



2007

UTAH

**Behavioral Risk Factor Surveillance System
Questionnaire**

Behavioral Risk Factor Surveillance System 2007 Questionnaire

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Interviewer's Script

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

Is this (phone number) ?

If "no,"

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

Is this a private residence?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone?

Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

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

If "you," go to page 4



To the correct respondent:

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

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1 Would you say that in general your health is— (73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

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

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

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

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

3.2 Do you have one person you think of as your personal doctor or health care provider?
If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” (81)

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

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

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

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

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

Section 5: Diabetes

5.1 Have you ever been told by a doctor that you have diabetes?
If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"
If respondent says pre-diabetes or borderline diabetes, use response code 4. (85)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

Module 3: Diabetes

To be asked following Core Q5.1; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (244-245)

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

2. Are you now taking insulin? (246)

1 Yes
 2 No
 9 Refused

3. Are you now taking diabetes pills? (247)

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

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (248-250)

1 _ _ Times per day
 2 _ _ Times per week
 3 _ _ Times per month
 4 _ _ Times per year
 8 8 8 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (251-253)

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

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (254)

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

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

(255-256)

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

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

(257-258)

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

CATI note: If Q5 = 555 (No feet), go to Q10.

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

(259-260)

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

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

(261)

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure

- 8 Never
- 9 Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (262)

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

12. Have you ever taken a course or class in how to manage your diabetes yourself? (263)

- 1 Yes (Skip to **STDM1**)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

STDM1. Please think only about the courses or classes you took that were taught by a **nurse, dietitian or pharmacist** who is a diabetes educator. When was the last time you took a course or class in how to manage your diabetes yourself from a one of the diabetes educators I mentioned?

(Interviewer: Read only if necessary):

- 01. Within the past 6 months (anytime less than 6 months ago)
- 02. Within the past year (6 months but less than 1 year ago)
- 03. Within the past 2 years (1 year but less than 2 years ago)
- 04. Within the past 5 years (2 years but less than 5 years ago)
- 05. Within the past 10 years (5 years to less than 10 years ago)
- 06. Within the past 20 years (10 years to less than 20 years ago)
- 07. 20 or more years ago.
- 88. Never
- 77. Don't know/Not sure
- 99. Refused

STDM2: In the past 12 months, where did you get information about diabetes? You may mention more than one source.

(Interviewer: Mark all mentioned, but do not probe. Maximum 12 responses allowed)

- 01. Nurse or nurse practitioner
- 02. Dietician or nutritionist
- 03. Diabetes educator
- 04. Diabetes classes or course
- 05. Doctor

- 06. Pharmacist
- 07. Family
- 08. Co-worker or friend
- 09. Health Department
- 10. Diabetes Organizations
- 11. Library
- 12. Television
- 13. Radio
- 14. Internet
- 15. Magazine, journal or book
- 16. Newspaper
- 17. Health insurance (mailings)
- 18. Telephone information number (800 number)
- 19. Other (write in)_____

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

Section 6: Hypertension Awareness

- 6.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

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

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

- 6.2** Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

- 7.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

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

9 Refused [Go to next section]

7.2 About how long has it been since you last had your blood cholesterol checked? (89)

Read only if necessary:

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

Do not read:

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

7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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."

8.1 (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

8.2 (Ever told) you had angina or coronary heart disease? (92)

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

8.3 (Ever told) you had a stroke?

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

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

9.2 Do you still have asthma? (95)

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

Section 10: Immunization

10.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)

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

10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (97)

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

9 Refused

10.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
(98)

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

10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.
(99)

INTERVIEWER NOTE: Response is "Yes" only if respondent has received the entire series of three shots.

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

The next question is about behaviors related to Hepatitis B.

10.5 Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You have had sex with a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you?
(100)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life?
(101)

NOTE: 5 packs = 100 cigarettes

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

11.2 Do you now smoke cigarettes every day, some days, or not at all? (102)

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

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.

