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

**2022**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

***DRAFT – November 23, 2021***

***Utah: November 23, 2021***

***CDC: November 10, 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.

(3) SAQ core and optional module insertions are shown in blue font.

Behavioral Risk Factor Surveillance System

**2020 Questionnaire**

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**OMB Header**

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2021

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 THE STATE OF 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]**

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

**Adult**

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

(68)

1 YES **[GO TO LL07]**

2  NO **[TERMINATE IF LL03 =1, OTHERWISE GO TO LL07]**

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

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

**Sex of Adult**

**LL07** Are you male or female?

(69)

1 MALE

2  FEMALE

3 NON-BINARY

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

9 REFUSED **[TERMINATE]**

***[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**.

If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

**LL09** Are you male or female?(72)

1 MALE **[GO TO ‘CORRECT RESPONDENT’]**

2  FEMALE **[GO TO ‘CORRECT RESPONDENT’]**

3 NON-BINARY

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.

If the number of adult males and adult females does not add to the total number of adults due to some members of the household’s gender identity, the interview may continue.

**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 ‘CORRECT RESPONDENT’]**

2  FEMALE **[GO TO ‘CORRECT RESPONDENT’]**

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

9 REFUSED **[TERMINATE]**

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

# Cell Phone Introduction

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

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

(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

3 NON-BINARY

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

9 REFUSED **[TERMINATE]**

We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.

***[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 A PRIVATE RESIDENCE 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 CODE

**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 ‘CORRECT RESPONDENT.’**

# Core Sections

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

**To Correct Respondent:**

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **1-888-222-2542**.

## **Section 1: Health Status**

**C01.1** 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**

**C02.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(102-103)

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

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**C02.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (104-105)

\_ \_ 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.]*

C02.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (106-107)

**NOTE:** 88 may be coded if a 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**

**C03.1** 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.

**READ IF NECESSARY:**

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

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

88 No coverage of any type

77 DON’T KNOW / NOT SURE

99 REFUSED

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

(901)

1. YES
2. NO

7 DON’T KNOW/NOT SURE

9 REFUSED

**C03.2** Do you have one person or a group of doctors you think of as your personal doctor or 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

**C03.3** 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

**C03.4** About how long has it been since you last visited a doctor for a routine checkup?

(112)

**READ IF NECESSARY:** 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 pas5 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 when accessing health care services in Utah, have you been treated with less respect or received lower quality services because of your personal characteristics or because you belong to a specific group?

(902)

**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
2. No **[GO TO STDIS03]**
3. 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 you were treated with less respect or received lower quality care when accessing medical care in Utah, was it for any of the following reasons? Select all that apply.

(903-920)

**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
9. Age

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 being treated with less respect or receiving lower quality services because of personal characteristics or belonging to a specific group? Would you say you…

(921)

**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**

**C04.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(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.

(922-923)

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

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

## **Section 5: Inadequate Sleep**

**C05.1**  On average, how many hours of sleep do you get in a 24-hour period?

(114-115)

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

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

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

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 6: Oral Health**

**C06.1** Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

(116)

**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

**C06.2** Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

(117)

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

**READ IF NECESSARY:**

1 1 to 5

2 6 or more but not all

3 All

8 None

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 8: Demographics CONTINUED**

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

(184-185)

**\_ \_** NUMBER OF CHILDREN

88 NONE

99 REFUSED

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

(186-187) **NOTE:** If respondent refuses at any income level, code ‘99’ (refused).

4 Less than $25,000 **If ‘No,’ code 5; if ‘Yes,’ ask 3.**

($20,000 to less than $25,000)

3 Less than $20,000 **If ‘No,’ code 4; if ‘Yes,’ ask 2.**

($15,000 to less than $20,000)

2 Less than $15,000 **If ‘No,’ code 3; if ‘Yes,’ ask 1.**

($10,000 to less than $15,000)

1 Less than $10,000 **If ‘No,’ code 2.**

5 Less than $35,000 **If ‘No,’ ask 6.**

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

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

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

7 Less than $75,000 **If ‘No,’ 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,’ code 11.**

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

11 $200,000 or more

77 DON’T KNOW/NOT SURE

99 REFUSED

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

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

**UTIncome** (1297-1298)

1 less than $5,000

2 $5,000 to less than $10,000

3 $10,000 to less than $15,000

4 $15,000 to less than $20,000

5 $20,000 to less than $25,000

6 $25,000 to less than $30,000

7 $30,000 to less than $35,000

8 $35,000 to less than $40,000

9 $40,000 to less than $45,000

10 $45,000 to less than $50,000

11 $50,000 to less than $55,000

12 $55,000 to less than $60,000

13 $60,000 to less than $65,000

14 $65,000 to less than $70,000

15 $70,000 to less than $75,000

16 $75,000 or more

77 DON’T KNOW/NOT SURE

99 REFUSED

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

**C08.17** To your knowledge, are you now pregnant?

(188)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(189-192)

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

\_ \_ / \_ \_ ENTER WEIGHT IN WHOLE POUNDS OR WHOLE KILOGRAMS

7777 DON’T KNOW / NOT SURE

9999 REFUSED

**C08.19** About how tall are you without shoes?

(193-196)

**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 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? (118)

1 YES

72 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(119)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.03** (Ever told) you had a stroke? (120)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.04** (Ever told) you had asthma? (121)

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? (122)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.06** (Ever told) you had skin cancer that is not melanoma? (123)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.07** (Ever told) you had melanoma or any other types of cancer? (124)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.08** (Ever told) you had C.O.P.D. (Chronic Obstructive Pulmonary Disease), emphysema or chronic bronchitis? (125)

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)? (126)

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 had kidney disease? (127)

**READ IF NECESSARY:** 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 some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (128)

**NOTE:** Arthritis diagnoses include:

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

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.12** (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 C07.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO C07.12, GO TO PRE-DIABETES OPTIONAL MODULE, IF USED. OTHERWISE, GO TO NEXT SECTION.]***

**C07.13** How old were you when you were first told you had diabetes? (130-131)

**\_ \_** CODE AGE IN YEARS ***[NOTE: 97 = 97 AND OLDER]***

**[GO TO NEXT SECTION]**

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

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

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

## **Section 8: Demographics**

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

**C08.01** What is your age? (132-133)

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

07 DON’T KNOW / NOT SURE

09 REFUSED

**C08.02** Are you Hispanic, Latino/a, or Spanish origin?

(134-137)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

If ‘Yes,’ ask: Are you:

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

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin **[GO TO UT8.2c]**

5 NO

7 DON’T KNOW / NOT SURE **[GO TO C08.03]**

9 REFUSED **[GO TO C08.03]**

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

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

(924-927)

**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

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

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

(138-165)

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.

If respondent indicates that they are Hispanic for race, please read the race choices.

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

10 WHITE

20 BLACK OR AFRICAN AMERICAN

30 AMERICAN INDIAN OR ALASKA NATIVE

40 ASIAN

41 ASIAN INDIAN

42 CHINESE

43 FILIPINO

44 JAPANESE

45 KOREAN

46 VIETNAMESE

47 OTHER ASIAN

50 PACIFIC ISLANDER

51 NATIVE HAWAIIAN

52 GUAMANIAN OR CHAMORRO

53 SAMOAN

54 OTHER PACIFIC ISLANDER **[GO TO UT8.3c]**

60 OTHER (SPECIFY)

88 NO CHOICES – **TBD IF IT IS TO BE USED AT ALL OR OTHER**

77 DON’T KNOW / NOT SURE **[GO TO M25.01]**

99 REFUSED **[GO TO M25.01]**

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

**UT8.3c** You identified yourself as being ‘Other Pacific Islander.’ Are you:

(928)

**PLEASE READ:**

1 Tongan

2 Another Pacific Islander

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF MORE THAN ONE RESPONSE TO C08.03, CONTINUE. OTHERWISE, GO TO MODULE 25, SEX AT BIRTH.]***

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

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

(166-167)

