**Description: Behavioral Risk Factor Surveillance System Logo**

**2021**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

***F I N A L***

***Utah: May 12, 2021***

***CDC: February 20, 2021***

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.

Behavioral Risk Factor Surveillance System

**2021 Questionnaire**

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**OMB Header**

Form Approved

OMB No. 0920-1061

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

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

# 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)** ?

(63)

1 YES **[GO TO LL02]**

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?

(64)

**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?

(65)

**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?

(66)

**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 UTAH AT THIS TIME.’]***

**Cellular Phone**

**LL05** Is this a cell phone?

(67)

**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’.]***

1. NO, IT IS NOT A CELL PHONE **[GO TO LL06]**

**Adult**

***[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES) AND LL06 = 1 (YES), GO TO LL07. IF LL03 = 1 (YES) AND LL06 = 2 (NO), TERMINATE AND SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME.’]***

***[CATI/INTERVIEWER NOTE: IF LL02 = 1 (YES) AND LL06 = 1 (YES) OR 2 (NO), GO TO ADULT RANDOM SELECTION.]***

**LL06** Are you 18 years of age or older?

(68)

1 YES

2  NO

**Sex of Adult**

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

**LL07** Are you male or female?

(69)

1 MALE

2  FEMALE

7 DON’T KNOW / NOT SURE **[TERMINATE]**

9 REFUSED **[TERMINATE]**

***[CATI/INTERVIEWER NOTE: IF LL07 = 1 OR 2 AND LL03 = 1, GO TO TRANSITION TO SECTION 1.]***

***[CATI/INTERVIEWER NOTE: IF LL07 = 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.’]***

**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?(72)

1 MALE **[GO TO TRANSITION TO SECTION 1]**

2  FEMALE **[GO TO TRANSITION TO SECTION 1]**

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?

(73-74)

\_ \_ NUMBER OF MEN

77 DON’T KNOW / NOT SURE

99 REFUSED

**LL11** So the number of women in the household is \_\_\_?

(75-76)

\_ \_ NUMBER OF WOMEN

Is that correct?

**DO NOT READ:** Confirm number of adult women or clarify that total number of adults in the household.

**LL12** 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?

(77)

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

1 MALE **[GO TO TRANSITION TO SECTION 1]**

2  FEMALE **[GO TO TRANSITION TO SECTION 1]**

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?

(78)

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)** ?

(79)

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

***[CATI/INTERVIWER 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?

(80)

**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 **[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?

(81)

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?

(82)

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?

(83)

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

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

**College Housing**

**CP07** Do you live in college housing?

(84)

**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 PRIVATE RESIDENCES OR COLLEGE HOUSING AT THIS TIME.’]***

**State of Residence**

**CP08** Do you currently live in Utah?

(85)

**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?

(86-87)

ENTER STATE FIPS CODE

77 LIVE OUTSIDE U.S. AND PARTICIPATING TERRITORIES

99 REFUSED

***[CATI/INTERVIEWER NOTE: IF CP09 = 77 OR 99, SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE UNITED STATES.’]***

**Landline**

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

(88)

**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

***[CATI/INTERVIEWER NOTE: IF CP07 = 1 (YES), DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE. IF CP07 = 1 (YES), THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]***

**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 SECTION 1.**

# Core Sections

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

**Transition to Section 1:**

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 **1-801-538-6008**.

## **Section 1: Health Status**

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

(101)

1 EXCELLENT

2 VERY GOOD

3 GOOD

4 FAIR

5 POOR

7 DON’T KNOW / NOT SURE

9 REFUSED

## **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?

(102-103)

**NOTE:** 88 may be coded if respondent says ‘never’ or ‘none’ It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

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

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**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? (104-105)

**NOTE:** 88 may be coded if respondent says ‘never’ or ‘none’ It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

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

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

***[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?

(106-107)

**NOTE:** 88 may be coded if respondent says ‘never’ or ‘none’ It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

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

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 3: Health Care Access**

**C03.01** What is the current primary source of your health insurance? (108-109)

**NOTE:** If respondent has multiple sources of insurance, ask for the one used most often. If respondent gives the name of a health plan rather than the type of coverage,

ask if insurance is purchased independently, through their employer, or through Medicaid or CHIP.

01 A plan purchased through an employer or union (including plans purchased through another person's employer)

02 A private nongovernmental plan that you or another family member buys on your own **[GO TO HLTHEX]**

03 Medicare

04 Medigap

05 Medicaid

06 Children's Health Insurance Program (CHIP)

07 Military-related health care (TRICARE (CHAMPUS), VA healthcare, CHAMP-VA)

08 Indian Health Service

09 State-sponsored health plan

10 Other government program **[GO TO HLTHEX]**

88 No coverage of any type

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK HLTHEX ON QUESTIONNAIRE PATHS 11/21 ONLY.]***

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

(1168)

1 YES

2 NO

7 DON'T KNOW / NOT SURE 

9 REFUSED

**C03.02** Do you have one person or a group of doctors that you think of as your personal health care provider?

(110)

**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?

**NOTE**: If the respondent had multiple doctor groups, then it would be more than one, but if they had more than one doctor in the same group it would be one.

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 you could not afford it? (111)

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?

(112)

**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

## **Discrimination and Healthcare Utilization**

***[CATI NOTE: ASK DISCRIMINATION AND HEALTHCARE UTILIZATION QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]***

**STDIS01** In the past two years, have you felt discriminated against or treated unfairly when accessing any medical care in Utah?

(901)

**NOTE:** Discrimination refers to the unfair treatment of people and groups based on certain characteristics.

**NOTE:** Medical care refers to care received at a clinic, hospital, mental health provider, dentist, telehealth appointment, or any other care received for physical or mental health.

**PLEASE READ:**

1. Yes, I have felt discriminated against or treated unfairly
2. No, I have not felt discriminated against or treated unfairly **[GO TO STDIS03]**
3. No, I have not accessed medical care in Utah in the past two years **[GO TO STDIS03]**

7 DON’T KNOW / NOT SURE **[GO TO STDIS03]**

9 REFUSED **[GO TO STDIS03]**

**STDIS02** In the past two years when you felt discriminated against or treated unfairly when accessing medical care in Utah, was it for any of the following reasons? Select all that apply.

(902-917)

**PLEASE READ:**

1. Race, ethnicity, or skin color
2. Ability to speak English
3. Sex
4. Sexual orientation
5. Gender identity or expression
6. Financial or socio-economic status
7. Insurance status
8. Disability status

88 NONE OF THESE REASONS

77 DON’T KNOW / NOT SURE

99 REFUSED

**STDIS03** In the past two years, have you delayed accessing routine or emergency medical care in Utah because of fear of discrimination or being treated unfairly? Would you say you…

(918)

**NOTE:** Routine medical care could include annual health checkups or health screenings.

**PLEASE READ:**

1. Delayed accessing routine medical care only
2. Delayed accessing emergency medical care only
3. Delayed accessing both routine AND emergency medical care
4. Did not delay accessing any medical care

8 HAVEN’T ACCESSED MEDICAL CARE IN UTAH IN THE PAST TWO YEARS

7 DON’T KNOW / NOT SURE

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? (113)

**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.

(919-920)

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

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

## **Section 5: Hypertension Awareness**

**C05.01** Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (114)

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

**READ ONLY IF NECESSARY:** By ‘other health professional,’ we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

1 YES

2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **[GO TO NEXT SECTION]**

3 NO **[GO TO NEXT SECTION]**

4 TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE OR ELEVATED BLOOD PRESSURE **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**C05.02** Are you currently taking prescription medicine for your high blood pressure?