12.4 Which one of these groups would you say best represents your race? (113)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

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

12.5 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? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.* (114)

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

12.6 Are you...? (115)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

12.7 How many children less than 18 years of age live in your household? (116-117)

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

12.8 What is the highest grade or year of school you completed? (118)

Read only if necessary:

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

Do not read:

- 9 Refused

12.9 Are you currently...? (119)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year

- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

12.10

Is your annual household income from all sources—

(120-121)

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

Read only if necessary:

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

Do not read:

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

12.11

About how much do you weigh without shoes?

(122-125)

Note: If respondent answers in metrics, put "9" in column 122.

Round fractions up

_ _ _ _	Weight
(pounds/kilograms)	
7 7 7 7	Don't know / Not sure

9 9 9 9 Refused

CATI note: If the respondent answers "Don't Know" or "Refused" at Q12.11 (How much do you weigh without shoes?) they should SKIP Q12.13 (How much did you weigh a year ago?) and Q12.14 (Was the change between your current weight and your weight a year ago intentional?).

12.12 About how tall are you without shoes? (126-129)

Note: If respondent answers in metrics, put "9" in column 126.

Round fractions down

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

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* (130-133)

Note: If respondent answers in metrics, put "9" in column 130.

Round fractions up

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

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

12.14 Was the change between your current weight and your weight a year ago intentional? (134)

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

12.15 What county do you live in? (135-137)

_ _ _ FIPS county code
 7 7 7 Don't know / Not sure
 9 9 9 Refused

12.16 What is your ZIP Code where you live? (138-142)

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

12.17 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (143)

1 Yes
 2 No **[Go to Q12.19]**
 7 Don't know / Not sure **[Go to Q12.19]**
 9 Refused **[Go to Q12.19]**

12.18 How many of these telephone numbers are residential numbers? (144)

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

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

12.20 **Indicate sex of respondent. Ask only if necessary.** (146)

1 Male **[Go to next section]**
 2 Female **[If respondent is 45 years old or older, go to next section]**

12.21 To your knowledge, are you now pregnant? (147)

1 Yes

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

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (148)

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (149-151)

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

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (152-153)

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

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (154-155)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (156-157)

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

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (158)

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

14.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (159)

Include occasional use or use in certain circumstances.

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

Section 15: Arthritis Burden

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (160)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]

15.2 Did your joint symptoms first begin more than 3 months ago? (161)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]

15.3 Have you ever seen a doctor or other health professional for these joint symptoms? (162)

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

15.4 Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (163)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

CATI note: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section.

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (164)

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

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

Section 16: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (165-167)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

16.2 Not counting juice, how often do you eat fruit? (168-170)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

16.3 How often do you eat green salad? (171-173)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

16.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (174-176)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

16.5 How often do you eat carrots?

(177-179)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

16.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

(180-182)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 17: Physical Activity

CATI note: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.

17.1 When you are at work, which of the following best describes what you do? Would you say—

(183)

If respondent has multiple jobs, include all jobs.

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read:

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

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

17.2 Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?
(184)

- 1 Yes
- 2 No [Go to Q17.5]
- 7 Don't know / Not sure [Go to Q17.5]
- 9 Refused [Go to Q17.5]

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?
(185-186)

- __ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? [Go to Q17.5]
- 7 7 Don't know / Not sure [Go to Q17.5]
- 9 9 Refused [Go to Q17.5]

17.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
(187-189)

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

17.5 Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
(190)

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

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?
(191-192)

- __ Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

17.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (193-195)

_ : _ _ Hours and minutes per day
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Section 18: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

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

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (196)

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

18.2 Not including blood donations, in what month and year was your last HIV test? (197-202)

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

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

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

18.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

(203-204)

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

CATI note: Ask Q.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.

18.4 Was it a rapid test where you could get your results within a couple of hours?

(205)

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

Section 19: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

19.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source”.

(206)

Please read:

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

Do not read:

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

19.2 In general, how satisfied are you with your life?

(207)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

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

Section 20: Gastrointestinal Disease

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea is defined as 3 or more loose stools or bowel movements in a 24-hour period.*

(208)

- 1 Yes
- 2 No [Go to Core closing statement]
- 7 Don't know / Not sure [Go to Core closing statement]
- 9 Refused [Go to Core closing statement]

20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?