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

10 WHITE

20 BLACK OR AFRICAN AMERICAN

30 AMERICAN INDIAN OR ALASKA NATIVE

40 ASIAN

41 ASIAN INDIAN

42 CHINESE

43 FILIPINO

44 JAPANESE

45 KOREAN

46 VIETNAMESE

47 OTHER ASIAN

50 PACIFIC ISLANDER

51 NATIVE HAWAIIAN

52 GUAMANIAN OR CHAMORRO

53 SAMOAN

54 OTHER PACIFIC ISLANDER **[GO TO UT8.4c]**

**60 OTHER (SPECIFY) – MAY BE TAKEN OUT**

77 DON’T KNOW / NOT SURE

99 REFUSED

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

**UT8.4c** You identified yourself as being ‘Other Pacific Islander.’ Are you:

(929)

**PLEASE READ:**

1 Tongan

2 Another Pacific Islander

7 DON’T KNOW / NOT SURE

9 REFUSED

**BELOW MODULE NEEDS TO BE MOVED TO COLLECT “SEX AT BIRTH” FOR THOSE WHO SELECT NON-BINARY**

## **Module 25: Sex at Birth**

***[CATI NOTE: ASK MODULE 25, SEX AT BIRTH, ON BOTH QUESTIONNAIRE PATHS.]***

**M25.1** What was your sex at birth?   Was it male or female?

(638)

1 MALE

2 FEMALE

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 26: Sexual Orientation and Gender Identity**

***[CATI NOTE: ASK MODULE 26, SEXUAL ORIENTATION AND GENDER IDENTITY, ON BOTH QUESTIONNAIRE PATHS.]***

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

***[CATI NOTE: ASK M26.01a IF SEX = 1 (MALE).]***

**M26.1a** 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?

(639)

**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.

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 M26.01b IF SEX = 2 (FEMALE).]***

**M26.1b** 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?

(640)

**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

**M26.2** Do you consider yourself to be transgender?

(641)

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

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

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

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

1 (YES, TRANSGENDER,) MALE-TO-FEMALE

2 (YES, TRANSGENDER,) FEMALE-TO-MALE

3 (YES, TRANSGENDER,) GENDER NONCONFORMING

4 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 8: Demographics CONTINUED**

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

(168)

1 MARRIED

2 DIVORCED

3 WIDOWED

4 SEPARATED

5 NEVER MARRIED

6 A MEMBER OF AN UNMARRIED COUPLE

9 REFUSED

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

(169)

**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…? (Select only one.)

(930-931)

**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

**C08.07** Do you own or rent your home?

(170)

**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

2 Rent

3 Other arrangement

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.08** In what county do you currently live?

(171-173)

\_ \_ \_ ANSI COUNTY CODE

777 DON’T KNOW / NOT SURE

999 REFUSED

**C08.09** What is the ZIP Code where you currently live? (174-178)

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

77777 DON’T KNOW / NOT SURE

99999 REFUSED

***[CATI NOTE: IF CELL PHONE INTERVIEW, SKIP C08.10 AND C08.11 AND GO TO C08.12.]***

**C08.10** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household? (179)

1 YES

2 NO **[GO TO C08.12]**

7 DON’T KNOW / NOT SURE **[GO TO C08.12]**

9 REFUSED **[GO TO C08.12]**

**C08.11** How many of these landline telephone numbers are residential numbers?

(180)

1 ONE

2 TWO

3 THREE

4 FOUR

5 FIVE

6 SIX OR MORE

8 NONE

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.12** How many cell phones do you have for your personal use?

(181)

**NOTE**: Include cell phones used for both business and personal use.

**NOTE**: Do not include cell phones that are used exclusively by other members of your household.

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?

(932)

**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

**C08.13** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

(182)

**READ IF NECESSARY:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.14** Are you currently employed for wages, self-employed, out of work for 1 year or more, out of work for less than 1 year, a homemaker, a student, retired, or unable to work? (183)

**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

## **Module 22: Industry and Occupation**

***[CATI NOTE: ASK THE INDUSTRY AND OCCUPATION MODULE ON BOTH QUESTIONNAIRE PATHS]***

***[CATI NOTE: IF C08.14 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) OR 4 (EMPLOYED FOR WAGES OR OUT OF WORK FOR LESS THAN 1 YEAR), CONTINUE, ELSE GO TO NEXT MODULE. IF C08.14 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR), ASK “What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.” ELSE GO TO THE NEXT MODULE.]***

**M22.1** What kind of work do you do? (For example, registered nurse, janitor, cashier, auto mechanic.)

(393-492)

**NOTE:** If the respondent is unclear, ask: What is your job title? If the respondent has more than one job ask: What is your main job?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Record answer)

99 REFUSED

**M22.2** What kind of business or industry do you work in? (For example, hospital, elementary school, clothing manufacturing, restaurant?)

***[CATI NOTE: IF C08.14 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK, “What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.”]***

(493-592)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Record answer)

99 REFUSED

***[CATI NOTE: ASK SOCIAL DETERMINANTS OF HEALTH EMPLOYMENT BENEFITS QUESTION ON BOTH QUESTIONNAIRE PATHS. ASK ONLY IF C08.14 = 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.

(933-948)

Select all that apply.

**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

## **Section 9: Disability**

**C09.1** 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?

(197)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.2** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

(198)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.3** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

(199)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.4** Do you have serious difficulty walking or climbing stairs?

(200)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.5** Do you have difficulty dressing or bathing?

(201)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.6** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

(202)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 10: Breast and Cervical Cancer Screening**

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

The next questions are about breast and cervical cancer.

**C10.1** Have you ever had a mammogram?

(203)

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

1 YES

2 NO **[GO TO C15.03]**

1. DON’T KNOW / NOT SURE **[GO TO C15.03]**

9 REFUSED **[GO TO C15.03]**

**C10.2** How long has it been since you had your last mammogram?

(204)

**READ ONLY IF NECESSARY:**

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

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

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

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

5 5 or more years ago

1. DON’T KNOW / NOT SURE

9 REFUSED

**C10.3** Have you ever had a cervical cancer screening test?

(205)

1 YES

2 NO **[GO TO C10.07]**

1. DON’T KNOW / NOT SURE **[GO TO C10.07]**

9 REFUSED **[GO TO C10.07]**

**C10.4** How long has it been since you had your last cervical cancer screening test?

(206)

**READ ONLY IF NECESSARY:**

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

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

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

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

5 5 or more years ago

7 DON’T KNOW / NOT SURE

9 REFUSED

**C10.5** At your most recent cervical cancer screening, did you have a Pap test?

(207)

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

1 YES

2 NO

1. DON’T KNOW / NOT SURE

9 REFUSED

**C10.6** At your most recent cervical cancer screening, did you have an H.P.V. test?

(208)

**NOTE**: HPV stands for Human papillomarvirus (pap-uh-loh-muh virus)

1 YES

2 NO

1. DON’T KNOW / NOT SURE

9 REFUSED

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

**C10.7** Have you had a hysterectomy?

(209)

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

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 11: Colorectal Cancer Screening**

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

**C11.01** Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

(210)

1 YES

2 NO **[GO TO C11.06]**

7 DON'T KNOW / NOT SURE **[GO TO C11.06]**

9 REFUSED **[GO TO C11.06]**

**C11.02** Have you had a colonscopy, a sigmoidoscopy, or both?

(211)

1 COLONOSCOPY

2 SIGMOIDOSCOPY **[GO TO C11.04]**

3 BOTH

7 DON'T KNOW / NOT SURE **[GO TO C11.06]**

9 REFUSED **[GO TO C11.06]**

**C11.03** How long has it been since your most recent colonoscopy? **[GO TO C11.06]**

(212)

**READ IF NECESSARY:**

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

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

3 Within the past 5 years (2 years but less than 5 years ago)

4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

**C11.04** How long has it been since you had your most recent sigmoidoscopy? **[GO TO C11.06]**

(213)

**READ IF NECESSARY:**

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

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

3 Within the past 5 years (2 years but less than 5 years ago)

4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

**C11.05** How long has it been since you had your most recent colonoscopy or sigmoidoscopy?

**READ IF NECESSARY:**

(214)

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

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

3 Within the past 5 years (2 years but less than 5 years ago)

4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

**C11.06** Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT scan, colonography, blood stool test, FIT DNA, or Cologuard test?

(215)

1 YES

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

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

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

**C11.07** A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

(216)

**NOTE:** CT Colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike a regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.

