



2016

**Behavioral Risk Factor Surveillance System
Questionnaire**

April 26, 2016

Behavioral Risk Factor Surveillance System 2016 Questionnaire

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Interviewer's Script

Landline

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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 currently live in ____ (state) ____?

Yes [Go to Cell(ular) Phone]
No

If “No”

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Cell(ular) Phone

Is this a cell(ular) 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 cell(ular) 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?

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

If "No",

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

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, 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

CATI NOTE: CATI program to subtract number of men from number of adults provided

So the number of adult women in the household is

___ Number of women

is that correct?

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

If "you," go to page # 10 (correct page).

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.

Cell Phone

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OMB No. 0920-1061
Exp. Date 3/31/2018

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NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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 a safe time to talk with you or are you driving?

Yes [Go to phone]
No

If "No",

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

Phone

Is this (phone number) ?

Yes [Go to cell(ular) phone]
No [Confirm phone number]

If "No",

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

Cell(ular) Phone

Is this a cell(ular) telephone?

READ ONLY IF NECESSARY: “By cell(ular) telephone, we mean a telephone that is mobile and usable outside of your neighborhood.”

Yes **[Go to adult]**
No

If "No",

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

Adult

Are you 18 years of age or older?

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

If "No",

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

Private Residence

Do you live in a private residence?

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

Yes **[Go to state of residence]**
No **[Go to college housing]**

College Housing

Do you live in college housing?

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

Yes **[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 currently live in _____ **(state)** _____ ?

Yes **[Go to landline]**
No **[Go to state]**

State

In what state do you currently live?

_____ ENTER FIPS STATE

Landline

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

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

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

Yes
No

If College Housing = “Yes”, do not ask Number of adults Questions, go to Core.

NUMADULT

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

___ Number of adults

(Note: If college housing = ”yes” then number of adults is set to 1.)

<p>NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.</p>

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 **(1-888-222-2542)**.

Section 1: Health Status

- 1.1** Would you say that in general your health is— (90)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

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

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (93–94)

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

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (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 **[If using Health Care Access (HCA) Module go to Module 4, Q1, else continue]**
- 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

CATI NOTE: If using HCA Module, go to Module 4, Q3, else continue.

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

CATI NOTE: If using HCA Module and Q3.1 = 1 go to Module 4, Question 4a or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not using HCA Module go to next section.

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (101)

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

Section 5: Inadequate Sleep

5.1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

(102-103)

-- Number of hours [01-24]
 7 7 Don't know / Not sure
 9 9 Refused

Section 6: Chronic 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? (104)

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

6.2 (Ever told) you had angina or coronary heart disease? (105)

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

6.3 (Ever told) you had a stroke? (106)

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

6.4 (Ever told) you had asthma? (107)

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? (108)

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

6.6 (Ever told) you had skin cancer? (109)

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

6.7 (Ever told) you had any other types of cancer? (110)

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

6.8 (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis? (111)

- 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? (112)

- 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)? (113)

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. (114)

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? (115)

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 Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

(116-117)

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

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

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, 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 | [Go to DMGEST] |
| 2 | No | [Go to next section] |
| 7 | Don't know/Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

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

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

Section 7: Oral Health

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

(118)

Read only if necessary:

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

Do not read:

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

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

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

(119)

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

Section 8: Demographics

8.1 Are you ...

(120)

- 1 Male
- 2 Female
- 9 Refused

Note: This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

8.2 What is your age? (121-122)

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

8.3 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 |

8.4 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 Q8.4; continue. Otherwise, go to Q8.6.

8.5 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

8.6 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

8.7 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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

8.8 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.

8.9 In what county do you currently live? (160-162)

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

8.10 What is the ZIP Code where you currently live? (163-167)

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

CATI NOTE: If cell(ular) telephone interview skip to 8.14 (QSTVER GE 20)

8.11 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 Q8.13]**
 7 Don't know / Not sure **[Go to Q8.13]**
 9 Refused **[Go to Q8.13]**

8.12 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

8.13 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

8.14 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

8.15 Are you currently...?

INTERVIEWER NOTE: If more than one, select the category which best describes you.

