



**2015**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**April 13, 2015**



# Behavioral Risk Factor Surveillance System 2015 Questionnaire

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## Interviewer's Script

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?**

**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]

**No, business phone only**

**If "No, business phone only".**

**Thank you very much but we are only interviewing persons on residential phones lines at this time.**

**STOP**

### **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                    [Go to state of residence]  
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**

Do you reside in \_\_\_\_ (state) \_\_\_\_?

Yes                      [Go to Cellular Phone]  
No

**If "No"**

Thank you very much, but we are only interviewing persons who live in the state of \_\_\_\_\_ at this time. **STOP**

**Cellular Phone**

Is this a cellular telephone?

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

**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 by land line telephones and for private residences or college housing. **STOP**

**No**

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

Are you 18 years of age or older?

- |          |                                  |                       |
|----------|----------------------------------|-----------------------|
| <b>1</b> | <b>Yes, respondent is male</b>   | <b>[Go to Page 6]</b> |
| <b>2</b> | <b>Yes, respondent is female</b> | <b>[Go to Page 6]</b> |
| <b>3</b> | <b>No</b>                        |                       |

**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 7.**



**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 your health and health practices.

## Core Sections

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— (90)
- Please read:**
- 1        Excellent
  - 2        Very good
  - 3        Good
  - 4        Fair
- Or**
- 5        Poor
- Do not read:**
- 7        Don't know / Not sure
  - 9        Refused

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

---

- 2.1            Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (91–92)
- —        Number of days
  - 8 8        None
  - 7 7        Don't know / Not sure
  - 9 9        Refused

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

(93–94)

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

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

(95-96)

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

### Section 3: Health Care Access

---

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

(97)

- |   |                       |
|---|-----------------------|
| 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?”**

(98)

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

**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (99)

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

**3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (100)

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

## Section 4: Hypertension Awareness

---

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

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

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

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

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

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

## Section 5: Cholesterol Awareness

---

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

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

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

**Read only if necessary:**

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

**Do not read:**

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

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

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

## Section 6: Chronic Health Conditions

---

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

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

- 6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (106)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |
- 6.2** (Ever told) you had angina or coronary heart disease? (107)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |
- 6.3** (Ever told) you had a stroke? (108)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |
- 6.4** (Ever told) you had asthma? (109)
- |   |                       |              |
|---|-----------------------|--------------|
| 1 | Yes                   |              |
| 2 | No                    | [Go to Q6.6] |
| 7 | Don't know / Not sure | [Go to Q6.6] |
| 9 | Refused               | [Go to Q6.6] |
- 6.5** Do you still have asthma? (110)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |

**6.6** (Ever told) you had skin cancer? (111)

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

**6.7** (Ever told) you had any other types of cancer? (112)

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

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

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

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

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)

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

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

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

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

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

**6.12** (Ever told) you have diabetes? (117)

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 Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12 go to next section.

**6.13** How old were you when you were told you have diabetes? (118-119)

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

**CATI NOTE:** Go to Gestational Diabetes if respondent is female. Otherwise, go to next section.

**CATI NOTE: Go to next section.**

## Gestational Diabetes

### ***Ask of diabetic women on questionnaires 12/22.***

**CATI NOTE: Ask DMPREG if Q6.12 = 1 (Yes) and respondent is female. If any other response to Q6.12 go to next section.**

**DMPREG.** Have you ever been pregnant?

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

**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 7: Demographics

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

- |   |        |
|---|--------|
| 1 | Male   |
| 2 | Female |

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

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

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

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

**INTERVIEWER NOTE: *One or more categories may be selected.***

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

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

7.4 Which one or more of the following would you say is your race?

(127-154)

**INTERVIEWER NOTE: Select all that apply.**

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

**Please read:**

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian

- 50 Pacific Islander**
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

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

**7.5** Which one of these groups would you say best represents your race?

**INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.**

(155-156)

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**

**40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

**50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**Do not read:**

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

**7.6** Are you...?

(157)