Note: Do not answer "Yes" if you just had telephone contact with a health professional.

(209)

- 1 Yes
- 2 No [Go to Core closing statement]
- 7 Don't know / Not sure [Go to Core closing statement]
- 9 Refused [Go to Core closing statement]

20.3 When you visited your health care professional, did you provide a stool sample for testing?

(210)

- 1 Yes
- 2 No [Go to Core closing statement]
- 7 Don't know / Not sure [Go to Core closing statement]
- 9 Refused [Go to Core closing statement]

Optional Modules and State Added Questions

Module 1: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.

If Core Q12.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

1. What is the birth month and year of the “Xth” child? (226-231)

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

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl? (232)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (233)

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

4. Which one or more of the following would you say is the race of the child? (234-239)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race? (240)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

6. How are you related to the child? (241)

Please read:

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

Do not read:

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

Module 2: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (242)

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

2. Does the child still have asthma? (243)

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

State-added Childhood Obesity-related Questions

Ask of selected child age 5 and older on both questionnaires

STCHILD1: How many hours does your child usually spend on a typical WEEKDAY watching television or videos? Include DVD and video movies. Do not count video games.

- 1. Less than 1 hour
- 2. 1-2 hours (1 hour to less than 2 hours)
- 3. 2-3 hours (2 hours to less than 3 hours)
- 4. 3-4 hours (3 hours to less than 4 hours)
- 5. 4-5 hours (4 hours to less than 5 hours)

- 6. 5 hours or more
- 7. Don't know/Not sure
- 9. Refused

STCHILD2: How many hours does your child usually spend on a typical WEEKDAY playing video or computer games?

- 1. Less than 1 hour
- 2. 1-2 hours (1 hour to less than 2 hours)
- 3. 2-3 hours (2 hours to less than 3 hours)
- 4. 3-4 hours (3 hours to less than 4 hours)
- 5. 4-5 hours (4 hours to less than 5 hours)
- 6. 5 hours or more
- 7. Don't know/Not sure
- 9. Refused

STCHILD3: How many hours does your child usually spend on a typical WEEKEND DAY watching television or videos? Include DVD and video movies. Do not count video games

- 1. Less than 1 hour
- 2. 1-2 hours (1 hour to less than 2 hours)
- 3. 2-3 hours (2 hours to less than 3 hours)
- 4. 3-4 hours (3 hours to less than 4 hours)
- 5. 4-5 hours (4 hours to less than 5 hours)
- 6. 5 hours or more
- 7. Don't know/Not sure
- 9. Refused

STCHILD4: How many hours does your child usually spend on a typical WEEKEND DAY playing video or computer games?

- 1. Less than 1 hour
- 2. 1-2 hours (1 hour to less than 2 hours)
- 3. 2-3 hours (2 hours to less than 3 hours)
- 4. 3-4 hours (3 hours to less than 4 hours)
- 5. 4-5 hours (4 hours to less than 5 hours)
- 6. 5 hours or more
- 7. Don't know/Not sure
- 9. Refused

STCHILD5: How many times in an average week does your child eat breakfast?

[programming note: limit valid responses from 0 to 7]

___ Number of days (0-7)

- 88. None
- 77. Don't know/Not sure

99. Refused

STCHILD6: How often does your child have soft drinks? One drink is a tall glass or 12 ounce can. Do not include diet soft drinks.

- 1 ___ Per day
- 2 ___ Per week
- 3 ___ Per month
- 4 ___ Per year
- 555 Never

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

Module 6: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI note: If Core Q8.1 = 1 (Yes), ask Q1. If Core Q8.1 = 2, 7, or 9, skip Q1.

1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (285)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Core Q8.3 = 1 (Yes), ask Q2. If Core Q8.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

2. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (286)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

[Question 3 is asked of all respondents.]

3. Do you take aspirin daily or every other day? (287)
- 1 Yes **[Go to next module]**
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (288)

If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 7: Actions to Control High Blood Pressure

CATI note: If Core Q6.1 = 1 (Yes); continue. Otherwise, go to next module.