(115)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 6: Cholesterol Awareness**

**C06.01**  Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

(116)

1 Never **[GO TO NEXT SECTION]**

2 Within the past year (anytime less than one year ago)

3 Within the past 2 years (1 year but less than 2 years ago)

4 Within the past 3 years (2 years but less than 3 years ago)

5 Within the past 4 years (3 years but less than 4 years ago)

6 Within the past 5 years (4 years but less than 5 years ago)

8 5 or more years ago

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**C06.02** Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

(117)

**NOTE:** By ‘other health professional,’ we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C06.03** Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

(118)

**NOTE:** If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 7: 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.’

**C07.01** (Ever told) you that you had a heart attack also called a myocardial infarction? (119)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.02** (Ever told) you had angina or coronary heart disease?

(120)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.03** (Ever told) you had a stroke? (121)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.04** (Ever told) you had asthma? (122)

1 YES

2 NO  **[GO TO C07.06]**

7 DON’T KNOW / NOT SURE **[GO TO C07.06]**

9 REFUSED **[GO TO C07.06]**

**C07.05** Do you still have asthma? (123)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.06** (Ever told) you had skin cancer? (124)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.07** (Ever told) you had any other types of cancer? (125)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.08** (Ever told) you had COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? (126)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.09** (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (127)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.10** Not including kidney stones, bladder infection, or incontinence, were you ever told you have kidney disease? (128)

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

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.11** (Ever told) you had diabetes?

(129)

**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 C07.11 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE, TO C07.11, GO TO PRE-DIABETES OPTIONAL MODULE, IF USED. OTHERWISE, GO TO NEXT SECTION.]***

**C07.12** How old were you when you were told you had diabetes? (130-131)

**\_ \_** CODE AGE IN YEARS ***[CATI 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]**

## **Section 8: Arthritis**

**C08.01** Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (132)

1 YES

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**C08.02** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

(133)

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

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.03** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(134)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.04** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(135)

**NOTE:**  If a respondent question arises about medication, then the interviewer should reply: ‘Please answer the question based on how you are when you are taking any of the medications or treatments you might use.’

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: C08.05 SHOULD BE ASKED OF ALL RESPONDENTS, REGARDLESS OF EMPLOYMENT STATUS.]***

**C08.05** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

(136)

**NOTE:** If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is ‘Yes,’ mark the overall response as ‘Yes.’ If a question arises about medications or treatment, then the interviewer should say ‘Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.’

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.06** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be? (137-138)

\_ \_ ENTER NUMBER ***[RANGE: 00-10]***

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 9: Demographics**

**C09.01** What is your age? (139-140)

\_ \_ ENTER AGE IN YEARS ***[RANGE: 18-99]***

07 DON’T KNOW / NOT SURE

09 REFUSED

**C09.02** Are you Hispanic, Latino/a, or Spanish origin?

(141-144)

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 UT9.2c]**

5 NO

7 DON’T KNOW / NOT SURE **[GO TO C09.03]**

9 REFUSED **[GO TO C09.03]**

***[CATI NOTE: ASK UT9.2c ON BOTH QUESTIONNAIRE PATHS.]***

**UT9.2c** You identified yourself as being of ‘Another Hispanic, Latino/a, or Spanish origin.’ Are you:

(921-924)

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

**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

**C09.03** 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?

(145-172)

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 UT9.3c]**

60 OTHER (SPECIFY)

77 DON’T KNOW / NOT SURE **[GO TO M27.01]**

99 REFUSED **[GO TO M27.01]**

***[CATI NOTE: ASK UT9.3c ON BOTH QUESTIONNAIRE PATHS.]***

**UT9.3c** You identified yourself as being ‘Other Pacific Islander.’ Are you:

(925)

**PLEASE READ:**

1 Tongan

2 Another Pacific Islander

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF MORE THAN ONE RESPONSE TO C09.03, CONTINUE. OTHERWISE, GO TO MODULE 27, SEX AT BIRTH.]***

**C09.04** Which one of these groups would you say best represents your race?

(173-174)

**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 UT9.4c]**

60 OTHER (SPECIFY)

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK UT9.4c ON BOTH QUESTIONNAIRE PATHS.]***

**UT9.4c** You identified yourself as being ‘Other Pacific Islander.’ Are you:

(926)

**PLEASE READ:**

1 Tongan

2 Another Pacific Islander

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 27: Sex at Birth**

***[CATI NOTE: ASK MODULE 27, SEX AT BIRTH, ON BOTH QUESTIONNAIRE PATHS.]***

**M27.01** What was your sex at birth?   Was it male or female?

(648)

**NOTE:** This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.

1 MALE

2 FEMALE

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 28: Sexual Orientation and Gender Identity**

***[CATI NOTE: ASK MODULE 28, SEXUAL ORIENTATION AND GENDER IDENTITY, ON BOTH QUESTIONNAIRE PATHS.]***

The next two questions are about sexual orientation and gender identity.

***[CATI NOTE: ASK M28.01a IF SEX = 1 (MALE).]***

**M28.01a** 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?

(649)

**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 M28.01b IF SEX = 2 (FEMALE).]***

**M28.01b** 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?

(650)

**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

**M28.02** Do you consider yourself to be transgender?

(651)

**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: Would you say transgender: 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 9: Demographics CONTINUED**

**C09.05** Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

(175)

1 MARRIED

2 DIVORCED

3 WIDOWED

4 SEPARATED

5 NEVER MARRIED

6 A MEMBER OF AN UNMARRIED COUPLE

9 REFUSED

**C09.06** What is the highest grade or year of school you completed?

(176)

**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.

(927-928)

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

**PLEASE READ OPTIONS 1-6 ONLY:**

1. Protestant
2. Catholic
3. Jewish
4. LDS (Latter Day Saints)
5. Some other religion I have not mentioned
6. No Religion
7. DON'T KNOW / NOT SURE
8. REFUSED
9. AGNOSTIC, ATHEIST
10. BAPTIST, SOUTHERN BAPTIST
11. BUDDHIST, HINDU, MUSLIM, ISLAM
12. CHRISTIAN, BORN AGAIN, CHURCH OF CHRIST, PENTACOSTAL
13. EPISCOPALIAN, LUTHERAN, METHODIST, PRESBYTERIAN
14. GREEK ORTHODOX, EASTERN ORTHODOX
15. JEHOVAH’S WITNESS
16. NATIVE AMERICAN RELIGION
17. NON-DENOMINATIONAL
18. UNITARIAN

**C09.07** Do you own or rent your home?

(177)

**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

***[CATI NOTE: ASK SOCIAL DETERMINANTS OF HEALTH HOUSING INSECURITY QUESTION ON BOTH QUESTIONNAIRE PATHS. ASK ONLY IF C09.07 = 1 OR 2.]***

**SCNTMNY1** 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 . . .

(929)

**PLEASE READ:**

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.08** In what county do you currently live?

(178-180)

\_ \_ \_ ANSI COUNTY CODE

888 COUNTY IN ANOTHER STATE

777 DON’T KNOW / NOT SURE

999 REFUSED

**C09.09** What is the ZIP Code where you currently live? (181-185)

\_ \_ \_ \_ \_ ENTER 5-DIGIT ZIP CODE

77777 DON’T KNOW / NOT SURE

99999 REFUSED

***[CATI NOTE: IF CELL PHONE INTERVIEW, SKIP C09.10 AND GO TO C09.12.]***

**C09.10** 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? (186)

1 YES

2 NO **[GO TO C09.12]**

7 DON’T KNOW / NOT SURE **[GO TO C09.12]**

9 REFUSED **[GO TO C09.12]**

**C09.11** How many of these telephone numbers are residential numbers?

(187)

1 ONE

2 TWO

3 THREE

4 FOUR

5 FIVE

6 SIX OR MORE

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.12** How many cell phones do you have for personal use?

