



**2010**

**Utah BRFSS  
Questionnaire**

**February 8, 2010**

# Behavioral Risk Factor Surveillance System 2010 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 in (state) ?

**If "no,"**

Thank you very much, but we are only interviewing private residences in (state). **STOP**

Is this a cellular telephone?

**[Read only if necessary: "By cellular (or cell) 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 5**

**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 about the survey, please call **(give appropriate state telephone number)**.

### 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.

- 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: Sleep

---

The next question is about getting enough rest or sleep.

- 4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

(84-85)

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

## Section 5: Exercise

---

- 5.1 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?

(86)

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



## Section 6: Diabetes

---

6.1 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.**

(87)

- 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 1: Pre-Diabetes (plus a state-added question)

---

**Ask on Questionnaires 2 and 3 only.**

**NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.1 (Diabetes awareness question).**

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

(245)

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

**CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).**

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

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

(246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

**STPDM** How likely do you think it is that you will develop diabetes within the next 10 years?  
**Please read:**

- 1 Not at all likely
- 2 Somewhat unlikely
- 3 Somewhat likely
- 4 Very likely
  
- 7 Don't know/not sure
- 9 Refused

## Module 2: Diabetes (plus state-added diabetes questions)

---

### To be asked following Core Q6.1; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (247-248)

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

2. Are you now taking insulin? (249)

- 1 Yes
- 2 No
- 9 Refused

- STDOM3.** Are you now taking diabetes pills?

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

3. 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. (250-252)

- 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

4. 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. (253-255)

- 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

**STD0M6:** Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

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

6. 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"? (258-259)

— —	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 Q4 = 555 (No feet), go to Q8.**

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

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

8. 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. (262)

**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

**STDCAM.**

New equipment is available that uses a special camera to test your eyes for diabetic retinopathy without having to dilate them. When was the last time you had an eye exam in which a camera was used to test your eyes for retinopathy?

**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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)

- 1 Yes **[Go to STDM1]**
- 2 No **[Go to STDM2]**
- 7 Don't know / Not sure **[Go to STDM2]**
- 9 Refused **[Go to STDM2]**

**STDM1.**

Please think only about the courses or classes you took that were taught by a nurse, dietician 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 one of the diabetes educators I mentioned?

- 1 Within the past 6 months (anytime less than 6 months ago)
- 2 Within the past year (6 months but less than 1 year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Two to less than 5 years ago (2 years to less than 5 years ago)
- 5 Five to less than 10 years ago (5 years to less than 10 years ago)
- 6 Ten to less than 15 years ago (10 years to less than 15 years ago)
- 7 Fifteen to less than 20 years ago (15 years to less than 20 years ago)
- 8 Twenty or more years ago
- 10 Never
- 77 Don't know/Not sure
- 99 Refused

**STDM2.** Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

Have you EVER been told by an eye doctor or other health care professional that you had macular degeneration?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 8 Not applicable (Blind)
- 9 Refused

## Section 7: Oral Health

---

**7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (88)

**Read only if necessary:**

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

**Do not read:**

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

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

**NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.** (89)

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

**CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.**

**7.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

**Read only if necessary:**

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

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

**Do not read:**

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

## 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? (93)

- 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: Disability

---

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

- 10.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)
- 1 Yes
  - 2 No
  - 7 Don't know / Not Sure
  - 9 Refused

- 10.2** 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? (97)

**Include occasional use or use in certain circumstances.**

- 1 Yes
- 2 No
- 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? (98)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

- 11.2** Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

**11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes [Go to Q11.5]
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

**CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.**

**11.4** How long has it been since you last smoked cigarettes regularly? (101-102)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

**11.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

**Snus (rhymes with 'goose')**

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

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

**Do not read:**

- 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)

**If "Yes", please read:**

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12months

**If "No", please read:**

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

**Do not read:**

- 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

**UTIncome**

*These response categories are incorporated into the regular income question.*

- 01 less than \$5,000
- 02 \$5,000 to less than \$10,000
- 03 \$10,000 to less than \$15,000
- 04 \$15,000 to less than \$20,000
- 05 \$20,000 to less than \$25,000
- 06 \$25,000 to less than \$30,000
- 07 \$30,000 to less than \$35,000
- 08 \$35,000 to less than \$40,000
- 09 \$40,000 to less than \$45,000
- 10 \$45,000 to less than \$50,000
- 11 \$50,000 to less than \$55,000
- 12 \$55,000 to less than \$60,000
- 13 \$60,000 to less than \$65,000
- 14 \$65,000 to less than \$70,000
- 15 \$70,000 to less than \$75,000
- 16 \$75,000 or more

**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

**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

(f t / inches/meters/centimeters)  
7 7 / 7 7 Don't know / Not sure  
9 9 / 9 9 Refused

**12.13** What county do you live in? (130-132)

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

**12.14** What is your ZIP Code where you live? (133-137)

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

**12.15** 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. (138)

1 Yes  
2 No [Go to Q12.17]  
7 Don't know / Not sure [Go to Q12.17]  
9 Refused [Go to Q12.17]

**12.16** How many of these telephone numbers are residential numbers? (139)

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

**12.17** During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters. (140)

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

**[CELL PHONE QUESTIONS]**

**12.18a** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (141)

1 Yes [Go to Q12.18c]  
2 No  
7 Don't know / Not sure

9 Refused

**12.18b** Do you share a cell phone for personal use (at least one-third of the time) with other adults? (142)

- 1 Yes [Go to Q12.18d]
- 2 No [Go to Q12.19]
- 7 Don't know / Not sure [Go to Q12.19]
- 9 Refused [Go to Q12.19]

**12.18c** Do you usually share this cell phone (at least one-third of the time) with any other adults? (143)

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

**12.18d** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (144-146)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**12.19** Indicate sex of respondent. Ask only if necessary. (147)

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

**12.20** To your knowledge, are you now pregnant? (148)

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

**STDM3.** (*ask of women 18-44 who said they have diabetes*) During any of your routine health care visits, has a doctor, nurse, or other health care professional talked to you about the impact of poor diabetes control on future pregnancies?

