2020

Behavioral Risk Factor Surveillance System Questionnaire

DRAFT

Utah: February 24, 2020
CDC: December 4, 2019

NOTES:
(1) CAPITALIZED response options replace “DO NOT READ” text for all questions.
(2) Pink highlights indicate that these notes/instructions should be included in CI3 code.
(3) SAQ core and optional module insertions are shown in blue font.
Behavioral Risk Factor Surveillance System
2020 Questionnaire

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Landline Introduction

HELLO, I am calling for the Utah Department of Health. My name is (name). We are gathering information about the health of Utah residents. This project is conducted by the Utah Department of Health 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.

LL01 Is this (phone number)?

1 YES [GO TO LL02] (63)
2 NO [TERMINATE]

[CATI /NOTE: IF LL01 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT’S POSSIBLE THAT YOUR NUMBER MAY BE CALLED LATER.’]
Private Residence

**LL02** Is this a private residence?

READ ONLY IF NECESSARY: By private residence, we mean some place like a house or an apartment.

1 YES [GO TO LL04]
2 NO [GO TO LL03]
3 NO, THIS IS A BUSINESS PHONE [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL02 = 3 (NO, THIS IS A BUSINESS PHONE), SAY ‘THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONE LINES AT THIS TIME.’]

[CATI/INTERVIEWER NOTE: BUSINESS NUMBERS WHICH ARE ALSO USED FOR PERSONAL COMMUNICATION ARE ELIGIBLE.]

College Housing

**LL03** 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.

1 YES [GO TO LL04]
2 NO [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL03 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME.’]

State of Residence

**LL04** Do you currently live in Utah?

NOTE: State of residence is the state in which the respondent resides at least 30 consecutive days during which the survey for which they are being called is being conducted.

1 YES [GO TO LL05]
2 NO [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL04 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE STATE OF UTAH AT THIS TIME.’]
Cellular Phone

LL05  Is this a cell phone?

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 phone, we mean a telephone that is mobile and usable outside of your neighborhood.

1  YES, IT IS A CELL PHONE  [TERMINATE]

[INTERVIEWER NOTE: YOU INDICATED THIS NUMBER REACHES A CELL PHONE. IF THIS NUMBER IS A LANDLINE, PRESS '4' TO RETURN TO THE PREVIOUS QUESTION.]

[CATI/INTERVIEWER NOTE: IF LL05 = 1 (YES), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LANDLINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING’.]

2  NO, IT IS NOT A CELL PHONE  [GO TO LL06]

[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES), CONTINUE; OTHERWISE, GO TO ADULT RANDOM SELECTION.]

Adult

LL06  Are you 18 years of age or older?

1  YES  [GO TO LL07]

2  NO  [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL06 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME.’]

[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES), CONTINUE; OTHERWISE, GO TO ADULT RANDOM SELECTION.]

Sex of Adult

LL07  Are you male or female?

1  MALE

2  FEMALE

7  DON'T KNOW / NOT SURE  [TERMINATE]

9  REFUSED  [TERMINATE]
Adults

**LL08** 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 (70-71)

If ‘1,’ ask: Are you the adult?

If ‘Yes,’ say: Then you are the person I need to speak with. [GO TO LL09]

If ‘No,’ ask: May I speak with the adult in the household?

If 2-6 or more, GO TO LL10.

**LL09** Are you male or female?

1 MALE [GO TO ‘CORRECT RESPONDENT’]
2 FEMALE [GO TO ‘CORRECT RESPONDENT’]
7 DON’T KNOW / NOT SURE [TERMINATE]
9 REFUSED [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL09 = 7 (DON’T KNOW / NOT SURE) OR 9 (REFUSED), SAY ‘THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.’]

**LL10** How many of these adults are men?

_ _ NUMBER OF MEN (73-74)

77 DON’T KNOW / NOT SURE
99 REFUSED

**LL11** So the number of women in the household is ___?

_ _ _ NUMBER OF WOMEN (75-76)

Is that correct?

DO NOT READ: Confirm number of adult women or clarify that total number of adults in the household.
The person in your household that I need to speak with is [oldest/youngest/middle/male/female]. Are you the [oldest/youngest/middle/male/female] in this household?

NOTE: If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12.

1 MALE [GO TO ‘CORRECT RESPONDENT’]
2 FEMALE [GO TO ‘CORRECT RESPONDENT’]
7 DON’T KNOW / NOT SURE [TERMINATE]
9 REFUSED [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL12 = 7 (DON’T KNOW / NOT SURE) OR 9 (REFUSED), SAY ‘THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.’]

Cell Phone Introduction

HELLO, I am calling for the Utah Department of Health. My name is (name). We are gathering information about the health of Utah residents. This project is conducted by the Utah Department of Health 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.

CP01 Is this a safe time to talk with you or are you driving?

1 YES [GO TO CP02]
2 NO [TERMINATE]

[CATI/INTERVIEWER NOTE: IF CP01 = 2 (NO), SAY ‘THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME.’ (SET APPOINTMENT IF POSSIBLE.))]

Phone

CP02 Is this (phone number) ?

1 YES [GO TO CP03]
2 NO [TERMINATE]

[CATI/INTERVIEWER NOTE: 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.]

Cellular Phone
CP03  Is this a cell phone?

1  YES, IT IS A CELL PHONE [GO TO CP04]
2  NO, NOT A CELL PHONE [TERMINATE]

[CATI/INTERVIEWER NOTE: IF CP03 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WITH CELL TELEPHONES AT THIS TIME.’]

Adult

CP04  Are you 18 years of age or older?

1  YES [GO TO CP05]
2  NO [TERMINATE]

[CATI/INTERVIEWER NOTE: IF CP04 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME.’]

Sex of Adult

CP05  Are you male or female?

1  MALE
2  FEMALE
7  DON’T KNOW / NOT SURE [TERMINATE]
9  REFUSED [TERMINATE]

[CATI/INTERVIEWER NOTE: IF CP05 = 7 (DON’T KNOW / NOT SURE) OR 9 (REFUSED), SAY ‘THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.’]

Private Residence

CP06  Do you live in a private residence?

1  YES [GO TO CP08]
2  NO [GO TO CP07]

[READ ONLY IF NECESSARY: By private residence, we mean someplace like a house or an apartment.]
CP07  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.

1  YES  [GO TO CP08]  
2  NO  [TERMINATE]

[CATI/INTERVIEWER NOTE: IF CP07 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME.’]

State of Residence

CP08  Do you currently live in Utah?  

NOTE: State of residence is the state in which the respondent resides for at least 30 consecutive days during which the survey for which they are being called is being conducted.

1  YES  [GO TO CP10]  
2  NO  [GO TO CP09]

State

CP09  In what state do you currently live?  

_______ ENTER STATE CODE  

Landline

CP10  Do you also have a landline telephone in your home that is used to make and receive calls?  

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 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.

1  YES  
2  NO  
7  DON’T KNOW / NOT SURE  
9  REFUSED
NUMADULT

CP11  How many members of your household, including yourself, are 18 years of age or older?

__(89-90)__

__NUMBER OF ADULTS__

77  DON'T KNOW / NOT SURE
99  REFUSED

TRANSITION TO ‘CORRECT RESPONDENT.’
Core Sections

[CATI/INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ.]

To Correct Respondent:

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

C01.01 Would you say that in general your health is excellent, very good, good, fair, or poor?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EXCELLENT</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>VERY GOOD</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>GOOD</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>FAIR</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>POOR</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW / NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

Section 2: Healthy Days

C02.01 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?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>88</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW / NOT SURE</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

C02.02 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?

<p>| | | |</p>
<table>
<thead>
<tr>
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<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>
[CATI NOTE: IF C02.01 AND C02.02 = 88 (NONE), GO TO NEXT SECTION.]

C02.03  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?  

_ _ NUMBER OF DAYS [RANGE: 01-30]  

106-107

88   NONE
77   DON'T KNOW / NOT SURE
99   REFUSED

Section 3: Health Care Access

C03.01  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?  

108

1   YES
2   NO
7   DON'T KNOW / NOT SURE
9   REFUSED

C03.02  Do you have one person you think of as your personal doctor or health care provider?  

109

NOTE: 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?

1   YES, ONLY ONE
2   MORE THAN ONE
3   NO
7   DON'T KNOW / NOT SURE
9   REFUSED

C03.03  Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?  

110

1   YES
2   NO
7   DON'T KNOW / NOT SURE
9   REFUSED
C03.04 About how long has it been since you last visited a doctor for a routine checkup?  

**NOTE:** A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

**READ 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

7. DON’T KNOW / NOT SURE
8. NEVER
9. REFUSED

---

**Section 4: Exercise**

C04.01 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?

**NOTE:** If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

1. YES
2. NO

7. DON’T KNOW / NOT SURE
9. REFUSED

---

**[CATI NOTE: ASK STAB05 ON BOTH QUESTIONNAIRE PATHS.]**

STAB05 During the last 30 days, on how many days did you walk to and from work, to do errands, or to go from place to place? Only include days that you walked for at least 10 minutes and do not include walking for recreation or exercise.

_ _ DAYS IN THE LAST 30 [RANGE: 01-30]

88. NONE
77. DON’T KNOW / NOT SURE
99. REFUSED

---

**Section 5: Inadequate Sleep**

C05.01 On average, how many hours of sleep do you get in a 24-hour period?
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.

Example: Round 6 hours 30 minutes to 07 hours. 8 hours 15 minutes rounds to 08 hours.

_ _ NUMBER OF HOURS [RANGE: 01-24]

77 DON’T KNOW / NOT SURE
99 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.’

C06.01 (Ever told) you that you had a heart attack also called a myocardial infarction?

1 YES
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

C06.02 (Ever told) you had angina or coronary heart disease?

1 YES
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

C06.03 (Ever told) you had a stroke?

1 YES
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

C06.04 (Ever told) you had asthma?

1 YES
2 NO
7 DON’T KNOW / NOT SURE

[GO TO C06.06]
C06.05  Do you still have asthma?

1  YES
2  NO
7  DON'T KNOW / NOT SURE
9  REFUSED

C06.06  (Ever told) you had skin cancer?

1  YES
2  NO
7  DON'T KNOW / NOT SURE
9  REFUSED

C06.07  (Ever told) you had any other types of cancer?

1  YES
2  NO
7  DON'T KNOW / NOT SURE
9  REFUSED

C06.08  (Ever told) you had Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

1  YES
2  NO
7  DON'T KNOW / NOT SURE
9  REFUSED

C06.09  (Ever told) you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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-Schönlein purpura, Wegener’s granulomatosis, polyarteritis nodosa)

1 YES
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

C06.10 (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 YES
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

C06.11 Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

READ IF NECESSARY: Incontinence is not being able to control urine flow.

1 YES
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

C06.12 (Ever told) you had diabetes?