(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

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

(173-174)

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

8.17 Is your annual household income from all sources—

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

Read only if necessary:

- 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If "no," code 02
- 0 5 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

UTIncome *[Programming note: These response categories are incorporated into 7.17. 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

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

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

8.19 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

8.20 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 8.22, if female respondent is 45 years old or older, go to Q8.22

8.21 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.]

The next question is about sexual orientation and gender identity.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

SEXOR Do you consider yourself to be:

Please read:

- 1 1 Straight
- 2 2 Lesbian or gay
- 3 3 Bisexual

Do not read:

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

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

Some people who are deaf or have serious difficulty hearing **may or may not** use equipment to communicate by phone.

8.22 Are you deaf or do you have **serious difficulty** hearing?

(187)

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

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (188)

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

- 8.24** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (189)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 8.25** Do you have serious difficulty walking or climbing stairs? (190)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 8.26** Do you have difficulty dressing or bathing? (191)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 8.27** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (192)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 9: Tobacco Use

- 9.1** Have you smoked at least 100 cigarettes in your entire life? (193)

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."

NOTE: 5 packs = 100 cigarettes

- 1 Yes
 - 2 No [Go to Q9.5]
 - 7 Don't know / Not sure [Go to Q9.5]
 - 9 Refused [Go to Q9.5]
- 9.2** Do you now smoke cigarettes every day, some days, or not at all?

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

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (195)

- 1 Yes [Go to QUIT30]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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 Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (196-197)

- 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

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

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (198)

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

Do not read:

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

Section 10: E-Cigarettes

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

10.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (199)

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

10.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (200)

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

Section 11: Alcohol Consumption

11.1 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? (201-203)

- 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]**

11.2 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?

(204-205)

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

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

11.3 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?

(206-207)

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

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

(208-209)

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

Section 12: 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™.

12.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

(210)

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 Q12.3]**
 7 Don't know / Not sure **[Go to Q12.3]**
 9 Refused **[Go to Q12.3]**

12.2 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?

(211-216)

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

draft

12.3 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? (217)

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

12.4. Since 2005, have you had a tetanus shot? (218)

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

Section 13: Falls

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

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

13.1 In the past 12 months, how many times have you fallen? (219–220)

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

13.2 [Fill in "Did this fall (from Q13.1) cause an injury?"]. If only one fall from Q13.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.

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

(221–222)

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

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say— (223)

Please read:

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

Do not read:

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

CATI note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

Section 15: Drinking and Driving

CATI note: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

15.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (224-225)

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

Section 16: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

16.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (226)

- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | [Go to STMAM5 if age >=40; if age <40 go to 16.2] |
| 7 | Don't know / Not sure | [Go to Q16.3] |
| 9 | Refused | [Go to Q16.3] |

(Ask only of women on qstpath 12/22 where C16.1=1 and women are over 40.)

STMAM5 What was the most important reason you got your mammogram?

Do not read. Mark only ONE.

- | | |
|----|-----------------------------------|
| 1 | routine/yearly checkup |
| 2 | to stay healthy/prevent cancer |
| 3 | Had/felt a lump; breast problems |
| 4 | doctor recommended it |
| 5 | peace of mind |
| 6 | encouragement from friends/family |
| 7 | to detect cancer |
| 8 | knows someone w/ breast cancer |
| 9 | family history |
| 10 | past personal history |
| 11 | insurance was ending |
| 12 | age |
| 66 | other |

Do not read:

- | | |
|----|---------------------|
| 77 | Don't know/not sure |
| 99 | Refused |

16.2 How long has it been since you had your last mammogram? (227)

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |
| 7 | Don't know / Not sure |
| 9 | Refused |

16.3 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (228)

- 1 Yes
- 2 No [Go to Q16.5]
- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

16.4 How long has it been since you had your last Pap test? (229)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Now, I would like to ask you about the Human Papillomavirus (**Pap-uh-loh-muh virus**) or HPV test.