- 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? (149)

- 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? (150-152)

- 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? (153-154)

**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
- 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? (155-156)

- \_ \_ 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? (157-158)

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

## E03: Novel H1N1 Adult Immunization

*Ask January – June only.*

**E03.1.** There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu?

(932)

- 1 Yes
- 2 No **[Go to STVACC0]**
- 7 Don't Know / Not Sure **[Go to Q14.1]**
- 9 Refused **[Go to Q14.1]**

**E03.2** During what month did you receive your H1N1 flu vaccine?

(933-934)

- \_\_ Month
- 77 Don't Know / Not Sure
- 99 Refused

**CATI note:** **[If M31.2\_Month in (7, 8, 9, 10, 11, 12) then M31.2\_Year=2009; else if M31.2\_Month in (1, 2, 3, 4, 5, 6) then M31.2\_Year=2010]**

**Interviewer verify response** - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**E03.3** Was this a shot or was it a vaccine sprayed in the nose?

(935)

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
- 7. Don't Know / Not Sure
- 9. Refused

## H1N1 Vaccination During Pregnancy

*Ask on all 3 questionnaires from Jan – April of women of childbearing age.*

**STVACC0** [if respondent is female and currently pregnant (yes to C12Q20), go to STVACC2.]  
[if respondent is female and <45 years old and not currently pregnant, go to STVACC1.]  
[if respondent is female >45 years old or male, go to next section.]

**STVACC1** Earlier you said you are not currently pregnant. Have you been pregnant at any time since September 1, 2009?

- 1 Yes
- 2 No **[Go to 14.1]**
- 7 Don't Know / Not Sure **[Go to 14.1]**
- 9 Refused **[Go to 14.1]**

**STVACC2** [If woman answered Yes to C12Q21, show text "Earlier you said that you are currently pregnant."] Were your reasons for not getting the H1N1 vaccination related to your pregnancy?



- 1 Yes
- 2 No **[Go to 14.1]**
- 7 Don't Know / Not Sure **[Go to 14.1]**
- 9 Refused **[Go to 14.1]**

**STVACC3**

What were your reasons for not getting the H1N1 vaccination?.....Anything else?  
**(Read only if necessary; Check all that apply)**

- 1 Your doctor did not mention anything about a flu shot during your pregnancy
- 2 Your doctor recommended against getting a flu shot
- 3 Your doctor did not have the vaccine/vaccine wasn't available
- 4 You wanted to avoid medications during your pregnancy
- 5 You were worried about side effects of the flu shot for you
- 6 You were worried that the flu shot might harm your baby
- 7 You don't normally get a flu shot
- 8 Other (Please specify)
  
- 77 Don't know/not sure
- 99 Refused

**Section 14: Immunization**

---

**14.1** Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot? (159)

- 1 Yes
- 2 No **[Go to Q14.3]**
- 7 Don't know / Not sure **[Go to Q14.3]**
- 9 Refused **[Go to Q14.3]**

**14.2** During what month and year did you receive your most recent seasonal flu shot? (160-165)

- \_\_ / \_\_ \_\_ \_\_ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

**14.3** The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? (166)

- 1 Yes
- 2 No **[Go to Q14.5]**
- 7 Don't know / Not sure **[Go to Q14.5]**
- 9 Refused **[Go to Q14.5]**

**14.4** During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose? (167-172)

- \_\_ / \_\_ \_\_ \_\_ Month / Year

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

**14.5**            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?

(173)

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

## Seasonal Flu Vaccination During Pregnancy

*Ask on all 3 questionnaires from Jan – April of women of childbearing age.*

**STVACC4**        [If female >45 yrs old or male, skip to next section.]  
                      [If female said yes to 14.1 OR 14.3, skip to next section.]  
                      [If female said no to BOTH 14.1 and 14.3 and is pregnant, continue to STVACC6.]  
                      [If female said no to BOTH 14.1 and 14.3 and is NOT currently pregnant and answered YES to STVACC1, go to STVACC6.]  
                      [If female said NO to BOTH 14.1 and 14.3 and is NOT currently pregnant and did not get asked STVACC1, go to STVACC5.]

**STVACC5**        Earlier you said you are not currently pregnant. Have you been pregnant at any time since September 1, 2009?

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

**STVACC6**        [if woman answered YES to STVACC1, show text "Earlier you said you were pregnant at some point since September 1, 2009."] Were your reasons for not getting the seasonal flu vaccination related to your pregnancy?

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

**STVACC7**        What were your reasons for not getting the seasonal flu vaccination?.....Anything else?  
**(Read only if necessary; Check all that apply)**

1        Your doctor did not mention anything about a flu shot during your pregnancy  
2        Your doctor recommended against getting a flu shot  
3        Your doctor did not have the vaccine/vaccine wasn't available  
4        You wanted to avoid medications during your pregnancy  
5        You were worried about side effects of the flu shot for you  
6        You were worried that the flu shot might harm your baby  
7        You don't normally get a flu shot  
8        Other (Please specify)

77       Don't know/not sure  
99       Refused

## Section 15: Falls

---

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

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

**15.1** In the past 3 months, how many times have you fallen? (174–175)

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

**15.2** [Fill in “Did this fall (from Q15.1) cause an injury?”]. If only one fall from Q15.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.

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

(176–177)

–	–	Number of falls	<b>[76 = 76 or more]</b>
8	8	None	
7	7	Don't know / Not sure	
9	9	Refused	

## Section 16: Seatbelt Use

---

**16.1** How often do you use seat belts when you drive or ride in a car? Would you say— (178)

**Please read:**

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

**Do not read:**

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

**CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.**

## Section 17: Drinking and Driving

---

**CATI note: If Q13.1 = 2 (No); go to next section.**

The next question is about drinking and driving.