NOTE: If ‘Yes’ and respondent is FEMALE, ask: Was this only when you were pregnant?

NOTE: If respondent says ‘pre-diabetes or borderline diabetes,’ use response code ‘4.’

1 YES
2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY [GO TO NEXT SECTION]
3 NO [GO TO NEXT SECTION]
4 NO, PRE-DIABETES OR BORDERLINE DIABETES [GO TO NEXT SECTION]
7 DON’T KNOW / NOT SURE [GO TO NEXT SECTION]
9 REFUSED [GO TO NEXT SECTION]
CATI NOTE: IF C06.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO C06.12, GO TO PRE-DIABETES OPTIONAL MODULE, IF USED. OTHERWISE, GO TO NEXT SECTION.

**C06.13** How old were you when you were told you had diabetes?

--- CODE AGE IN YEARS [NOTE: 97 = 97 AND OLDER]
[GO TO NEXT SECTION]

98 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
99 REFUSED [GO TO NEXT SECTION]

CATI NOTE: GO TO DIABETES OPTIONAL MODULE, IF USED. OTHERWISE, GO TO NEXT SECTION.

### Module 1: Pre-Diabetes

CATI NOTE: ASK MODULE 1, PRE-DIABETES, QUESTIONS ON BOTH QUESTIONNAIRE PATHS.

CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING ‘YES’ (CODE = 1) TO C06.12 (DIABETES AWARENESS QUESTION).

**M01.01** Have you had a test for high blood sugar or diabetes within the past three years?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CATI NOTE: IF C06.12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES), ANSWER M01.02 = 1 (YES).

**M01.02** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

- 1 YES
- 2 YES, DURING PREGNANCY
- 3 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED
Section 7: Oral Health

C07.01 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

READ 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
5. DON'T KNOW / NOT SURE
6. NEVER
7. REFUSED

C07.02 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

READ IF NECESSARY:

1. 1 to 5
2. 6 or more but not all
3. All
4. None
5. DON'T KNOW / NOT SURE
6. REFUSED

Section 8: Demographics

READ IF NECESSARY: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

C08.01 What is your age?

ENTER AGE IN YEARS [RANGE: 18-99]

07 DON'T KNOW / NOT SURE
09 REFUSED

C08.02 Are you Hispanic, Latino/a, or Spanish origin?
1  YES
2  NO
7  DON’T KNOW / NOT SURE
9  REFUSED

If ‘Yes,’ ask: Are you:

**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  [GO TO UT8.2c]
5  NO
7  DON’T KNOW / NOT SURE  [GO TO C08.03]
9  REFUSED  [GO TO C08.03]

**[CATI NOTE: ASK UT8.2c ON BOTH QUESTIONNAIRE PATHS.]**

**UT8.2c**  You identified yourself as being of ‘Another Hispanic, Latino/a, or Spanish origin.’ Are you:

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

(903-906)

**PLEASE READ:**

1  Dominican
2  Central American
3  South American
4  Another Hispanic, Latino/a, or Spanish origin

7  DON’T KNOW / NOT SURE
9  REFUSED

**C08.03**  Which one or more of the following would you say is your race?

Would you say: White, Black or African American, American Indian or Alaska Native, Asian or Pacific Islander?

(137-164)

If Asian, ask: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.

If Pacific Islander, ask: Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.

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

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  [GO TO UT8.3c]
60  OTHER (SPECIFY)
77  DON'T KNOW / NOT SURE  [GO TO M19.01]
99  REFUSED  [GO TO M19.01]

[CATI NOTE: ASK UT8.3c ON BOTH QUESTIONNAIRE PATHS.]

UT8.3c  You identified yourself as being 'Other Pacific Islander.' Are you:

PLEASE READ:
1  Tongan
2  Another Pacific Islander
7  DON'T KNOW / NOT SURE
9  REFUSED

[CATI NOTE: IF MORE THAN ONE RESPONSE TO C08.03, CONTINUE. OTHERWISE, GO TO MODULE 19, SEX AT BIRTH.]

C08.04  Which one of these groups would you say best represents your race?

NOTE: If the respondent provides more than one category code as '99,' 'REFUSED.'

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  [GO TO UT8.4c]

60 OTHER (SPECIFY)
77 DON'T KNOW / NOT SURE
99 REFUSED

[CATI NOTE: ASK UT8.4c ON BOTH QUESTIONNAIRE PATHS.]

UT8.4c You identified yourself as being 'Other Pacific Islander.' Are you:

PLEASE READ:
1 Tongan
2 Another Pacific Islander
7 DON'T KNOW / NOT SURE
9 REFUSED

Module 19: Sex at Birth

[CATI NOTE: ASK MODULE 19, SEX AT BIRTH, ON BOTH QUESTIONNAIRE PATHS.]

M19.01 What was your sex at birth? Was it male or female?

1 MALE
2 FEMALE
7 DON'T KNOW / NOT SURE
9 REFUSED

Module 20: Sexual Orientation and Gender Identity
The next two questions are about sexual orientation and gender identity.

[CATI NOTE: ASK MODULE 20, SEXUAL ORIENTATION AND GENDER IDENTITY, ON BOTH QUESTIONNAIRE PATHS.]

M20.01a Which of the following best represents how you think of yourself: 1, Gay; 2, Straight, that is not gay; 3, Bisexual; or 4, Something else?

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

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

NOTE: If the respondent does not understand the question topic, code 7.

1 GAY
2 STRAIGHT, THAT IS, NOT GAY
3 BISEXUAL
4 SOMETHING ELSE

7 I DON'T KNOW THE ANSWER
9 REFUSED

[CATI NOTE: ASK M20.01b IF SEX = 2 (FEMALE).]

M20.01b Which of the following best represents how you think of yourself: 1, Lesbian or gay; 2, Straight, that is not gay; 3, Bisexual; or 4, Something else?

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

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

NOTE: If the respondent does not understand the question topic, code 7.

1 LESBIAN OR GAY
2 STRAIGHT, THAT IS, NOT GAY
3 BISEXUAL
4 SOMETHING ELSE

7 I DON'T KNOW THE ANSWER
9 REFUSED

M20.02 Do you consider yourself to be transgender?
READ IF NECESSARY: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation: straight, gay, lesbian, or bisexual.

If ‘Yes,’ ask: Do you consider yourself to be: 1, male-to-female; 2, female-to-male; or 3, gender nonconforming?

NOTE: If asked about the definition of gender nonconforming: some people think of themselves as gender nonconforming when they do not identify ONLY as a man or ONLY as a woman.

NOTE: Respondent can answer with either the number or the text/word:

1 (YES, TRANSGENDER,) MALE-TO-FEMALE
2 (YES, TRANSGENDER,) FEMALE-TO-MALE
3 (YES, TRANSGENDER,) GENDER NONCONFORMING
4 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

Section 8: Demographics CONTINUED

C08.05 Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

1 MARRIED
2 DIVORCED
3 WIDOWED
4 SEPARATED
5 NEVER MARRIED
6 A MEMBER OF AN UNMARRIED COUPLE
9 REFUSED

C08.06 What is the highest grade or year of school you completed?

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)
9 REFUSED

[CATI NOTE: ASK RELIGIOUS IDENTITY QUESTION ON BOTH QUESTIONNAIRE PATHS.]

RELIGID Do you consider yourself to be…? (Select only one.)

NOTE: If respondent says 'Other,' ask 'What religion are you?' then choose from the options below, if listed.

PLEASE READ OPTIONS 1-6 ONLY:

01 Protestant
02 Catholic
03 Jewish
04 LDS (Latter Day Saints)
05 Some other religion I have not mentioned
06 No Religion
77 DON'T KNOW / NOT SURE
99 REFUSED
10 AGNOSTIC, ATHEIST
11 BAPTIST, SOUTHERN BAPTIST
12 BUDDHIST, HINDU, MUSLIM, ISLAM
13 CHRISTIAN, BORN AGAIN, CHURCH OF CHRIST, PENTACOSTAL
14 EPISCOPALIAN, LUTHERAN, METHODIST, PRESBYTERIAN
15 GREEK ORTHODOX, EASTERN ORTHODOX
16 JEHOVAH'S WITNESS
17 NATIVE AMERICAN RELIGION
18 NON-DENOMINATIONAL
19 UNITARIAN

C08.07 Do you own or rent your home?

NOTE: 'Other arrangement' may include group home, or 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.

READ ONLY IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

1 Own [GO TO SCNTMNY1]
2 Rent [GO TO SCNTMNY1]
3 Other arrangement
7 DON'T KNOW / NOT SURE
9 REFUSED
How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage? Would you say . . .

PLEASE READ:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 DON’T KNOW / NOT SURE
9 REFUSED

In what county do you currently live?

_ _ _ ANSI COUNTY CODE

777 DON’T KNOW / NOT SURE
999 REFUSED

What is the ZIP Code where you currently live?

_ _ _ _ _ ENTER 5-DIGIT ZIP CODE

77777 DON’T KNOW / NOT SURE
99999 REFUSED

Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

1 YES
2 NO [GO TO C08.12]

7 DON’T KNOW / NOT SURE [GO TO C08.12]
9 REFUSED [GO TO C08.12]
C08.11  How many of these telephone numbers are residential numbers? (179)
1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX OR MORE
7 None
8 DON'T KNOW / NOT SURE
9 REFUSED

C08.12  How many cell phones do you have for personal use? (180)
NOTE: Include cell phones used for both business and personal use.
1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX OR MORE
7 DON'T KNOW / NOT SURE
8 NONE
9 REFUSED

C08.13  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? (181)
READ IF NECESSARY: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

C08.14  Are you currently employed for wages, self-employed, out of work for 1 year or more, out of work for less than 1 year, a homemaker, a student, retired, or unable to work? (182)
NOTE: If more than one category applies, say: 'Please select the category which best describes you.'
NOTE: Do not code 7 for 'Don't know' on this question.
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
8 UNABLE TO WORK
9 REFUSED

C08.15 How many children less than 18 years of age live in your household?

NUMBER OF CHILDREN
88 NONE
99 REFUSED

C08.16 Is your annual household income from all sources:

NOTE: If respondent refuses at any income level, code ‘99’ (refused).

4 Less than $25,000 If ‘No,’ code 5; if ‘Yes,’ ask 3.
($20,000 to less than $25,000)

3 Less than $20,000 If ‘No,’ code 4; if ‘Yes,’ ask 2.
($15,000 to less than $20,000)

2 Less than $15,000 If ‘No,’ code 3; if ‘Yes,’ ask 1.
($10,000 to less than $15,000)

1 Less than $10,000 If ‘No,’ code 2.

5 Less than $35,000 If ‘No,’ ask 6.
($25,000 to less than $35,000)

6 Less than $50,000 If ‘No,’ ask 7.
($35,000 to less than $50,000)

7 Less than $75,000 If ‘No,’ code 8.
($50,000 to less than $75,000)

8 $75,000 or more

[CATI NOTE: ASK UTINCOME ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: THESE RESPONSE CATEGORIES ARE INCORPORATED INTO C08.16. WE NEED TO BE ABLE TO REPORT THE C08.16 CATEGORIES TO THE CDC, BUT WE WANT TO LOOK AT THESE FINER CATEGORIES AT THE STATE LEVEL.]
UTIncome

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[CATI/INTERVIEWER NOTE: SKIP IF BIRTHSEX, IS CODED ‘1’ (MALE); OR CP.05 = 1; OR LL.12 = 1; OR LL.09 = 1; LL.07 = 1; OR C08.01 > 49 YEARS OLD.]

