that apply)

- 1 A doctor or health professional?
- 2 Family or friends?
- 3 A TV show or radio program?
- 4 The Internet?
- 5 A book, magazine, or other publication?
- 6 A group class?

If Q5.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?=1 and Q8.2=6 then please state which group class_____

Do not read

- 66 Some other source
- 77 Don't know/Not sure

99 Refused

MANAGE Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all the things necessary to manage your condition(s) on a regular basis?

Please read

- 1 Not at all confident
- 2 A little confident
- 3 Moderately confident
- 4 Very confident

Do not read

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

Family Planning

Ask on Questionnaires 12, 13, 22 and 23

If respondent is female and 45 years of age or older, or male, go to next module.

The next question is about discussions that occurred as part of a routine health care visit. **DO NOT** include visits while pregnant, also called prenatal care visits.

STFP1 Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

STFP2 Have you ever been pregnant?

[Programming note: If respondent is currently pregnant (C08Q23), automatically code yes. Or, if respondent answered yes to DMPREG automatically code yes.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

STFP3 Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Did you or your

husband/partner do anything the last time you had sex to keep you from getting pregnant?

- 1 Yes
- 2 No [Go to Q5]
- 3 No partner/not sexually active [Go to Q6]
- 4 Same sex partner [Go to Q6]
- 7 DON'T KNOW / NOT SURE [Go to Q6]
- 9 REFUSED [Go to Q6]

STFP4

What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

NOTE TO INTERVIEWER: If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

NOTE TO INTERVIEWER: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

NOTE TO INTERVIEWER: If respondent reports “other method,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY, SELECT ONLY ONE:

- 01. Female sterilization (ex. tubal ligation, Essure, Adiana) [Go to Q7]
- 02. Male sterilization (vasectomy) [Go to Q7]
- 03. Contraceptive implant (ex. Implanon) [Go to Q6]
- 04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena) [Go to Q6]
- 05. Copper-bearing IUD (ex. ParaGard) [Go to Q6]
- 06. IUD, type unknown [Go to Q6]
- 07. Shots (ex. Depo-Provera) [Go to Q6]
- 08. Birth control pills, any kind [Go to Q6]
- 09. Contraceptive patch (ex. Ortho Evra) [Go to Q6]
- 10. Contraceptive ring (ex. NuvaRing) [Go to Q6]
- 11. Male condoms [Go to Q6]
- 12. Diaphragm, cervical cap, sponge [Go to Q6]
- 13. Female condoms [Go to Q6]
- 14. Not having sex at certain times (rhythm or natural family planning) [Go to Q6]
- 15. Withdrawal (or pulling out) [Go to Q6]
- 16. Foam, jelly, film, or cream [Go to Q6]
- 17. Emergency contraception (morning after pill) [Go to Q6]
- 18. Other method [Go to Q6]

- 77. Don't know / Not sure [Go to Q6]
- 99. Refused [Go to Q6]

STFP5

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

NOTE TO INTERVIEWER: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY, SELECT ONLY ONE:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it/don't care if you get pregnant
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/side effects
- 06 You couldn't pay for birth control
- 07 You had a problem getting birth control when you needed it
- 08 Religious reasons
- 09 Lapse in use of a method
- 10 Don't think you or your partner can get pregnant (infertile or too old)
- 11 You had tubes tied (sterilization) [Go to next module]
- 12 You had a hysterectomy [Go to next module]
- 13 Your partner had a vasectomy (sterilization) [Go to next module]
- 14 You are currently breast-feeding
- 15 You just had a baby/postpartum
- 16 You are pregnant now [Go to Q7]
- 17 Same sex partner
- 18 Other reason

DO NOT READ:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

STFP6 How do you feel about having a child now or sometime in the future? Would you say:

PLEASE READ:

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

STFP7 How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- 1 0 times a week
- 2 1 to 3 times a week
- 3 4 to 6 times a week
- 4 Every day of the week
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Skin Cancer

Ask on Questionnaires 13 and 23

STSKIN1 The next questions are about what you do to protect your skin when you go outside.

When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock?

(Interviewer note: Summer means June, July and August. Sunny is what the respondent considers sunny.)

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never (**go to STSKIN3**)

8. Don't stay out more than one hour (**Go to next section**)
7. Don't know/Not sure (**Go to STSKIN3**)
9. Refused (**Go to STSKIN3**)

STSKIN2 What is the Sun Protection Factor or SPF of the sunscreen you use most often?

- ___ Number
777. Don't know/Not sure
999. Refused

STSKIN3 When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never

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

STSKIN4 When you go outside on a sunny summer day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never

7. Don't know/Not sure

9. Refused

STSKIN5

When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

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

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

TAN

During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? Do not include getting a spray on tan.