**Please read:**

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

**Or**

6 A member of an unmarried couple

**Do not read:**

9 Refused

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

**Read only if necessary:**

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

**Do not read:**

9 Refused

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

- 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.**

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.**

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

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

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

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

**CATI NOTE: If cellular telephone interview skip to 7.14 (QSTVER GE 20)**

**7.11** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (168)

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

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

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

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

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

**7.14** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

**INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.** (171)

- 1 Yes
- 2 No

**Do not read:**

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

**7.15** Are you currently...?

(172)

**Please read:**

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

**Or**

- 8 Unable to work

**Do not read:**

- 9 Refused

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

(173-174)

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

7.17 Is your annual household income from all sources—

(175-176)

**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

**UTIncome** *[Programming note: These response categories are incorporated into 7.17. We need to be able to report the 7.17 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

**Do not read:**

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

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

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

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

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

**Round fractions up**

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

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

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

**Round fractions down**

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

**If male, go to 7.22, If female respondent is 45 years old or older, go to Q7.22**

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

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:

1	1- Lesbian or Gay
---	-------------------

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

2 2 - Straight

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

3 3 – Bisexual

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

Or

4 4 - Other

Remember, your answers are confidential.

**Do not read**

7 Don't know/Not sure

9 Refused

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

**7.22** Are you limited in any way in any activities because of physical, mental, or emotional problems? (187)

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

**7.23** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (188)

**NOTE: Include occasional use or use in certain circumstances.**

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

**7.24** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (189)

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

- 7.25** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (190)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.26** Do you have serious difficulty walking or climbing stairs? (191)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.27** Do you have difficulty dressing or bathing? (192)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.28** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (193)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 8: Tobacco Use

---

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

**NOTE: 5 packs = 100 cigarettes**

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

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

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

(195)

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

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

(196)

- 1 Yes [Go to QUIT30]
- 2 No [Go to Q8.5]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

**QUIT30** During the past 30 days, 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 Q8.5]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

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

(197-198)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

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

**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.**

(199)

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

**Do not read:**

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

## Section 9: Alcohol Consumption

---

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

(200-202)

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

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

(203-204)

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

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

**9.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?  
(205-206)

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

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

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

## Section 10: Fruits and Vegetables

---

These next questions are about the fruits and vegetables **you** ate or drank 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?"**

**10.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.  
(209-211)

- 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 10.6.**

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

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

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

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

(218-220)

- 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.**

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

(221-223)

- 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).**

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

(224-226)

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 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.**

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

## Section 11: Exercise (Physical Activity)

---

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.**

**11.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (227)

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

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

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

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other “.**

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

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

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

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

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

(236-237)

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

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

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

(238-240)

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

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

(241-243)

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

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

(244-246)

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

## Section 12: Arthritis Burden

---

**If Q6.9 = 1 (yes) then continue, else go to next section.**

Next, I will ask you about your arthritis.

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

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (247)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

**INTERVIEWER NOTE:** Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (248)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER INSTRUCTION:** If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.”

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

- 12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (249)
- Please read [1-3]:**
- 1 A lot
  - 2 A little
  - 3 Not at all

**Do not read:**

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

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

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

(250-251)

— — Enter number [00-10]  
7 7 Don't know / Not sure  
9 9 Refused

## Section 13: Seatbelt Use

---

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

(252)

**Please read:**

1 Always  
2 Nearly always  
3 Sometimes  
4 Seldom  
5 Never

**Do not read:**

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

## Section 14: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

- 14.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (253)

**READ IF NECESSARY:**

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

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q14.4] |
| 7 | Don't know / Not sure | [Go to Q14.4] |
| 9 | Refused               | [Go to Q14.4] |

- 14.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (254-259)

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

- 14.3** At what kind of place did you get your last flu shot/vaccine? (260-261)

**Note: Read only if necessary**

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

**Do not read:**

- |     |         |
|-----|---------|
| 9 9 | Refused |
|-----|---------|

- 14.4** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (262)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 15: HIV/AIDS