(188)

**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

***[CATI NOTE: ASK INTERNET ACCESS QUESTION ON BOTH QUESTIONNAIRE PATHS.]***

**STINT1** What type of Internet access do you or members of your household have at home?

(930)

**NOTE:** Response option 1 refers to access through a smartphone, personal hotspot device, LTE WiFi gateway, or other device which uses cellular data. Response option 2 refers to access through a broadband, cable, fiber optic, DSL, satellite, or dial-up connection.

**READ IF NECESSARY:** Internet access can impact health because individuals without reliable access to the internet may have more difficulty accessing resources such as health information, and scheduling or attending virtual doctor’s appointments.

**PLEASE READ:**

1. Access through a cell phone company or mobile data plan
2. Access through an Internet Service Provider
3. Access through both a cell phone company and an Internet Service Provider
4. I have access but am not sure whether it is through cell phone service or an Internet Service Provider

8 NO ACCESS TO INTERNET AT HOME

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.13** 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?

(189)

**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

**C09.14** 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? (190)

**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

***[CATI NOTE: ASK SOCIAL DETERMINANTS OF HEALTH EMPLOYMENT BENEFITS QUESTION ON BOTH QUESTIONNAIRE PATHS. ASK ONLY IF C09.14 = 1.]***

**STEMPBEN** Which of the following benefits are you eligible for from your employer? Include all benefits you are eligible for, even if you are not currently using them. Select all that apply.

(931-946)

**PLEASE READ:**

01 Health insurance

02 Paid sick leave

03 Paid maternity or paternity leave

04 Flexible work hours

05 Teleworking or working from home

06 Workers Compensation

07 On-site childcare

08 Wellness programs (addressing tobacco cessation, weight loss, stress management

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**C09.15** How many children less than 18 years of age live in your household?

(191-192)

**\_ \_** NUMBER OF CHILDREN

88 NONE

99 REFUSED

**C09.16** Is your annual household income from all sources:

(193-194) **NOTE:** If respondent refuses at any income level, code ‘99’ (refused).

5 Less than $35,000 **If ‘No,’ ask 6; if ‘Yes,’ ask 4.**

($25,000 to less than $35,000)

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; if ‘Yes,’ ask UTIncome=01.**

6 Less than $50,000 **If ‘No,’ ask 7.**

($35,000 to less than $50,000)

7 Less than $75,000 **If ‘No,’ ask 8.**

($50,000 to less than $75,000)

8 Less than $100,000 **If ‘No,’ ask 9.**

($75,000 to less than $100,000)

9 Less than $150,000 **If ‘No,’ ask 10.**

($100,000 to less than $150,000)

10 Less than $200,000 **If ‘No,’ ask 11.**

($150,000 to less than $200,000)

11 $200,000 or more

***[CATI NOTE: ASK ‘UTIncome’ ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: THESE RESPONSE CATEGORIES ARE INCORPORATED INTO C09.16. WE NEED TO BE ABLE TO REPORT THE C09.16 CATEGORIES TO THE CDC, BUT WE WANT TO LOOK AT THESE FINER CATEGORIES AT THE STATE LEVEL.]***

**UTIncome** (947-948)

1. LESS THAN $5,000
2. $5,000 TO LESS THAN $10,000

03 $10,000 TO LESS THAN $15,000

04 $15,000 TO LESS THAN $20,000

05 $20,000 TO LESS THAN $25,000

06 $25,000 TO LESS THAN $30,000

07 $30,000 TO LESS THAN $35,000

08 $35,000 TO LESS THAN $40,000

09 $40,000 TO LESS THAN $45,000

10 $45,000 TO LESS THAN $50,000

11 $50,000 TO LESS THAN $55,000

12 $55,000 TO LESS THAN $60,000

13 $60,000 TO LESS THAN $65,000

14 $65,000 TO LESS THAN $70,000

15 $70,000 TO LESS THAN $75,000

16 $75,000 TO LESS THAN $100,000

17 $100,000 TO LESS THAN $150,000

18 $150,000 TO LESS THAN $200,000

19 $200,000 OR MORE

***[CATI/INTERVIEWER NOTE: SKIP IF MALE (MSAB.01, BIRTHSEX, IS CODED ‘1’; IF MSAB.02=MISSING AND CP.05 = 1; OR LL.12 = 1; OR LL.09 =1; LL.07 = 1; OR C09.01 < 1972 (>49 YEARS OLD).]***

**C09.17** To your knowledge, are you now pregnant?

(195)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.18** About how much do you weigh without shoes?

(196-199)

**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

**C09.19** About how tall are you without shoes?

(200-203)

**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

99 / 99 REFUSED

## **Section 10: Disability**

**C10.01** 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?

(204)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C10.02** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

(205)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C10.03** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

(206)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C10.04** Do you have serious difficulty walking or climbing stairs?

(207)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C10.05** Do you have difficulty dressing or bathing?

(208)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C10.06** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

(209)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 11: Tobacco Use**

**C11.01** Have you smoked at least 100 cigarettes in your entire life?

(210)

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

**NOTE:** 5 packs = 100 cigarettes.

1 YES

2 NO **[GO TO C11.03]**

7 DON’T KNOW / NOT SURE **[GO TO C11.03]**

9 REFUSED **[GO TO C11.03]**

**C11.02** Do you now smoke cigarettes every day, some days, or not at all?

(211)

1 EVERY DAY

2 SOME DAYS

3 NOT AT ALL

7 DON’T KNOW / NOT SURE

9 REFUSED

**C11.03** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

(212)

**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

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

(1373)

**NOTE:** This question concerns electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in the question. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

**READ IF NECESSARY**: Electronic cigarettes (e-cigarettes) and other electronic vaping products include JUULs, vape pens, mods, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

1 YES

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE

9 REFUSED

**C11.04** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

(213)

**READ IF NECESSARY:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

**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.

1 EVERY DAY

2 SOME DAYS

3 NOT AT ALL

4 NEVER USED E-CIGARETTES

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 22: Tobacco Cessation**

***[CATI NOTE: ASK MODULE 22 ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: ASK M22.01 ONLY IF C11.01=1 (YES) AND C11.02=3 (NOT AT ALL).]***

**M22.01** How long has it been since you last smoked a cigarette, even one or two puffs? (398-399)

**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

***[CATI NOTE: ASK M22.02 ONLY IF C11.01 = 1 (YES) AND C11.02=1 (EVERY DAY) OR 2 (SOME DAYS).]***

**M22.02** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(400)

1 YES **[GO TO QUIT30]**

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

***[CATI NOTE: ASK QUIT30 ON BOTH QUESTIONNAIRE PATHS. ASK QUIT30 ONLY IF M22.02 = 1 (YES).]***

**QUIT30** During the past 30 days, have you stopped smoking for one day or longer because you were trying to quit smoking?

(949)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 12: Alcohol Consumption**

**C12.01** 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?

(214-216)

**READ IF NECESSARY:** A 40-ounce beer would count as three drinks, or a cocktail drink with two shots would count as two drinks.

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]**

**C12.02** 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?

(217-218)

**READ IF NECESSARY:** A 40-ounce beer would count as three drinks, or a cocktail drink with two shots would count as two drinks.

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

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**C12.03** 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?

(219-220)

**\_ \_** NUMBER OF TIMES

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**C12.04** During the past 30 days, what is the largest number of drinks you had on any occasion?

(221-222)

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

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK BAC05 ON BOTH QUESTIONAIRE PATHS. ASK BAC05 IF C12.01 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:

(950)

**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

5 I don’t drink alcohol outside of my home

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 13: Immunization**

**C13.01** 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?

(223)

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

1 YES

2 NO **[GO TO C13.04]**

7 DON’T KNOW / NOT SURE **[GO TO C13.04]**

9 REFUSED **[GO TO C13.04]**

**C13.02** 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?

(224-229)

**\_ \_ / \_ \_ \_ \_** ENTER MONTH / YEAR

77 / 7777 DON’T KNOW / NOT SURE

99 / 9999 REFUSED

**C13.03** At what kind of place did you get your last flu vaccine?

(230-231)

**READ IF NECESSARY:** How would you describe the place where you went to get your most recent flu vaccine? If SR says it was a drive-through immunization site, ask location of the site. If SR remembers only it was drive-through and not the location, code ’12.’