C08.17  To your knowledge, are you now pregnant?  
1 YES  
2 NO  
7 DON’T KNOW / NOT SURE  
9 REFUSED

C08.18  About how much do you weigh without shoes?  

NOTE: If respondent answers in metrics, put a ‘9’ in the first position. Round fractions up.

_ _ / _ _ ENTER WEIGHT IN WHOLE POUNDS OR WHOLE KILOGRAMS  
7777 DON’T KNOW / NOT SURE  
9999 REFUSED

C08.19  About how tall are you without shoes?  

NOTE: If respondent answers in metrics, put a ‘9’ in the first position. Round fractions down.

_ _ / _ _ ENTER HEIGHT IN FEET/INCHES OR METERS/CENTIMETERS  
77 / 77 DON’T KNOW / NOT SURE
Section 9: Disability

C09.01 Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? (196)

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

C09.02 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (197)

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

C09.03 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (198)

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

C09.04 Do you have serious difficulty walking or climbing stairs? (199)

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

C09.05 Do you have difficulty dressing or bathing? (200)

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED
C09.06  Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?  

1  YES 
2  NO 
7  DON'T KNOW / NOT SURE 
9  REFUSED

Section 10: Tobacco Use

C10.01  Have you smoked at least 100 cigarettes in your entire life?  

NOTE: Do not include electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

NOTE: 5 packs = 100 cigarettes.

1  YES  [GO TO C10.05] 
2  NO  [GO TO C10.05] 
7  DON'T KNOW / NOT SURE  [GO TO C10.05] 
9  REFUSED  [GO TO C10.05] 

C10.02  Do you now smoke cigarettes every day, some days, or not at all?  

1  EVERY DAY  [GO TO C10.04] 
2  SOME DAYS  [GO TO C10.04] 
3  NOT AT ALL  [GO TO C10.04] 
7  DON'T KNOW / NOT SURE  [GO TO C10.05] 
9  REFUSED  [GO TO C10.05] 

C10.03  During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?  

1  YES  [GO TO QUIT30] 
2  NO  [GO TO C10.05] 
7  DON'T KNOW / NOT SURE  [GO TO C10.05] 
9  REFUSED  [GO TO C10.05] 

[CATI NOTE: ASK QUIT30 ON BOTH QUESTIONNAIRE PATHS.]  
[CATI NOTE: ASK ONLY IF C10.03 = 1 (YES).]
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 C10.05]
2  NO  [GO TO C10.05]
7  DON'T KNOW / NOT SURE  [GO TO C10.05]
9  REFUSED  [GO TO C10.05]

C10.04  How long has it been since you last smoked a cigarette, even one or two puffs?

READ ONLY IF NECESSARY:

01  Within the past month (less than 1 month ago)
02  Within the past 3 months (1 month but less than 3 months ago)
03  Within the past 6 months (3 months but less than 6 months ago)
04  Within the past year (6 months but less than 1 year ago)
05  Within the past 5 years (1 year but less than 5 years ago)
06  Within the past 10 years (5 years but less than 10 years ago)
07  10 years or more
08  Never smoked regularly
77  DON'T KNOW / NOT SURE
99  REFUSED

C10.05  Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

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

1  EVERY DAY
2  SOME DAYS
3  NOT AT ALL
7  DON'T KNOW / NOT SURE
9  REFUSED

Module 8: E-Cigarettes

[CATI NOTE: ASK E-CIGARETTE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

M08.01  Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these.
M08.02 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

1 EVERY DAY
2 SOME DAYS
3 NOT AT ALL
7 DON'T KNOW / NOT SURE
9 REFUSED

Section 11: Alcohol Consumption

C11.01 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?

NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

1 _ _ DAYS PER WEEK
2 _ _ DAYS IN PAST 30 DAYS
888 NO DRINKS IN PAST 30 DAYS [GO TO NEXT SECTION]
777 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
999 REFUSED [GO TO NEXT SECTION]

C11.02 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

---

**NUMBER OF DRINKS**  
[NOTE: 76 = 76 OR MORE]

77 DON'T KNOW / NOT SURE  
99 REFUSED

---

C11.03 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN] or more drinks on an occasion?

---

**NUMBER OF TIMES**  
[RANGE: 1-30]

88 NONE  
77 DON'T KNOW / NOT SURE  
99 REFUSED

---

C11.04 During the past 30 days, what is the largest number of drinks you had on any occasion?

---

**NUMBER OF DRINKS**  
[NOTE: 76 = 76 OR MORE]

77 DON'T KNOW / NOT SURE  
99 REFUSED

---

[CATI NOTE: ASK BAC05 ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: ASK BAC05 IF C11.01 NE 777, 888, OR 999.]

**BAC05** Since the Utah legal maximum blood alcohol concentration limit for driving was changed to .05 on December 31, 2018, which statement best describes your behavior when drinking alcohol at places other than your home:

---

PLEASE READ:

1 I reduced the amount of alcohol I consume because of the law  
2 I continued drinking the same amount of alcohol as before the law  
3 I increased the amount of alcohol I consume because of the law  
4 I didn’t know the law changed

7 DON'T KNOW / NOT SURE  
9 REFUSED
Section 12: Immunization

C12.01 During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? (217)

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 [GO TO C12.03]

2 NO [GO TO C12.03]

7 DON’T KNOW / NOT SURE [GO TO C12.03]

9 REFUSED [GO TO C12.03]

C12.02 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? (218-223)

ENTER MONTH / YEAR

77 / 7777 DON’T KNOW / NOT SURE

99 / 9999 REFUSED

[CATI NOTE: IF RESPONDENT IS 50 YEARS OR OLDER, ASK C12.03, OTHERWISE GO TO C12.04.]

C12.03 Have you ever had the shingles or zoster vaccine? (224)

NOTE: Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

C12.04 Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (225)

READ IF NECESSARY: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED
Vaccine Hesitancy (Adult Only)

[CATI NOTE: ASK VACCINE HESITANCY (ADULT ONLY) QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

AVH01  Are you up-to-date with all recommended vaccinations, excluding the yearly flu shot? (916)

1  YES  [GO TO NEXT SECTION]
2  NO
7  DON’T KNOW / NOT SURE  [GO TO NEXT SECTION]
9  REFUSED  [GO TO NEXT SECTION]

AVH02  I am going to read you a list of reasons why people don’t receive a recommended vaccine. When I am done, please tell me if any of the situations describe the main reason you have not received a recommended vaccine. (917-918)

PLEASE READ:

01  I don’t believe vaccines are safe or effective
02  I don’t believe I am at risk of contracting the disease
03  I believe it is better to get the disease rather than the vaccine
04  I am opposed to vaccination for philosophical or religious reasons
05  My health care provider has never discussed with me the reasons to get vaccinated
06  It is difficult for me to find the time or money to get vaccinations
07  I have previously had the disease and do not need the vaccine
08  OTHER (SPECIFY):  (919-957)

77  DON’T KNOW / NOT SURE
99  REFUSED

Section 13: Falls

[CATI NOTE: IF RESPONDENT IS 45 YEARS OR OLDER, CONTINUE, OTHERWISE GO TO NEXT SECTION.]

C13.01  In the past 12 months, how many times have you fallen? (226-227)

READ IF NECESSARY: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

_ _  NUMBER OF TIMES [NOTE: 76 = 76 OR MORE]

88  NONE  [GO TO NEXT SECTION]
77  DON’T KNOW / NOT SURE  [GO TO NEXT SECTION]
99  REFUSED  [GO TO NEXT SECTION]
C13.02 How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor? (228-229)

READ IF NECESSARY: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

_ _ NUMBER OF FALLS [NOTE: 76 = 76 OR MORE]

88 NONE
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 14: Seat Belt Use and Drinking and Driving

C14.01 How often do you use seat belts when you drive or ride in a car? Would you say… (230)

PLEASE READ:

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

7 DON'T KNOW / NOT SURE
8 NEVER DRIVE OR RIDE IN A CAR [GO TO NEXT SECTION]
9 REFUSED

[CATI NOTE: IF C11.01 = 888 (NO DRINKS IN THE PAST 30 DAYS), GO TO NEXT SECTION.]

C14.02 During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink? (231-232)

_ _ NUMBER OF TIMES [RANGE: 01-30]

88 NONE
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 15: Breast and Cervical Cancer Screening

[CATI NOTE: IF RESPONDENT IS MALE, GO TO THE NEXT SECTION.]

The next questions are about breast and cervical cancer.
C15.01 Have you ever had a mammogram?

NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

1 YES
2 NO [GO TO C15.03]
7 DON’T KNOW / NOT SURE [GO TO C15.03]
9 REFUSED [GO TO C15.03]

C15.02 How long has it been since you had your last mammogram?

READ ONLY IF NECESSARY:

1 Within the past year (anytime less than 12 months ago)
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

C15.03 Have you ever had a Pap test?

NOTE: A Pap test is a test for cancer of the cervix.

1 YES
2 NO [GO TO C15.05]
7 DON’T KNOW / NOT SURE [GO TO C15.05]
9 REFUSED [GO TO C15.05]

C15.04 How long has it been since you had your last Pap test?

READ ONLY IF NECESSARY:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago
7 DON’T KNOW / NOT SURE
9 REFUSED
C15.05 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

**NOTE:** Human papillomavirus (pap-uh-loh-muh virus)

1 YES
2 NO [GO TO C15.07]
7 DON'T KNOW / NOT SURE [GO TO C15.07]
9 REFUSED [GO TO C15.07]

C15.06 How long has it been since you had your last H.P.V. test?

**READ ONLY IF NECESSARY:**

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago
7 DON'T KNOW / NOT SURE
9 REFUSED

[CATI NOTE: IF RESPONSE TO C08.17 = 1 (IS PREGNANT), GO TO NEXT SECTION.]

C15.07 Have you had a hysterectomy?

**READ IF NECESSARY:** A hysterectomy is an operation to remove the uterus (womb).

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

Cancer Genomics

[CATI NOTE: ASK CANCER GENOMICS QUESTIONS ON QUESTIONNAIRE 11/21.]

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

**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.
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?  

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

**PLEASE READ:**

1. Not at all familiar  
2. Somewhat familiar  
3. Familiar  
4. Very familiar  
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?  