---

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

- 15.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (263)
- 1 Yes
  - 2 No **[Go to optional module transition]**
  - 7 Don't know / Not sure **[Go to optional module transition]**
  - 9 Refused **[Go to optional module transition]**

- 15.2** Not including blood donations, in what month and year was your last HIV test? (264-269)
- 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
  - 7 7 / 7 7 7 7 Don't know / Not sure
  - 9 9 / 9 9 9 9 Refused / Not sure

**15.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (270-271)

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

## **Closing Statement or Transition to Modules and/or State-Added Questions**

### **Closing Statement**

#### **Please read:**

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

**Or**

### **Transition to modules and/or state-added questions**

#### **Please read:**

Finally, I have just a few questions left about some other health topics.

## Optional Modules

### Module 2: Diabetes

*Ask on questionnaires 12/22.*

**NOTE: To be asked following Core Q6.13; if response is "Yes" (code = 1) and Core Q6.12 is "Yes" (code = 1).**

1. Are you now taking insulin? (289)

- 1 Yes
- 2 No
- 9 Refused

2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (290-292)

- 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

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

3. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (293-295)

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

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

(296-297)

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

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

(298-299)

- — Number of times [76 = 76 or more]
- 8 8 None (skip to Q6)
- 9 8 Never heard of "A one C" test (skip to Q6)
- 7 7 Don't know / Not sure (skip to Q6)
- 9 9 Refused (skip to Q6)

**CATI NOTE: If Q3 = 555 (No feet), go to Q7.**

**CATI NOTE: Ask AONEC if M2Q5 is 1-76.**

- AONEC** Was your most recent "A one C" test greater than 9 percent?
- 1 Yes
  - 2 No
  - 3 Don't know but doctor said it was okay
  - 4 Don't know but doctor said it was high/too high
  - 7 Don't know
  - 9 Refused

**All**

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

(300-301)

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

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

(302)

**Read only if necessary:**

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

**Do not read:**

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

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

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

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

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

## Module 4: Caregiver

**Ask on questionnaires 12 and 22.**

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (313)

**INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and code 8.**

- 1. Yes
- 2. No [Go to Question 9]
- 7 Don't know/Not sure [Go to Question 9]
- 8 Caregiving recipient died in past 30 days [Go to next module]
- 9 Refused [Go to Question 9]

2. What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)?

**INTERVIEWER NOTE: If more than one person, say: “Please refer to the person to whom you are giving the most care.”**

(314-315)

**[DO NOT READ; CODE RESPONSE USING THESE CATEGORIES]**

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Same-sex partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
  
- 77 Don't know/Not sure
- 99 Refused

3. For how long have you provided care for that person? Would you say... (316)

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years
  
- 7 Don't Know/ Not Sure
- 9 Refused

4. In an average week, how many hours do you provide care or assistance? Would you say... (317)

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
  
- 7 Don't know/Not sure
- 9 Refused

5. What is the main health problem, long-term illness, or disability that the person you care for has? (318-319)

**IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?**

**[DO NOT READ: RECORD ONE RESPONSE]**

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Other
  
- 77 Don't know/Not sure
- 99 Refused

6. In the past 30 days, did you provide care for this person by... (320)

**managing personal care such as giving medications, feeding, dressing, or bathing?**

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

7. In the past 30 days, did you provide care for this person by... (321)

**managing household tasks such as cleaning, managing money, or preparing meals?**

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

8. Of the following support services, which one do you MOST need, that you are not currently getting? (322)

**[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]: Respite care means short-term or long-term breaks for people who provide care.**

**[READ OPTIONS 1 – 6]**

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

**[DO NOT READ]**

- 7 Don't Know /Not Sure
- 9 Refused

**[If Q1 = 1 or 8, GO TO NEXT MODULE]**

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (323)
- 1 Yes
  - 2 No
  
  - 7 Don't know/Not sure
  - 9 Refused

## Module 6: Cognitive Decline

---

**Ask on questionnaires 12 and 22.**

**CATI NOTE: If respondent is 45 years of age or older continue, else go to next module**

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

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (334)
- 1 Yes
  - 2 No **[Go to next module]**
  