16.5 An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test?

- 1 Yes
- 2 No [Go to Q16.7]
- 7 Don't know/Not sure [Go to Q16.7]
- 9 Refused [Go to Q16.7]

16.6 How long has it been since you had your last HPV test? (231)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If response to Core Q8.21 = 1 (is pregnant); then go to next section.

16.7 Have you had a hysterectomy? (232)

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

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

Section 17: Prostate Cancer Screening

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

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

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

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

(233)

17.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (234)

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

17.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (235)

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

17.4. Have you EVER HAD a PSA test? (236)

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

17.5. How long has it been since you had your last PSA test? (237)

Read only if necessary:

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

Do not read:

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

17.6. What was the MAIN reason you had this PSA test – was it ...? (238)

Please read:

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

Do not read:

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

Section 18: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

18.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (239)

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

18.2 How long has it been since you had your last blood stool test using a home kit? (240)

Read only if necessary:

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

Do not read:

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

18.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (241)

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

- 18.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (242)
- 1 Sigmoidoscopy
 - 2 Colonoscopy
 - 7 Don't know / Not sure
 - 9 Refused

- 18.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (243)

Read only if necessary:

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

Do not read:

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

Section 19: 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.

- 19.1** Not counting tests you may have had as part of a blood donation, have you ever been tested for HIV? Include testing fluid from your mouth. (244)
- 1 Yes
 - 2 No **[Go to Q19.3]**
 - 7 Don't know / Not sure **[Go to Q19.3]**
 - 9 Refused **[Go to Q19.3]**

- 19.2** Not including blood donations, in what month and year was your last HIV test? (245-250)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

19.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. (251)

You have used intravenous drugs in the past year.

You have been treated for a sexually transmitted or venereal disease in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

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

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 6: Caregiver

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? (365)

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?

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

(366-367)

- | | |
|----|----------------------------|
| 01 | Mother |
| 02 | Father |
| 03 | Mother-in-law |
| 04 | Father-in-law |
| 05 | Child |
| 06 | Husband |
| 07 | Wife |
| 08 | Live in 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... (368)

- 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... (369)

- 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? (370-371)

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 or other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension, Stroke
- 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 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

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

6. In the past 30 days, did you provide care for this person by... (372)

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... (373)

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? (374)

[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? (375)

- 1 Yes

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

Module 7: Cognitive Decline

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? (376)

- 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? (377)

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? (378)

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? (379)

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? (380)

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? (381)

- 1 Yes
2 No

- 7 Don't know
9 Refused

Module 11: Sleep Disorder (July-December)

I would like to ask you a few questions about your sleep patterns.

1. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (398-399)

__ __ 01-14 days

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

Draft

2. Over the last 2 weeks, how many days did you unintentionally fall asleep during the day?

(400-401)

___ 01-14 days

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

3. Have you ever been told that you snore loudly?

(402)

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

4. Has anyone ever observed that you stop breathing during your sleep?

(403)

INTERVIEWER NOTE: Also enter "yes" if respondent mentions having a machine or CPAP that records that breathing sometimes stops during the night.

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

Module 22: Random Child Selection

CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.16 = 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 Q8.16 is >1 and Core Q8.16 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? (652-657)

--/--	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? (658)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (659-662)

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? (663-692)

(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

CATI NOTE: If more than one response to Q4 continue, else go to Q6.

5. Which one of these groups would you say best represents the child's race? (693-694)

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?

(695)

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

CATI NOTE: If response to Core Q8.16 = 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? (696)

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

2. Does the child still have asthma? (697)

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

State-Added Questions

Pre-diabetes

Ask on questionnaires 12/22.

CATI note: If Core Q6.12 = 1 skip and go to next module. If Core Q6.12 = 4 (pre-diabetes or borderline diabetes); skip DIA1 and go to PDIA2.

PDIA1 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No

Do not read:

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

CATI note: Ask PDIA2 of women only.

PDIA2 Have you had a baby weighing more than 9 pounds at birth?

- 1 Yes
- 2 No

Do not read:

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

PDIA3 Do you have a sister or brother with diabetes?