**PLEASE READ:**

1. Not at all likely  
2. Somewhat likely  
3. Most likely  
4. Very likely  
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?

**PLEASE READ:**

1. YES  
2. NO
CANGEN5 Have you ever had a genetic test to determine if you or your family are 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

[CATI NOTE: ASK CANGEN6 OF WOMEN ONLY.]

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? Would you say…

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

PLEASE READ:

1  Yes, in office
2  Yes, over the phone
3  No
7  DON’T KNOW / NOT SURE
9  REFUSED

Section 16: Prostate Cancer Screening

[CATI NOTE: IF RESPONDENT IS <39 YEARS OF AGE OR IS FEMALE, GO TO NEXT SECTION.]

C16.01 Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

READ IF NECESSARY: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

1  YES
2  NO
7  DON’T KNOW / NOT SURE
C16.02  Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

(241)

1  YES
2  NO
7  DON'T KNOW / NOT SURE
9  REFUSED

C16.03  Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

(242)

1  YES
2  NO
7  DON'T KNOW / NOT SURE
9  REFUSED

C16.04  Have you ever had a P.S.A. test?

(243)

1  YES
2  NO  [GO TO NEXT SECTION]
7  DON'T KNOW / NOT SURE  [GO TO NEXT SECTION]
9  REFUSED  [GO TO NEXT SECTION]

C16.05  How long has it been since you had your last P.S.A. test?

(244)

READ 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
7  DON'T KNOW / NOT SURE
9  REFUSED

C16.06  What was the main reason you had this P.S.A. test? Was it …?

(245)

PLEASE READ:

1  Part of a routine exam
2  Because of a prostate problem
Section 17: Colorectal Cancer Screening

[CATI NOTE: IF RESPONDENT IS < 45 YEARS OF AGE, GO TO NEXT SECTION.]

The next questions are about the five different types of tests for colorectal cancer screening.

C17.01 A colonoscopy checks the entire colon. 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. Have you ever had a colonoscopy?

1       YES
2       NO
7       DON'T KNOW / NOT SURE
9       REFUSED

C17.02 How long has it been since you had this test?

READ 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  Within the past 10 years (5 years but less than 10 years ago)
5  10 or more years ago
7  DON'T KNOW / NOT SURE
9  REFUSED

C17.03 A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

1       YES
2       NO
7       DON'T KNOW / NOT SURE
9       REFUSED
**C17.04** How long has it been since you had this test?

**READ 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. Within the past 10 years (5 years but less than 10 years ago)
5. 10 or more years ago

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

**C17.05** Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

**NOTE:** This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

1. YES
2. NO [GO TO C17.07]

7. DON'T KNOW / NOT SURE [GO TO C17.07]
9. REFUSED [GO TO C17.07]

**C17.06** How long has it been since you had this test?

**READ 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

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

**C17.07** Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

**NOTE:** This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.
C17.08 How long has it been since you had this test? (253)

READ 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
7  DON'T KNOW / NOT SURE
9  REFUSED

C17.09 For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy? (254)

NOTE: Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.

1  YES
2  NO
7  DON'T KNOW / NOT SURE
9  REFUSED

C17.10 How long has it been since you had this test? (255)

READ 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
7  DON'T KNOW / NOT SURE
9  REFUSED

Section 18: HIV/AIDS
C18.01 Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for HIV? (256)

READ IF NECESSARY: 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.

1 YES
2 NO [GO TO C18.03]
7 DON’T KNOW / NOT SURE [GO TO C18.03]
9 REFUSED [GO TO C18.03]

C18.02 Not including blood donations, in what month and year was your last HIV test? (257-262)

NOTE: If response is before January 1985, code ‘7777777’ or ‘DON’T KNOW / NOT SURE’

NOTE: 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. Example: 772010.

_ _ / _ _ _ _ ENTER MONTH AND YEAR
(FOR EXAMPLE, JUNE OF 2019 = 062019)

77 / 7777 DON’T KNOW / NOT SURE
99 / 9999 REFUSED

C18.03 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. (263)

You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD 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
Optional Modules

Module 6: Cognitive Decline

[CATI NOTE: ASK MODULE 6 COGNITIVE DECLINE, ON QUESTIONNAIRE PATHS 12/22.]

[CATI NOTE: IF RESPONDENT IS 45 YEARS OF AGE OR OLDER CONTINUE, ELSE GO TO NEXT MODULE.]

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.

M06.01 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

1 YES [GO TO M06.02]
2 NO [GO TO NEXT SECTION]
7 DON’T KNOW / NOT SURE [GO TO M06.02]
9 REFUSED [GO TO NEXT SECTION]

M06.02 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? Would you say…

PLEASE READ:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
7 DON’T KNOW / NOT SURE
9 REFUSED

M06.03 As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say…

PLEASE READ:

1 Always
2 Usually
3 Sometimes
M06.04 When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is…

PLEASE READ:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
7 DON'T KNOW / NOT SURE
9 REFUSED

M06.05 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? Would you say it is…

PLEASE READ:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
7 DON'T KNOW / NOT SURE
9 REFUSED

M06.06 Have you or anyone else discussed your confusion or memory loss with a health care professional?

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

Module 7: Caregiver

[CATI NOTE: ASK MODULE 7, CAREGIVER, ON QUESTIONNAIRE PATHS 12/22.]
M07.01  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?  

(299) 

NOTE: 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 M07.09]  
7  DON'T KNOW / NOT SURE  [GO TO M07.09]  
8  CAREGIVING RECIPIENT DIED IN PAST 30 DAYS  [GO TO M07.09]  
9  REFUSED  [GO TO M07.09]  

M07.02  What is his or her relationship to you?  

(300-301) 

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

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  

M07.03  For how long have you provided care for that person?  Would you say…  

(302)  

PLEASE READ:  

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  5 or more years  
7  DON'T KNOW / NOT SURE  

M07.04 In an average week, how many hours do you provide care or assistance? Would you say…

PLEASE READ:

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
5. DON’T KNOW / NOT SURE
6. REFUSED

M07.05 What is the main health problem, long-term illness, or disability that the person you care for has?

1. ARTHRITIS/RHEUMATISM
2. ASTHMA
3. CANCER
4. CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD
5. DEMENTIA AND OTHER COGNITIVE IMPAIRMENT DISORDERS SUCH AS ALZHEIMER’S DISEASE [GO TO M07.07]
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
16. DON’T KNOW / NOT SURE
17. REFUSED

M07.06 Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder?

1. YES
2. NO
3. DON’T KNOW / NOT SURE
M07.07  In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?  
1  YES  
2  NO  
7  DON'T KNOW / NOT SURE  
9  REFUSED

M07.08  In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?  
1  YES  
2  NO  
7  DON'T KNOW / NOT SURE  
9  REFUSED

M07.09  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?  
1  YES  
2  NO  
7  DON'T KNOW / NOT SURE  
9  REFUSED

Utah Marijuana Use

[CATI NOTE: ASK UTAH MARIJUANA USE QUESTIONS ON QUESTIONNAIRE PATH 11/21.]

STMM1  Are you aware that Utah passed a law that provides a way for you to get medical marijuana or cannabis if you have a qualifying condition and a doctor recommends it?  
1  YES  
2  NO  
7  DON'T KNOW / NOT SURE  
9  REFUSED

NOTE: Medical marijuana or cannabis does not include 100% CBD products.
STMM2  How comfortable would you be talking to your doctor, nurse, or other healthcare professional about medical marijuana or cannabis? Would you say…

NOTE: Medical marijuana or cannabis does not include 100% CBD products.

PLEASE READ:

1  Very uncomfortable
2  Uncomfortable
3  Comfortable
4  Very comfortable

7  DON’T KNOW / NOT SURE
9  REFUSED

STMM3  In the past 12 months, where did you get information about medical marijuana or cannabis? Select all that apply.

NOTE: Medical marijuana or cannabis does not include 100% CBD products.

PLEASE READ:

01  Doctor, nurse, or other healthcare professional
02  Friend or family member
03  Internet
04  Radio or TV
05  Utah state cannabis program
06  Religious leader
07  Book, magazine, or other publication
08  Scholarly article or research article
09  Some other source (specify):  

88  NONE
77  DON’T KNOW / NOT SURE
99  REFUSED

Module 9: Marijuana Use

[CATI NOTE: ASK MODULE 9, MARIJUANA USE, ON BOTH QUESTIONNAIRE PATHS.]

M09.01  During the past 30 days, on how many days did you use marijuana or cannabis?

NOTE: Marijuana and cannabis include both CBD and THC products.

_ _  NUMBER OF DAYS  [RANGE: 1 -30]
During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually…

**NOTE:** Select one. If the respondent provides more than one, say: 'Which way did you use it most often?'.

PLEASE READ:

1. Smoke it (e.g., in a joint, bong, pipe, or blunt)
2. Eat it (e.g., in brownies, cakes, cookies, or candy)
3. Drink it (e.g., in tea, cola, or alcohol)
4. Vaporize it (e.g., in an e-cigarette-like vaporizer or another vaporizing device)
5. Dab it (for example, using waxes or concentrates)
6. Use it in some other way
7. DON’T KNOW / NOT SURE
9. REFUSED

When you used marijuana during the past 30 days, was it usually…

**PLEASE READ:**

1. For medical reasons (like to treat or decrease symptoms of a health condition)
2. For non-medical purposes (like to have fun or fit in) [GO TO STMM5]
3. For both medical and non-medical reasons
7. DON’T KNOW / NOT SURE [GO TO STMM5]
9. REFUSED [GO TO STMM5]

Utah Marijuana Use CONTINUED

**[CATI NOTE: ASK UTAH MARIJUANA USE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

During the past 12 months, for what health conditions did you take medical marijuana or cannabis? Select up to four health conditions.

**NOTE:** Medical marijuana or cannabis does not include 100% CBD products.

**PLEASE READ:**
01 Pain
02 Sleep problems
03 Cancer
04 Nausea
05 Glaucoma
06 Epilepsy or seizures
07 Anxiety
08 Depression
09 Inflammatory bowel disease
10 PTSD
11 Muscle spasm
12 Multiple Sclerosis
13 Appetite loss
14 Wasting syndrome
15 OTHER (SPECIFY):      (1028-1063)
77 DON’T KNOW / NOT SURE
99 REFUSED

STMM5 When you used marijuana or cannabis in the last 30 days, either for recreational or medical purposes, how did you most often obtain it?

NOTE: Marijuana or cannabis does not include 100% CBD products.

PLEASE READ:
1 Marijuana or cannabis dispensary in another state
2 Internet
3 On the street
4 OTHER SOURCE
7 DON’T KNOW / NOT SURE
9 REFUSED

Module 11: Cancer Survivors, Type of Cancer

[CATI NOTE: ASK MODULE 11, CANCER SURVIVORS, TYPE OF CANCER, ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C06.06 = 1 OR C06.07 = 1 OR C16.06 = 4, CONTINUE, ELSE GO TO MODULE 21, ACES.]