  - 7 Don't know **[Go to Q2]**
  - 9 Refused **[Go to next module]**

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

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 Don't know
- 9 Refused

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

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q5]
- 5 Never [Go to Q5]
  
- 7 Don't know [Go to Q5]
- 9 Refused [Go to Q5]

**CATI NOTE:** If Q3 = 1, 2, or 3, continue. If Q3 = 4, 5, 7, or 9 go to Q5.

4. When you need help with these day-to-day activities, how often are you able to get the help that you need? (337)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 Don't know
- 9 Refused

5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? (338)

**Please read:**

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

- 7 Don't know
- 9 Refused

6. Have you or anyone else discussed your confusion or memory loss with a health care professional? (339)

- 1 Yes
- 2 No

- 7 Don't know
- 9 Refused

## Module 10: Arthritis Management

*Ask on questionnaires 11 and 21.*

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

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

**Please read:**

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

**Do not read:**

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

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

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

(370)

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

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(371)

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

## Module 19: Industry and Occupation

---

**Ask on all questionnaires.**

**If Core Q7.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.**

Now I am going to ask you about your work.

**If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed) ask,**

1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic)  
(402-501)

**INTERVIEWER NOTE: If respondent is unclear, ask “What is your job title?”**

**INTERVIEWER NOTE: If respondent has more than one job then ask, “What is your main job?”**

[Record answer] \_\_\_\_\_  
99 Refused

Or

**If Core Q7.15 = 4 (Out of work for less than 1 year) ask,**

What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)

**INTERVIEWER NOTE: If respondent is unclear, ask “What was your job title?”**

**INTERVIEWER NOTE: If respondent had more than one job then ask, “What was your main job?”**

[Record answer] \_\_\_\_\_  
99 Refused

**If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed) ask,**

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)  
(502-601)

[Record answer] \_\_\_\_\_  
99 Refused

Or

**If Core Q7.9 = 4 (Out of work for less than 1 year) ask,**

What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] \_\_\_\_\_  
99 Refused

## Module 20: Social Context

---

### **Ask on all questionnaires.**

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

**If Core Q7.8 = 1 or 2 (own or rent) continue, else go to Q2.**

1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say--- (602)

**Please read:**

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

**Do not read:**

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

2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say--- (603)

**Please read:**

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

**Do not read:**

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

**If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.**

If Core Q7.15 = 3 (Out of work for 1 year or more), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5.

If Core Q7.15 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q6.

3. At your main job or business, how you are generally paid for the work you do. Are you: (604)

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

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

4. About how many hours do you work per week at all of your jobs and businesses combined? (605-606)

- |     |                       |                            |
|-----|-----------------------|----------------------------|
| – – | Hours (01-96 or more) | <b>[Go to next module]</b> |
| 9 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 8 | Does not work         | <b>[Go to next module]</b> |
| 9 9 | Refused               | <b>[Go to next module]</b> |

5. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you: (607)

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

6. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined? (608-609)
- |     |                       |
|-----|-----------------------|
| — — | Hours (01-96 or more) |
| 9 7 | Don't know / Not sure |
| 9 8 | Does not work         |
| 9 9 | Refused               |

## Module 22: Random Child Selection

---

**Ask on all questionnaires.**

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

**If Core Q7.16 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

**If Core Q7.16 is >1 and Core Q7.16 does not equal 88 or 99, Interviewer please read:** “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

**CATI 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? (612-617)

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

**CATI 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? (618)

1	Boy
2	Girl
9	Refused

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

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

**INTERVIEWER NOTE: *One or more categories may be selected***

1	Mexican, Mexican American, Chicano/a
2	Puerto Rican
3	Cuban
4	Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

5	No
7	Don't know / Not sure
9	Refused

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

**(Select all that apply)**

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

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**

**40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

**50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**Do not read:**

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

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

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

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander**
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

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

6. How are you related to the child? (655)

**Please read:**

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

**Do not read:**

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

## Module 23: Childhood Asthma Prevalence

**Ask on all questionnaires.**

**CATI NOTE: If response to Core Q7.16 = 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? (656)
- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1 | Yes                   |                            |
| 2 | No                    | <b>[Go to next module]</b> |
| 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 | Refused               | <b>[Go to next module]</b> |
2. Does the child still have asthma? (657)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |

### Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. 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 or others 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?