**17.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (179–180)

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

## Section 18: Women's Health (plus state-added questions)

---

**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

- 18.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (181)
- |   |                       |   |
|---|-----------------------|---|
| 1 | Yes                   | [Go to 18.2]  |
| 2 | No                    | [Go to STMAM1 only if age >= 40; if <40 go to 18.3] |
| 7 | Don't know / Not sure | [Go to Q18.3]                                       |
| 9 | Refused               | [Go to Q18.3]                                       |

**STMAM1** (*Ask on Questionnaires 2 and 3 only.*) What is the most important reason you have never had a mammogram?

- 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 that they might find.
- 11 Put it off/Too lazy
- 12 Hasn't thought about it
- 13 Test doesn't work/Effectiveness of test/Cause Cancer
- 14 Don't want to have one
- 15 No regular doctor/Don't go to doctor
- 16 Nursing
- 17 Other (specify)
- 77 Don't know/Not sure.
- 99 Refused.

- 18.2** How long has it been since you had your last mammogram? (182)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago) (**Go to 18.3**)
- 2 Within the past 2 years (1 year but less than 2 years ago) (**Go to 18.3**)
- 3 Within the past 3 years (2 years but less than 3 years ago) (**Go to STMAM2 only if age >= 40; if <40 go to 18.3**)
- 4 Within the past 5 years (3 years but less than 5 years ago) (**Go to STMAM2 only if age >= 40; if <40 go to 18.3**)
- 5 5 or more years ago (**Go to STMAM2 only if age >= 40; if <40 go to 18.3**)

**Do not read:**

- 7 Don't know / Not sure

9 Refused

**STMAM2** **(Ask on Questionnaires 2 and 3 only.)** What is the most important reason you have not had a mammogram in the last two years?

- 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 that they might find.
- 11 Put it off/Too lazy
- 12 Hasn't thought about it
- 13 Test doesn't work/Effectiveness of test/Cause Cancer
- 14 Doesn't want to have one
- 15 No regular doctor/don't got to doctor
- 16 Nursing
- 17 Other (specify)
- 77 Don't know/Not sure.
- 99 Refused.

**18.3** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (183)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

**18.4** How long has it been since your last breast exam? (184)

**Read only if necessary:**

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

**Do not read:**

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

**18.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (185)

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

9 Refused [Go to Q18.7]

18.6 How long has it been since you had your last Pap test? (186)

**Read only if necessary:**

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

**Do not read:**

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

**CATI note: If response to Core Q12.20 = 1 (is pregnant); then go to next section.**

18.7 Have you had a hysterectomy? (187)

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

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

## Section 19: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

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

**19.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (188)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

**19.2** How long has it been since you had your last PSA test? (189)

**Read only if necessary:**

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

**Do not read:**

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

**19.3** A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (190)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

**19.4** How long has it been since your last digital rectal exam? (191)

**Read only if necessary:**

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

**Do not read:**



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

**19.5** Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (192)

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

## Section 20: Colorectal Cancer Screening (plus state-added question)

---

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

The next questions are about colorectal cancer screening.

**20.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (193)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

**20.2** How long has it been since you had your last blood stool test using a home kit? (194)

**Read only if necessary:**

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

**Do not read:**

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

**20.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (195)

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   | [Go to 20.4]         |
| 2 | No                    | [Go to STCC1]        |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused               | [Go to next section] |

**STCC1**

**(Ask on Questionnaires 2 and 3 only.)** What is the most important reason you have never had a sigmoidoscopy or colonoscopy?

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

- 01 Not recommended by Doctor/Doctor never said it was needed.
- 02 Not needed/No symptoms/No family history of 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 that they might find.
- 11 Put it off/Too lazy
- 12 Hasn't thought about it
- 13 Test doesn't work/Effectiveness of test/Cause Cancer
- 14 Don't want to have one
- 15 No regular doctor/Don't go to doctor
- 16 Other (write in)
- 77 Don't know/Not sure.
- 99 Refused.

**If 20.3 = 2, go to next section.**

**20.4**

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

(196)

- |   |                       |
|---|-----------------------|
| 1 | Sigmoidoscopy         |
| 2 | Colonoscopy           |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**20.5**

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

(197)

**Read only if necessary:**

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

**Do not read:**

- 7 Don't know / Not sure

9 Refused

## Section 21: 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.

**21.1** 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. (198)

- 1 Yes
- 2 No [Go to Q21.5]
- 7 Don't know / Not sure [Go to Q21.5]
- 9 Refused [Go to Q21.5]

**21.2** Not including blood donations, in what month and year was your last HIV test? (199-204)

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

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

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

**21.3** 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? (205-206)

- 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 Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.**

**21.4** Was it a rapid test where you could get your results within a couple of hours? (207)

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

**21.5** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(208)

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

## Section 22: Emotional Support and Life Satisfaction

---

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

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

**INTERVIEWER NOTE: If asked, say "please include support from any source."**

(209)

**Please read:**

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

**Do not read:**

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

**22.2** In general, how satisfied are you with your life?

(210)

**Please read:**

- 1 Very satisfied

- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**Do not read:**

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

## Section 23: Adult Influenza-like Illness Questions

---

**Ask January – March only.**

We would like to ask you some questions about recent respiratory illnesses.