You’ve told us that you have had cancer. I would like to ask you a few more questions about your cancer.

M11.01 How many different types of cancer have you had? (326)
1 ONE
2 TWO
3 THREE OR MORE
7 DON'T KNOW / NOT SURE [GO TO NEXT MODULE]
9 REFUSED [GO TO NEXT MODULE]

M11.02 IF CSRVNUM = 1: At what age were you told that you had cancer?
IF CSRVNUM = 2, 3: At what age were you first diagnosed with cancer?

(327-328)

READ IF NECESSARY: This question refers to the first time they were told about their first cancer.

_ _ AGE IN YEARS [NOTE: 97 = 97 AND OLDER.]
98 DON'T KNOW / NOT SURE
99 REFUSED

M11.03 IF CSRVNUM = 1: What type of cancer was it?
IF CSRVNUM = 2, 3: With your most recent diagnoses of cancer, what type of cancer was it?

(329-330)

NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-29].

NOTE: Record only 1 cancer type, this question is referring to the respondent's most recent cancer diagnosis.

Breast:
01 Breast cancer

Female Reproductive (gynecologic):
02 Cervical cancer (cancer of the cervix)
03 Endometrial cancer (cancer of the uterus)
04 Ovarian cancer (cancer of the ovary)

Head/Neck:
05 Head and neck cancer
06 Oral cancer
07 Pharyngeal (throat) cancer
08 Thyroid
09 Larynx

Gastrointestinal:
10 Colon (intestine) cancer
11 Esophageal (esophagus)
12 Liver cancer
13 Pancreatic (pancreas) cancer
14 Rectal (rectum) cancer
15 Stomach
Leukemia/Lymphoma (lymph nodes and bone marrow):  
16  Hodgkin's Lymphoma (Hodgkin's disease)  
17  Leukemia (blood) cancer  
18  Non-Hodgkin’s Lymphoma

Male Reproductive:  
19  Prostate cancer  
20  Testicular cancer

Skin:  
21  Melanoma  
22  Other skin cancer

Thoracic:  
23  Heart  
24  Lung

Urinary:  
25  Bladder cancer  
26  Renal (kidney) cancer

Others:  
27  Bone  
28  Brain  
29  Neuroblastoma  
30  Other

77  DON’T KNOW / NOT SURE  
99  REFUSED

Module 12: Cancer Survivors, Course of Treatment

[CATI NOTE: ASK MODULE 12, CANCER SURVIVORS, COURSE OF TREATMENT, ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C06.06 = 1 OR C06.07 = 1 OR C16.06 = 4, CONTINUE, ELSE GO TO MODULE 21, ACES.]

M12.01  Are you currently receiving treatment for cancer?  (331)

READ IF NECESSARY: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

PLEASE READ:

1  Yes  [GO TO NEXT MODULE]
2  No, I’ve completed treatment  [GO TO NEXT MODULE]
3  No, I’ve refused treatment  [GO TO NEXT MODULE]
4  No, I haven’t started treatment  [GO TO NEXT MODULE]
What type of doctor provides the majority of your health care? Is it a…

NOTE: If respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (e.g., annual exams and/or physicals, treatment of colds, etc.).

READ IF NECESSARY: An oncologist is a medical doctor who manages a person’s care and treatment after a cancer diagnosis.

PLEASE READ:

01 Cancer surgeon
02 Family practitioner
03 General surgeon
04 Gynecologic oncologist
05 General practitioner, internist
06 Plastic surgeon, reconstructive surgeon
07 Medical oncologist
08 Radiation oncologist
09 Urologist
10 Other

77 DON’T KNOW / NOT SURE
99 REFUSED

Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

READ IF NECESSARY: By ‘other healthcare professional,’ we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

1 YES
2 NO

7 DON’T KNOW / NOT SURE
9 REFUSED

Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

1 YES, RECEIVED INSTRUCTIONS
2 NO, DID NOT RECEIVE INSTRUCTIONS [GO TO M12.06]
M12.05 Were these instructions written down or printed on paper for you?

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

M12.06 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

NOTE: 'Health insurance' also includes Medicare, Medicaid, or other types of state health programs.

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

M12.07 Were you ever denied health insurance or life insurance coverage because of your cancer?

NOTE: 'Health insurance' also includes Medicare, Medicaid, or other types of state health programs.

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

M12.08 Did you participate in a clinical trial as part of your cancer treatment?

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 13: Cancer Survivors, Pain Management
**M13.01** Do you currently have physical pain caused by your cancer or cancer treatment?

1. YES
2. NO [GO TO NEXT SECTION]
7. DON’T KNOW / NOT SURE [GO TO NEXT SECTION]
9. REFUSED [GO TO NEXT SECTION]

**M13.02** Is your pain currently under control? Would you say…

**PLEASE READ:**

1. Yes, with medication (or treatment)
2. Yes, without medication (or treatment)
3. Not under control, with medication (or treatment)
4. Not under control, without medication (or treatment)
5. No treatment was necessary
7. DON’T KNOW / NOT SURE
9. REFUSED

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**Module 21: Adverse Childhood Experiences (ACEs)**

**[CATI NOTE: ASK MODULE 21, ADVERSE CHILDHOOD EXPERIENCES, ON BOTH QUESTIONNAIRE PATHS.]**

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...

**M21.01** Did you live with anyone who was mentally ill, depressed, or suicidal?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED
<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>M21.02 Did you live with anyone who was a problem drinker or alcoholic?</td>
<td>(555)</td>
<td>1 YES, 2 NO, 7 DON’T KNOW / NOT SURE, 9 REFUSED</td>
</tr>
<tr>
<td>M21.03 Did you live with anyone who used illegal street drugs or who abused prescription medicines?</td>
<td>(556)</td>
<td>1 YES, 2 NO, 7 DON’T KNOW / NOT SURE, 9 REFUSED</td>
</tr>
<tr>
<td>M21.04 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?</td>
<td>(557)</td>
<td>1 YES, 2 NO, 7 DON’T KNOW / NOT SURE, 9 REFUSED</td>
</tr>
<tr>
<td>M21.05 Were your parents separated or divorced?</td>
<td>(558)</td>
<td>1 YES, 2 NO, 8 PARENTS NOT MARRIED, 7 DON’T KNOW / NOT SURE, 9 REFUSED</td>
</tr>
<tr>
<td>M21.06 Not including spanking, (before age 18), how often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?</td>
<td>(559)</td>
<td>PLEASE READ: 1 Never, 2 Once, 3 More than once, 7 DON’T KNOW / NOT SURE</td>
</tr>
</tbody>
</table>
M21.07 Not including spanking (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Would you say… (560)

**PLEASE READ:**

1 Never
2 Once
3 More than once

7 DON'T KNOW / NOT SURE
9 REFUSED

M21.08 How often did a parent or adult in your home ever swear at you, insult you, or put you down? Would you say… (561)

**PLEASE READ:**

1 Never
2 Once
3 More than once

7 DON'T KNOW / NOT SURE
9 REFUSED

M21.09 How often did anyone at least 5 years older than you or an adult ever touch you sexually? Would you say… (562)

**PLEASE READ:**

1 Never
2 Once
3 More than once

7 DON'T KNOW / NOT SURE
9 REFUSED

M21.10 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? Would you say… (563)

**PLEASE READ:**

1 Never
2 Once
3 More than once
M21.11 How often did anyone at least 5 years older than you or an adult force you to have sex? Would you say…

NOTE: *Sex* refers to both oral sex and intercourse.

PLEASE READ:

1. Never
2. Once
3. More than once

7. DON’T KNOW / NOT SURE
9. REFUSED

ACECLOSE 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. Would you like me to give you that number?

NOTE: If *Yes,* say *You can dial 1-800-422-4453 for information or referrals about these issues.*

1. YES
2. NO

7. DON’ KNOW / NOT SURE
9. REFUSED

Module 22: Random Child Selection

[CATI NOTE: ASK MODULE 22, RANDOM CHILD SELECTION, ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C08.15 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]

[CATI NOTE: IF C08.15 = 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 M22.01.]

[CATI NOTE: IF C08.15 IS >1 AND C08.15 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 NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE ‘XTH’ CHILD. PLEASE SUBSTITUTE ‘XTH’ CHILD’S NUMBER IN ALL QUESTIONS BELOW.]

I have some additional questions about one specific child. The child I will be referring to is the ‘Xth’ child. [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE ‘XTH’ [CATI NOTE: PLEASE FILL IN] CHILD.]

**M22.01** What is the birth month and year of the ‘Xth’ child?

(565-570)

ENTER MONTH AND YEAR

DON’T KNOW / NOT SURE

REFUSED

[CATI NOTE: 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).]

**M22.02** Is the child a boy or a girl?

(571)

BOY

GIRL

REFUSED

**M22.03** Is the child Hispanic, Latino/a, or Spanish origin?

(572-575)

If ‘Yes,’ ask: Are they…

NOTE: One or more categories may be selected.

PLEASE READ:

Mexican, Mexican American, Chicano/a
Puerto Rican
Cuban
Another Hispanic, Latino/a, or Spanish origin [GO TO UT22.3c]

NO

DON’T KNOW / NOT SURE

REFUSED
[CATI NOTE: ASK UT22.3c ON BOTH QUESTIONNAIRE PATHS.]

UT22.3c  You identified your child as being of ‘Another Hispanic, Latino/a, or Spanish origin.’
Is the child:                                          (1065-1068)

NOTE: One or more categories may be selected.

PLEASE READ:

1  Dominican
2  Central American
3  South American
4  Another Hispanic or Latino origin
7  DON’T KNOW / NOT SURE
9  REFUSED

M22.04  Which one or more of the following would you say is the race of the child?

Would you say: White, Black or African American, American Indian or Alaska Native, Asian or Pacific Islander?  (576-603)

If ‘Asian,’ ask: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.

If ‘Pacific Islander,’ ask: Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.

NOTE: One or more categories may be selected.

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       [GO TO UT22.4c]
60  OTHER
77  DON'T KNOW / NOT SURE
99  REFUSED

[CATI NOTE: ASK UT22.4c ON BOTH QUESTIONNAIRE PATHS.]

**UT22.4c**  You identified your child as being 'Other Pacific Islander.' Is the child:  

1  Tongan
2  Another Pacific Islander
7  DON'T KNOW / NOT SURE
9  REFUSED

**M22.05**  Which one of these groups would you say best represents the child’s race?  

[NOTE: If the respondent provides more than one category code as '99,' 'REFUSED.]