1 YES

2 NO **[GO TO C11.09]**

7 DON’T KNOW / NOT SURE **[GO TO C11.09]**

9 REFUSED **[GO TO C11.09]**

**C11.08** When was your most recent CT colonography or virtual colonoscopy?

(217)

**READ IF NECESSARY:**

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

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

3 Within the past 5 years (2 years but less than 5 years ago)

4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

**C11.09** One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

(218)

**NOTE:** The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

1 YES

2 NO **[GO TO C11.11]**

7 DON’T KNOW / NOT SURE **[GO TO C11.11]**

9 REFUSED **[GO TO C11.11]**

**C11.10** How long has it been since you had this test?

(219)

**READ IF NECESSAR**

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

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

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

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

5 5 or more years ago

1. DON'T KNOW / NOT SURE

9 REFUSED

**C11.11** Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

s (220)

1 YES

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

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

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

**C11.12** Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

(221)

**NOTE:** Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C11.13** How long has it been since you had this test?

(222)

**READ IF NECESSARY:**

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

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

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

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

5 5 or more years ago

1. DON'T KNOW / NOT SURE

9 REFUSED

## **Section 12: Tobacco Use**

**C12.1** Have you smoked at least 100 cigarettes in your entire life?

(223)

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

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

1 YES

2 NO **[GO TO C12.3]**

7 DON’T KNOW / NOT SURE **[GO TO C12.3]**

9 REFUSED **[GO TO C12.3]**

**C12.2** Do you now smoke cigarettes every day, some days, or not at all?

(224)

1 EVERY DAY

2 SOME DAYS

3 NOT AT ALL

7 DON’T KNOW / NOT SURE

9 REFUSED

**C12.3** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

(225)

**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

**C12.4** Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

**NOTE:** 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. gum.

**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.

(226)

1 Never used e-cigarettes in your entire life

2 Use them every day

3 Use them some days

4 Not at all (right now)

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 13: Lung Cancer Screening**

***[CATI NOTE: IF C09.1=1 (YES) AND C09.2 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO M13.4.] – likely needs to be fixed***  
  
You've told us that you have smoked in the past or are currently smoking.  The next questions are about screening for lung cancer.

**C13.1** How old were you when you first started to smoke cigarettes regularly?

(227-229)  
**NOTE:** ‘Regularly’ means at least one cigarette or more on days that a respondent smokes or smoked.

**NOTE: I**f respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age.

 \_ \_ \_     AGE IN YEARS ***[RANGE: 001 – 100]***

8 8 8     NEVER SMOKED CIGARETTES REGULARLY **[GO TO NEXT MODULE??]**

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

**C13.2** How old were you when you last smoked cigarettes regularly?

(230-232)

**NOTE:** ‘Regularly’ means at least one cigarette or more on days that a respondent smokes or smoked.

\_ \_ \_     AGE IN YEARS ***[RANGE: 001 – 100]***

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

**C13.3** On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day?

(233-235)

**NOTE:** ‘Regularly’ is at least one cigarette or more on days that a respondent smokes or smoked.

**NOTE:**  Respondents may answer in packs instead of number of cigarettes

\_ \_ \_     NUMBER OF CIGARETTES

 7 7 7     DON'T KNOW / NOT SURE  
 9 9 9     REFUSED  
  
0.5 PACK = 10 CIGARETTES                       1.75 PACK = 35 CIGARETTES  
0.75 PACK = 15 CIGARETTES                     2 PACKS = 40 CIGARETTES  
1 PACK = 20 CIGARETTES                          2.5 PACKS= 50 CIGARETTES  
1.25 PACK = 25 CIGARETTES                     3 PACKS= 60 CIGARETTES  
1.5 PACK = 30 CIGARETTES

**C13.4** The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area? (236)             
**READ ONLY IF NECESSARY:**  
  
1 YES  
2 NO **[GO TO NEXT SECTION]**  
  
7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**  
9 REFUSED **[GO TO NEXT SECTION]**

**C13.5** Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?

(237)

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

**C13.6** When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

(238)

**READ ONLY IF NECESSARY:**

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

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

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

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

5 Within the past 10 years (5 years but less than 10 years ago)

6 10 or more years ago

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 14: Alcohol Consumption**

**C14.1** The next questions concern alcohol consumption. One drink of alcohol 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, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(239-241)

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

**READ IF NECESSARY**: A 40-ounce beer would count as 3 drinks, or a cocktail with 2 shots would count as 2 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]**

**C14.2** During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(242-243)

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

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

77 DON’T KNOW / NOT SURE

99 REFUSED

**C14.3** 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? (244-245)

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

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**C14.4** During the past 30 days, what is the largest number of drinks you had on any occasion?

(246-247)

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

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 15: Immunization**

**C15.1** 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?

(248)

**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 C15.3]**

7 DON’T KNOW / NOT SURE **[GO TO C15.3]**

9 REFUSED **[GO TO C15.3]**

**C15.2** 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?

(249-254)

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

77 / 7777 DON’T KNOW / NOT SURE

99 / 9999 REFUSED

**C15.3** Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (255)

**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

**C15.4** Have you received a tetanus shot in the past 10 years? (256)

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

1 YES, RECEIVED TDAP

2 YES, RECEIVED TETANUS SHOT, BUT NOT TDAP

3 YES, RECEIVED TETANUS SHOT, BUT NOT SURE WHAT TYPE

4 NO, DID NOT RECEIVE ANY TETANUS SHOT IN THE PAST 10 YEARS

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*?

(949)

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.

(950-951)

**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): (no more col)

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 16: HIV/AIDS**

**C16.1** Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for HIV?

(257)

**READ IF NECESSARY:** Please remember that your answers are strictly confidential and that you don’t have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

1 YES

2 NO **[GO TO C16.3]**

7 DON’T KNOW / NOT SURE **[GO TO C16.3]**

9 REFUSED **[GO TO C16.3]**

**C16.2** Not including blood donations, in what month and year was your last HIV test?

(258-263)

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

**NOTE:** If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year. Example: 772010.

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

(FOR EXAMPLE, JUNE OF 2019 = 062019)

77 / 7777 DON’T KNOW / NOT SURE

99 / 9999 REFUSED

**C16.3** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.                                                                  (264)

You have injected any drug other than those prescribed for you in the past year.

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

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

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

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

Do any of these situations apply to you?

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Emerging Core: Long-term COVID Effects**

**EC.1** Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?

(265)

**NOTE:** Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.

1. YES

3 TESTED POSITIVE USING HOME TEST WITHOUT HEALTH PROFESSIONAL

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

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

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

**EC.2** Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

(266)

**NOTE:** Long-term conditions may be an indirect effect of COVID-19. These long term conditions may not be related to the virus itself.

1 YES

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

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

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

**EC.3** Which of the following was the primary symptom that you experienced? Was it . . . ?

(267-268)

**PLEASE READ:**

1. Tiredness or fatigue
2. Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”)
3. Difficulty breathing or shortness of breath
4. Joint or muscle pain
5. Fast-beating or pounding heart (also known as heart palpitations) or chest pain
6. Dizziness on standing
7. Depression, anxiety, or mood changes
8. Symptoms that get worse after physical or mental activities
9. You did not have any long-term symptoms that limited your activities

77 DON’T KNOW/NOT SURE

99 REFUSED

# Optional Modules

## **Module 9: Cancer Survivors, Type of Cancer**

***[CATI NOTE: ASK MODULE 9, CANCER SURVIVORS, TYPE OF CANCER, ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: IF C07.06 = 1 OR C07.07 = 1, CONTINUE, ELSE GO TO MODULE 13, COGNITIVE DECLINE.]***

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

**M09.1** How many different types of cancer have you had?

(310)

1 ONE  
2 TWO

3 THREE OR MORE

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

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

**M09.2 IF M09.1 = 1:** At what age were you told that you had cancer?

**IF M09.1 = 2, 3:** At what age were you first diagnosed with cancer?

**IF C07.06 = 1 and M09.1 = 1:** Was it melanoma or other skin cancer? **(then code M09.3 as a response 16 if melanoma or 22 if other skin cancer)**

(311-312)

**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

**M09.3** **IF M09.1 = 1:** What kind of cancer is it?

**IF M09.1 = 2, 3:** With your most recent diagnoses of cancer, what type of cancer was it?

(313-314)