- 23.1** During the past month, were you ill with a fever? (919)
- 1 Yes
  - 2 No – **[Go to Q8]**
  - 7 Don't know – **[Go to Q8]**
  - 9 Refused – **[Go to Q8]**
- 23.2** Did you also have a cough and/or sore throat? (920)
- 1 Yes
  - 2 No – **[Go to Q8]**
  - 7 Don't know – **[Go to Q8]**
  - 9 Refused – **[Go to Q8]**
- 23.3** When did you first become ill with fever, cough or sore throat? **[Interviewer: read off choices; choose the most specific]** (921)
- 1 Within the past 2 weeks [Interviewer, if asked: past 1-14 days]
  - 2 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]
  - 7 Don't know
  - 9 Refused
- 23.4** Did you visit a doctor, nurse, or other health professional for this illness? (922)
- 1 Yes
  - 2 No – **[Go to Q8]**
  - 7 Don't know – **[Go to Q8]**
  - 9 Refused – **[Go to Q8]**
- 23.5** What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices] (923)
- 1 You had regular influenza or the flu,
  - 2 You had swine flu, also known as H1N1 or novel H1N1
  - 3 You had some other illness, but not the flu– **[If a one adult household and no children, Go to next section, Else Go to Q8]**
  - 7 Don't know/not sure
  - 9 Refused

- 23.6** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...[Interviewer: read off choices] (924)
- 1 Yes, had flu test and it was positive
  - 2 No, had flu test but it was negative
  - 3 No, flu test was not done
  - 7 Don't know
  - 9 Refused

- 23.7** Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness? (925)
- 1 Yes
  - 2 No
  - 7 Don't know
  - 9 Refused

**CATI Note: Apply prior to Q8; [(For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section); (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)]**

- 23.8** Did any other members of your household have a fever with cough or sore throat during the past month? (926)
- 1 Yes
  - 2 No – [If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]
  - 7 Don't know
  - 9 Refused

- 23.9** How many household members, [CATI note: Fill in “including you,” If Q1=1(Yes) and Q2=1 (Yes)] were ill during the past month? (927-928)
- \_\_\_ # persons
  - 8 8 None
  - 7 7 Don't know/Not Sure
  - 9 9 Refused

**CATI note: Apply prior to Q10; If (Q1 = 1(Yes) and Q2 = 1 (Yes)) or Q8 = 1 (Yes) continue to Q10; otherwise, skip to next section.**

- 23.10** How many people in your household, including you, were hospitalized for flu during the past month? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.] (929-930)
- \_\_\_ # persons
  - 8 8 None
  - 7 7 Don't know/Not Sure
  - 9 9 Refused

## Module 10: High Risk /Health Care Worker

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**Ask January – June only.**

1. The next few questions ask about health care work and chronic illness. Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. (936)

**INTERVIEWER NOTE: If necessary say:** "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

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

2. Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (937)

- 1 Yes
- 2 No
- 7 Don't know / Not sure (**Probe by repeating question**)
- 9 Refused

3. Has a doctor, nurse, or other health professional ever said that you have...

**Read all items listed below before waiting for an answer:**

Lung problems, other than asthma

Kidney problems

Anemia, including Sickle Cell

**Or** A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

**[See Attached Health Problems List, if necessary]**

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

4. Do you still have (this/any of these) problem(s)? (939)

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



## List of Health Problems to Accompany Module 10, Question 3

### [DO NOT READ]

#### Lung Problems

Acute Respiratory Distress Syndrome (ARDS)  
Bronchiectasis  
Bronchopulmonary Dysplasia  
Chronic Obstructive Pulmonary Disease (COPD)  
Cystic Fibrosis  
Emphysema  
Lymphangiomyomatosis (LAM)  
Pulmonary Arterial Hypertension  
Sarcoidosis

#### Kidney Problems

Chronic Kidney Disease  
Cystitis  
Cystocele (Fallen Bladder)  
Cysts  
Ectopic Kidney  
End-Stage Renal Disease (ESRD)  
Glomerular Diseases  
Interstitial Cystitis  
Kidney Failure  
Kidney Stones  
Nephrotic Syndrome  
Polycystic Kidney Disease  
Pyelonephritis (Kidney Infection)  
Renal Artery Stenosis  
Renal Osteodystrophy  
Renal Tubular Acidosis

#### Anemia

Anemia  
Aplastic Anemia  
Fanconi Anemia  
Iron Deficiency Anemia  
Pernicious Anemia  
Sickle Cell Anemia  
Thalassemia

## Section 26: Adult Influenza-like Illness Questions

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### ***Ask October - December only.***

We would like to ask you some questions about recent respiratory illnesses.

**26.1**                      During the past month, were you ill with a fever?                      (222)

- 1 Yes
- 2 No – **[Go to Q8]**
- 7 Don't know – **[Go to Q8]**
- 9 Refused – **[Go to Q8]**

**26.2** Did you also have a cough and/or sore throat? (223)

- 1 Yes
- 2 No – **[Go to Q8]**
- 7 Don't know – **[Go to Q8]**
- 9 Refused – **[Go to Q8]**

**26.3** When did you first become ill with fever, cough or sore throat? **[Interviewer: read off choices; choose the most specific]** (224)

- 1 Within the past 2 weeks [Interviewer, if asked: past 1-14 days]
- 2 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]
- 7 Don't know
- 9 Refused

**26.4** Did you visit a doctor, nurse, or other health professional for this illness? (225)

- 1 Yes
- 2 No – **[Go to Q8]**
- 7 Don't know – **[Go to Q8]**
- 9 Refused – **[Go to Q8]**

**26.5** What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices] (226)

- 1 You had regular influenza or the flu,
- 2 You had swine flu, also known as H1N1 or novel H1N1
- 3 You had some other illness, but not the flu– **[If a one adult household and no children, Go to next section, Else Go to Q8]**
- 7 Don't know/not sure
- 9 Refused

**26.6** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...[Interviewer: read off choices] (227)

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done
- 7 Don't know
- 9 Refused

**26.7** Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness? (228)

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

**CATI Note: Apply prior to Q8; [(For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section); (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)]**

**26.8** Did any other members of your household have a fever with cough or sore throat during the past month? (229)

1 Yes  
 2 No – **[If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]**  
 7 Don't know  
 9 Refused

**26.9** How many household members, **[CATI note: Fill in “including you,” If Q1=1(Yes) and Q2=1 (Yes)]** were ill during the past month? (230-231)

\_\_\_\_ # persons  
 8 8 None  
 7 7 Don't know/Not Sure  
 9 9 Refused

**CATI note: Apply prior to Q10; If (Q1 = 1(Yes) and Q2 = 1 (Yes)) or Q8 = 1 (Yes) continue to Q10; otherwise, skip to next section.**

**26.10** How many people in your household, including you, were hospitalized for flu during the past month? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.] (232-233)

\_\_\_\_ # persons  
 8 8 None  
 7 7 Don't know/Not Sure  
 9 9 Refused

## Optional Modules

### Module 14: Cancer Survivorship

---

**Ask on Questionnaire 2 only.**

Now I am going to ask you about cancer.