(678)

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

\_\_\_\_\_ Enter first name or initials.

### Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back?

(679)

- 1 Adult
- 2 Child

## State-Added Questions

### Family Dinner Question

*Ask on questionnaires 11 and 21.*

**FAMDIN1** During the past month, how many times per day, week, or month did all or most of your family living in your house eat a meal together?

- 1 Per day
- 2 Per week
- 3 Per month

888 Never  
777 Don't know/Not sure  
999 Refused

### Child Autism

*Ask on all questionnaires. Ask of children age 2-17.*

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

**CHDAUT1** Has a doctor or other health care provider ever told you that the child had Autism, Asperger's Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder?

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

**CHDAUT 2** Does the child currently have the condition?

- 1 Yes
- 2 No (**Skip to Autism4**)
- 7 Don't know / Not sure (**Skip to Autism4**)
- 9 Refused (**Skip to Autism4**)

**CHDAUT 3** Would you describe [his/her] condition as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe
  
- 7 Don't know/not sure
- 9 Refused

**CHDAUT 4** In what setting were you first told that the child had Autism or Autism Spectrum Disorder? Was it school, health care, or some other setting?

**Interviewer note:** This question is asking the setting where a child was first **diagnosed** with Autism.

**DO NOT READ**

- 1 School
- 2 Health Care (includes Health Department)
- 3 Other (Specify \_\_\_\_\_)
  
- 7 Don't know/not sure
- 9 Refused

**CHDAUT 5** What type of doctor or other provider first provided this diagnosis?

**DO NOT READ**

- 1 General Pediatrician
- 2 Developmental Pediatrician
- 3 Child Psychiatrist
- 4 Child Psychologist
- 5 School assessment team
- 6 Speech Therapist
- 7 Neurologist
- 8 Other (Specify \_\_\_\_\_)
  
- 77 Don't know/not sure
- 99 Refused

**CHDAUT 6** How old was the child when you were first told that he/she had Autism or ASD?

\_\_ \_\_ Age in years (1-17)

- 88 Less than 1 year old
- 77 Don't know/not sure
- 99 Refused

**CATI Note: If Autism2=2, continue. If Autism2=1,7,9 then go to next section.**

**CHDAUT 7** To the best of your knowledge, did the child ever have Autism or ASD?

- 1 Yes (go to Autism8a)
- 2 No (go to Autism8b)
  
- 7 Don't know / Not sure (skip to next section)
- 9 Refused (skip to next section)

**CHDAUT 8a** I'm going to read a list of reasons why the child may no longer have Autism. For each option, please tell me if it applies to the child.

***(Select all that apply.)***

- 1 Treatment helped the condition go away.
- 2 The condition seemed to go away on its own.
- 3 Behaviors or symptoms changed.
- 4 A doctor or other health care provider changed the diagnosis.
- 5 Some other reason
  
- 7 Don't know/not sure
- 9 Refused

**CHDAUT 8b** I'm going to read a list of reasons why a doctor, health care provider, or school professional may have told you that the child had a condition that [he/she] never had. For each option, please tell me if it applies to the child.

***(Select all that apply.)***

- 1 With more information, the diagnosis changed.
- 2 The diagnosis was given so the child could receive needed services.
- 3 You disagree with the doctor or other health provider about their opinion that the child has Autism or ASD.
- 4 Some other reason
  
- 7 Don't know/not sure
- 9 Refused

## Insurance and Access

***Ask on questionnaires 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 C03Q01=1,7,9 then ask CovType. Otherwise, skip to KCovType.***

Next, I'd like to ask a few more questions about your [and your child's] health insurance coverage.

[If C03Q01=2 then read: Earlier you said you did not have any health care coverage. There are some types of plans you may not have considered.]