**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.

01 Bladder

02 Blood

03 Bone

04 Brain

05 Breast

06 Cervix/Cervical

07 Colon

08 Esophagus/Esophageal

09 Gallbladder

10 Kidney

11 Larynx-trachea

12 Leukemia

13 Liver

14 Lung

15 Lymphoma

16 Melanoma

17 Mouth/tongue/lip

18 Ovary/Ovarian

19 Pancreas/Pancreatic

20 Prostate

21 Rectum/Rectal

22 Skin (non-melanoma)

23 Skin (don’t know what kind)

24 Soft tissue (muscle or fat)

25 Stomach

26 Testis/Testicular

27 Throat - pharynx

28 Thyroid

29 Uterus/Uterine

30 Other

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Module 10: Cancer Survivors, Course of Treatment**

***[CATI NOTE: ASK MODULE 10, CANCER SURVIVORS, COURSE OF TREATMENT, ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: IF C07.06 = 1 OR C07.07 = 1, CONTINUE, ELSE GO TO MODULE 13, COGNITIVE DECLINE.]***

**M10.1** Are you currently receiving treatment for cancer?

(315)

**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]**

**M10.2** What type of doctor provides the majority of your health care? Is it a…

(316-317)

**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

**M10.3** Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

(318)

**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

**M10.4** 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?

(319)

1 YES, RECEIVED INSTRUCTIONS

2 NO, DID NOT RECEIVE INSTRUCTIONS **[GO TO** **M10.6]**

7 DON’T KNOW / NOT SURE **[GO TO** **M10.6]**

9 REFUSED **[GO TO** **M10.6]**

**M10.5** Were these instructions written down or printed on paper for you?

(320)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M10.6** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

(321)

**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

**M10.7** Were you ever denied health insurance or life insurance coverage because of your cancer?

(322)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M10.8** Did you participate in a clinical trial as part of your cancer treatment?

(323)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 11: Cancer Survivors, Pain Management**

***[CATI NOTE: ASK MODULE 11, CANCER SURVIVORS, PAIN MANAGEMENT, ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: IF C07.06 = 1 OR C07.07 = 1, CONTINUE, ELSE GO TO CAREGIVER MODULE.]***

**M11.1** Do you currently have physical pain caused by your cancer or cancer treatment?

(324)

1 YES

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

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

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

**M11.2** Would you say your pain is currently under control . . . ?

(325)

**PLEASE READ:**

1 With medication (or treatment)

2 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 13: Cognitive Decline**

***[CATI NOTE: ASK MODULE 13, COGNITIVE DECLINE, ON BOTH QUESTIONNAIRE PATHS.]***

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

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

**M013.1** During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

(331)

1 YES **[GO TO M13.2]**

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

7 DON'T KNOW / NOT SURE **[GO TO M13.2]**

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

**M013.2** During the past 12 months, as a result of confusion or memory loss~~,~~ how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is …

(332)

**PLEASE READ:**

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

**M13.3** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is …

(333)

**PLEASE READ:**

1 Always

2 Usually

3 Sometimes

4 Rarely **[GO TO M13.5]**

5 Never **[GO TO M13.5]**

7 DON'T KNOW / NOT SURE **[GO TO M13.5]**

9 REFUSED **[GO TO M13.5]**

**M13.4** When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is…

(334)

**PLEASE READ:**

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

**M13.5** During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is…

(335)

**PLEASE READ:**

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

**M13.6** Have you or anyone else discussed your confusion or memory loss with a health care professional?

(336)

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

## **Module 14: Caregiver**

***[CATI NOTE: ASK MODULE 14, CAREGIVER, ON BOTH QUESTIONNAIRE PATHS]***

**M14.1** During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

                                                                             (337)

**NOTE:**  If caregiving recipient has died in the past 30 days, say ‘I’m so sorry to hear of your loss.’ and code 8.

1. YES
2. NO                                                              **[GO TO M14.9]**

7 DON’T KNOW / NOT SURE                    **[GO TO M14.9]**

8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS **[GO TO NEXT MODULE]**

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

**M14.2** What is his or her relationship to you?

(338-339)

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

01 MOTHER

1. FATHER
2. MOTHER-IN-LAW
3. FATHER-IN-LAW
4. CHILD
5. HUSBAND
6. WIFE
7. LIVE-IN PARTNER
8. BROTHER OR BROTHER-IN-LAW
9. SISTER OR SISTER-IN-LAW
10. GRANDMOTHER
11. GRANDFATHER
12. GRANDCHILD
13. OTHER RELATIVE
14. NON-RELATIVE/FAMILY FRIEND
15. DON’T KNOW / NOT SURE
16. REFUSED

**M14.3** For how long have you provided care for that person? Would you say… (340)

**PLEASE READ:**

1 Less than 30 days

2 1 month to less than 6 months

3 6 months to less than 2 years

4 2 years to less than 5 years

5 5 or more years

7 DON’T KNOW / NOT SURE

9 REFUSED

**M14.4** In an average week, how many hours do you provide care or assistance? Would you say…

(341)

**PLEASE READ:**

1. Up to 8 hours per week
2. 9 to 19 hours per week
3. 20 to 39 hours per week
4. 40 hours or more

7 DON’T KNOW / NOT SURE

9 REFUSED

**M14.5** What is the main health problem, long-term illness, or disability that the person you care for has?

(342-343)

1. ARTHRITIS/RHEUMATISM
2. ASTHMA
3. CANCER
4. CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD
5. ALZHEIMER’S DISEASE, DEMENTIA OR OTHER COGNITIVE IMPAIRMENT DISORDER **[GO TO M14.7]**
6. DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN’S SYNDROME, AND SPINA BIFIDA
7. DIABETES
8. HEART DISEASE, HYPERTENSION, STROKE
9. HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)
10. MENTAL ILLNESSES, SUCH AS ANXIETY, DEPRESSION, OR SCHIZOPHRENIA
11. OTHER ORGAN FAILURE OR DISEASES SUCH AS KIDNEY OR LIVER PROBLEMS
12. SUBSTANCE ABUSE OR ADDICTION DISORDERS
13. INJURIES, INCLUDING BROKEN BONES
14. OLD AGE/INFIRMITY/FRAILTY
15. OTHER
16. DON’T KNOW / NOT SURE
17. REFUSED

**M14.6** Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder?

(344)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M14.7** In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

(345)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M14.8** In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

(346)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M14.9** In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

(347)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 16: Social Determinants of Health**

***[CATI NOTE: ASK MODULE 16, SOCIAL DETERMINANTS OF HEALTH, ON BOTH QUESTIONNAIRE PATHS]***

**M16.01** In general, how satisfied are you with your life? Are you very satisfied, satisfied, dissatisfied, or very dissatisfied?

(361)

1 VERY SATISFIED

2 SATISFIED

3 DISSATISFIED

4 VERY DISSATISFIED

7 DON’T KNOW / NOT SURE

9 REFUSED

**M16.02** How often do you get the social and emotional support that you need? Is that always, usually, sometimes, rarely, or never?

(362)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

1. DON’T KNOW / NOT SURE

9 REFUSED

**M16.03** How often do you feel socially isolated from others? Is it always, usually, sometimes,

rarely, or never?

(363)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

**M16.04** In the past 12 months have you lost employment or had hours reduced?

(364)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M16.05** During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

(365)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M16.06** During the past 12 months how often did the food that you bought not last, and you didn’t have money to get more? Was that always, usually, sometimes, rarely, or never?

(366)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

**M16.07** During the past 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

(367)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M16.08** During the past 12 months, was there a time when an electric, gas, oil, or water company threatened to shut off services?

(368)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M16.09** During the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

(369)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M16.10** Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it always, usually, sometimes, rarely, or never?

(370)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Access to Transportation**

***[CATI NOTE: ASK ACCESS TO TRANSPORTATION QUESTIONS ON QUESTIONNAIRE PATHS 11/21. ASK IF M16.09 = 1.]***

**STACT2** Earlier you mentioned that 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?

(952)

**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

## **Food Insecurity**

***[CATI NOTE: FOOD INSECURITY QUESTION ON QUESTIONNAIRE PATHS 12/22.]***

STFS3 In the past 12 months, how many months did anyone in your household receive food assistance from any non-federal food source such as "Meals on Wheels," food pantries, food banks, soup kitchens, church welfare, backpack programs, or any other source. Would you say...