**CATI note: If Core Q19.5 = 1 (Yes), answer Q1 “Yes” (code = 1), then go to Q2.**

1. Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (324)

**Read only if necessary:** By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1 | Yes                   |                            |
| 2 | No                    | <b>[Go to next module]</b> |
| 7 | Don’t know / Not sure | <b>[Go to next module]</b> |
| 9 | Refused               | <b>[Go to next module]</b> |

2. How many different types of cancer have you had? (325)

- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1 | Only one              |                            |
| 2 | Two                   |                            |
| 3 | Three or more         |                            |
| 7 | Don’t know / Not sure | <b>[Go to next module]</b> |
| 9 | Refused               | <b>[Go to next module]</b> |

3. At what age were you told that you had cancer? (326-327)

- |     |                       |                     |
|-----|-----------------------|---------------------|
| – – | Code age in years     | [97 = 97 and older] |
| 9 8 | Don’t know / Not sure |                     |
| 9 9 | Refused               |                     |

**CATI note: If Q2 = 2 (Two) or 3 (Three or more), ask: “At what age were you first diagnosed with cancer?”**

**INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.**

**CATI note: If Core Q19.5 = 1 (Yes) and Q2 = 1 (Only one); auto fill Q4 (response code 18).**

4. What type of cancer was it?

(328-329)

**If Q2 = 2 (Two) or 3 (Three or more), ask:** “With your most recent diagnoses of cancer, what type of cancer was it?”

**INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:**

**Breast**

0 1 Breast cancer

**Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

**Gastrointestinal**

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

**Male reproductive**

1 8 Prostate cancer

1 9 Testicular cancer

**Skin**

2 0 Melanoma

2 1 Other skin cancer

**Thoracic**

2 2 Heart

2 3 Lung

**Urinary cancer:**

2 4 Bladder cancer

2 5 Renal (kidney) cancer

**Others**

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

**Do not read:**

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

5. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (330)

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

6. What type of doctor provides the majority of your health care? (331-332)

**INTERVIEWER NOTE: If the 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 (Examples: annual exams and/or physicals, treatment of colds, etc.)."

**Please read [1-10]:**

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

**Do not read:**

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

7. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (333)

**Read only 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

8. 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? (334)

- 1 Yes
- 2 No [Go to Q10]
- 7 Don’t know / Not sure [Go to Q10]
- 9 Refused [Go to Q10]

9. Were these instructions written down or printed on paper for you? (335)

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

10. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (336)

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

**INTERVIEWER NOTE: “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.**

11. Were you EVER denied health insurance or life insurance coverage because of your cancer? (337)

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

12. Did you participate in a clinical trial as part of your cancer treatment? (338)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
13. Do you currently have physical pain caused by your cancer or cancer treatment? (339)
- 1 Yes
  - 2 No [Go to next module]
  - 7 Don't know / Not sure [Go to next module]
  - 9 Refused [Go to next module]
14. Is your pain currently under control? (340)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 22: Adverse Childhood Experience

---

### ***Ask on Questionnaire 3 only.***

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

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

1. Did you live with anyone who was depressed, mentally ill, or suicidal? (424)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
2. Did you live with anyone who was a problem drinker or alcoholic? (425)
- 1 Yes



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

3. Did you live with anyone who used illegal street drugs or who abused prescription medications? (426)

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

4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (427)

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

5. Were your parents separated or divorced? (428)

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (429)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say--- (430)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

(431)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

(432)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

(433)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

(434)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial (place state or local hotline here) to reach a referral service to locate an agency in your area. **[Note: if no local or state hotline is available, give respondent the National Hotline for child abuse 1-800-4-A-CHILD (1-800-422-4453)].**

## Module 23: 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? (460-465)

_ / _	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? (466)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (467)

- 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? (468-473)

**[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? (474)

- 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? (475)

**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

## Section 27: Childhood Influenza-Like Illness Questions

**Ask January – March only.**

The next questions are about the “Xth” child.

- 27.1.** Has the child had a fever with cough and/or sore throat during the past month? (930)
- 1 Yes
  - 2 No – **[Go to next module]**
  - 7 Don't know – **[Go to next module]**
  - 9 Refused – **[Go to next module]**
- 27.2.** Did the child visit a doctor, nurse, or other health professional for this illness? (931)
- 1 Yes
  - 2 No – **[Go to next module]**
  - 7 Don't know – **[Go to next module]**
  - 9 Refused – **[Go to next module]**

## E05: Novel H1N1 Childhood Immunization

**CATI note: If selected child's age is  $\geq$  6 months, continue. Otherwise, go to next module.**

- E05.1.** The next questions are about this child's immunizations.
- I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. Since September, 2009, has **[Fill: he/she]** been vaccinated either way for the H1N1 flu? (940)
- 1 Yes
  - 2 No **[Go to M25.1]**
  - 7 Don't Know / Not Sure **[Go to M25.1]**
  - 9 Refused **[Go to M25.1]**

**CATI note: If Child age is 10 years or older, Go to E05.3.**

**E05.2.** Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?

(941)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don't Know / Not Sure [Go to M25.1]
- 9 Refused [Go to M25.1]

**E05.3.** During what month did [Fill: he/she] receive [Fill: his/her] (CATI note: if child age < 10, "first H1N1 flu vaccine?"; otherwise, "H1N1 flu vaccine?")