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  

[GO TO UT22.5c]

60  OTHER
77  DON'T KNOW / NOT SURE
99  REFUSED

[CATI NOTE: ASK UT22.5c ON BOTH QUESTIONNAIRE PATHS.]
UT22.5c  You identified your child as being ‘Other Pacific Islander.’ Is the child:

(1070)
PLEASE READ:

1  Tongan
2  Another Pacific Islander
7  DON’T KNOW / NOT SURE
9  REFUSED

M22.06  How are you related to the child? Would you say…

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
7  DON’T KNOW / NOT SURE
9  REFUSED

Module 23: Childhood Asthma Prevalence

[CATI NOTE: ASK MODULE 23, CHILDHOOD ASTHMA PREVALENCE, ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF RESPONSE TO C08.15 = 88 (NONE) OR 99 (REFUSED), GO TO STATE-ADDED QUESTIONS.]

The next two questions are about the ‘Xth’ [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] child.

M23.01  Has a doctor, nurse, or other health professional EVER said that the child has asthma?

(607)

1  YES  [GO TO STATE-ADDED QUESTIONS]
2  NO
7  DON’T KNOW / NOT SURE  [GO TO STATE-ADDED QUESTIONS]
9  REFUSED  [GO TO STATE-ADDED QUESTIONS]

M23.02  Does the child still have asthma?

1  YES

(608)
State-Added Questions

Physical Discipline

[CATI NOTE: ASK PHYSICAL DISCIPLINE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

The following question(s) will ask about the physical discipline of children. Physical discipline includes the use of pain as a teaching tool or to get attention. Examples of physical discipline may include, but are not limited to, spanking, ear pulling or twisting, slapping on the hand, hitting with an object (paddle, belt, whip, or stick), or the use of unpleasant substances like soap or hot sauce.

PHYD1 Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statement: Physical discipline of a child is a necessary part of parenting.

1 STRONGLY AGREE
2 AGREE
3 NEITHER AGREE OR DISAGREE
4 DISAGREE
5 STRONGLY DISAGREE
7 DON’T KNOW / NOT SURE
9 REFUSED

[CATI NOTE: IF C08.15 = 88 OR 99, GO TO NEXT SECTION.]

PHYD2 In the past year, how often have you used physical discipline with your child?

PLEASE READ:

1 Daily or almost daily
2 Weekly
3 Monthly
4 Less than monthly
5 Never
7 DON’T KNOW / NOT SURE
9 REFUSED

Vaccine Hesitancy (Child Only)
CVH01 Is your child [Are your children] up-to-date with all recommended vaccinations, excluding the yearly flu shot?  
(1073)
1 YES [GO TO NEXT SECTION]  
2 NO  
7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]  
9 REFUSED [GO TO NEXT SECTION]  

CVH02 I am going to read you a list of reasons why children don’t receive a recommended vaccine. When I am done, please tell me if any of the situations describe the main reason your child has not received a recommended vaccine.  
(1074-1075)
01 I don’t believe vaccines are safe or effective  
02 I don’t believe my child is at risk of contracting the disease  
03 I believe it is better to get the disease rather than the vaccine  
04 I am opposed to vaccination for philosophical or religious reasons  
05 My health care provider has never discussed with me the reasons to vaccinate my child  
06 It is difficult for me to find the time or money to get vaccinations  
07 My child has previously had the disease and does not need the vaccine  
08 OTHER (SPECIFY):  
(1076-1115)
77 DON'T KNOW / NOT SURE  
99 REFUSED  

Child Autism

[CATI NOTE: ASK CHILD AUTISM QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]  

[CATI NOTE: IF C08.15 INDICATES THERE ARE CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, THEN RESPONSES FROM THE RANDOM CHILD SELECTION MODULE WILL BE USED TO DETERMINE WHICH CHILD THE RESPONDENT WILL BE ASKED ABOUT. IF C08.16 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD OR REFUSED), GO TO NEXT SECTION.]  

[CATI NOTE: PLEASE SUBSTITUTE ‘XTH’ CHILD’S NUMBER IN ALL QUESTIONS BELOW.]  

The next few questions are about your Xth child.  

NOTE: ‘Xth’ child refers to the child about whom the respondent answered the ‘Random Child Selection’ module.
CHDAUT1  Has a doctor or other healthcare provider ever told you that your X\textsuperscript{th} child had Autism, Asperger’s Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder?

1  YES
2  NO  [GO TO CHDAUT8]
7  DON’T KNOW / NOT SURE  [GO TO CHDAUT8]
9  REFUSED  [GO TO CHDAUT8]

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

1  MILD
2  MODERATE
3  SEVERE
7  DON’T KNOW / NOT SURE
9  REFUSED

CHDAUT4  In what setting were you first told that your X\textsuperscript{th} child had Autism or Autism Spectrum Disorder? Was it school, healthcare, or some other setting?

NOTE: This question is asking the setting where the child was first DIAGNOSED with autism.

1  SCHOOL
2  HEALTHCARE (INCLUDES HEALTH DEPARTMENT)
3  OTHER (SPECIFY): _____________  (1119-1143)
7  DON’T KNOW / NOT SURE
9  REFUSED

CHDAUT5  What type of doctor or other provider first provided this diagnosis?

01  GENERAL PEDIATRICIAN
02  DEVELOPMENTAL PEDIATRICIAN
03  CHILD PSYCHIATRIST
04  CHILD PSYCHOLOGIST
05  SCHOOL ASSESSMENT TEAM
06  SPEECH THERAPIST
07  NEUROLOGIST
08  OTHER (SPECIFY): _____________  (1146-1170)
77  DON’T KNOW / NOT SURE
99  REFUSED

CHDAUT6  How old was your child when you were first told that he/she had Autism or ASD?
AGE IN YEARS [RANGE: 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
9  REFUSED

[CATI NOTE: ASK ‘CHDAUT8’ IF THE RANDOMLY SELECTED CHILD IS 48 MONTHS OF AGE AND UNDER.]

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

NOTE: If SR inquires about autism, refer him or her to 1-800-829-8200.

1  YES
2  NO
7  DON'T KNOW / NOT SURE
9  REFUSED

Family Planning

[CATI NOTE: ASK FAMILY PLANNING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE OR IF RESPONDENT IS MALE, GO TO THE NEXT SECTION.]

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.

STFP1  The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

1  YES
2  NO
3  NO PARTNER/NOT SEXUALLY ACTIVE

[GO TO STFP3]  [GO TO NEXT SECTION]
STFP2  The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

(1176-1177)

NOTE: If respondent reports using more than one method, please code the method that occurs first on the list.

NOTE: If respondent reports using ‘condoms,’ probe to determine if ‘female condoms’ or male condoms.

NOTE: If respondent reports using an ‘IUD’ probe to determine if ‘Levonorgestrel IUD’ or ‘copper-bearing IUD.’

NOTE: If respondent reports ‘other method,’ ask respondent to ‘please be specific’ 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:

01  Female sterilization (ex. tubal ligation, Essure, Adiana)
02  Male sterilization (vasectomy)
03  Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
04  Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena, Skyla, Liletta, Kylena)
05  IUD Copper-bearing (ex. ParaGard)
06  IUD, type unknown
07  Shots (ex. Depo-Provera or DMPA)
08  Birth control pills, any kind
09  Contraceptive patch (ex. Ortho, Evra, Xulane)
10  Contraceptive ring (ex. NuvaRing)
11  Male condoms
12  Diaphragm, cervical cap, sponge
13  Female condoms
14  Not having sex at certain times (rhythm or natural family planning)
15  Withdrawal (or pulling out)
16  Foam, jelly, film, or cream
17  Emergency contraception (morning after pill)
18  Other method
77  DON’T KNOW / NOT SURE
99  REFUSED

[CATI NOTE: GO TO NEXT SECTION AFTER STFP2.]
Some reasons for not doing anything to keep you from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

**NOTE:** If respondent reports ‘other reason,’ ask respondent to ‘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:**

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

**Access to Family Planning**

*[CATI NOTE: ASK ACCESS TO FAMILY PLANNING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]*

*[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY (STFP3 = 13), OR IF RESPONDENT IS MALE, GO TO THE NEXT MODULE.]*

The next few questions ask about your recent experiences in accessing birth control. Some women use birth control for health reasons not related to pregnancy, regardless of whether they are sexually active.

**STAfp1** In the past 12 months, have you ever had a time where you needed birth control but couldn’t get it?
NOTE: If respondent experienced ANY problems getting birth control in the last 12 months, code as ‘Yes.’

1 YES
2 NO [GO TO STAFP3]
7 DON’T KNOW / NOT SURE [GO TO STAFP3]
9 REFUSED [GO TO STAFP3]

STA FP2 What is the main reason that delayed or stopped you from being able to access birth control when you needed it?

READ ONLY IF NECESSARY:

01 The clinic, pharmacy or store wasn’t open when I needed to go
02 The clinic, pharmacy or store was too far away
03 I didn’t have health insurance
04 It was too expensive
05 I didn’t know enough about the methods available to me
06 The clinic, pharmacy or store didn’t have the specific birth control method I wanted
07 The clinic, pharmacy or store doesn’t provide birth control at all
08 My prescription ran out and I didn’t get it renewed
09 I didn’t have a doctor and so couldn’t get a prescription
10 I didn’t know where to go to get birth control
11 My partner didn’t want me to use birth control
12 I was thinking about becoming pregnant
13 Other

77 DON’T KNOW / NOT SURE
99 REFUSED

STA FP3 In the last 12 months, when you saw a doctor (or other health care provider), did you have a conversation about your desire to avoid pregnancy or become pregnant? Please select the answer that best represents your most recent experience.

READ IF NECESSARY: Going to the doctor could include visits like an annual check-up or going for a specific health condition not necessarily related to reproductive health.

PLEASE READ:

1 Yes, I brought it up with my provider
2 Yes, my provider brought it up with me
3 No
4 I haven’t seen a doctor in the last 12 months

7 DON’T KNOW / NOT SURE
9 REFUSED
The last time you got birth control, how did you pay for it?  

READ ONLY IF NECESSARY:

1 My insurance covered the entire cost  
2 My insurance covered most of it, I paid a copay  
3 I paid for all of it out-of-pocket  
4 The clinic helped me pay for it  
5 Someone else (friend, family, partner) helped me pay for it  
6 I enrolled in a clinical trial in order to get it  
88 DOESN'T APPLY—MY METHOD DOESN'T REQUIRE ME TO PAY ANYTHING  
77 DON'T KNOW / NOT SURE  
99 REFUSED

Characteristics of the Tattooed Population in Utah

[CATI NOTE: ASK CHARACTERISTICS OF THE TATTOOED POPULATION IN UTAH QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

I'm going to ask you about your experience with tattooing. Please include every tattoo you've ever gotten using a tattoo machine, even if it is faded, covered up, or has been removed.

TAT1  What is the total number of tattooing sessions you have had?  

READ ONLY IF NECESSARY: Tattooing does not include permanent makeup, microblading, or stick and poke tattoos. Large tattoos sometimes require multiple sessions. A person may have a single tattoo that required multiple sessions.