01 A doctor’s office or health maintenance organization (HMO)

02 A health department

03 Another type of clinic or health center (a community health center)

04 A senior recreation, or community center

05 A store (supermarket, drug store)

06 A hospital (inpatient)

07 An emergency room

08 Workplace

09 Some other kind of place

11 A school

12 A drive-through location at some other place not listed above

10 RECEIVED VACCINATION IN CANADA/MEXICO

77 DON’T KNOW/NOT SURE

99 REFUSED

**C13.04** Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (232)

**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 and any vaccinations for COVID-19?

(951)

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.

(952-953)

**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): (954-993)

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 14: HIV/AIDS**

**C14.01** Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for HIV?

(233)

**NOTE**: 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 NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**C14.02** Not including blood donations, in what month and year was your last HIV test?

(234-239)

**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 2020 = 062020)

777777 DON’T KNOW / NOT SURE

999999 REFUSED

## **Section 15: Fruits and Vegetables**

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

**NOTE:** If a respondent indicates that they consume a food item every day, then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. DO NOT ENTER TIME PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

**C15.01** Not including juices, how often did you eat fruit? You can tell me times per day, times per week, or times per month. (240-242)

**NOTE:** Enter quantity in times per day, week, or month. If respondent gives a number without a timeframe, ask ‘Was that per day, week, or month?’

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS ‘I DON’T KNOW’:** Include fresh, frozen or canned fruit. Do not include dried fruits.

1\_ \_ DAY

2\_ \_ WEEK

3\_ \_ MONTH

300 LESS THAN ONCE A MONTH

555 NEVER

777 DON’T KNOW / NOT SURE

999 REFUSED

**C15.02** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

(243-245)

**NOTE:** Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask ‘Was that per day, week, or month?’

**READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS:** Do not include fruit-flavored drinks with added sugar like Cranberry Cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends.’

1\_ \_ DAY

2\_ \_ WEEK

3\_ \_ MONTH

300 LESS THAN ONCE A MONTH

555 NEVER

777 DON’T KNOW / NOT SURE

999 REFUSED

**C15.03** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

(246-248)

**NOTE:** Enter quantity in in times per day, week, or month. If respondent gives a number without a time frame, ask ‘Was that per day, week, or month?’

**READ IF RESPONDENT ASKS ABOUT SPINACH:** Include spinach salads.

1\_ \_ DAY

2\_ \_ WEEK

3\_ \_ MONTH

300 LESS THAN ONCE A MONTH

555 NEVER

777 DON’T KNOW / NOT SURE

999 REFUSED

**C15.04** How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

(249-251)

**NOTE:** Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask ‘Was that per day, week, or month?’

**READ IF RESPONDENT ASKS ABOUT POTATO CHIPS:** Do not include potato chips.

1\_ \_ DAY

2\_ \_ WEEK

3\_ \_ MONTH

300 LESS THAN ONCE A MONTH

555 NEVER

777 DON’T KNOW / NOT SURE

999 REFUSED

**C15.05** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

(252-254)

**NOTE:** Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask ‘Was that per day, week, or month?’

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE**: Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes. Do not include potato chips.

1\_ \_ DAY

2\_ \_ WEEK

3\_ \_ MONTH

300 LESS THAN ONCE A MONTH

555 NEVER

777 DON’T KNOW / NOT SURE

999 REFUSED

**C15.06** Not including lettuce salads and potatoes, how often did you eat other vegetables?

(255-257)

**NOTE:** Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask ‘Was that per day, week, or month?’

**READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE**: Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.

1\_ \_ DAY

2\_ \_ WEEK

3\_ \_ MONTH

300 LESS THAN ONCE A MONTH

555 NEVER

777 DON’T KNOW / NOT SURE

999 REFUSED

***[CATI NOTE: ASK FAMDIN1 ON QUESTIONNAIRES 11/21. ASK IF C09.15 NE 88 OR 99.]***

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

(994-996)

**NOTE:** This question is asked only if there are children under age 18 in the household.

1\_ \_ DAY

2\_ \_ WEEK

3\_ \_ MONTH

300 LESS THAN ONCE A MONTH

555 NEVER

777 DON’T KNOW

999 REFUSED

# Optional Modules

## **Module 13: Cancer Survivors, Type of Cancer**

***[CATI NOTE: ASK MODULE 13, CANCER SURVIVORS, TYPE OF CANCER, ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: IF C07.06 = 1 OR C07.07 = 1 ~~OR C16.06 = 4~~, CONTINUE, ELSE GO TO MODULE 21, MARIJUANA USE.]***

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

**M13.01** How many different types of cancer have you had?

(342)

1 ONE  
2 TWO

3 THREE OR MORE

7 DON’T KNOW / NOT SURE **[GO TO NEXT MODULE]**

9 REFUSED **[GO TO NEXT MODULE]**

**M13.02 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?

(343-344)

**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

**M13.03** **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?

(345-346)

**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 14: Cancer Survivors, Course of Treatment**

***[CATI NOTE: ASK MODULE 14, CANCER SURVIVORS, COURSE OF TREATMENT, ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: IF C07.06 = 1 OR C07.07 = 1 ~~OR C16.06 = 4,~~ CONTINUE, ELSE GO TO MODULE 21, MARIJUANA USE.]***

**M14.01** Are you currently receiving treatment for cancer?

(347)

**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

3 No, I’ve refused treatment **[GO TO NEXT MODULE]**

4 No, I haven’t started treatment **[GO TO NEXT MODULE]**

5 Treatment was not necessary **[GO TO NEXT MODULE]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT MODULE]**

9 REFUSED **[GO TO NEXT MODULE]**

**M14.02** What type of doctor provides the majority of your health care? Is it a…

(348-349)

**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

**M14.03** Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

(350)

**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

**M14.04** 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?

(351)

1 YES, RECEIVED INSTRUCTIONS

2 NO, DID NOT RECEIVE INSTRUCTIONS **[GO TO** **M14.06]**

7 DON’T KNOW / NOT SURE **[GO TO** **M14.06]**

9 REFUSED **[GO TO** **M14.06]**

**M14.05** Were these instructions written down or printed on paper for you?

(352)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M14.06** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

(353)

**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

**M14.07** Were you ever denied health insurance or life insurance coverage because of your cancer?

(354)

**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

**M14.08** Did you participate in a clinical trial as part of your cancer treatment?

(355)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 15: Cancer Survivors, Pain Management**

***[CATI NOTE: ASK MODULE 15, CANCER SURVIVORS, PAIN MANAGEMENT, ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: IF C07.06 = 1 OR C7.07 = 1 ~~OR C16.06 = 4~~, CONTINUE, ELSE GO TO MODULE 21, MARIJUANA USE.]***

**M15.01** Do you currently have physical pain caused by your cancer or cancer treatment?

(356)

1 YES

2 NO **[GO TO NEXT MODULE]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT MODULE]**

9 REFUSED **[GO TO NEXT MODULE]**

**M15.02** Would you say your pain is currently under control?

(357)

**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)

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 21: Marijuana Use**

***[CATI NOTE: ASK MODULE 21, MARIJUANA USE, ON BOTH QUESTIONNAIRE PATHS.]***

**M21.01** During the past 30 days, on how many days did you use marijuana or cannabis?

(394-395)

**NOTE:** If asked, participants should be advised NOT to include hemp-based CBD products.

\_ \_ NUMBER OF DAYS ***[RANGE: 1 -30]***

88 NONE **[GO TO STMM3A]**

77 DON’T KNOW / NOT SURE **[GO TO STMM3A]**

99 REFUSED **[GO TO STMM3A]**

**M21.02** During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually smoke it, eat it, drink it, vaporize it, dab it, or use it some other way?