- 1 Yes
- 2 No

Do not read:

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

PDIA4 Do you have a parent with diabetes?

- 1 Yes
- 2 No

Do not read:

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

Genomics (Cancer)

Ask on questionnaires 12/22.

CANGEN1 How familiar are you with your family history of cancer among your blood relatives including your parents, grandparents, siblings, aunts, uncles, and children?

Interviewer Note: The purpose of the question is to gauge people's familiarity/knowledge of their family history of cancer and NOT to measure whether or not there is a family history of cancer.

Read options

- 1 Not at all familiar
- 2 Somewhat familiar
- 3 Familiar
- 4 Very familiar

Do not read

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

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

CANGEN2 Has a doctor, nurse, or other healthcare provider ever asked you about your family history of cancer?

Interviewer Note: This question is asking about if a healthcare provider has talked with the respondent about cancer in his/her family.

- 1 Yes
- 2 No

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

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.

CANGEN3 If you knew you were at increased risk for an inherited cancer from your family health history, how likely would you be to have genetic testing performed?

Read options

- 1 Not at all likely
- 2 Somewhat likely
- 3 Most likely
- 4 Very likely

Do not read

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

CANGEN4 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 #5)
- 2 No (men stop here, women go to CANGEN6)

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

CANGEN5 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 this type of genetic testing

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

CANGEN6 is asked of *women* only.

Read: A genetic counselor is a specially trained health professional who helps someone learn about their risk of an inherited medical condition. Genetic counseling can be done in an office or over the phone.

CANGEN6 Have you ever met with a genetic counselor to discuss your risk of breast and ovarian cancer?

Interviewer note: If the respondent tells you they have no/low risk code that as a 3.

Read options

- 1 Yes, in office
- 2 Yes, over the phone
- 3 No

Do not read

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

Tanning

Ask on questionnaires 12/22.

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

Do not read:

- 1 0 times
- 2 1 or 2 times
- 3 3 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times
- 7 Don't know/Not sure
- 9 Refused

Radon Questions

Ask on questionnaires 12/22.

RADON1 Have you ever had your home tested for radon gas?

Interviewer Note: A radon test is done using a kit that you buy at a hardware store and place in your home for 3 days. Then it is sent to a lab for analysis.

Interviewer Note: We are asking this question of everyone, even people who rent their home.

- 1 Yes
- 2 No **[skip to RADON3]**
- 3 Never heard of radon **[skip to RADON4]**

Do not read:

- 7 Don't Know/Not Sure **[skip to RADON4]**
- 9 Refused **[skip to RADON4]**

RADON2 Did the radon test show a high level which is usually defined as at or above 4 picocuries per liter?

Interviewer Note: picocuries is pronounced *pee-co-cure-ees*

- 1 Yes **[skip to RADON4]**
- 2 No **[skip to RADON4]**

Do not read:

- 7 Don't know/Not Sure **[skip to RADON4]**
- 9 Refused **[skip to RADON4]**

RADON3 What is the most important reason you have not had your home tested for radon gas?

Do not read. Mark only one.

- 01 Don't know what radon is
- 02 Don't know where to get test
- 03 Not recommended
- 04 Cost
- 05 Not at risk/not needed
- 06 House was tested by previous owner
- 07 Haven't thought about it
- 08 Too many other problems with house
- 09 House is new
- 10 House is old
- 11 Don't know how testing is done/how test works
- 12 Test doesn't work
- 13 Don't want to know
- 14 Too lazy
- 15 No time
- 16 Planning to do it soon
- 17 Don't own home/renting

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

RADON4 What health condition is most often associated with radon gas? Would you say...

Read options:

- 01 Asthma
- 02 Heart disease
- 03 Lung Cancer
- 04 Breast Cancer
- 05 Emphysema
- 06 Stroke
- 07 Some other condition, or
- 08 it is not associated with any health condition

Do not read:

- 77 Don't Know / Not Sure
- 99 Refused

Folic Acid

Ask on Questionnaires 12/22. Ask of women 18 – 44 years old.