_ _ NUMBER OF SESSIONS [RANGE: 01-50]  

55 MORE THAN 50 SESSIONS  
88 NONE  
77 DON'T KNOW / NOT SURE  
99 REFUSED  

GO TO NEXT SECTION

TAT2  How many of your tattoos are bigger than your palm?  

_ _ NUMBER OF TATTOOS [RANGE: 01-50]  

55 MORE THAN 50 TATTOOS  
88 NONE  
77 DON'T KNOW / NOT SURE  
99 REFUSED
TAT3  How old were you when you got your first tattoo?

_ _ _  AGE IN YEARS [RANGE: 10-100]

555  YOUNGER THAN 10 YEARS OLD
777  DON'T KNOW / NOT SURE
999  REFUSED

Insurance and Access

[CATI NOTE: ASK INSURANCE AND ACCESS QUESTIONS ON QUESTIONNAIRE 11/21.]

[CATI NOTE:  ALL QUESTION NAMES BEGINNING WITH A ‘K’ WILL BE ASKED ABOUT THE RANDOMLY SELECTED CHILD. IF C03.01 = 1, 7, OR 9, ASK COVTYPE. OTHERWISE, GO TO KCOVTYPE.]

NOTE:  The introduction to ‘Insurance and Access’ questions changes depending on how the respondent answered the core health insurance question and whether or not they have a child in the household.

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

[CATI/INTERVIEWER NOTE:  IF C03.01 = 1, READ: ‘EARLIER, YOU SAID YOU DID HAVE HEALTH CARE COVERAGE.’]

[CATI/INTERVIEWER NOTE:  IF C03.01 = 2, READ: ‘EARLIER, YOU SAID YOU DID NOT HAVE ANY HEALTH CARE COVERAGE. THERE ARE SOME TYPES OF PLANS YOU MAY NOT HAVE CONSIDERED.’]

[CATI NOTE:  ALLOW MULTIPLE RESPONSES TO BE SELECTED.]

COVtype  Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

(1193-1206)

NOTE:  If the respondent says ‘through the Federal Health Exchange healthcare.gov,’ ask if insurance was privately purchased (‘02’) or through Medicaid (‘04’).

NOTE:  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
CHIP  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

[CATI NOTE: ASK ONLY OF 18-YEAR-OLD RESPONDENTS.]

KCOVtype  Is the child CURRENTLY covered by any of the following types of health insurance or health coverage plans?

NOTE:  If the respondent says ‘through the Federal Health Exchange healthcare.gov,’ ask if insurance was privately purchased (‘02’) or through Medicaid (‘04’).

NOTE:  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.

NOTE:  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 Utah Children’s Health Insurance Program or CHIP
06 TRICARE (formerly CHAMPUS), VA, or Military
07 Alaska Native, Indian Health Service, Tribal Health Services
08 Some other source
09 NONE (NO COVERAGE)
77 DON’T KNOW / NOT SURE
99 REFUSED

[CATI NOTE: IF NO SELECTED CHILD, GO TO INSTRUCTIONS BEFORE HLTHEX.]
[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE CHILD IS NOW DETERMINED. 0 = UNDETERMINED, 1 = INSURED, 2 = UNINSURED. THE CHILD IS INSURED IF ‘KCOVTYPE’ = 01-08. THE CHILD IS UNINSURED IF ‘KCOVTYPE’ = 09. THE CHILD’S INSURANCE STATUS IS UNDETERMINED IF ‘KCOVTYPE’ = 77 OR 99. CHILDREN WITH INSURANCE STATUS = 1 (INSURED) WILL SKIP TO ‘KHLTHEX’; CHILDREN WITH INSURANCE STATUS = 2 (UNINSURED) WILL SKIP TO ‘KUNINS’; AND CHILDREN WITH INSURANCE STATUS = 0 (UNDETERMINED) WILL SKIP TO NEXT SECTION.]

[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE ADULT IS NOW DETERMINED. 0 = UNDETERMINED, 1 = INSURED, 2 = UNINSURED. THE ADULT IS INSURED IF ‘COVTYPE’ = 01-07. THE ADULT IS UNINSURED IF ‘COVTYPE’ = 08 AND C03.1 = 1 OR 2. THE ADULT’S INSURANCE STATUS IS UNDETERMINED IF ‘COVTYPE’ = 77 OR 99 OR (‘COVTYPE’ = 08 AND C03.1 = 7 OR 9). ADULTS WITH INSURANCE STATUS = 1 (INSURED) WILL SKIP TO ‘HLTHEX’ (THEN ASK ‘KHLTHEX,’ IF IT APPLIES); ADULTS WITH INSURANCE STATUS = 2 (UNINSURED) WILL SKIP TO ‘UNINS’ (AFTER BEING ASKED THE NEXT ‘K’ QUESTIONS, IF APPLICABLE); AND ADULTS WITH INSURANCE STATUS = 0 (UNDETERMINED) WILL SKIP TO ‘EMPLOYED,’ IF IT APPLIES.]

**HLTHEX** Is your coverage through the Federal Health Exchange healthcare.gov? (1224)

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

**KHLTHEX** Is the child’s coverage through the Federal Health Exchange healthcare.gov? (1225)

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

[CATI/INTERVIEWER NOTE: UNINSURED ADULTS WILL BE ASKED ‘UNINS’ AND ‘WHY’ QUESTIONS; UNINSURED CHILDREN ARE ASKED ‘KUNINS’ AND ‘KWHY’ QUESTIONS. INSURED ADULTS WILL SKIP TO ‘KUNINS,’ IF APPLICABLE, AND NOT BE ASKED ‘UNINS’ AND ‘WHY’ QUESTIONS. INSURED CHILDREN WILL NOT BE ASKED ‘KUNINS’ AND ‘KWHY’ QUESTIONS.]

**UNINS** For how many months have you been uninsured? (1226-1227)

00 Less than 4 weeks [GO TO WHY]
01-60 ENTER # OF MONTHS [GO TO WHY]
61 More than 5 years [GO TO WHY]
KUNINS  For how many months has the child been uninsured? (1228-1229)

00  Less than 4 weeks [GO TO KWHY]
01-60  ENTER # OF MONTHS [GO TO KWHY]
61  More than 5 years [GO TO KWHY]

77  DON’T KNOW / NOT SURE [GO TO KWHY]
99  REFUSED [GO TO KWHY]

[CATI NOTE: DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]

[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]

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… (1230-1247)

NOTE: Select all that apply.

PLEASE READ:

01  Your [or someone else's] employer does not or no longer offers insurance coverage to you
02  You [or someone else in the household] lost a job or changed employers
03  You [or someone else in the household] is a temporary employee
04  You [or someone else in the household] is self-employed
05  The premiums cost too much
06  You are healthy and decided it would be safe to go without insurance
07  The insurance company refused to cover you
08  You lost Medicaid or CHIP eligibility
66  Some other reason

77  DON’T KNOW / NOT SURE
99  REFUSED

[CATI NOTE: IF NO CHILDREN OR CHILD IS INSURED, GO TO ‘EMPLOYED.’]

[CATI NOTE: DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]

[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]

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 …
NOTE: Read responses, select all that apply.

01 Your [or someone else's] employer does not or no longer offers insurance coverage to the child
02 You [or someone else in the household] lost a job or changed employers
03 You [or someone else in the household] is a temporary employee
04 You [or someone else in the household] is self-employed
05 The premiums cost too much
06 The child is healthy and it was considered safe for [him/her] to go without insurance
07 The insurance company refused to cover [him/her]
08 The child lost Medicaid or CHIP eligibility
66 Some other reason
77 DON'T KNOW / NOT SURE
99 REFUSED

[CATI NOTE: IF ‘UNINS’>12 MONTHS (THE ADULT HAS BEEN UNINSURED FOR MORE THAN 12 MONTHS), GO TO ‘EMPLOYED.’]

[CATI NOTE: If C08.14 = 3, 4, 5, 6, 7, 8, or 9, go to ‘EMPLOYED.’ If C08.14 = 1 or 2, go 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?

1 YES [GO TO HOURSWKD] (1266)
2 NO [GO TO NEXT SECTION]
7 DON'T KNOW / NOT SURE [GO TO HOURSWKD]
9 REFUSED [GO TO HOURSWKD]

[CATI NOTE: IF ‘EMPLOYED’ = 1, 7, OR 9, GO TO ‘HOURSWKD.’ IF ‘EMPLOYED’ = 2, GO TO NEXT SECTION.]

[CATI NOTE: IF C08.14 = 1 OR 2, SHOW ‘EARLIER YOU SAID YOU ARE [FILL IN WITH EITHER ‘EMPLOYED FOR WAGES’ OR ‘SELF-EMPLOYED’].]

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

(1267-1268)
READ IF NECESSARY: By ‘main job,’ I mean the one at which you usually work the most hours.

_ _ Hours [NOTE: 70 = 70 HOURS OR MORE]
77 DON’T KNOW / NOT SURE
99 REFUSED

Food Insecurity/Food Stamps

[CATI NOTE: ASK FOOD INSECURITY AND FOOD STAMP QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

STFS2 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
8 NOT APPLICABLE
7 DON’T KNOW / NOT SURE
9 REFUSED

STFS1 In the past 12 months, how many months did anyone in your household receive benefits from a FEDERAL food assistance program such as SNAP (food stamps), WIC, or the Free and Reduced Lunch program? Do not include 'Meals on Wheels,' or food pantries, food banks, soup kitchens, church welfare, backpack programs, or any other charitable food resources. Would you say…

NOTE: Examples of federal food assistance programs are Commodity Supplemental Food Program, Food Distribution Program on Indian Reservations, Emergency Food Assistance Program, Child and Adult Care Feeding Program, School Breakfast Program, Special Milk Program, and Summer Food Service Program.

PLEASE READ:
1 All months
2 Some months
3 Less than a month
4 No months
8 NOT APPLICABLE
7 DON’T KNOW / NOT SURE
9 REFUSED
STFS3  In the past 12 months, how many months did anyone in your household receive benefits from any NON FEDERAL food source such ‘Meals on Wheels,’ food pantries, food banks, soup kitchens, church welfare, backpack programs, or any other charitable food resources. Would you say…

PLEASE READ:

1  All months
2  Some months
3  Less than a month
4  No months
8  NOT APPLICABLE
7  DON’T KNOW / NOT SURE
9  REFUSED

Mental Health

[CATI NOTE: ASK MENTAL HEALTH QUESTIONS ON QUESTIONNAIRE PATHS 11/21.]

STMH1  If you were experiencing a problem with your mental health, do you believe you can seek help without fear of judgement or discrimination?

1  YES
2  NO
7  DON’T KNOW / NOT SURE
9  REFUSED

STMH2  I’m going to read a list of people and places where some people seek help when they are experiencing thoughts of suicide or having emotional problems. For each one, please tell me whether this would be a person or place where you would go to for help if you were experiencing thoughts of suicide or some other kind of emotional problem.