(942-943)

- \_\_ Month
- 77 Don't Know / Not Sure
- 99 Refused

**CATI note:** [If E05.3\_Month in (7, 8, 9, 10, 11, 12) then E05.3\_Year=2009; else if E05.3\_Month in (1, 2, 3, 4, 5, 6) then E05.3\_Year=2010]

**Interviewer verify response** - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**E05.4** Was this a shot or was it a vaccine sprayed in the nose? (944)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't Know / Not Sure
- 9 Refused

**CATI note:** If Child age  $\geq 10$  Go to next module. If E05.2 = 2, THEN ASK E05.5, otherwise Go to next module.

**E05.5.** During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (945-946)

\_\_ Month

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

**CATI note:** [If E05.5\_Month in (7, 8, 9, 10, 11, 12) then E05.5\_Year=2009; else if E05.5\_Month in (1, 2, 3, 4, 5, 6) then E05.5\_Year=2010]

[If Date (E05.5\_Month, E05.5\_Year) < Date(E05.3\_Month, E05.3\_year), interviewer verify responses]

**Interviewer verify response** That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**E05.6** Was this a shot or was it a vaccine sprayed in the nose? (947)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't Know / Not Sure
- 9 Refused

## Module 25: Childhood Immunization

*Ask January – June only.*

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

**CATI note:** If selected child's age is  $\geq 6$  months, continue. Otherwise, go to next module.

1. Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? (478)

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





## State-Added Questions

### Childhood Diabetes Prevalence

*Ask on all 3 Questionnaires*

**CHPREV:** Earlier you said there were [fill in number] children age 17 or younger living in your household. How many of these children have ever been diagnosed with diabetes?

\_\_ \_\_ Number of children

88. None

77. don't know/Not sure

99. Refused

### Child Obesity-related

*Ask on all 3 Questionnaires, after Child Diabetes Prevalence. Ask children ages 5-17 only.*

**STCHILD5** In a typical week, on how many days does your child spend at least one hour being physically active? This includes active play, walking to school, P.E., sports, riding a bike, skateboarding, etc.

\_\_ \_\_ Number of days (0-7)

88. None

77. Don't know/Not sure

99. Refused

### Insurance and Access

*Ask on Questionnaire 1 only. All question names beginning with a K will be asked of the randomly selected child, if applicable, and if the respondent is the parent or guardian.*

*If BRFSS C03Q01=1 and C12Q07 >= 88, then COV reads as follows:*

**COV0** Previously you said that you have some type of health insurance coverage. Please tell me if you have any of the following, ...

*[continue to COV1]*

*If BRFSS C03Q01=1 and C12Q07 < 88*

**COV0** Previously you said that **YOU** have some type of health insurance coverage. We would like to ask a few questions about health coverage for you and your child. Please tell me if you have any of the following, ...

*[continue to COV1]*

*If BRFSS C03Q01=2 and C12Q07 >= 88, then COV reads as follows:*

**COV0** Previously you said that you do not have health insurance coverage. There are some types of plans you may not have considered, are you currently covered by...

*[continue to COV1]*

*If BRFSS C03Q01=2 and C12Q07 < 88, then COV reads as follows:*

**COV0** Previously you said that you do not have health insurance coverage. We would like to ask a few questions about health coverage for you and your child. There are some types of plans you many not have considered, are you currently covered by...  
*[continue to COV1]*

**COV1** ...healthcare coverage that is provided through a current or former employer or union?

**Interviewer Note:** This type of insurance includes 'COBRA.'

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

**KCOV1** Does the child have this type of coverage?

**Read if necessary:** healthcare coverage that is provided through a current or former employer or union?

**Interviewer Note:** This type of insurance includes 'COBRA'

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

**COV2** Are you covered by a health insurance plan that you purchase directly from an insurance company and not through an employer or union?

**Interviewer Note:** For example, someone who is self-employed or not employed.

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

**KCOV2** Is the child covered by this type of plan?

**Read if necessary:** A health insurance plan that you purchase directly from an insurance company and not through an employer or union?

**Interviewer Note:** For example, someone who is self-employed or not employed.

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

**COV3** Are you covered by the health plan of someone who does not live in the household?

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

**KCOV3** Is the child covered by this type of plan?

**Read if necessary:** the health plan of someone who does not live in the household?

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

**COV4** Are you covered by Medicare, that is, the government plan for persons age 65 or older or those with disabilities?

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

**KCOV4** Is the child covered by Medicare?

**Read if necessary:** Medicare, that is, the government plan for persons age 65 or older or those with disabilities?

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

**COV5** Are you covered by Medicaid?

**Interviewer Note:** Medicaid includes the newly implemented PCN, or Primary Care Network for adults.

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

**KCOV5** Is the child covered by Medicaid?

**Interviewer Note:** Medicaid includes the newly implemented PCN, or Primary Care Network for adults.

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

**COV6** **(Ask only of 18 year old respondents.)** The Utah Children's Health Insurance Program, or CHIP, is a program for children of working parents whose children are uninsured or who earn too much for Medicaid benefits. Do you have coverage through CHIP?

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

**KCOV6** 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. Does the child have coverage through CHIP?

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

**COV7** Are you covered by another government plan, such as Military, Tri-Care or the V.A.?

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

**KCOV7** Is the child covered by this type of plan?

**Read if necessary:** Another government plan, such as Military, Tri-Care or the V.A.?

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

**COV8** Do you have health insurance that covers ONLY certain specific medical conditions, such as for diabetes or breast cancer?

**Interviewer Note:** This insurance would not cover ANYTHING ELSE, just the specific condition.

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

**KCOV8** Does the child have health insurance that covers ONLY certain specific medical conditions, such as for diabetes or breast cancer?