SPRL1 Do you currently take any vitamin pills or supplements?
(Interviewer instruction: Include liquid supplements.)

- 1 Yes
- 2 No (Go to SPRL5)

Do not read:

- 7 Don't know/Not sure (Go to SPRL5)
- 9 Refused (Go to SPRL5)

SPRL2 Are any of these a multivitamin?

- 1 Yes (Go to SPRL4)
- 2 No

Do not read:

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

SPRL3 Do any of the vitamin pills or supplements you take contain folic acid?

- 1 Yes
- 2 No (Go to SPRL5)

Do not read:

- 7 Don't know/Not sure (Go to SPRL5)
- 9 Refused (Go to SPRL5)

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

Enter times per Day, per Week or per Month

- 1 ___ Times per day
- 2 ___ Times per week

3 __ __ Times per month

Do not read:

777 Don't know/Not sure
999 Refused

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

1 Yes **[Go to SPRL6]**
2 No **(Go to SPRL7)**

Do not read:

7 Don't know/Not sure **(Go to SPRL7)**
9 Refused **(Go to SPRL7)**

SPRL6 Where did you hear or read about it?

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

Do not read:

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

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

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

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

Please Read

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

Do not read:

7 Don't know/Not sure
9 Refused

Mental Health Questions (PHQ-9)

Ask on questionnaires 12/22.

PHQ1 Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

Do not read:

__ 01-14 days
8 8 None

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

PHQ2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

Do not read:

__ 01-14 days
8 8 None

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

PHQ3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

Do not read:

__ 01-14 days
8 8 None

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

PHQ4 Over the last 2 weeks, how many days have you felt tired or had little energy?

Do not read:

__ 01-14 days
8 8 None

7 7 Don't know / Not sure

9 9 Refused

PHQ5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

Do not read:

-- 01-14 days

8 8 None

7 7 Don't know / Not sure

9 9 Refused

PHQ6 Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

Do not read:

-- 01-14 days

8 8 None

7 7 Don't know / Not sure

9 9 Refused

PHQ7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

Do not read:

-- 01-14 days

8 8 None

7 7 Don't know / Not sure

9 9 Refused

PHQ8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

Do not read:

-- 01-14 days

8 8 None

7 7 Don't know / Not sure

9 9 Refused

PHQ9 (Over the last 2 weeks), how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

Do not read:

-- 01-14 days

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

We realize that this topic may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free National Crisis Hotline you can call. The number is 1-800-784-2433.

Prescription Pain Medication

Ask on questionnaires 12/22.

Next I would like to ask you some questions about prescription pain medicine and other drug overdoses.

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.

Interviewer Note: 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)

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 INSELY)

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?

Do not read

- 77 don't know/not sure
- 99 refused

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

KWHY

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?

Do not read

- 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

Do not read

- 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

Do not read

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

Do not read

7 Don't know/Not sure

9 Refused

KINSDELY In the past 12 months, did the child have problems or was there a delay in seeking care for the child because the service was not covered by his/her insurance?

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

1 Yes

2 No

3 Child Uninsured all 12 months

Do not read

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

Do not read

- 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

Do not read

- 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

Do not read

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

If C08Q15 = (3,4,5,6,7,8,9) then ask Employed. If C08Q15 = (1,2) then skip to HourswkD.

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

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

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

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

- 1 Yes (skip to HOURSWKD)
- 2 No (skip to next section)

DO NOT READ

- 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)

DO NOT READ

- 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

DO NOT READ

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

Tobacco Questions

Ask on questionnaires 11/21.

If (1 or 2) "everyday" or "some days" (= current smoker) to core 9.2, continue. Otherwise, go to STSMK7.

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

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

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

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

If C09Q01 = 2, 7, or 9 then skip to STSMK7.
If C09Q02 = 1 or 2 ("everyday" or "some days") OR if C09Q04<05 (respondent quit smoking in the past year) continue to STSMK6. All others skip to STSMK7 (all respondents answer STSMK7-9)

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

STSMK3 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 Q7**)

DO NOT READ

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

STSMK4 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

STSMK5 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

STSMK6 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

STSMK7 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

STSMK8 Which best describes the rules about using electronic cigarettes, or other electronic vaping products, inside your home?