Do not read:

- 1 0 times
- 2 1 or 2 times
- 3 3 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times

- 7 don't know
- 9 not sure

Folic Acid

Ask on Questionnaires 11 and 21 only. Ask of women 18 – 44 years old.

SPRL1

Do you currently take any vitamin pills or supplements?
(Interviewer instruction: Include liquid supplements.)

- 1 Yes
- 2 No **(Go to SPRL5)**
- 7 Don't know/Not sure **(Go to SPRL5)**
- 9 Refused **(Go to SPRL5)**

SPRL2

Are any of these a multivitamin?

- 1 Yes **(Go to SPRL4)**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

SPRL3

Do any of the vitamin pills or supplements you take contain folic acid?

- 1 Yes
- 2 No **(Go to SPRL5)**
- 7 Don't know/Not sure **(Go to SPRL5)**
- 9 Refused **(Go to SPRL5)**

SPRL4 How often do you take this vitamin pill or supplement?

Enter times per Day, per Week or per Month

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 777 Don't know/Not sure
- 999 Refused

SPRL5 Have you ever heard of the B vitamin folic acid?

- 1 Yes
- 2 No **(Go to SPRL7)**
- 7 Don't know/Not sure **(Go to SPRL7)**
- 9 Refused **(Go to SPRL7)**

SPRL6. **[Flow instruction: only ask of those who answered “yes” to SPRL5]**

Where did you hear or read about it?

(Interveiwter note: Do not probe. Mark all mentioned)

- 01 Physician/OB/GYN/GP/FP
- 02 Nurse/nurse practitioner
- 03 Other /Health Clinic Staff
- 04 Brochures/literature at health care provider's office
- 05 Friend or relative/co-worker
- 06 Label on consumer product (i.e. food, vitamins)
- 07 Magazine or newspaper
- 08 Radio or Television
- 09 School
- 10 Books
- 11 Internet
- 12 Professional Journal
- 13 WIC (Women, Infants and Children)

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

SPRL7 Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons....

To make strong bones, To prevent birth defects, To prevent high blood pressure or Some other reason.

Please Read

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure
- or
- 4 Some other reason

Do not read these responses

- 7 Don't know/Not sure

Fruits and Vegetables

Ask on Questionnaires 12 and 22.

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

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

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

STFV1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

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

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

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

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 9.6.

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

STFV2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

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

9 9 9 Refused

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

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

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

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

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

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

STFV3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

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

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

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

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

STFV4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

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

9 9 9 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

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

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

STFV5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

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

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

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

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

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

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

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

STFV6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

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

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

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

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

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

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

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

Do not include rice or other grains.

Physical Activity

Ask on Questionnaires 12, 13, 22 and 23.

CATI Note: If C04Q01 = 2 (Yes) then go to intro and STPA2.

If C04Q01 = 2, 7, 9 then go to STPA8.

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

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

STPA2. What type of physical activity or exercise did you spend the most time doing during the past month?

__	(Specify)	[See Coding List A]
7 7	Don't know / Not Sure	[Go to STPA8]
9 9	Refused	[Go to STPA8]

INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other “.

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

STPA3 How many times per week or per month did you take part in this physical activity or exercise during the past month?

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

STPA4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Interviewer note: 1 hour and 30 minutes enter as "130."

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

STPA5 What other type of physical activity gave you the next most exercise during the past month?

- | | | |
|-----|-----------------------|----------------------------|
| __ | (Specify) | [See Coding List A] |
| 8 8 | No other activity | [Go to STPA8] |
| 7 7 | Don't know / Not Sure | [Go to STPA8] |
| 9 9 | Refused | [Go to STPA8] |

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

STPA6 How many times per week or per month did you take part in this activity during the past month?

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

STPA7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Interviewer note: 1 hour and 30 minutes enter as "130."

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

STPA8 During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

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

Hypertension Awareness

Ask on Questionnaires 12, 13, 22 and 23.

STHYP1 Have you **EVER** been told by a doctor, nurse, or other health professional that you have high blood pressure?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes **[Go to STHYP2]**
- 2 Yes, but female told only during pregnancy **[Go to next section]**
- 3 No
- 4 Told borderline high or pre-hypertensive **[Go to next section]**
- 7 Don't know / Not sure
- 9 Refused

STHYP2 Are you currently taking medicine for your high blood pressure?

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

Cholesterol Awareness

Ask on Questionnaires 12, 13, 22 and 23.

STCHOL1 Blood cholesterol is a fatty substance found in the blood. Have you **EVER** had your blood cholesterol checked?

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

STCHOL2 About how long has it been since you last had your blood cholesterol checked?

Read only if necessary:

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

Do not read:

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

STCHOL3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No

DO NOT READ

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

Tobacco

Ask on Questionnaires 12, 13, 22 and 23.