**COVtype** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?  
(Select all that apply.)

**Please Read:**

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source
- 08 None (no coverage)

Do not read:

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

**CHIP** **(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

**If no selected child, skip to instructions before WHY.**

**KCOVtype** Is the child CURRENTLY covered by any of the following types of health insurance or health coverage plans?  
(Select all that apply.)

**Please Read:**

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 CHIP

- 06 TRICARE (formerly CHAMPUS), VA, or Military
- 07 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 08 Some other source
- 09 None (no coverage)

Do not read:

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

**\*\*At this point, CATI determines the insurance status of the child. Child is insured if KCOVtype = 1-08. Child is uninsured if KCOVtype = 09. Insurance status is undetermined if KCOVtype =77 or 99. 0 = undetermined, 1=insured, 2=uninsured. Insured kids will go to KHLTHEX, uninsured kids will go to KUNINS, and undetermined kids skip to KINSELY.**

**\*\*At this point CATI determines the insurance status of the adult. Adult is insured if COVtype = 01-07 or Core 3.1 =1. Adult is uninsured if COVtype = 8. Adult insurance status is undetermined if Core 3.1=77 or 99 and COVtype= 77 or 99. 0=undetermined, 1=insured, 2=uninsured. Insured adults go on to HLTHEX, uninsured adults go on to UNINS (after being asked the next K questions, if applicable), and undetermined skip to INSELY.**

- HLTHEX** Is that coverage through either the Federal Health Exchange or Utah's state health exchange "Avenue H"?
- 1 Yes
  - 2 No

**DO NOT READ**

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

- KHLTHEX** Is the child's coverage through either the Federal Health Exchange or Utah's state health exchange "Avenue H"?
- 1 Yes
  - 2 No

**DO NOT READ**

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

- PREMIUM** Is there a monthly premium for this plan?
- 1 Yes
  - 2 No (Skip to INSELY)

**DO NOT READ**

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

- KPREMIUM** Is there a monthly premium for the child's plan?
- 1 Yes
  - 2 No (Skip to INSDELY)

**DO NOT READ**

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

- SUBSDZ** Is the cost of the premium subsidized based on your income?
- 1 Yes
  - 2 No

**DO NOT READ**

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

- KSUBSDZ** Is the cost of the child's premium subsidized based on your income?
- 1 Yes
  - 2 No

**DO NOT READ**

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

**If adult is uninsured they will be asked UNINS and WHY questions; uninsured children are asked KUNINS and KWHY questions. If adult is insured, they will not get UNINS and WHY questions and will next be asked INSDELY. If child is insured, they will not get KUNINS and KWHY questions but will next be asked KINSDELY.**

**If adult is insured, then skip to KUNINS.**

**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**)

**WHY**

I am going to read a list of reasons why you might be uninsured. Please tell me which reasons apply to you. Are you uninsured because...

**CATI note: display words in brackets if there is more than 1 adult living in the household.**

**Read responses, select all that apply.**

- 1 your or someone else's employer does not or no longer offers insurance coverage to you
- 2 you *[or someone else in the household]* lost a job or changed employers
- 3 you *[or someone in the household]* is a temporary employee
- 4 you *[or someone in the household]* is self-employed
- 5 the premiums cost too much
- 6 you are healthy and decided it would be safe to go without insurance
- 7 the insurance company refused to cover you
- 8 you lost Medicaid or CHIP eligibility, or
- 66 some other reason?
  
- 77 don't know/not sure
- 99 refused

**KWHY**

**If no children, OR child is insured, then skip to WHYemp.**

Now I would like to ask about reasons why THE CHILD might be uninsured. I am going to read a list of reasons, please tell me which reasons apply to the child. Is the child uninsured because

**CATI note: display words in brackets if there is more than 1 adult living in the household.**

**Read responses, select all that apply.**

- 1 your or someone else's employer does not or no longer offers insurance coverage to the child
- 2 you *[or someone else in the household]* lost a job or changed employers
- 3 you *[or someone in the household]* is a temporary employee
- 4 you *[or someone in the household]* is self-employed
- 5 the premiums cost too much
- 6 the child is healthy and it was considered safe for [him/her] to go without insurance
- 7 the insurance company refused to cover [him/her]
- 8 the child lost Medicaid or CHIP eligibility, or
- 66 some other reason?
  