Please read:

- 1 Vaping is not allowed anywhere inside your home
- 2 Vaping is allowed in some places or at some times
- 3 Vaping is allowed anywhere inside your home
- 4 There are no rules about vaping inside your home

DO NOT READ

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

STSMK9 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

7 Don't know/Not sure
 9 Refused

Child Autism

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

CATI note: If Core Q8.16 = 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**)

DO NOT READ

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

CHDAUT2 Does the child currently have the condition?

- 1 Yes
- 2 No (**Skip to Autism4**)

DO NOT READ

- 7 Don't know / Not sure **(Skip to Autism4)**
- 9 Refused **(Skip to Autism4)**

CHDAUT3 Would you describe [his/her] condition as mild, moderate, or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

DO NOT READ

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

CHDAUT4 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

CHDAUT5 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

CHDAUT6 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

CHDAUT7 Does the child's health insurance offer benefits or cover autism services or therapies to meet his/her needs?

- 1 Yes
- 2 No
- 3 Do not have current insurance
- 7 Don't know / Not sure (skip to next section)
- 9 Refused (skip to next section)

Ask CHDAUT8 of all households with a child 48 months and under.

CHDAUT8 During the past 12 months, was the child screened for autism risk using a parent-reported autism screening questionnaire, such as the M-CHAT, during a health care or other professional visit?

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

Food Insecurity

Ask on all questionnaires.

Now, I am going to ask you another factor that can affect a person's health.

FSEC 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---

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

Family Planning

Ask on Questionnaires 11/21

If respondent is female and 45 years of age or older, or male, or pregnant (C08Q21 = 1) go to next module.

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

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

STFP3 Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant?

- 1 Yes [Go to Q2]
- 2 No [Go to Q3]
- 3 No partner/not sexually active [Go to Q4]
- 4 Same sex partner [Go to next section]

Do not read

- 7 DON'T KNOW / NOT SURE [Go to Q4]
- 9 REFUSED [Go to next section]

STFP4 What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

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

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

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

READ ONLY IF NECESSARY, SELECT ONLY ONE:

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

Do not read

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

STFP5

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

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

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

READ ONLY IF NECESSARY, SELECT ONLY ONE:

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

Do not read

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

STFP6

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

PLEASE READ

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

Do not read

- 7 DON'T KNOW / NOT SURE

Adverse Childhood Experiences

Ask on questionnaires 12/22.

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

ACE1 Did you live with anyone who was depressed, mentally ill, or suicidal?

- 1 Yes
- 2 No

Do not read

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

ACE2 Did you live with anyone who was a problem drinker or alcoholic?

- 1 Yes
- 2 No

Do not read

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

ACE3 Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 Yes
- 2 No

Do not read

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

ACE4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No

Do not read

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

ACE5 Were your parents separated or divorced?

- 1 Yes
- 2 No

Do not read

- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

ACE6 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

- 1 Never
- 2 Once
- 3 More than once

Do not read

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

ACE7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---

- 1 Never
- 2 Once
- 3 More than once

Do not read

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

ACE8 How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- 1 Never
- 2 Once
- 3 More than once

Do not read

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

ACE9 How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- 1 Never
- 2 Once
- 3 More than once

Do not read

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

ACE10 How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

- 1 Never
- 2 Once
- 3 More than once

Do not read

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

ACE11 How often did anyone at least 5 years older than you or an adult, force you to have sex?

- 1 Never
- 2 Once
- 3 More than once

Do not read

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

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. You can dial 1-800-422-4453 for information or referrals about these issues.

Sexual Violence

Ask on all questionnaires.

INTERVIEWER'S SCRIPT: I'd like to ask you some questions about unwanted sexual experiences. This information will allow us to better understand the problem of sexual violence and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section I will give you phone numbers for organizations that can provide information and referral for this issue. Please keep in mind that you can ask me to skip any question that you do not want to answer.