Are you now doing any of the following to help lower or control your high blood pressure?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (289)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (290)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (291)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (292)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (293)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (294)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (295)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (296)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (297)

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

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (298)

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

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

Module 8: Heart Attack and Stroke

Ask on Questionnaire 2 only.

1. Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me “yes,” “no,” or you’re “not sure.”

(Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)

(299)

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

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (300)

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

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (301)

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

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (302)

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

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (303)

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

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (304)

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

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (305)

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

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (306)

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

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (307)

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

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (308)

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

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (309)

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

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (310)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (311)

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

Or

- 5 Do something else

Do not read:

- 7 Don't know / Not sure

State-added Chronic Obstructive Pulmonary Disease (COPD) Question

Ask on both questionnaires: after Module 7 in Questionnaire 1, after Module 8 in Questionnaire 2.

STCOPD1: Have you ever been told by a doctor, nurse or other health professional that you have chronic obstructive pulmonary disease, also known as COPD, emphysema or chronic bronchitis?

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

State-added Mental Health questions (PHQ-9)

Ask on both questionnaires Ask after Chronic Obstructive Pulmonary Disease (COPD) Question

STMH1: Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

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

__ 01-14 days
8 8 None

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

STMH2: Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

__ 01-14 days
8 8 None

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

STMH3: Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

__ 01-14 days
8 8 None

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

STMH4: Over the last 2 weeks, how many days have you felt tired or had little energy?

__ 01-14 days
8 8 None

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

STMH5: Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

__ 01-14 days
8 8 None

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

STMH6: Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

__ 01-14 days
8 8 None

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

STMH7: Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

__ 01-14 days
8 8 None

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

STMH8: Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

__ 01-14 days
8 8 None

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

STMH9: (Over the last 2 weeks), how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

__ 01-14 days
8 8 None

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

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

State-added Mammogram Questions

Ask only of women aged 40+ years on both questionnaires.

STMAM1: A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1. Yes
2. No (**go to STMAM3**)

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

STMAM2: How long has it been since you had your last mammogram?

Read only if necessary:

1. Within the past year (anytime less than 12 months ago) (**go to next section**)
2. Within the past 2 years (1 year but less than 2 years ago) (**go to next section**)
3. Within the past 3 years (2 years but less than 3 years ago) (**go to STMAM4**)
4. Within the past 5 years (3 years but less than 5 years ago) (**go to STMAM4**)
5. 5 or more years ago (**go to STMAM4**)

Do not read:

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

STMAM3: What is the most important reason you have never had a mammogram?

[Flow instruction: To be asked after STMAM1 if respondent answers 2="no" to STMAM1.]

(Interviewer: Do not read. Mark only ONE)

01. Not recommended by Doctor/Doctor never said it was needed.
02. Not needed/No breast problems/No family history of breast cancer.
03. Cost/Not covered by insurance.
04. Too old.
05. Too young.
06. No time.
07. Services not available/Not convenient/Lack of Transportation.
08. Fear/Uncomfortable/painful.
09. Embarrassing.
10. Afraid of what they might find.
11. Other (write in)

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

STMAM4: What is the most important reason you have not had a mammogram in the last two years?

[Flow instruction: To be asked after STMAM2 if respondent answers 1="yes" to STMAM1 and 3,4 or 5 to STMAM2 (last mammogram over 2 years ago)]

(Interviewer: Do not read. Mark only ONE):

01. Not recommended by Doctor/Doctor never said it was needed.
 02. Not needed/No breast problems/No family history of breast cancer.
 03. Cost/Not covered by insurance.
 04. Too old.
 05. Too young.
 06. No time.
 07. Services not available/Not convenient/Lack of Transportation.
 08. Fear/Uncomfortable/painful.
 09. Embarrassing.
 10. Afraid of what they might find.
 11. Other (write in)
-
77. Don't know/Not sure.
 99. Refused.

State-added Colorectal Cancer Screening questions

(Questions 4, 5 and 6 from Module 11: Colorectal Cancer Screening)

Ask on both questionnaires of respondents aged 50+ years.

STCOLON1: Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you EVER had either of these exams?