NOTE:  Check all that apply.  Pause between each response option to allow respondents to answer ‘Yes’ or ‘No.’

PLEASE READ:

01  Intimate partner or spouse
02  Friend or coworker
03  Family member
04  Clergy or faith leader
05  Mental health professional
06  Crisis services (phone, text, etc.)
07  Physician or health care provider
Utah Tobacco Use Questions

[CATI NOTE: ASK ALL UTAH TOBACCO USE QUESTIONS EXCEPT STSMK9 AND SMKAD2 ON BOTH QUESTIONNAIRE PATHS. ASK STSMK7, STSMK9, AND SMKAD2 ON QUESTIONNAIRE PATHS 12/22 ONLY.]

[CATI NOTE: IF C10.02 = 1 OR 2 (‘EVERYDAY’ OR ‘SOME DAYS’), THEN RESPONDENT HAS A STATUS OF ‘CURRENT SMOKER’ AND CONTINUE. OTHERWISE, GO TO STSMK3.]

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

1 In the next 7 days
2 In the next 30 days
3 In the next 6 months
4 In the next year
5 More than 1 year from now
6 You don’t plan on quitting
7 DON’T KNOW / NOT SURE
9 REFUSED

[CATI NOTE: IF C10.02 = 1 OR 2 (‘EVERYDAY’ OR ‘SOME DAYS’) OR IF C10.04 < 05 (RESPONDENT QUIT SMOKING IN THE PAST YEAR), CONTINUE TO STSMK3. OTHERWISE, GO TO STSMK7.]

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 STSMKQ]
STSMK4  During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking?

1  YES  
2  NO  
7  DON’T KNOW / NOT SURE  
9  REFUSED

(1295)

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  
7  DON’T KNOW / NOT SURE  
9  REFUSED

(1296)

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  
7  DON’T KNOW / NOT SURE  
9  REFUSED

(1297)

[CATI NOTE: IF STSMK3=2 (NO), CONTINUE, OTHERWISE GO TO STSMK7.]

STSMKQ  If you decided to quit smoking in the future, would you use any of the following methods or strategies to try to quit…

NOTE: Check all that apply. Pause between each response category to allow respondents to answer ‘Yes’ or ‘No’ to each category.

1  Gradually cutting back  
2  Switching to vape products  
3  Quitting cigarettes all at once  
4  Using medications like the nicotine patch, nicotine gum, Zyban, Chantix  
5  Getting help from a health care provider  
6  Getting help from a telephone quit line

(1298-1313)
7 Visiting an internet website on how to quit
8 Using a social networking site like Facebook or Twitter

77 DON’T KNOW / NOT SURE
99 REFUSED

[CATI NOTE: ASK STSMK7, STSMK9, AND SMKAD2 ON QUESTIONNAIRE PATHS 12/22 ONLY.]

STSMK7 In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

1 YES
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

STSMK9 The next 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 [RANGE: 1-7]

88 NONE
77 DON’T KNOW / NOT SURE
99 REFUSED

SMKAD2 In the past 30 days, how often have you seen ads on TV or online encouraging cigarette smokers to quit or about the dangers of smoking? Would you say…

NOTE: Online includes internet use on desktop computers, tablets, and phones.

PLEASE READ:

1 Never
2 About once or twice in the past 30 days
3 About once a week
4 Several times a week
7 DON’T KNOW / NOT SURE
9 REFUSED
Firearm Safety

[CATI NOTE: ASK FIREARM SAFETY QUESTIONS ON QUESTIONNAIRE PATHS 11/21.]

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

READ IF NECESSARY: This data is gathered to inform suicide prevention activities only. Suicide is the leading cause of firearm death in Utah and safe firearm storage can help prevent suicide.

FIRES1 Are any firearms now kept in or around your home? (1318)

1 YES
2 NO [GO TO NEXT SECTION]
7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
9 REFUSED [GO TO NEXT SECTION]

FIRES2 Are any of these firearms now loaded? (1319)

1 YES
2 NO
7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
9 REFUSED [GO TO NEXT SECTION]

FIRES4 IF FIRE2 = 1: Are any of these loaded firearms also unlocked? (1320)
IF FIRE2 = 2: Are any of these unloaded firearms also unlocked? (1321)
IF FIRE2 = 7: Are any of the firearms in your home unlocked? (1322)

READ IF NECESSARY: By 'unlocked,' we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. We don't count a safety as a lock.

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

Sexual Violence

[CATI NOTE: ASK ON QUESTIONNAIRE PATHS 12/22 OF MEN AND WOMEN.]
STSV0i 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 STSVCLOS]

Now 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 STSVCLOS]
7  DON'T KNOW / NOT SURE  [GO TO STSVCLOS]
9  REFUSED  [GO TO STSVCLOS]

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

7  DON'T KNOW / NOT SURE  [GO TO STSVCLOS]
9  REFUSED  [GO TO STSVCLOS]

[CATI/INTERVIEWER NOTE: IF STSV2 = 1 (YES) OR STSV2 = 2 (NO); CONTINUE. OTHERWISE, READ STSVCLOS.]

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?

01  CURRENT BOYFRIEND/GIRLFRIEND
02  FORMER BOYFRIEND/GIRLFRIEND
03  FIANCE
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 STSVCLOS]

77 DON’T KNOW / NOT SURE
99 REFUSED

**STSV4**  Was the person who did this male or female? (1328)

**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.

1 MALE
2 FEMALE
7 DON’T KNOW / NOT SURE
9 REFUSED

**STSVCLOS**  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 1-855-323-3237. This is a toll-free call. Would you like me to repeat this number? (1329)

**NOTE:** If 'Yes,' say 1-855-323-3237.

1 YES
2 NO

**Chronic Pain**

*[CATI NOTE: ASK CHRONIC PAIN QUESTIONS BOTH QUESTIONNAIRE PATHS.]*
STCHRPN1  Do you suffer from any type of chronic pain, that is, pain that occurs constantly or flares up frequently?  
(1330)
1  YES  
2  NO  [GO TO NEXT SECTION]  
7  DON’T KNOW / NOT SURE  [GO TO NEXT SECTION]  
9  REFUSED  [GO TO NEXT SECTION]

STCHRPN2  Opioids are medications that relieve pain. Some opioids such as hydrocodone and morphine can be prescribed by a health care provider. Other opioids like heroin cannot be prescribed. Do you use opioid medications prescribed to you by a doctor to treat your chronic pain?  
(1331)
1  YES  
2  NO  
7  DON’T KNOW / NOT SURE  
9  REFUSED

Binge Drinking

[CATI NOTE: ASK BINGE DRINKING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C11.03 >= 1 AND <77, CONTINUE. OTHERWISE, GO TO THE NEXT SECTION.]

Previously, you answered that you drank [5 or more for men, 4 or more for women] alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So a 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

NOTE: If asked, 'occasion' means in a row or within a few hours.

DRNKBER1  During the most recent occasion when you had [5 or more for men, 4 or more for women] alcoholic beverages, about how many beers, including malt liquor, did you drink?  
(1332-1334)
_ _  NUMBER OF BEERS  [NOTE: 76 = 76 OR MORE]  
88  NONE  
77  DON’T KNOW / NOT SURE  
99  REFUSED

DRNKWIN1  During the same occasion, about how many glasses of wine did you drink?  
(1335-1337)
_ _  NUMBER OF GLASSES OF WINE  [NOTE: 76 = 76 OR MORE]
During the same occasion, about how many drinks of liquor, including cocktails, did you have?  

**DRNKLQIR**  

_ _ NUMBER OF DRINKS OF LIQUOR  

**(NOTE: 76 = 76 OR MORE)**  

88 NONE  
77 DON'T KNOW / NOT SURE  
99 REFUSED  

During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.  

**DRNKPMIX**  

_ _ NUMBER OF PRE-MIXED DRINKS  

**(NOTE: 76 = 76 OR MORE)**  

88 NONE  
77 DON'T KNOW / NOT SURE  
99 REFUSED  

During this most recent occasion, where were you when you did most of your drinking?  

**DRNKLOC1**  

READ ONLY IF NECESSARY:  

1 At your home, for example, your house, apartment, or dorm room  
2 At another person’s home  
3 At a restaurant or banquet hall  
4 At a bar or club  
5 At a public place, such as at a park, concert, or sporting event  
6 OTHER  
7 DON'T KNOW / NOT SURE  
9 REFUSED  

Did you drive a motor vehicle, such as a car, truck, or motorcycle, during or within a couple of hours of this occasion?  

**BINGEDRV**  

**NOTE:** For those with concerns about this question, answering ‘Yes’ is not meant to imply they were drunk driving or breaking the law.  

1 YES  
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

[CATI NOTE: ASK BINGEPAY ONLY IF RESPONSE TO DRNKLOC1 = 3 OR 4, OTHERWISE, GO TO NEXT SECTION.]

BINGEPAY During this most recent occasion, approximately how much did you pay for the alcohol you drank?

(1346-1349)

NOTE: Enter amount in dollars only, rounding 50 cents or more up to the next whole dollar and dropping 49 or fewer cents.

NOTE: If anyone asks, they do not need to include the amount spent on tips.

_ _ _ TOTAL AMOUNT PAID [NOTE: 776 = 776 OR MORE]

888 PAID NOTHING, DRINKS WERE FREE OR PAID FOR BY OTHERS
777 DON’T KNOW / NOT SURE
999 REFUSED

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about your (your child’s) experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah. The information you gave us today and anyone in your household will give us in the future will be kept confidential.

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

1 YES
2 NO

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

________________________ Enter first name, initials, or nickname

[NOTE: IF CHILD IS SELECTED FOR ASTHMA CALLBACK,]

MOSTKNOW Are you the parent or guardian in the household who knows the most about (your child’s) asthma?

1 YES [GO TO CBTIME]
2 NO [GO TO OTHNAME]
7 DON’T KNOW / NO SURE [GO TO CBTIME]
OTHNAME  You said someone else was more knowledgeable about the child’s asthma. Can I please have this adult’s first name, initials or nickname so we will know how to ask for when we call back regarding your child?

________________________ Enter first name, initials, or nickname

ASMAPHN  Is there a better number to call back this person for the asthma follow up survey?

1  YES  [GO TO MKPAREA]  
2  NO   [GO TO CBTIME]  
7  DON’T KNOW / NO SURE [GO TO CBTIME]  
9  REFUSED  [GO TO CBTIME]

MKPAREA  What is the area code?

_ _ _  [ENTER AREA CODE]

MKPPHONE  What is the phone number?

_ _ _ _ _ _ [ENTER PHONE NUMBER]

CBTIME  What is a good time to call you back? For example, evenings, days, or weekends?

________________________________

Asthma Call-Back Selection

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

1  ADULT
2  CHILD

Closing Statement

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.