(953)

**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

## **Module 18: Tobacco Cessation**

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

***[CATI NOTE: ASK M18.01 IF C12.01=1 AND C12.02 = 3]***

**M18.1** How long has it been since you last smoked a cigarette, even one or two puffs? (379-380)

**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 M18.2 IF C12.1=1 AND C12.2 = 1 OR 2]***

**M18.2** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(381)

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]**

## **Utah Tobacco Use**

***[CATI NOTE: ASK QUIT30 ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: ASK ONLY IF C12.03 = 1 (YES).]***

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

(954)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

***[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.]***

**STSMK1 [NOTE: THE VALUE FOR THIS VARIABLE IS DERIVED FROM C13.3 AND**

**IMPORTED AT THE END OF SAQ COLUMNS (1229-1301)**

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

(955)

**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 M18.01 < 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?

(956)

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?

(957)

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)?

(958)

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?

(959)

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?

(960)

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?

(961-962)

\_ \_ 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…

(963)

**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

## **Module 20: Alcohol Screening and Brief Intervention**

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

***[CATI NOTE: IF C03.4 = 1 OR 2 (HAD A CHECKUP WITHIN THE PAST 2 YEARS) CONTINUE, ELSE GO TO NEXT MODULE]***

**M20.1** You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

**NOTE:** The focus of this set of questions is on what your HEALTH CARE PROVIDER MAY ASK on a form or in person during routine checkups. We are gathering this info from those who do and do not drink alcohol.

(385)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M20.2** Did the health care provider ask you in person or on a form how much you drink?

**NOTE:** The focus of this set of questions is on what your HEALTH CARE PROVIDER MAY ASK on a form or in person during routine checkups. We are gathering this info from those who do and do not drink alcohol.

(386)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M20.3** Did the health care provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?  
 (387)

**NOTE:** The focus of this set of questions is on what your HEALTH CARE PROVIDER MAY ASK on a form or in person during routine checkups. We are gathering this info from those who do and do not drink alcohol.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M20.4** Were you offered advice about what level of drinking is harmful or risky for your health?

(388)

**NOTE:** The focus of this set of questions is on what your HEALTH CARE PROVIDER MAY ASK on a form or in person during routine checkups. We are gathering this info from those who do and do not drink alcohol.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF M20.1, M20.2, OR M23.3 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]***

**M20.5** Health care providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

(389)

**NOTE:** The focus of this set of questions is on what your HEALTH CARE PROVIDER MAY ASK on a form or in person during routine checkups. We are gathering this info from those who do and do not drink alcohol.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 23: Random Child Selection**

***[CATI NOTE: ASK MODULE 23, RANDOM CHILD SELECTION, ON BOTH QUESTIONNAIRE PATHS.]***

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

***[CATI NOTE: IF C08.15 = 1, INTERVIEWER PLEASE READ: ‘PREVIOUSLY, YOU INDICATED THERE WAS ONE CHILD AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THAT CHILD.’ GO TO M23.01.]***

***[CATI NOTE: IF C08.15 IS >1 AND C08.15 DOES NOT EQUAL 88 OR 99, INTERVIEWER PLEASE READ: ‘PREVIOUSLY, YOU INDICATED THERE WERE [NUMBER] CHILDREN AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. THINK ABOUT THOSE [NUMBER] CHILDREN IN ORDER OF THEIR BIRTH, FROM OLDEST TO YOUNGEST. THE OLDEST CHILD IS THE FIRST CHILD AND THE YOUNGEST CHILD IS THE LAST. PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS, IN THE ORDER OF THEIR BIRTH.’]***

***[CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE ‘XTH’ CHILD. PLEASE SUBSTITUTE ‘XTH’ CHILD’S NUMBER IN ALL QUESTIONS BELOW.]***

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

**M23.1**  What is the birth month and year of the ‘Xth’ child?

(593-598)

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

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).]***

**M23.2** Is the child a boy or a girl?

(599)

1 BOY **[GO TO M23.4]**

2 GIRL **[GO TO M23.4]**

3 NON-BINARY/OTHER

9 REFUSED

**M23.3 What was the child’s sex on their original birth certificate?**

(600)

**1 Boy**

**2 Girl**

**M23.4** Is the child Hispanic, Latino/a, or Spanish origin?

(601-604)

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 UT23.3c]**

5 NO

1. DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: ASK UT23.3c ON BOTH QUESTIONNAIRE PATHS.]***

**UT23.3c** You identified your child as being of ‘Another Hispanic, Latino/a, or Spanish origin.’ Is the child:

(964-967)

**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

**M23.5** 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?

(605-632)

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 UT23.5c]**

**60 OTHER**

**88 NO CHOICES – OTHER MAY BE REPLACED WITH THIS**

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK UT23.4c ON BOTH QUESTIONNAIRE PATHS.]***

**UT23.4c** You identified your child as being ‘Other Pacific Islander.’ Is the child:

(968)

**PLEASE READ:**

1 Tongan

2 Another Pacific Islander

7 DON’T KNOW / NOT SURE

9 REFUSED

**M23.6** Which one of these groups would you say best represents the child’s race?

(633-634)

**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 UT23.5c]**

**60 OTHER – THIS MAY BE REMOVED**

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK UT23.5c ON BOTH QUESTIONNAIRE PATHS.]***

**UT23.5c** You identified your child as being ‘Other Pacific Islander.’ Is the child: (969)

**PLEASE READ:**

1 Tongan

2 Another Pacific Islander

7 DON’T KNOW / NOT SURE

9 REFUSED

**M23.7** How are you related to the child? Parent, Grandparent, Foster Parent or guardian, Sibling, Other relative, or Not related in any way?

(635)

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 24: Childhood Asthma Prevalence**

***[CATI NOTE: ASK MODULE 24, CHILDHOOD ASTHMA PREVALENCE, ON BOTH QUESTIONNAIRE PATHS.]***

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

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

**M24.1** Has a doctor, nurse, or other health professional EVER said that the child has asthma?

(636)

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]**

**M24.2** Does the child still have asthma?

(637)

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 C08.15 = 88 OR 99, GO TO NEXT SECTION.]***

**CVH01** Is the child up-to-date with all recommended vaccinations, excluding the yearly flu shot *and any vaccinations for COVID-19*?

(970)

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.

(971-972)

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): (no col num)

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Diabetes**

***[CATI NOTE: ASK IF Q7.12 = YES. ASK ON BOTH QUESTIONNAIRE PATHS.]***

**DIAB01** According to your doctor or other health professional, what type of diabetes do you have?

(973)

1. TYPE 1
2. TYPE 2

7 DON’T KNOW / NOT SURE

9 REFUSED

**DIAB02** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(974-975)

\_ \_ NUMBER OF TIMES ***[NOTE: IF MORE THAN 76 TIMES, ENTER ‘76.’]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**DIAB03** About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for ‘A-one-C’?

NOTE: A test for ‘A-one-C’ measures the average level of blood sugar over the past three months.

(976-977)

\_ \_ NUMBER OF TIMES ***[NOTE: IF MORE THAN 76 TIMES, ENTER ‘76.’]***

88 NONE

98 NEVER HEARD OF ‘A ONE C’ TEST

77 DON’T KNOW / NOT SURE

99 REFUSED

**DIAB04** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(978-979)

\_ \_ NUMBER OF TIMES ***[NOTE: IF MORE THAN 76 TIMES, ENTER ‘76.’]***

88 NONE

98 NO FEET

77 DON’T KNOW / NOT SURE

99 REFUSED

**DIAB05** When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

(980)

READ ONLY IF NECESSARY:

1 Within the past month (anytime less than 1 month ago)

2 Within the past year (1 month but less than 12 months ago)

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

4 2 or more years ago

7 DON’T KNOW / NOT SURE

8 NEVER

9 REFUSED

**DIAB06** When was the last time a doctor, nurse, or other health professional took a photo of the back of your eye with a specialized camera?

(981)

READ ONLY IF NECESSARY:

1 Within the past month (anytime less than 1 month ago)

2 Within the past year (1 month but less than 12 months ago)

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

4 2 or more years ago

7 DON’T KNOW / NOT SURE

8 NEVER

9 REFUSED

**DIAB07** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(982)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**DIAB08** Have you ever taken a course or class in how to manage your diabetes yourself?