(396)

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

**READ PARENTHETICALS ONLY IF ASKED FOR MORE DETAIL:**

1 Smoke it (IN A JOINT, BONG, PIPE, OR BLUNT)

2 Eat it (IN BROWNIES, CAKES, COOKIES, OR CANDY)

3 Drink it (IN TEA, COLA, OR ALCOHOL)

4 Vaporize it (IN AN E-CIGARETTE-LIKE VAPORIZER OR ANOTHER VAPORIZING DEVICE)

5 Dab it (USING A DABBING RIG, KNIFE, OR DAB PEN)

6 Use it in some other way

7 DON’T KNOW / NOT SURE

9 REFUSED

**M21.03** When you used marijuana during the past 30 days, was it usually…

(397)

**PLEASE READ:**

1 For medical reasons

2 For non-medical purposes **[GO TO STMM3A]**

3 For both medical and non-medical reasons **[GO TO STMM4A]**

7 DON’T KNOW / NOT SURE **[GO TO STMM3A]**

9 REFUSED **[GO TO STMM3A]**

## **Utah Marijuana Use**

***[CATI NOTE: ASK UTAH MARIJUANA USE QUESTIONS ON QUESTIONNAIRE PATHS 12/22.]***

***[CATI NOTE: IF M21.01=88, 77, OR 99, GO TO STMM3A.]***

**STMM4A** During the past 12 months, what are the main health conditions for which you took marijuana? Select up to four conditions.

(997-1004)

**NOTE: 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 Parkinson’s Disease

15 Other

77 DON’T KNOW / NOT SURE

99 REFUSED

**STMM6** Have you decreased your use of any of the following medications as a result of using marijuana? Select all that apply.

(1005-1009)

**PLEASE READ:**

1 Opioid pain medications

2 Muscle spasm medications

3 Anxiety medications

4 Seizure medications

5 Other medications

8 NONE OF THESE MEDICATIONS

7 DON’T KNOW / NOT SURE

9 REFUSED

**STMM3A** In the past 12 months, where did you get information about marijuana? Select all that apply.

(1010-1025)

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

**PLEASE READ:**

01 Doctor, nurse, or other healthcare professional

02 Friend or family member

03 Radio or TV

04 Utah State Cannabis Program

05 Religious leader

06 Newspaper or other publication

07 Scholarly article or research article

08 Some other source

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Module 25: Random Child Selection**

***[CATI NOTE: ASK MODULE 25, RANDOM CHILD SELECTION, ON BOTH QUESTIONNAIRE PATHS. IF C09.15 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]***

***[CATI NOTE: IF C09.15 = 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 M25.01.]***

***[CATI NOTE: IF C09.15 IS >1 AND C09.15 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.]***

**M25.01** What is the birth month and year of the ‘Xth’ child?

(604-609)

\_ \_ /\_ \_ \_ \_ ENTER MONTH AND YEAR

***(FOR EXAMPLE: AUGUST OF 2004 = 082004)***

77/7777 DON’T KNOW / NOT SURE

99/9999 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).]***

**M25.02** Is the child a boy or a girl?

(610)

1 BOY

2 GIRL

9 REFUSED

**M25.03** Is the child Hispanic, Latino/a, or Spanish origin?

(611-614)

If ‘Yes,’ ask: Are they…

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

**PLEASE READ:**

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin **[GO TO UT25.3c]**

5 NO

1. DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: ASK UT25.3c ON BOTH QUESTIONNAIRE PATHS.]***

**UT25.3c** You identified your child as being of ‘Another Hispanic, Latino/a, or Spanish origin.’ Is the child:

(1026-1029)

**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

**M25.04** 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?

(615-642)

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

24 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 UT25.4c]**

60 OTHER

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK UT25.4c ON BOTH QUESTIONNAIRE PATHS.]***

**UT25.4c** You identified your child as being ‘Other Pacific Islander.’ Is the child:

(1030)

**PLEASE READ:**

1 Tongan

2 Another Pacific Islander

7 DON’T KNOW / NOT SURE

9 REFUSED

**M25.05** Which one of these groups would you say best represents the child’s race?

(643-644)

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

10 WHITE

20 BLACK OR AFRICAN AMERICAN

24 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 UT25.5c]**

60 OTHER

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK UT25.5c ON BOTH QUESTIONNAIRE PATHS.]***

**UT25.5c** You identified your child as being ‘Other Pacific Islander.’ Is the child:

(1031)

**PLEASE READ:**

1 Tongan

2 Another Pacific Islander

7 DON’T KNOW / NOT SURE

9 REFUSED

**M25.06** How are you related to the child? Would you say…

(645)

**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 26: Childhood Asthma Prevalence**

***[CATI NOTE: ASK MODULE 26, CHILDHOOD ASTHMA PREVALENCE, ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: IF RESPONSE TO C09.15 = 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.

**M26.01** Has a doctor, nurse, or other health professional EVER said that the child has asthma?

(646)

1 YES

2 NO **[GO TO STATE-ADDED QUESTIONS]**

7 DON’T KNOW / NOT SURE **[GO TO STATE-ADDED QUESTIONS]**

1. REFUSED **[GO TO STATE-ADDED QUESTIONS]**

**M26.02** Does the child still have asthma?

(647)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

# State-Added Questions

## **Vaccine Hesitancy (Child Only)**

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

***[CATI NOTE: IF C09.15 = 88 OR 99, GO TO NEXT SECTION.]***

**CVH01** Is your child [Are your children] up-to-date with all recommended vaccinations, excluding the yearly flu shot?

(1039)

**NOTE**: There is currently one vaccine approved for individuals ages 16 and over.  For more information about COVID-19 vaccinations, please go to [coronavirus.utah.gov](http://coronavirus.utah.gov/).

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.

(1040-1041)

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): (1042-1081)

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Child Autism**

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

***[CATI NOTE: IF C09.15 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 C09.15 = 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 Xth child had Autism, Asperger’s Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder?

(1082)

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?

(1083)

1 MILD

2 MODERATE

3 SEVERE

7 DON’T KNOW / NOT SURE

9 REFUSED

**CHDAUT4** In what setting were you first told that your Xth child had Autism or Autism Spectrum Disorder? Was it school, healthcare, or some other setting?

(1084)

**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): \_\_\_\_\_\_\_\_\_\_\_\_\_ (1085-1109)

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(1110-1111)

01 GENERAL PEDIATRICIAN

02 DEVELOPMENTAL PEDIATRICIAN

03 CHILD PSYCHIATRIST

04 CHILD PSYCHOLOGIST

05 SCHOOL ASSESSMENT TEAM

06 SPEECH THERAPIST

07 NEUROLOGIST

08 OTHER (SPECIFY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (1112-1136)

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?

(1137-1138)

\_ \_ 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?

(1139)

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?

(1140)

**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?

(1141)

1 YES

2 NO **[GO TO STFP3]**

3 NO PARTNER/NOT SEXUALLY ACTIVE **[GO TO NEXT SECTION]**

4 SAME SEX PARTNER **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[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?

(1142-1143)

**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:** I f 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:**

1. 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.

**STFP3** What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

(1144-1145)

**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 SECTION.]***

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?

(1146)

**NOTE:** If respondent experienced ANY problems getting birth control in the last 12 months, code as ‘Yes.’

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STAFP5** Is the birth control method(s) you are currently using to prevent pregnancy the method(s) you want to be using? Would you say..