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

STCOLON2: For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT examination called a sigmoidoscopy or a colonoscopy?

1. Sigmoidoscopy
2. Colonoscopy
3. Something else
7. Don't know/Not sure
9. Refused

STCOLON3: How long has it been since you had your last sigmoidoscopy or colonoscopy?

(Interviewer: Read only if necessary):

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 5 years (2 years but less than 5 years ago)
4. 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

State-added Tobacco Use Questions

Ask on both questionnaires.

STSMK1: Previously you said that you smoke cigarettes. On the average, about how many cigarettes a day do you now smoke?

[Flow instruction: If 1="everyday" or 2="some days" to core Q11.1 (C11Q01) continue, otherwise go to STSMK4]

___ ___ Number of cigarettes

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

STSMK2: Are you seriously considering stopping smoking within the next six months?

1. Yes
2. No (**go to STSMK5**)
7. Don't know/Not sure (**go to STSMK3**)
9. Refused (**go to STSMK3**)

STSMK3: Are you planning to stop smoking within the next 30 days?

1. Yes (**go to STSMK5**)
2. No (**go to STSMK5**)
7. Don't know/Not sure (**go to STSMK5**)
9. Refused (**go to STSMK5**)

STSMK4: Previously you said you have smoked cigarettes.

About how long has it been since you last smoked cigarettes?

[Flow instruction: If 3="Not at all" to core Q11.3, continue]

(Interviewer note: Read Only if Necessary)

01. Within the past month (anytime 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)(**Go to STSMK7**)
06. Within the past 10 years(5 years but less than 10 years ago) (**Go to STSMK7**)
07. 10 or more years ago (**Go to STSMK7**)
77. Don't know/Not sure (**Go to STSMK7**)
99. Refused (**Go to STSMK7**)

[Flow instruction: If (1="everyday" or 2="some days" to core Q11.2) or (3="Not at all" to core Q11.2 and 01, 02, 03 or 04 to STSMK4) continue, otherwise go to STSMK9]

STSMK5: In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

1. Yes
2. No (**go to STSMK9**)
7. Don't know/Not sure (**go to STSMK9**)
9. Refused (**go to STSMK9**)

STSMK6: In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?

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

STSMK7: In the past 12 months, 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?

(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)

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

STSMK8: In the past 12 months, did your doctor, nurse or other health professional recommend or discuss a smoking cessation class or program, a telephone quitline, or one-on-one counseling from a health-care provider to assist you with quitting smoking?

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

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

[Flow instruction: Ask of all respondents]

(Interviewer:Please Read)

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside the home
or
4. There are no rules about smoking inside the home

(Do Not Read)

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

STSMK10: In the past twelve months, how often have you seen or heard anti-smoking messages on the TV or radio?

[Flow instruction: Ask of all respondents]

1. At least once a week
2. At least once a month
3. Less than once a month
4. Never

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

State-added Quality of Life questions

Ask on both questionnaires. Ask first three questions of respondents who answered 1='yes' to either or both Question S14Q01 or S14Q02 (Disability). Ask fourth question of all respondents.

STQOL1: What is your major impairment or health problem?

___ Reason Code

Read Only if Necessary

01. Arthritis/rheumatism
02. Back or neck problem
03. Fractures, bone/joint injury
04. Walking problem
05. Lung/breathing problem
07. Hearing problem
08. Eye/vision problem
09. Heart problem
10. Stroke problem
11. Hypertension/high blood pressure
12. Diabetes
13. Cancer
14. Depression/Anxiety/ emotional problem
15. Other impairment/problem (**write in**)

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

STQOL2: For how long have your activities been limited because of your major impairment or health problem?

- 1 ___ ___ Days
- 2 ___ ___ Weeks
- 3 ___ ___ Months
- 4 ___ ___ Years
- 777. Don't know/Not sure
- 999. Refused

STQOL3: Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

STQOL4: During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work or recreation?

[Ask of all respondents]

- ___ ___ Number of days
- 88. None
- 77. Don't know/Not sure
- 99. Refused

State-added Hypertension and Cholesterol Control Questions

Ask on both Questionnaires.