(983)

1 YES [ASK DIAB09]

2 NO [SKIP TO DIAB10]

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

9 REFUSED[SKIP TO NEXT SECTION]

**DIAB09** Which of the following, if any, made you want to attend a course or a class in diabetes management?

(984-988)

PLEASE READ:

1 Encouragement from friends or family

2 Recommendation from a doctor or other health care professional

3 To prevent possible complications related to diabetes

4 To learn how to manage diabetes better

5 Some other reason

7 DON’T KNOW / NOT SURE

8 NONE

9 REFUSED

[GO TO NEXT SECTION]

**DIAB10** Which of the following, if any, are reasons why you have not taken a course or class in diabetes management?

(989-1004)

PLEASE READ:

01 Didn’t know about the class

02 Didn’t think the class was necessary

03 Location of the classes are too far

04 Class times don’t work with (my) schedule

05 Classes were not offered in (my) preferred language

06 The cost of the class is too expensive

07 Other costs, for example transportation or child care

08 Some other reason

77 DON’T KNOW / NOT SURE

88 NONE

99 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 C03.1 = 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?

(1005-1006)

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…

(1007-1024)

**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 C08.14 = 3, 4, 5, 6, 7, 8, or 9, GO TO ‘EMPLOYED.’ IF C08.14 = 1 OR 2, GO TO ‘HOURSWKD.’]***

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

(1025)

**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 C08.14 = 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?

(1026-1027)

**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 C08.15 = 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?

(1028-1043)

**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        None (no coverage)  **[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?

(1044)

(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?

(1045-1046)

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 …

(1047-1064)

**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

## **Characteristics of the Tattooed Population in Utah**

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

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

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

(1065-1066)

**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?

(1067-1068)

\_ \_ 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?

(1069-1071)

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

555 YOUNGER THAN 10 YEARS OLD

777 DON’T KNOW / NOT SURE

999 REFUSED

**TAT4** What colors are in your tattoos? I am going to read you a list of colors, please say yes or no to each one.

**PLEASE READ**:

(1072-1093)

01 Black

02 Red

03 Orange

04 Yellow

05 Green

06 Blue

07 Purple

08 Brown

09 White

10 Black light/UV Tattoo

11 Other color(s)

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Marijuana Use**

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

**STMJ1** In the past 12 months, how often did you use marijuana or cannabis? Would you say

(1094)

**PLEASE READ:**

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

1 Daily

2 1-2 times each week

3 1-2 times each month

4 Rarely, or

5 Have you not used marijuana in the past 12 months? (Skip to the next module)

7 DON’T KNOW / NOT SURE

9 REFUSED (skip to the next module)

**STMJ2**      During the past 30 days, on how many days did you use marijuana or cannabis?

(1095-1096)

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

\_\_ Number of days (01-30)

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STMJ3** Which of the following ways do you use marijuana the most often? Do you usually smoke it, eat it, drink it, vaporize it, dab it, or use it some other way?

(1097)

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 (BY USING A DABBING RIG, KNIFE, OR DAB PEN)

6 Use it in some other way

7 DON’T KNOW / NOT SURE

9 REFUSED

**STMJ4** When you use marijuana, is it usually . . .

**(PLEASE READ:)**

(1098)

1 For medical reasons (to treat or decrease symptoms of a health condition)

2 For non-medical reasons (to have fun or fit in)

3 For both medical and non-medical reasons

7 DON’T KNOW / NOT SURE

9 REFUSED

**STMJ5** In the past 12 months, where did you get information about medical marijuana or cannabis? Did you get information from . . . (SELECT ALL THAT APPLY)

(1099-1116)

01 Doctor, nurse, or other healthcare professional

02 Friend or family member

03 Internet

04 Radio or TV

05 Utah state cannabis program

06 Religious leader

07 Book, magazine, or other publication

08 Scholarly article or research article

09 Some other resource (SPECIFY) (no col num)

10 NONE

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.

(1117-1122)

**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

## **Routine Preventive Care**

***[CATI NOTE: ASK ROUTINE PREVENTIVE CARE TO WOMEN BETWEEN 18-45 WHO ANSWERED A SPECIFIC WAY ON CHCA04.]***

**PREVC1** You stated that you had not visited a doctor for a routine checkup within the past year. What is the primary reason you did not receive a check up?

(1123-1124)

**PLEASE READ:**

01 I did not know that I needed a yearly routine check-up

02 I could not get an appointment when I wanted one

03 I had no way to get to the clinic or doctor’s office

04 I could not take time off from work or school

05 I had no one to take care of my children

06 I put off seeing a doctor due to concerns about COVID-19

08 Other

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Sexual Health**

***[CATI NOTE: ASK SEXUAL HEALTH ON QUESTIONNAIRE PATH 12/22]***

The next questions are about sexual health. Please remember that your answers are strictly confidential and that you don’t have to answer every question if you don’t want to. When answering these questions, please keep in mind that by sex we mean oral, vaginal, or anal sex.

**STSH1** Has a doctor or other healthcare professional ever talked with you about the following? Select all that apply

(1125-1140)

**PLEASE READ – 01-09 AND SELECT ALL THAT ARE YES**

01 Abstinence

02 Family planning or infertility

03 Condom use

04 Reducing the number of sexual partners

05 HIV/AIDS

06 Other STDs, such as chlamydia or syphilis

07 Getting tested for HIV or STDs

08 Pre-exposure Prophylaxis (PrEP)

09 No, a provider has never spoken to me about any of these topics

77 DON’T KNOW /NOT SURE

99 REFUSED

**STSH2** How old were you the first time you had any kind of consensual sex?

(1141-1143)

**NOTE**: Consensual sex is when you and your sexual partner both agree to have sex.

\_ \_ AGE IN YEARS [RANGE: 14-100]

222 HAVE NEVER HAD CONSENSUAL SEX **[SKIP TO NEXT SECTION]**

555 YOUNGER THAN 14 YEARS OLD

777 DON’T KNOW /NOT SURE

999 REFUSED

**STSH3** Thinking back about the last time you had sex, did you or your partner use a condom?

(1144)

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

2 NO

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

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

**STSH4** Which statement best describes the reason you did not use a condom the last time you had sex?

(1145-1146)

**PLEASE READ:**

01 My partner and I only have sex with each other (monogamy)

02 My partner or I do not like to use condoms

03 No condom was available

04 My partner and I had oral sex only

05 My partner and I were using another form of birth control

06 My partner and I were trying to get pregnant

07 My partner and I never discussed using condoms

08 My partner and I are tested regularly

09 My partner or I are on PrEP (Pre-exposure Prophylaxis)

10 I was drunk or high

11 I do not care about STDs

12 Other (specify)

77 DON’T KNOW /NOT SURE

99 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, IS PREGNANT, HAS HAD HYSTERECTOMY, HAS NEVER HAD CONSENSUAL SEX, OR IF RESPONDENT IS MALE, GO TO THE NEXT SECTION.]***

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina. Please remember that all of your answers will be kept confidential.

**STFP0** In the past 12 months, did you have sexual intercourse?

(1147)

1. Yes
2. No [GO TO NEXT SECTION]
3. Don’t know/not sure [GO TO NEXT SECTION]

9 Refused [GO TO NEXT SECTION]

**STFP1** The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

(1148)

1 YES

2 NO **[GO TO STFP3]**

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

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

**STFP2** What did you or your partner do to keep you from getting pregnant the last time you had sexual intercourse?

(1149-1150)

**NOTE:** If MORE THAN ONE method, code the method that appears first on the list.

**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 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)

05 Shots (ex. Depo-Provera)

06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)

07 Condoms (male or female)

08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream

09 Emergency contraception (morning after pill, plan B)

10 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)

11 Withdrawal

12 Other method

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK ONLY IF STFPQ2A IS 3, 4, 5, OR 6, OTHERWISE GO TO NEXT SECTION –IF STFP4 WAS ASKED, THEN GO TO NEXT SECTION AFTER STFP4.]***

**STFP4** Where did you get the [response from STFP2] you used when you last had sexual intercourse?

(1151-1152)

**READ ONLY IF NECESSARY:**

01 Private doctor’s office

02 Community health clinic, Community clinic, Public health clinic

03 Family planning or Planned Parenthood Clinic

04 School or school-based clinic

05 Hospital outpatient clinic, emergency room, regular hospital room

06 Urgent care center or walk-in facility

07 Health care visit with a pharmacist

08 Website or app

09 Some other place

77 DON’T KNOW / NOT SURE

99 REFUSED

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 doing anything to prevent pregnancy the last time you had sexual intercourse?