(1147)

**NOTE:** Allow respondent to select the response option that best fits their circumstances.

**PLEASE READ:**

1. Yes, my current method is what I want to use
2. No, I’d rather be using a different method
3. No, I’m not currently using any method but would like to be doing something to prevent pregnancy
4. I’m trying to become pregnant
5. I don’t want to use anything to prevent pregnancy right now
6. I’m not at risk of pregnancy (not sexually active, same sex partner, partner had vasectomy, had tubal ligation, experiences infertility)

7 DON’T KNOW / NOT SURE

9 REFUSED

**STAFP3** 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.

(1148)

**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

**STAFP4** The last time you got birth control, how did you pay for it?

(1149)

**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

8 DOESN’T APPLY, MY METHOD DOESN’T REQUIRE ME TO PAY ANYTHING

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Tattooing**

***[CATI NOTE: ASK TATTOOING 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?

(1032-1033)

**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 **[GO TO NEXT SECTION]**

77 DON’T KNOW / NOT SURE

99 REFUSED

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

(1034-1035)

\_ \_ 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?

(1036-1038)

\_ \_ \_ 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 PATHS 11/21.]***

***[CATI NOTE: ALL QUESTION NAMES BEGINNING WITH A ‘K’ WILL BE ASKED ABOUT THE RANDOMLY SELECTED CHILD. IF C03.01 = 88 (ADULT HAS NO COVERAGE OF ANY TYPE), GO TO UNINS, OTHERWISE, GO TO KCOVTYPE.]***

***[CATI/INTERVIEWER 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 and work-related activities.

***[CATI/INTERVIEWER NOTE: IF C03.01 = 88 (ADULT HAS NO COVERAGE OF ANY TYPE), READ: ‘EARLIER, YOU SAID YOU DID NOT HAVE ANY HEALTH CARE COVERAGE.’]***

**UNINS** For how many months have you been uninsured?

(1170-1171)

00 LESS THAN 4 WEEKS

01-60 ENTER # OF MONTHS

61 MORE THAN 5 YEARS

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASKED IF C03.01 = 88 (ADULT HAS NO COVERAGE OF ANY TYPE). DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]***

**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…

(1174-1191)

**READ RESPONSES, SELECT ALL THAT APPLY.**

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: ASKED OF SRs OF INSURED, UNINSURED, AND UNDETERMINED INSURANCE STATUS IF C09.14 = 3, 4, 5, 6, 7, 8, or 9, GO TO ‘EMPLOYED.’ IF C09.14 = 1 OR 2, GO TO ‘HOURSWKD.’]***

**EMPLOYED** Do you do any work for either pay or profit?

(1210)

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

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

1 YES

2 NO **[GO TO KCOVTYPE]**

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF C09.14 = 1 OR 2, SHOW ‘EARLIER YOU SAID YOU ARE [FILL IN WITH EITHER ‘EMPLOYED FOR WAGES’ OR ‘SELF-EMPLOYED.’ IF EMPLOYED = 1, 7, OR 9, ASK ‘HOURSWKD.’]***

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

(1211-1212)

**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

***[CATI NOTE: IF C09.15 = 88 OR 99, GO TO NEXT SECTION.]***

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

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

(1150-1167)

**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 Indian Health Service

08 Some other source

09        No coverage of any type   **[GO TO KUNINS]**

77 DON'T KNOW / NOT SURE 

99 REFUSED

***[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.]***

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

(1169)

1 YES  **[GO TO NEXT SECTION]**

2 NO **[GO TO NEXT SECTION]**

7 DON'T KNOW / NOT SURE   **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**KUNINS** For how many months has the child been uninsured?

(1172-1173)

00 LESS THAN 4 WEEKS

01-60 ENTER # OF MONTHS

61 MORE THAN 5 YEARS

77 DON’T KNOW / NOT SURE

99 REFUSED

***[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 …

(1192-1209)

**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

## **Telehealth/Telemedicine**

***[CATI NOTE: ASK TELEHEALTH/TELEMEDICINE QUESTION ON BOTH QUESTIONNAIRE PATHS.]***

**STTELH1** In the past 12 months, have you used telehealth or telemedicine for any of the following medical services? Select all that apply.

(1213-1218)

**NOTE:** Telehealth or telemedicine refers to the remote delivery of health care services and clinical information using internet, wireless, satellite, and telephone media.

**NOTE:** Classes for prevention and/or self-management could be for conditions such as high blood pressure, prediabetes, diabetes, high cholesterol.

**PLEASE READ:**

1. Routine check-up
2. Urgent or acute health question or concern
3. Chronic condition management
4. Group classes for prevention or self-management of chronic conditions
5. Mental health services
6. Other services

8 HAVEN’T USED TELEHEALTH OR TELEMEDICINE

7 DON’T KNOW / NOT SURE

9 REFUSED

## **COVID-19**

***[CATI NOTE: ASK COVID-19 QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]***

***DUE TO THE EVOLVING NATURE OF THE COVID-19 PANDEMIC, SOME QUESTIONS WERE REMOVED DURING THE 2021 SURVEY AND NEW ONES WERE ADDED. THIS REPRESENTS ALL OF THE COVID-19 QUESTIONS THAT WERE ASKED AT SOME POINT DURING THE 2021 SURVEY.***

The next several questions are about your experiences with and opinions about COVID-19.

**CVDQ03a** How serious a health issue do you believe COVID-19 is? Would you say…

(1225)

**PLEASE READ:**

1 Extremely serious

2 Somewhat serious

3 Not at all serious

7 DON’T KNOW / NOT SURE

9 REFUSED

**CVDQ03b** How concerned are you about becoming very sick from COVID-19?

(1226)

**PLEASE READ:**

1 Extremely concerned

2 Moderately concerned

3 Somewhat concerned

4 Not at all concerned

7 DON’T KNOW / NOT SURE

9 REFUSED

**CVDQ03c** How concerned are you about infecting others with COVID-19?

(1227-1228)

**PLEASE READ:**

1 Extremely concerned

2 Moderately concerned

3 Somewhat concerned

4 Not at all concerned

7 DON’T KNOW / NOT SURE

9 REFUSED

**CVDQ01** Social distancing is defined as staying at least 6 feet (or 2 meters) away from other people who don’t live in your household when you are in public. How often do you stay at least 6 feet (or 2 meters) away from others in public? Would you say…

(1219)

**PLEASE READ:**

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF C09.14 = 3 (OUT OF WORK FOR ONE YEAR OR MORE ) OR 4 (OUT OF WORK FOR LESS THAN ONE YEAR), GO TO CVDQ04.]***

**CVDQ02** Sometimes practicing social distancing is not possible. Which of the following reasons prevent you from social distancing in your JOB? Would you say…

(1220-1224)

**NOTE: PLEASE READ 1 THROUGH 5. SELECT ALL THAT APPLY.**

1 I don’t have a job right now

2 I cannot work from home or practice social distancing in my kind of job

3 I think I could work from home but my employer won’t let me

4 My employer has not provided a way for me to socially distance at my work

5 Other reason

8 NONE OF THESE REASONS

7 DON’T KNOW / NOT SURE

9 REFUSED

**CVDQ04** What other reasons prevent you from social distancing in PUBLIC? Would you say…

(1229-1244)

**NOTE: PLEASE READ 01 THROUGH 08, SELECT ALL THAT APPLY.**

01 Other people do not stay away from me when I go to public places

02 Other people do not wear masks when I go to public places

03 I want to do things with people who do not live in my home

04 I am feeling lonely and need to get out of my home

05 I carpool or use public transportation to get around

06 I am not sure what I need to do to practice social distancing

07 I have to attend group gatherings

08 Other reason

88 NONE OF THESE REASONS

77 DON’T KNOW / NOT SURE

99 REFUSED

**CVDQ05** How often do you wear a mask or face covering in public or when social distancing is not possible? Would you say…

(1245)

**PLEASE READ:**

1. Always **[GO TO CVDQ09]**
2. Usually **[GO TO CVDQ09]**
3. Sometimes
4. Rarely
5. Never

7 DON’T KNOW / NOT SURE

9 REFUSED

**CVDQ06** What prevents you from wearing a mask or face covering in public or when social distancing is not possible? Would you say…

(1246-1263)

**NOTE:** Please read 01 through 09, select all that apply.

01 I feel uncomfortable wearing a mask

02 I don’t have a mask to wear

03 I forget my mask when I go out in public

04 I don’t believe wearing a mask will slow the spread of COVID-19

05 I believe being required to wear a mask takes away my personal freedom

06 I feel healthy

07 I believe I am immune to COVID-19

08 I have been advised not to wear a mask due to a medical condition

10 I have received the COVID-19 vaccination

09 Other reason

77 DON’T KNOW / NOT SURE

99 REFUSED

**CVDQ07** COVID-19 vaccines have been made available to all adults. How likely are you to receive one of these vaccines? Would you say very likely, somewhat likely, not very likely, or very unlikely?