- 77 don't know/not sure
- 99 refused

**If respondent is only adult in HH and is unemployed OR if adult is insured skip to KWHYemp.**

**WHYemp** 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

**If no children OR child is insured OR child is uninsured and # of adults = 1 and the adult is unemployed, skip to INSDELY.**

**KWHYemp** [if no uninsured adult, then 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

**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

**KINSDLY** 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

**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

**KPERSDOC** Does the child have one person you think of as his/her personal doctor or health care provider?

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

(98)

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

**KCHCKP** About how long has it been since the child last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(100)

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

**If C07Q15 = (3,4,5,6,7,8,9) then ask Employed. If C07Q15 = (1,2) then skip to Hourswk.**

**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 C07Q15 = (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

## Tobacco Questions

**Ask on questionnaires 12/22.**

If (1 or 2) "everyday" or "some days" (= current smoker) to core 8.2, continue.  
Otherwise, go to STSMK3.

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

\_\_\_ \_\_ =Number of cigarettes (76=76 or more)

- DO NOT READ
- 77 Don't know / Not sure
  - 99 Refused

**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...

INTERVIEWER NOTE: 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 (STSMK3).

- 1 in the next 7 days, (go to STMK3)
- 2 in the next 30 days, (go to STMK3)
- 3 in the next 6 months, (go to STMK3)
- 4 in the next year, (go to STMK3)
- 5 more than 1 year from now, or (go to STMK3)
- 6 NOT AT ALL (go to STMK3)

- 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 C08Q01 = 2, 7, or 9 then skip to STSMK9.**

**If C08Q02 = 1 or 2 ("everyday" or "some days") OR if C08Q04<05 (respondent quit smoking in the past year) continue to STSMK5. All others skip to STSMK9 (all respondents answer STSMK9-11)**

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

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

Interviewer read options

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

**STSMK10** 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

**STSMK11** 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

## Tobacco Ad Awareness

**Ask on all questionnaires.**

**SMOKEAD** In the past 30 days, how often have you seen ads on TV encouraging smokers to quit or about the dangers of smoking?

- 1 Never
- 2 About once or twice in the past 30 days
- 3 About once a week
- 4 Several times a week

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

## Genomics (Cancer)

**Ask on all questionnaires.**

**Read:** The following question asks about conversations you may have had with a healthcare provider.

**CANGEN1** Has a doctor, nurse, or other healthcare provider ever asked you about your family history of cancer?

- 1 Yes
- 2 No

**Do not read**  
7 Don't know/Not sure  
9 Refused

**(Do not read)** Interviewer Note: This question is asking about if a healthcare provider has talked with the respondent about cancer in his/her family.)

**Read:** The following questions relate to genetic testing for cancer risk. Testing usually involves a sample of blood or saliva. Genetic testing for cancer risk is most often done in people who have many relatives with cancer and/or have had cancer at a young age.

**CANGEN2** Has a doctor, nurse, or other healthcare provider ever talked to you about genetic testing to determine if you or your family are at increased risk for developing breast, ovarian, colon, or uterine cancer?

- 1 Yes (if yes continue to question #3)
- 2 No (last question)

**Do not read**

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

**CANGEN3** Have you ever had a genetic test to determine if you or your family is at increased risk of developing breast, ovarian, colon, or uterine cancer?

- 1 Yes
- 2 No
- 3 I've never heard of they type of genetic testing

**Do not read**

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

## Prescription Pain Medication

**Ask on all questionnaires.**

Next I would like to ask you some questions about prescription pain medicine.

**PPM1** There are times when prescribed pain medication is not all used at the time prescribed. In the past 30 days, did you take leftover pain medication?