**Interviewer Note:** This insurance would not cover ANYTHING ELSE, just the specific condition.

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

**COV9** Do you have coverage through some other source that I have not already mentioned?

- 1 Yes [**go to COV9open**]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**COV9open** What source is this coverage from?

[SPECIFY – OPEN ENDED RESPONSE]

**\*\*At this point CATI determines the insurance status of the adult. 1=insured, 2=uninsured. Insured adults go on to COV11, uninsured adults go on to COV10.**

**KCOV9** Does the child have coverage through some other source that I have not already mentioned?

- 1 Yes [**go to KCOV9open**]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**KCOV9open** What source is this coverage from?

[SPECIFY – OPEN ENDED RESPONSE]

**\*\*At this point, CATI determines the insurance status of the child. 1=insured, 2=uninsured. Insured kids will go to KCOV11, uninsured kids will go to KCOV10.**

**COV10** Are you without health insurance coverage?

- 1 Yes, respondent is uninsured (**SKIP to UNINS**)
- 2 No, respondent is insured (**skip to COV10op**)
- 7 Don't know/Not sure (**go to COV11**)
- 9 Refused (**go to COV11**)

**COV10op** What is the source of this coverage?

[SPECIFY – OPEN ENDED RESPONSE]

**KCOV10** Is the child without health insurance coverage?

- 1 Yes child is uninsured (**child should get KUNINS**)
- 2 No, child is insured (**child should get KCOV10op**)
- 7 Don't know/Not sure (**child should go to KCOV11**)
- 9 Refused (**child should go to KCOV11**)

**KCOV10op** What is the source of this coverage?

[SPECIFY – OPEN ENDED RESPONSE]

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

- 00 Less than 4 weeks (**Skip to WHY1**)
- 01-60 enter # of months (**Skip to WHY1**)
- 61 More than 5 years (**Skip to WHY1**)
- 77 Don't know/Not sure (**Skip to WHY1**)
- 99 Refused (**Skip to WHY1**)

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

- 00 Less than 4 weeks (**Skip to KWHY1**)
- 01-60 enter # of months (**Skip to KWHY1**)
- 61 More than 5 years (**Skip to KWHY1**)
- 77 Don't know/Not sure (**Skip to KWHY1**)
- 99 Refused (**Skip to KWHY1**)

**COV11** Thinking about any health insurance, did you have coverage for all of the last 12 months?

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

**KCOV11** Thinking about any health insurance, did the child have coverage for all of the last 12 months?

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

**CARDSIZE** When thinking about your insurance card, would you say it is credit-card-sized, or a larger piece of paper?

- 1 Credit Card Size
- 2 Larger piece of paper
- 3 BOTH (more than 1 type of insurance)
- 7 Don't know/Not sure
- 9 Refused

**KCARDSIZ** When thinking about your child's insurance card, would you say it is credit-card-sized, or a larger piece of paper?

- 1 Credit Card Size
- 2 Larger piece of paper
- 3 BOTH (more than 1 type of insurance)
- 7 Don't know/Not sure
- 9 Refused

**CARDNEW** Do you receive a new I.D. card every month or is the I.D. card valid for longer?

- 1 ID card valid for longer than once a month
- 2 Once a month
- 3 BOTH (more than 1 type of insurance)
- 7 Don't know/Not sure
- 9 Refused

**KCARDNEW** Does the child receive a new I.D. card every month or is the I.D. card valid for longer?

- 1 ID card valid for longer than once a month
- 2 Once a month
- 3 BOTH (more than 1 type of insurance)
- 7 Don't know/Not sure
- 9 Refused

**If adult is uninsured they will be asked WHY questions; uninsured children are asked KWHY questions.**

**If adult is insured, they will not get WHY questions and will next be asked INSDELY. If child is insured, they will not get KWHY questions but will next be asked KINSDELY.**

**WHY1** *(The wording of this question changes depending on whether or not both adult and child are uninsured and whether or not adult is the only adult of HH. If the adult is the only adult and he/she is unemployed, skip this question.)*

The next few question ask about reasons you ["and your child", if both adult and child are uninsured] may be uninsured. Are you uninsured because your employer/the employer of someone in the household does not offer, or no longer offers health insurance coverage to you?

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

**KWHY1** [If only the child is uninsured read: The next few question ask about reasons your child may be uninsured.]

Is the child uninsured  
*(if WHY1 was read, then read)* for this reason?  
*(if adult did not get WHY1, then read)* because the employer of someone in the household does not offer, or no longer offers health insurance coverage to the child?

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

**WHY2** Are you uninsured because you or someone in the household lost a job or changed employers?

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

**KWHY2** Is the child uninsured  
(if *WHY2* was read then read) for this reason?  
(if adult did not get *WHY2*, then read) because you or someone in the household lost a job or changed employers?

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

**WHY3** *if adult is only adult of HH and is unemployed, skip this question.*  
Are you uninsured because you are or someone in the household is a part time or temporary employee?

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

**KWHY3** Is the child uninsured because you are or someone in the household is a part time or temporary employee?

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

**WHY4** Are you uninsured because the premiums cost too much?

- 1 Yes (**Continue to WHY4a**)
- 2 No (**Skip to WHY5 or KWHY4 if uninsured child**)
- 7 Don't know/Not sure
- 9 Refused

**WHY4A** Did an existing health condition make the premium cost too much?

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

**KWHY4** Is the child uninsured because the premiums cost too much?

- 1 Yes (**Continue to KWHY4a**)
- 2 No (**Skip to WHY5 or KWHY5 if no uninsured adult**)
- 7 Don't know/Not sure
- 9 Refused



**KWHY4A** Did an existing health condition make the premium cost too much?

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

**WHY5** Are you uninsured because you are healthy and decided it would be safe for you to go without insurance?

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

**KWHY5** Is the child uninsured because he/she is healthy and it was considered safe for him/her to go without insurance?