(1264)

1 VERY LIKELY **[GO TO NEXT SECTION]**

2 SOMEWHAT LIKELY **[GO TO CVDQ08]**

3 NOT VERY LIKELY **[GO TO CVDQ08]**

4 VERY UNLIKELY **[GO TO CVDQ08]**

8 I HAVE ALREADY RECEIVE A COVID-19 VACCINE **[GO TO NEXT SECTION]**

7 DON’T KNOW/ NOT SURE **[GO TO CVDQ08]**

9 REFUSED **[GO TO NEXT SECTION]**

**CVDQ08** What are the reasons you are hesitant to receive a COVID-19 vaccine? You may select more than one reason. Would you say…

(1265-1280)

**NOTE:** Please read 01 through 08, select all that apply.

01 I am concerned the COVID-19 vaccine will not protect me from the disease

02 I am concerned COVID-19 vaccine development is moving too fast

03 I am concerned about the cost of a COVID-19 vaccination

04 I am concerned the COVID-19 vaccine will cause unintended side effects

05 I do not believe COVID-19 is a serious problem

06 I do not believe my community is at risk for COVID-19

07 I am generally opposed to vaccination

08 Other reason

77 DON’T KNOW / NOT SURE

99 REFUSED

**CVDQ09** Have you had one or more doses of the COVID-19 vaccine? (1281)

1 Yes **[GO TO CVDQ11]**

2 Not yet, but I intend to **[GO TO CVDQ10]**

3 No, I do not intend to **[GO TO CVDQ11]**

7 DON’T KNOW/ NOT SURE **[GO TO CVDQ11]**

9 REFUSED **[GO TO CVDQ11]**

**CVDQ10** What is the biggest reason that you have not had a COVID-19 vaccine yet?

(1282-1283)

**NOTE:** Please read 01 through 07,

01 It is hard to take time from my work or other responsibilities

02 I am worried about side effects or feeling bad after the vaccine

03 I want to wait until more people are vaccinated

04 I don’t know where or how to get the vaccine

05 I just haven’t made the time to get one yet

06 I am not worried about getting COVID

07 Other

77 DON’T KNOW / NOT SURE

The next question is about the ‘Xth***’ [CATI NOTE: PLEASE FILL IN CORRECT NUMBER]*** child.

**CVDQ11** Has your child had one or more doses of the COVID-19 vaccine? (1284)

1 Yes **[GO TO NEXT SECTION]**

2 Not yet, but I intend to vaccinate my child **[GO TO CVDQ12]**

3 No, I do not intend to vaccinate my child **[GO TO NEXT SECTION]**

7 DON’T KNOW/ NOT SURE **[GO TO GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**CVDQ12** What is the most important reason that your child has not yet had a COVID-19 vaccine)?

(1285-1286)

**NOTE:** Please read 01 through 08,

01 My child is not yet old enough to be eligible for COVID-19 vaccination

02 It is hard to take time from my work or other responsibilities

03 I am worried about side effects or my child feeling bad after the vaccine

04 I want to wait until more children are vaccinated

05 I don’t know where or how to get my child vaccinated

06 I just haven’t made the time to get my child vaccinated

07 I am not worried about my child getting COVID

08 Other

77 DON’T KNOW / NOT SURE

99 REFUSED

**CVDQ13** Have you used an at-home COVID-19 test?

**IF YES, ASK: Was that . . . PLEASE READ**

1. YES – within the past 2 weeks
2. YES – within the past month
3. YES – within the past 6 months
4. YES – more than 6 months ago
5. NO

7 DON’T KNOW/NOT SURE

9 REFUSED

**CVDQ14** What are the reasons you chose to take an at-home COVID-19 test as

opposed to going to a testing site?

RESPONSE:

## **Utah Tobacco Use**

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

***[CATI NOTE: IF C11.02 = 1 OR 2 (‘EVERYDAY’ OR ‘SOME DAYS’), THEN RESPONDENT HAS A STATUS OF ‘CURRENT SMOKER’ AND CONTINUE. OTHERWISE, GO TO STSMK3.]***

***S*TSMK1** On the average, about how many cigarettes a day do you now smoke?

(1287-1288)

**\_ \_** NUMBER OF CIGARETTES

77 DON’T KNOW / NOT SURE

99 REFUSED

***S*TSMK2** 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…

(1289)

**NOTE:** Pause between each response option to allow respondents to answer ‘Yes’ or ‘No.’ Enter the response code for the first ‘Yes’ and then continue to the next question. If the respondent does not answer ‘Yes’ to any response option, enter ‘Don't know / Not sure.’

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 C11.02 = 1 OR 2 (‘EVERYDAY’ OR ‘SOME DAYS’) OR IF M22.01 < 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?

(1290)

1. YES

2 NO **[GO TO STSMK7]**

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(1291)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STSMK5** Did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion (Well BYOU trin/ZEYE ban/byou PRO pee on)?

(1292)

1. YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STSMK6** Did your doctor or health provider recommend or discuss a smoking cessation class or program, a telephone quitline, or one-on-one counseling from a health-care provider to assist you with quitting smoking?

(1293)

1. YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(1294)

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?

(1295-1296)

\_ \_ 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…

(1297)

**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
5. DON’T KNOW / NOT SURE

9 REFUSED

## **Access to Transportation**

***[CATI NOTE: ASK ACCESS TO TRANSPORTATION QUESTIONS ON QUESTIONNAIRE PATHS 12/22.]***

**STACT1** In the past 12 months, has lack of transportation ever kept you from appointments, meetings, work, or from getting things needed for daily living?

(1298)

1 YES

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**STACT2** When lack of transportation kept you from appointments, meetings, work, or from getting things done for daily living, what type of transportation were you most frequently trying to take?

(1299)

**NOTE:** Rideshare services refer to car services that allow a person to use a smartphone application to get a private or shared ride with other people in usually a privately owned vehicle.

**PLEASE READ:**

1 Car

2 Bus or train (TRAX, FRONTRUNNER)

3 Walking

4 Bike or scooter

5 Rideshare services (UBER, LYFT)

6 Other

7 DON’T KNOW/NOT SURE

9 REFUSED

## **Traumatic Brain Injury**

***[CATI NOTE: ASK ALL TRAUMATIC BRAIN INJURY QUESTIONS EXCEPT STTBI1 ON BOTH QUESTIONNAIRE PATHS. ASK STTBI1 ON QUESTIONNAIRE PATH 11/21 ONLY.]***

**STTBI1** How knowledgeable are you of traumatic brain injury or TBI? Would you say not very knowledgeable, somewhat knowledgeable, knowledgeable, very knowledgeable, extremely knowledgeable…

(1300)

1. NOT VERY KNOWLEDGEABLE
2. SOMEWHAT KNOWLEDGEABLE
3. KNOWLEDGEABLE
4. VERY KNOWLEDGEABLE
5. EXTREMELY KNOWLEDGEABLE

7 DON’T KNOW / NOT SURE

9 REFUSED

**STTBI2** In your lifetime, have you ever experienced a bump, blow, or jolt to the head that caused you to feel dazed, confused, or lose consciousness?