STHTN1: **(Ask of those respondents who answered "yes" to Q.6.1)**
Earlier you said that you have been told you have high blood pressure. Are you currently under a physician's care to treat your high blood pressure?

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

STCHOL1: **(Ask of those respondents who answered 1="yes" to Q.7.3)**
Earlier you said that you have been told that your blood cholesterol is high. Are you currently under a physician's care to treat your high cholesterol?

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

STCHOL2: **(Ask of those respondents who answered 1="yes" to Q.7.3)**
Are you taking any medicine prescribed by a doctor for your high cholesterol?

1. Yes
2. No

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

State-added Genomics Questions

Ask on Questionnaire One only.

STGENE1. Now think about your immediate family including your grandparents, parents, brothers, sisters and children, both living and deceased. To the best of your knowledge, does one or more chronic disease, such as heart disease, stroke, diabetes, or cancer tend to run in your family?

(Interviewer Note: Includes blood relatives only. Does not include spouse.)

1. Yes
2. No
3. Adopted **(Skip to Question 7)**
7. Don't know/Not sure
9. Refused

STGENE2. Have any of your immediate family members ever been told by a doctor, nurse, or other health professional that they had diabetes? Do not include a female relative who only had diabetes during pregnancy.

(Interviewer Note: Immediate family members include grandparents, parents, brothers, sisters and children, both living and deceased. Only blood relatives.)

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

STGENE3. In the past year, have you read or heard about the importance of knowing your family's health history?

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

STGENE4. Have you ever actively collected health information from your relatives for the purpose of developing a family health history?

1. Yes

- 2. No (**Skip to STGENE7**)
- 7. Don't know/Not sure (**Skip to STGENE7**)
- 9. Refused (**Skip to STGENE7**)

STGENE5. Have you shared the information you collected on your family's health history with a doctor, nurse, or other health care professional?

- 1. Yes (**Skip to STGENE7**)
- 2. No (**Skip to STGENE6**)
- 7. Don't know/Not sure (**Skip to STGENE7**)
- 9. Refused (**Skip to STGENE7**)

STGENE6. Why have you not shared your family's health history with a medical professional?

Mark all that apply. Do not read:

- 01. Do not have a family history
- 02. It's not important
- 03. Confidential, not to be shared outside the family
- 04. Not yet, but I plan to in the future
- 05. Worried it may **affect my job**
- 16. Worried it may affect my **ability to get health insurance**
- 07. Worried it may affect my **ability to get life insurance**
- 08 Other (write in)

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

STGENE7. Some companies are offering genetic tests of your DNA that are advertised to improve your health and prevent disease. You can order these tests directly, without the involvement of a healthcare provider. Have you heard about these tests?

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

Asthma Follow-up Adult

AFU1: We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah.

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

- 1. Yes (**SKIP to AFU2**)
- 2. No (**Skip to closing**)

AFU2: Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

Type in respondent's first name only.

Asthma Follow-up Child

CFU1: We would like to call you again within the next 2 weeks to talk in more detail about your child's experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah.

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

1. Yes (**Skip to CFU2**)
2. No (**Skip to closing**)

CFU2: Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

Type in respondent's first name only.

CFU3: Can I please have your child's first name, initials or nickname so we can ask about that child's asthma history?

Type in respondent's first name only.

General Follow-up Script

STFU1: (**Ask of all respondents**) Occasionally programs at the Department of Health or researchers at Utah universities would like to conduct follow-up surveys. Would you be willing to be contacted at sometime in the future to participate in a follow-up survey?

IF NECESSARY, READ: You are not agreeing to participate. You may decline if you like once they ask you to participate.

1. Yes (**Go to STFU2**)
2. No (**Skip STFU2**)
7. Don't know/Not sure (**Skip STFU2**)
9. Refused (**Skip STFU2**)

STFU2: (**Only ask if answer to STFU1 is 1="Yes"**) May I please get your first name so they'll know whom to ask for? (Can you spell that for me, please?)

Type in respondent's first name only.

Closing Statement

Closing statement

Please read:

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