*If (1 or 2) "everyday" or "some days" to core 9.2, continue.
Otherwise, go to STSMK3.*

STSMK1 On the average, about how many cigarettes a day do you now smoke?

___ __ =Number of cigarettes

DO NOT READ

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

INTERVIEWER: PAUSE BETWEEN EACH RESPONSE CATEGORY TO ALLOW RESPONDENTS TO ANSWER "YES" OR "No" TO EACH CATEGORY. ENTER THE RESPONSE CODE FOR THE FIRST "YES" AND THEN CONTINUE TO THE NEXT QUESTION.

STSMK2 For the next question, I am going to read you a set of possible answers. Please answer "Yes" or "No" to each answer. Do you plan to quit smoking for good.

- 1 in the next 7 days,
- 2 in the next 30 days,
- 3 in the next 6 months,
- 4 in the next year,
- 5 more than 1 year from now, or
- 6 You don't plan on quitting

DO NOT READ

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

[All Respondents]

STSMK3 Have you ever tried electronic cigarettes or e-cigarettes?

- 1 Yes
 - 2 No (**Go to STSMK5**)
 - 3
- DO NOT READ
- 7 Don't know / Not sure
 - 9 Refused

STSMK4 Do you currently use electronic cigarettes or e-cigarettes every day, some days, or not at all?

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

If (1 or 2) "everyday" or "some days" to core 9.2, continue, or if Core 9.4<04 continue to STSMK5. Otherwise, go to STSMK9.

The next questions are about interactions with a doctor, nurse, or other health professional.

STSMK5 In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

- 1 Yes
 - 2 No (**Go to Q9**)
- DO NOT READ
- 7 Don't know / Not sure
 - 9 Refused

STSMK6 During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking?

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

STSMK7 Did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion (Well BYOU trin/ZEYE ban/byou PRO pee on)?

- 1 Yes
- 2 No

DO NOT READ

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

STSMK8 Did your doctor or health provider recommend or discuss a smoking cessation class or program, a telephone quitline, or one-on-one counseling from a health-care provider to assist you with quitting smoking?

- 1 Yes
- 2 No

DO NOT READ

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

[All respondents]

STSMK9 Which statement best describes the rules about smoking inside your home?

Please read:

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

Or

- 4 There are no rules about smoking inside your home

Do not read:

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

[All respondents]

STSMK10 In the past twelve months, how often have you seen or heard anti-smoking messages on TV or the radio?

- 1 At least once a week
- 2 At least once a month
- 3 Less than once a month
- 4 Never

DO NOT READ

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

[All respondents]

STSMK11 In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

- 1 Yes
- 2 No

DO NOT READ

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

[All respondents]

STSMK12 Finally, my last tobacco question is about smoke you might have breathed because someone else was smoking, whether you were indoors, outdoors, in a vehicle, or anywhere else.

During the past 7 days, **on how many days** did you breathe smoke from **someone other than you** who was smoking a cigarette, cigar, pipe, or any other tobacco product?

__ Number of days [1-7]
8 8 None

DO NOT READ
7 7 Don't know / Not sure
9 9 Refused

Cell Phone

Ask on Questionnaires 12, 13, 22 and 23.

CATI NOTE: On questionnaire 12 and 22, Cell3 should appear first.

On questionnaire 13 and 23 Cell 3 should appear last in the section.

CELL1 Next, I am going to ask you two questions about things you might do while driving. The first question is about talking on a cell phone and the second is about texting or otherwise using a hand-held electronic device.

Thinking about all the time you spent driving during the past week, which of the following best describes the **total** time you spent talking on a cell phone, including hands-free or blue tooth, while you were driving?

Please read:

- 1 Less than 3 minutes per day
- 2 Three to 20 minutes per day
- 3 More than 20 minutes but less than 60 minutes per day
- 4 More than an hour per day
- 5 You never talk on a cell phone while driving

Do not read:

- 6 Doesn't have a cell phone
- 7 Don't know/Not sure (**don't ask CELL2**)
- 8 Doesn't drive (**don't ask CELL2**)
- 9 Refused (**don't ask CELL2**)

CELL2 Thinking about all the time you spent driving during the past week, about how much time did you spend texting or otherwise using a hand-held electronic device while you were driving?

Interviewer Note: This includes any hand-held electronic device like an ipod, mp3 player, blackberry, etc.

Please read:

- 1 Less than 3 minutes per day
- 2 Three to 20 minutes per day
- 3 More than 20 minutes but less than 60 minutes per day
- 4 More than an hour per day
- 5 You never text or use hand-held devices while driving

Do not read:

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

CELL3 How strongly would you support or oppose a law making it illegal to talk on a cell phone, (including hands-free) while driving?

Interviewer Note: This law would be for all ages, not just teens and is different than the no texting law.