(1301)

1. YES
2. NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**STTBI3** What are the main symptoms you experienced from your MOST SERIOUS head injury? Select all that apply.

(1302-1319)

**PLEASE READ:**

1. Dizziness or loss of balance
2. Loss of consciousness
3. Memory loss
4. Headache or migraine
5. Vision, hearing, or speech problems
6. Nausea or vomiting
7. Fatigue or drowsiness
8. Seizures
9. Other

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STTBI4** I’m going to read you a list of ways you might experience an injury to your head. Which event, if any, led to your MOST SERIOUS head injury?

(1320)

**PLEASE READ:**

1. Fall (FROM A BIKE, HORSE, SLIP, TRIP, OR JUMP)
2. Motorized vehicle crash
3. Assault (FIGHT, STRUCK BY SOMETHING OR SOMEONE, SHAKEN, GUNSHOT)
4. Sports-related event
5. Construction or farm machinery-related event
6. Military-related event (ACTIVE DUTY COMBAT, TRAINING WHILE ON DUTY)
7. Other event

7 DON’T KNOW / NOT SURE

9 REFUSED

**STTBI5** Did your MOST SERIOUS head injury require any of the following actions? Select all that apply.

(1321-1326)

**PLEASE READ:**

1. Doctor’s outpatient visit
2. Urgent care visit
3. Emergency care visit
4. Inpatient hospitalization
5. Work or school absence for a day or more
6. Other action

8 NO ACTION

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Perceived Social Isolation Scale**

***[CATI NOTE: ASK PERCEIVED SOCIAL ISOLATION SCALE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]***

Now I am going to read to you a series of statements about your relationship to other people. Please respond if you never, rarely, sometimes, often, or always agree with the following statements.

**STPSIS1** In the past seven days, I have felt left out. Would you say…

(1327)

**PLEASE READ**:

1 Never

2 Rarely

3 Sometimes

4 Often

5 Always

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPSIS2** In the past seven days, I have felt that people barely know me. Would you say…

(1328)

**PLEASE READ**:

1 Never

2 Rarely

3 Sometimes

4 Often

5 Always

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPSIS3** In the past seven days, I have felt isolated from others. Would you say…

(1329)

**PLEASE READ**:

1 Never

2 Rarely

3 Sometimes

4 Often

5 Always

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPSIS4** In the past seven days, I have felt that people are around me but not with me. Would you say…

(1330)

**PLEASE READ**:

1 Never

2 Rarely

3 Sometimes

4 Often

5 Always

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Food Insecurity and Food Assistance**

***[CATI NOTE: ASK FOOD INSECURITY QUESTION 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…

(1331)

**PLEASE READ:**

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

8 NOT APPLICABLE

7 DON’T KNOW /NOT SURE

9 REFUSED

***[CATI NOTE: ASK FOOD ASSISTANCE QUESTIONS ON QUESTIONNAIRE PATHS 12/22.]***

**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…

(1332)

**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… (1333)

**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

## **Suicidality**

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

I am going to ask you some questions about suicide. Suicide can be a sensitive topic and we realize this topic may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free national crisis hotline you can call. I will give you the phone number for the hotline at the end of this section.

**STSUCON** During the past 12 months, did you ever seriously consider attempting suicide?

(1334)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STSUATT** During the past 12 months, how many times have you attempted suicide?

(1335)

1 0 TIMES

2 1 TIME

3 2 OR 3 TIMES

4 4 OR 5 TIMES

5 6 OR MORE TIMES

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: ASK STSUCLOS AFTER STSUATT ON QUESTIONNAIRE PATHS 11/21 ONLY.]***

**STSUCLOS** If you or someone you know would like to talk to a trained counselor, please call 1-800-273-8255. This number is a toll-free call. Would you like me to repeat this number?

(1336)

**NOTE:** If 'Yes,' say ‘You can dial 1-800-273-8255.’

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **PHQ-9**

***[CATI NOTE: ASK PHQ-9 QUESTION ON QUESTIONNAIRE PATHS 12/22.]***

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

**STPHQ01** Over the past two weeks, how many days have you had little interest or pleasure in doing things?

(1337-1338)

\_ \_ NUMBER OF DAYS ***[RANGE: 01-14]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STPHQ02** Over the past two weeks, how many days have you felt down, depressed, or hopeless?

(1339-1340)

\_ \_ NUMBER OF DAYS ***[RANGE: 01-14]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STPHQ03** Over the past two weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

(1341-1342)

\_ \_ NUMBER OF DAYS ***[RANGE: 01-14]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STPHQ04** Over the past two weeks, how many days have you felt tired or had little energy?

(1343-1344)

\_ \_ NUMBER OF DAYS ***[RANGE: 01-14]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STPHQ05** Over the past two weeks, how many days have you had a poor appetite or eaten too much?

(1345-1346)

\_ \_ NUMBER OF DAYS ***[RANGE: 01-14]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STPHQ06** Over the past two weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

(1347-1348)

\_ \_ NUMBER OF DAYS ***[RANGE: 01-14]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STPHQ07** Over the past two weeks, how many days have you had trouble concentrating on things such as reading the newspaper or watching the TV?

(1349-1350)

\_ \_ NUMBER OF DAYS ***[RANGE: 01-14]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STPHQ08** Over the past two weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you were moving around a lot more than usual?

(1351-1352)

\_ \_ NUMBER OF DAYS ***[RANGE: 01-14]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STPHQ09** Over the past two weeks, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

(1353-1354)

\_ \_ NUMBER OF DAYS ***[RANGE: 01-14]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK STSUCLOS AFTER PHQ-9 ON QUESTIONNAIRE PATHS 12/22 ONLY.]***

**SUICDCS2** If you or someone you know would like to talk to a trained counselor, please call 1-800-273-8255. This number is a toll-free call. Would you like me to repeat this number?

(1374)

**NOTE:** If 'Yes,' say ‘You can dial 1-800-273-8255.’

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Substance Abuse Stigma**

***[CATI NOTE: ASK SUBSTANCE ABUSE STIGMA QUESTION ON BOTH QUESTIONNAIRE PATHS.]***

**STSUBAB** How would you respond to the following statement? I am generally caring and sympathetic towards people who abuse substances. Would you say you strongly agree, agree, disagree, or strongly disagree?

(1355)

**NOTE:** Substance abuse refers to using a legal or illegal substance that causes the user significant problems or distress.

1 STRONGLY AGREE

2 AGREE

3 DISAGREE

4 STRONGLY DISAGREE

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Binge Drinking**

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

***[CATI NOTE: IF C12.03 >= 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?

(1356-1358)

\_ \_ 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?

(1359-1361)

\_ \_ NUMBER OF GLASSES OF WINE ***[NOTE: 76 = 76 OR MORE]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**DRNKLIQR** During the same occasion, about how many drinks of liquor, including cocktails, did you have?

(1362-1364)

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

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**DRNKPMIX** 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.

(1365-1367)

\_ \_ NUMBER OF PRE-MIXED DRINKS ***[NOTE: 76 = 76 OR MORE]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**DRNKLOC1** During this most recent occasion, where were you when you did most of your drinking?

(1368)

**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

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

(1369)

**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?

(1370-1372)

**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 any you 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?

(651)

   1          YES

   2          NO

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

1. DON’T KNOW / NOT SURE

9 REFUSED

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?

(653)

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.