- 1 Yes
- 2 No (skip to PPM3)

**DO NOT READ**

- 7 Don't know / Not sure (skip to PPM3)
- 9 Refused (skip to PPM3)

**PPM2** How many doses did you take? (In the past 30 days)  
Enter the number. 1-100

\_\_\_\_\_

**DO NOT READ**

- 777 Don't know / Not sure

999 Refused

**PPM3** In the past 30 days, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication not medication that is available over the counter.

- 1 Yes
- 2 No (skip to PPM6)

**DO NOT READ**

- 7 Don't know / Not sure (skip to PPM6)
- 9 Refused (skip to PPM6)

**PPM4** How many doses did you take? (In the past 30 days)  
Enter the number. 1-100

\_\_\_\_\_

**DO NOT READ**

- 777 Don't know / Not sure
- 999 Refused

**PPM5** (ASK ONLY IF **YES** TO #1 OR #3) Think of the last time you used prescription pain medicine that was **not** prescribed to you, or was prescribed to you for something else. What were the reasons you used the medicine? (DO NOT READ RESPONSES – MARK ALL MENTIONED)

- 1 To relieve pain
- 2 To relieve other physical symptoms
- 3 To relieve anxiety or depression
- 4 For fun, good feeling, getting high
- 5 To prevent or relieve withdrawal symptoms
- 6 To help fall asleep
- 7 Other (SPECIFY) \_\_\_\_\_

**DO NOT READ**

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

**PPM6** When people take prescription pain medicine that is not prescribed to them—such as Vicodin, OxyContin, or Lortab—how much risk do they take?  
Interviewer read options

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk

**DO NOT READ**

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

**PPM7** Are you aware of the 911 Good Samaritan Law enabling bystanders to report a drug overdose without fear of criminal prosecution for illegal possession?

- 1 Yes
- 2 No

**DO NOT READ**

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

**PPM8** Do you know someone who is a regular user of prescription pain medications?

- 1 Yes
- 2 No

**DO NOT READ**

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

**PPM9** Do you know someone who is a regular user of heroin?

- 1 Yes
- 2 No

**DO NOT READ**

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

Naloxone, also called Narcan, is a medication that can reverse overdoses from prescription pain medications or heroin. (Naloxone is pronounced Na-lahx-own)

**PPM10** Have you ever heard of this medication?

- 1 Yes
- 2 No (Skip to next section)

**DO NOT READ**

- 7 Don't know / Not sure (Skip to next section)
- 9 Refused (Skip to next section)

**PPM11** Are you aware that anyone can obtain a prescription for Naloxone? (A drug that can reverse opioid overdoses)

- 1 Yes
- 2 No (Skip to next section)

**DO NOT READ**

- 7 Don't know / Not sure (Skip to next section)
- 9 Refused (Skip to next section)

**PPM12** Has a healthcare provider prescribed Naloxone (or Narcan) to you to use if someone you know overdoses on prescription pain medications or heroin?

- 1 Yes
- 2 No (Skip to next section)

**DO NOT READ**

- 7 Don't know / Not sure (Skip to next section)
- 9 Refused (Skip to next section)

**PPM13** Have you used this prescription to reverse a suspected overdose?

- 1 Yes
- 2 No (Skip to next section)

**DO NOT READ**

- 7 Don't know / Not sure (Skip to next section)
- 9 Refused (Skip to next section)

## Asthma Call-Back Permission Script

**CATI Note:** If respondent or their child has ever been diagnosed with asthma, go to asthma call-back permission script. Everyone else goes to State Follow-up script.

**AFU1** We would like to call you again within the next 2 weeks to talk in more detail about (your/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 or others 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
- 2 No

**AFU2** Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

\_\_\_\_\_ Enter first name or initials.

### **Asthma Call-Back Selection**

Which person in the household was selected as the focus of the asthma call-back?  
(535)

- 1 Adult
- 2 Child

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

\_\_\_\_\_ Enter first name or initials.

State Follow-up Question

***If respondent or their child has asthma (they were asked AFU1) they should skip to closing.***

**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.

-----

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

### **Closing Statement**

**Please read:**



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

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

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

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