1. Strongly support
2. Somewhat support
3. Somewhat oppose
4. Strongly oppose

Do not read:

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

Salt Intake

Ask on Questionnaires 12, 13, 22 and 23

Now I would like to ask you some questions about salt intake.

SALT1 Are you currently watching or reducing your salt intake?

1. YES [SKIP to Question SALT2]
2. NO [CONTINUE TO Question SALT3]

DO NOT READ

7. Don't know/not sure [SKIP to Question SALT3]
9. Refused [SKIP to Question SALT3]

SALT2 How many days, weeks, months, or years have you been watching or reducing your salt intake?"

1. ___Days ;
2. ___Weeks
3. ___Months
4. ___Years
5. All my life

DO NOT READ

7. Don't know/not sure

9. Refused

SALT3

Has a doctor or other health professional ever advised you to reduce salt intake?

- 1. Yes
- 2. No

DO NOT READ

- 7. Don't know/not sure
- 9. Refused

Carbon Monoxide Detector

Ask on all questionnaires.

CODET

Do you have at least one Carbon Monoxide (CO) detector in your house/current residence?

- 1. Yes
- 2. No

DO NOT READ

- 7. Don't know/not sure
- 9. Refused

Water Consumption

Ask on Questionnaires 12 and 22.

WATER1

How many fluid ounces of **tap** water did you drink yesterday? Please include only water straight from the tap or drinking fountain, not bottled water or water that has been filtered or treated in any way.

INTERVIEWER NOTE: Common types of filters or treatment devices include pitchers, special drinking water taps, and dispensers from your refrigerator. A typical soda can is 12 ounces.

- 1 – 700. Fluid ounces
- 777. DON'T KNOW/NOT SURE (Do not read)
- 888. NONE (Do not read)
- 999. REFUSED (Do not read)

WATER2

The next question is about **filtered or treated** water. Common types of treated or filtered water include pitchers, special drinking water taps, dispensers in your refrigerator, and reverse-osmosis systems. Not including bottled water purchased from a store, how many fluid ounces of treated or filtered water did you drink yesterday?

(Interviewer note: DO NOT INCLUDE bottled water purchased at a store, water that was purchased by filling a container at a store, or water from water coolers. A typical soda can is 12 ounces.)

- 1 – 700. Fluid ounces
- 777. DON'T KNOW/NOT SURE (Do not read)
- 888. NONE (Do not read)
- 999. REFUSED (Do not read)

WATER3 **Bottled water** includes water from individual-sized bottles that were purchased at a store, water that was purchased by filling a container at a store, and water from water coolers or similar dispensers which use large bottles of water. How many fluid ounces of bottled water did you drink yesterday?

(Interviewer note: A typical small individual size bottle of water is 17 ounces. A typical soda can is 12 ounces.)

- 1 – 700. Fluid ounces
- 777. DON'T KNOW/NOT SURE (Do not read)
- 888. NONE (Do not read)
- 999. REFUSED (Do not read)

WATER4 Do you use any of the following water filter or treatment devices in your home?

(Note: Read options 1 through 6. Select all that apply.)

- 1. Brita or other pitcher water filter
- 2. Ceramic or charcoal filter
- 3. Water softener
- 4. Aerator
- 5. Reverse osmosis
- 6. Water dispenser in your refrigerator
- 7. DON'T KNOW / NOT SURE (Do not read)
- 8. NONE (Do not read)
- 9. REFUSED (Do not read)

State Follow-up Question

Ask all respondents on all Questionnaires who do not have asthma.

STFU1 Occasionally programs at the Department of Health or researchers at Utah universities would like to conduct follow-up surveys. Can I please have your first name so that if we contact you in the future we can ask for you specifically? You can always let us know at that time if you do not wish to participate in the survey.

Type in respondent's first name only.

9 9 Respondent refuses to give name/does not want to be called again

Asthma Follow-up Adult

Ask on all Questionnaires of those respondents who indicated they have asthma or that their child has asthma.

AFU1: We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1. Yes (**SKIP to AFU2**)
2. No (**Skip to closing**)

AFU2: Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

Type in respondent's first name only.

Asthma Follow-up Child

CFU1: We would like to call you again within the next 2 weeks to talk in more detail about your child's experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?"

1. Yes (**Skip to CFU2**)
2. No (**Skip to closing**)

CFU2: Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

Type in respondent's first name only.

CFU3: Can I please have your child's first name, initials or nickname so we can ask about that child's asthma history?

Type in respondent's first name only.

Closing Statement

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in your state. Thank you very much for your time and cooperation.

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused

- 3 2 Paddleball
- 3 3 Painting/papering house
- 3 4 Pilates
- 3 5 Racquetball
- 3 6 Raking lawn
- 3 7 Running
- 3 8 Rock Climbing
- 3 9 Rope skipping
- 4 0 Rowing machine exercise