Are you in a safe place to answer these questions?

- 1 Yes
- 2 No **[Go to closing statement]**

I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[if female]**, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

STSV1 Has anyone EVER had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?

- 1 Yes
- 2 No **[Go to closing statement]**

Do not read

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

STSV2 In the past 12 months, has anyone HAD SEX with you or ATTEMPTED to have sex with you after you said or showed that you didn't want them to or without your consent?

- 1 Yes
- 2 No

Do not read

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

Note: If Q2 = 1 (Yes) or Q2 = 1 (Yes); continue. Otherwise, read closing statement.

STSV3 At the time of the most recent incident, what was your relationship to the person who had sex, or attempted to have sex, with you after you said or showed that you didn't want to or without your consent?

Do not read

- 01 Current boyfriend/girlfriend
- 02 Former boyfriend/girlfriend
- 03 Fiancé
- 04 Spouse or live-in partner
- 05 Former spouse or former live-in partner
- 06 Someone you were dating
- 07 First Date
- 08 Friend
- 09 Acquaintance
- 10 A person known for less than 24 hours
- 11 Complete stranger
- 12 Parent
- 13 Step-parent
- 14 Parent's partner
- 15 Parent in-law
- 16 Other relative
- 17 Neighbor
- 18 Co-worker
- 19 Other non-relative
- 20 Multiple perpetrators **[Go to closing statement]**

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

INTERVIEWER NOTE: If the respondent indicates gender of the person, please complete question STSV4. If the respondent does not indicate the gender of the person, please ask question STSV4.

STSV4 Was the person who did this male or female?

- 1 Male
- 2 Female

Do not read

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

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you, or someone you know, would like to talk to a trained counselor, please call **1-800-421-1100**. This is a toll free call. Would you like me to repeat this number?

Intimate Partner Violence

Ask on all questionnaires of 12/22 men and women.

IPV Introduction: The next question is about different type of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships.

This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers of organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

Are you in a safe place to answer these questions?

- 1 Yes
- 2 No [**Go to closing statement**]

IPV1 Has an intimate partner EVER push, hit slap kick, choke, or physically hurt you in any other way?

- 1 Yes
- 2 No [**Go to closing statement**]

Do not read

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

IPV2 During the past 12 months did an intimate partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- 1 Yes
- 2 No [**Go to closing statement**]

Do not read

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

IPV3 When you were physically hurt during the past 12 months by an intimate partner did you receive help?

- 1 Yes
- 2 No [**Go to Q5**]

Do not read

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

IPV4 I'm going to read a list of people and places where some people receive help when they are physically hurt. For each one, please tell me whether this was a person or place where you received help when you were physically hurt by an intimate partner during the past 12 months.

Did you receive help from –

(Please Read, Select Multiple)

- 01 A family member or friend
- 02 An emergency room or urgent care medical facility
- 03 A health care provider
- 04 A counselor, therapist or social worker
- 05 A religious advisor
- 06 Law enforcement
- 07 A boss or co-worker
- 08 The statewide domestic violence information line (1-800-897-LINK)

09 Other

Do not read

77 Don't know / Not sure
99 Refused

IPV5

I am going to read a list of reasons that keep some people from receiving help when they are physically hurt by an intimate partner. For each one, please tell me whether it was a reason that kept you from receiving help during the past 12 months.

Was it because—

(Please Read, Select Multiple)

- 01 You did not know where to get help
- 02 You did not have the money to pay for services
- 03 You were afraid the person who physically hurt you would find out
- 04 You thought it was your fault that you were physically hurt
- 05 You thought the abuse would stop
- 06 You did not have someone to watch your children
- 07 You were afraid someone would take your children away from you
- 08 You did not have a way to get there
- 09 You did not want any help
- 10 Other

Do not read

77 Don't know / Not sure
99 Refused

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call [1-888-421-1100](tel:1-888-421-1100). This is a toll free call. Would you like me to repeat this number?

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?

(702)

- 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? (703)

- 1 Adult
- 2 Child

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.

9 9 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.