(1153-1154)

**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 the possibility of pregnancy

03 You don’t care if you get pregnant

04 You want to become pregnant

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 it

09 You have religious reasons

10 You had a lapse in the use of your normal method

11 You don’t think you or your partner can get pregnant

12 You had tubes tied (sterilization)

13 Your partner had a vasectomy (sterilization)

14 Other reasons

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Access to Family Planning**

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

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

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

(1155)

**PLEASE READ:**

1 Yes, my current method is what I want to use **[GO TO STAFP3]**

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 **[GO TO STAFP3]**

5 I don't want to use anything to prevent pregnancy right now **[GO TO STAFP3]**

6 I’m not at risk of pregnancy (not sexually active, same sex partner, partner had vasectomy, had tubal ligation, experiences infertility) **[GO TO STAFP3]**

7 DON’T KNOW / NOT SURE **[GO TO STAFP3]**

9 REFUSED **[GO TO STAFP3]**

**STAFP6** What are the reasons you are not using your preferred birth control? (Select all that apply.)

(1156-1183)

**PLEASE READ:**

01 I can’t afford it/I don’t have insurance

02 My insurance doesn’t cover it

03 My doctor/clinic doesn’t offer it

04 My doctor advised against it

05 I don’t know where I can get it

06 I am currently breastfeeding

07 I am not having sex

08 My partner doesn’t want me to use it

09 My male partner doesn’t want to use the method

10 I am waiting for an appointment to get it

11 I don’t like ANY of the methods that I know currently exist

12 I’ve used this method in the past and didn’t like the way it made me feel

13 I don’t trust the effectiveness of the method I would prefer to be using

14 Other

77 DON’T KNOW / NOT SURE

99 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.

(1184)

**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?

(1185)

**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

## **Sexual Violence and Intimate Partner Violence**

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

**STSV0i** I’d like to ask you some questions about unwanted sexual experiences. This information will allow us to better understand the problem of sexual violence and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for this issue. Please keep in mind that your answers are strictly confidential and you can ask me to skip any question that you do not want to answer.

(no col num)

Are you in a safe place to answer these questions?

1          YES

2          NO  **[GO TO STSVCLOS]**

**STSV5** In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, texting and direct messaging on social media outlets like Instagram, twitter or snapchat, or making you look at photos or movies.

(1186)

1 YES

2 NO **[GO TO STSV8]**

7 DON’T KNOW / NOT SURE **[GO TO STSV8]**

9 REFUSED  **[GO TO STSV8]**

**STSV6** I’m going to read a list of resources where some people receive help when they have been in an unwanted sexual situation. Please tell me whether you received help from each of the following. Did you receive help from . . .

(1187-1204)

**PLEASE READ:**

**(PAUSING BETWEEN EACH OPTION AND SELECT ALL THAT ARE ‘YES’)**

01 A family member or friend **[GO TO STSV8]**

02 A healthcare provider **[GO TO STSV8]**

03 A counselor, therapist, or social worker **[GO TO STSV8]**

04 A religious or spiritual advisor **[GO TO STSV8]**

05 Law enforcement **[GO TO STSV8]**

06 A boss, co-worker, or other work-related support **[GO TO STSV8]**

07 A statewide hotline **[GO TO STSV8]**

08 Some other source of help **[GO TO STSV8]**

88 NONE **[ASK STSV7]**

77 DON’T KNOW / NOT SURE **[ASK STSV7]**

99 REFUSED **[ASK STSV7]**

**STSV7** I’m going to read a list of reasons that keep some people from receiving help after they experienced an unwanted sexual situation. For each one, please tell me whether it was a reason that kept you from receiving help. Was it because . . . ?

(1205-1224)

**PLEASE READ:**

**(PAUSING BETWEEN EACH OPTION AND SELECT ALL THAT ARE ‘YES’)**

01 You did not know where to get help

02 You did not have the money to pay for services

03 You were afraid the person who committed the harm would find out

04 You thought it was your fault that you were harmed

05 You thought the situation would end or not happen again

06 You did not have a way to get there

07 You did not want any help

08 You did not think someone would believe you if you told them

09 You thought it would put your job or housing at risk

10 or some other reason

77 DON’T KNOW / NOT SURE

99 REFUSED

**STSV8** In the past 12 months, has anyone touched sexual parts of your body without your consent?

(1225)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[*if female*]**, anus, or mouth or making you do these things to them after you said no or showed that you didn’t want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

**STSV1** Has anyone EVER had sex with you or ATTEMPTED to have sex with you after you said no or showed that you didn’t want them to or without your consent?

(1226)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STSV9** How many of your intimate partners have ever: made decisions for you that should have been yours to make, such as the clothes you wear, things you eat, or the friends you have; tried to keep you from seeing or talking to your family or friends; or, kept track of you by demanding to know where you were and what you were doing?

(1227-1228)

\_ \_ Number of partners [RANGE=01-76]

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STSV7** Has an intimate partner ever pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?

(1229)

1 YES **[ASK STSV8]**

2 NO **[GO TO STSVCLOS]**

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

9 REFUSED **[GO TO STSVCLOS]**

**STSV8** During the past 12 months did an intimate partner push, hit, slap, kick, choke, or physically hurt you in any other way?

(1230)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STSVCLOS** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call (800) 656-HOPE (4673). This is a toll-free call. Would you like me to repeat this number? (no col num)

**NOTE:** If 'Yes,' say (800) 656-HOPE (4673).

1 YES

2 NO

## **COVID–19**

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

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

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

(1231)

**PLEASE READ:**

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

7 DON’T KNOW/NOT SURE

9 REFUSED

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

(1232)

**PLEASE READ:**

1 Yes **[SKIP TO CVDQ11]**

2 Not yet, but I intend to

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

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

9 REFUSED **[SKIP TO CVDQ11]**

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

(1233-1234)

**PLEASE READ:**

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 (SPECIFY)

77 DON’T KNOW/ NOT SURE

99 REFUSED

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

(1235)

***[CATI NOTE: ASK CVDQ11 and CVDQ12 IF C08.15 = 88 OR 99, GO TO CVDQ13]***

**PLEASE READ:**

1 Yes **[SKIP TO CVDQ13]**

2 Not yet, but I intend to vaccinate my child

3 No, I do not intend to vaccinate my child **[SKIP TO CVDQ13]**

7 DON’T KNOW/ NOT SURE **[SKIP TO CVDQ13]**

9 REFUSED **[SKIP TO CVDQ13]**

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

vaccine?

(1236-1237)

**PLEASE READ:**

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 (SPECIFY)

77 DON’T KNOW/ NOT SURE

99 REFUSED

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

(1238)

**[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

1. DON'T KNOW/NOT SURE

9 REFUSED

**CVDQ15** Have any of your at-home test results been positive for COVID-19?

(1239)

**[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

1. DON'T KNOW/NOT SURE

9 REFUSED

## **Suicidality**

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

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.

**STSUCONE** During your lifetime, did you ever seriously consider attempting suicide?

(1240)

1 YES

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

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

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

**STSUATTE** During your lifetime, how many times have you attempted suicide?

(1241)

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

## **Firearms and Suicidality**

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

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

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

**FIRES1** Are any firearms now kept in or around your home?

(1242)

1. YES
2. NO **[GO TO STMH1]**

7 DON’T KNOW / NOT SURE **[GO TO STMH1]**

9 REFUSED **[GO TO STMH1]**

**FIRES5** Are any of these firearms stored unlocked when they are not in use? By “unlocked” we mean you do not need a key, combination, or a fingerprint to access the gun or to fire it. We don’t count a safety as a lock. If a firearm is being carried on a person or operated, we consider that “in use”.

(1243)

1. YES
2. NO **[GO TO STMH1]**

7 DON’T KNOW / NOT SURE **[GO TO STMH1]**

9 REFUSED **[GO TO STMH1]**

**FIRES6** Are any of the unlocked firearms kept loaded when not in use?

(1244)

1. YES
2. NO

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(1245)

1. YES
2. NO

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(1246-1265)

**PLEASE READ:**

01 Intimate partner or spouse

02 Friend or coworker

03 Family member

04 Clergy or faith leader

05 Mental health professional

06 Crisis services (including phone, text, or other forms of communication)

07 Physician or health professional

08 social media

09 I would not seek help

10 OTHER

77 DON’T KNOW / NOT SURE

99 REFUSED

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

(no col num)

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

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Cancer Genomics**

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

**CANGEN1** Regardless of a positive or negative family history of cancer, how familiar are you with your family history of cancer among your blood relatives including your parents, grandparents, siblings, aunts, uncles, and children? Would you say…

(1266)

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

**PLEASE READ:**

1 Not at all familiar

2 Somewhat familiar

3 Familiar

4 Very familiar

7 DON’T KNOW / NOT SURE

9 REFUSED

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

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

(1267)

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

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

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

**CANGEN4** Has a doctor, nurse, or other healthcare provider ever talked to you about genetic testing to determine if you or your family are at increased risk for developing breast, ovarian, colon, or uterine cancer?

(1268)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: ASK CANGEN6 OF WOMEN ONLY.]***

We previously asked about discussing your risk of certain cancers with a healthcare provider. Next we will ask you about meeting with a genetic counselor. A genetic counselor is a specially trained health professional who helps someone learn about their risk of an inherited medical condition. Genetic counseling can be done in an office or over the phone.

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

(1269)

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

**PLEASE READ:**

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

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Substance Abuse and Chronic Pain**

*[CATI NOTE: ASK SUBSTANCE ABUSE/CHRONIC PAIN QUESTIONS ON QUESTIONNAIRE PATHS 12/22.]*

**STCHRPN1** Do you suffer from any type of chronic pain, that is, pain that occurs constantly or flares up frequently?

(1270)

1 YES

2 NO  **[GO TO STCHRPN4]**

7 DON’T KNOW / NOT SURE  **[GO TO STCHRPN4]**

9 REFUSED  **[GO TO STCHRPN4]**

**STCHRPN2**  Opioids are medications that relieve pain. Some opioids such as hydrocodone and morphine can be prescribed by a health care provider. Other opioids like heroin cannot be prescribed. Do you use opioid medications prescribed to you by a doctor to treat your chronic pain?

(1271)

1 YES

2 NO **[GO TO STCHRPN4]**

7 DON’T KNOW / NOT SURE **[GO TO STCHRPN4]**

9 REFUSED **[GO TO STCHRPN4]**

**STCHRPN3**  The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses?

(1272)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STCHRPN4**  In the last year, did you use prescription pain medication that was NOT prescribed to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter.

(1273)

1 YES

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

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

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

**STCHRPN5**  Think of the last time you used prescription pain medication that was not prescribed to you, or was prescribed to you for something else. What were the reasons you used the prescription pain medicine?

(1274-1280)

1 To relieve pain

2 To relieve other physical symptoms

3 To relieve anxiety or depression

4 For fun, good feeling, getting high

5 To prevent or relieve withdrawal symptoms

6 To help fall asleep

8 Other (specify)

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Adverse Childhood Experiences (ACEs)**

***[INTRO FOR BOTH QUESTIONNAIRE PATHS]***

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

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

***[CATI NOTE: ADVERSE CHILDHOOD EXPERIENCES, ON QUESTIONNAIRE PATH 11/21.]***

**STACE01** Did you live with anyone who was mentally ill, depressed, or suicidal?

(1281)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STACE02** Did you live with anyone who was a problem drinker or alcoholic?

(1282)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STACE03** Did you live with anyone who used illegal street drugs or who abused prescription medications?

(1283)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STACE04** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (1284)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STACE05** Were your parents separated or divorced?

(1285)

1 YES

2 NO

8 PARENTS NOT MARRIED

7 DON’T KNOW / NOT SURE

9 REFUSED

**STACE06** How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Would you say…

(1286)

**PLEASE READ:**

1 Never

2 Once

3 More than once

7 DON’T KNOW / NOT SURE

9 REFUSED

**STACE07** Not including spanking (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Would you say…

(1287)

**PLEASE READ:**

1 Never

2 Once

3 More than once

7 DON’T KNOW / NOT SURE

9 REFUSED

**STACE08** How often did a parent or adult in your home ever swear at you, insult you, or put you down? Would you say…

(1288)

**PLEASE READ:**

1 Never

2 Once

3 More than once

7 DON’T KNOW / NOT SURE

9 REFUSED

**STACE09** How often did anyone at least 5 years older than you or an adult, ever touch you sexually, OR ever try to make you touch them sexually, OR force you to have sex? Would you say…

(1289)

**PLEASE READ:**

1 Never

2 Once

3 More than once

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Protective Childhood Experiences**

***[CATI NOTE: ASK PROTECTIVE CHILDHOOD EXPERIENCES ON BOTH QUESTIONNAIRE PATHS.]***

**STPCE1** How often did you feel your family stood by you during difficult times? Would you say…

**NOTE:** IF R SAYS SOME FAMILY MEMBERS DID/DIDN’T, ASK R TO ANSWER ABOUT FAMILY IN GENERAL. IF R’S FAMILY SITUATION WAS COMPLICATED, SAY “Whoever you considered your family when you were growing”.

(1290)

**PLEASE READ:**

1 Never

2 Rarely

3 Sometimes

4 Often

5 Very often

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPCE2** How often did you feel that you were able to talk to your family about your feelings? Would you say…

(1291)

**PLEASE READ:**

1 Never

2 Rarely

3 Sometimes

4 Often

5 Very often

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPCE3** For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say…

(1292)

**PLEASE READ:**

1 Never

2 A little of the time

3 Some of the time

4 Most of the time

5 All of the time

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPCE4** How often did you enjoy participating in your community’s traditions? Would you say…

(1293)

**PLEASE READ:**

**NOTE:** IF R ASKS WHAT WE MEAN BY “COMMUNITY” OR “TRADITIONS”, SAY “whatever it means to you”

1 Never

2 Rarely

3 Sometimes

4 Often

5 Very often

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPCE5** How often did you feel that you belonged at your high school? Would you say…

(1294)

**PLEASE READ:**

**NOTE:** IF R ATTENDED MULTIPLE HIGH SCHOOLS, ASK R TO RESPOND ABOUT THE HIGH SCHOOLS IN GENERAL.

1 Never

2 Rarely

3 Sometimes

4 Often

5 Very often

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPCE6** How often did you feel supported by your friends? Would you say…

(1295)

**PLEASE READ:**

**NOTE:** IF R SAYS SOME FRIENDS DID/DIDN’T, ASK R TO ANSWER ABOUT FRIENDS IN GENERAL.

1 Never

2 Rarely

3 Sometimes

4 Often

5 Very often

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPCE7** How often were there at least two adults, other than your parents, who took a genuine interest in you? Would you say…

(1296)

**PLEASE READ:**

1 Never

2 Rarely

3 Sometimes

4 Often

5 Very often

7 DON’T KNOW / NOT SURE

9 REFUSED

**ACECLOSE** As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number?

(no col num)

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

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

# Asthma Call-Back Permission Script

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

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

(609)

   1          YES

   2          NO

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

                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter first name, initials, or nickname

***[NOTE: IF CHILD IS SELECTED FOR ASTHMA CALLBACK.]***

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

   1          YES **[GO TO CBTIME]**

   2          NO **[GO TO OTHNAME]**

   7          DON’T KNOW / NO SURE **[GO TO CBTIME]**

   9          REFUSED **[GO TO CBTIME]**

**OTHNAME** You said someone else was more knowledgeable about the child’s asthma. Can I please have this adult’s first name, initials or nickname so we will know how to ask for when we call back regarding your child?

                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter first name, initials, or nickname

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

   1          YES **[GO TO MKPAREA]**

   2          NO **[GO TO CBTIME]**

   7          DON’T KNOW / NO SURE **[GO TO CBTIME]**

   9          REFUSED **[GO TO CBTIME]**

**MKPAREA** What is the area code?

   \_ \_ \_ **[ENTER AREA CODE]**

**MKPPHONE** What is the phone number?

   \_ \_ \_ \_ \_ \_ \_ **[ENTER PHONE NUMBER]**

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

                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Asthma Call-Back Selection

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

(610)

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.