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

**WHY6** Are you uninsured because the insurance company refused to cover you?

- 1 Yes (**Continue to WHY6a**)
- 2 No (**Skip to WHY7**)
- 7 Don't know/Not sure
- 9 Refused

**WHY6A** Did the insurance company refuse to cover you because

**Read:**

- 1 Of a pre-existing condition
- 2 They exceeded lifetime benefits limits, or
- 3 of some other reason (**specify in WHY6A1**)

**Do not read:**

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

**WHY6A1** What is the other reason? Interviewer record response verbatim.

**KWHY6** Is the child uninsured because the insurance company refused to cover him/her?

- 1 Yes (**Continue to KWHY6a**)
- 2 No (**Skip to WHY7 or KWHY7 if no uninsured adult**)
- 7 Don't know/Not sure
- 9 Refused

**KWHY6A** Did the insurance company refuse to cover the child because

**Read:**

- 1 Of a pre-existing condition
- 2 They exceeded lifetime benefits limits, or
- 3 of some other reason (**specify in KWHY6A1**)

**Do not read:**

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

**KWHY6A1** What is the other reason? Interviewer record response verbatim.

**WHY7** Are you uninsured because you lost Medicaid or CHIP eligibility?

- 1 Yes (**Continue to WHY7a**)
- 2 No (**Skip to WHY8 or KWHY7 if uninsured child**)
- 7 Don't know/Not sure
- 9 Refused

**WHY7A** Did you lose eligibility because

**Please read:**

- 1 Your family income increased,
- 2 You went off welfare,
- 3 Paperwork to complete eligibility was not completed,
- 4 A caseworker did not return calls or requests,
- 5 You did not pay spenddown, or
- 6 For some other reason? (**specify in WHY7opn**)

**Do not read**

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

**WHY7opn** What is the other reason? Interviewer record response verbatim.

**KWHY7** Is the child uninsured because he/she lost Medicaid or CHIP eligibility?

- 1 Yes (**Continue to KWHY7a**)
- 2 No (**Skip to WHY8 or KWHY8 if no uninsured adult**)
- 7 Don't know/Not sure
- 9 Refused

**KWHY7A** Did the child lose eligibility because

**Please read:**

- 1 Your family income increased,
- 2 You went off welfare,
- 3 Paperwork to complete eligibility was not completed,
- 4 A caseworker did not return calls or requests,
- 5 You did not pay spenddown, or
- 6 For some other reason? (**specify in KWHY7opn**)

**Do not read**

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

**KWHY7opn** What is the other reason? Interviewer record response verbatim.

**WHY8** *if adult is only adult of HH and is unemployed, skip this question.*  
 We're interested in knowing whether there are some people who COULD currently get health insurance through an employer, but decided not to enroll. Could you currently be covered by a plan that is available through an employer?

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

**KWHY8** *{if no uninsured adult read: We're interested in knowing whether there are some people who COULD currently get health insurance through an employer, but decided not to enroll.}*  
 Could the child currently be covered by a plan that is available through an employer?

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

**WHY9** Was there any other reason that you were without health insurance coverage, other than what I have already mentioned?

- 1 Yes **(specify in WHY9opn)**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**WHY9opn** What is the other reason? Interviewer record response verbatim.

**KWHY9** Was there any other reason that the child was without health insurance coverage, other than what I have already mentioned?

- 1 Yes **(specify in WHY9opn)**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**KWHY9opn** What is the other reason? Interviewer record response verbatim.

**Return to asking questions of all respondents, K questions for selected child, regardless of insurance status, unless otherwise specified.**

**INSELY** *(Skip if adult has been uninsured for more than 12 months. If this question is skipped, insert the intro below before next question asked.)*

The Health Department is working on ways to improve access to health care, especially for persons who are currently not getting health care when they need it. The next few questions ask about some reasons people might **delay or have problems** getting **medical, dental, mental health or other care** for themselves.

In the past 12 months, did you have problems or delay seeking care for yourself because the service was not covered by your insurance?

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

- 1 Yes
- 2 No
- 3 Person Uninsured all 12 months
- 7 Don't know/Not sure
- 9 Refused

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

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

- 1 Yes
- 2 No
- 3 Child Uninsured all 12 months
- 7 Don't know/Not sure
- 9 Refused

**SERVDELY** In the past 12 months, did you have problems or delay seeking care for yourself because you could not find the services in your area?

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

**KSERVDEL** In the past 12 months, did the child have problems or was there a delay in seeking care for the child because the services could not be found in the child's area?

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

**KCOSTDEL** Thinking about the child, in the past 12 months, did you have problems or delay getting care for the child because the services cost too much?

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

**HOURSWKD** *(skip if adult is unemployed)*

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

**Interviewer Probe:** By main job I mean the one at which you usually work the most hours.

\_\_\_\_\_ Hours (Enter # given)

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

**NUMEMPS** *(skip if adult is unemployed)*

Thinking about the company you work for, approximately how many employees work for this organization?

**Interviewer Note:** If "DK", **Probe:** What is your best guess?

- 1 1 employee
- 2 2-50 Employees
- 3 50+ Employees
- 7 Don't know/Not sure
- 9 Refused

**OWNRENT** Do you own your home or are you renting?

**Read if necessary:** Own means that you own it outright, or that you have a mortgage.

- 1 Own
- 2 Renting
- 7 Don't know/Not sure
- 9 Refused

**HEAT**

*Ask on Questionnaire 1 only, after Insurance and Access Questions. Ask only of people at or below 200% Federal Poverty Level.*

**HEAT1:** During the past 12 months, how many months did you purchase less food, medication, or other necessities in order to pay your home energy bill such as gas or electricity?

\_\_ Number of months

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

**HEAT2:** During the past 12 months, how many months did you use alternate means to heat or light your home (for example, kitchen stove or oven to heat, or candles to light) because you could not afford to pay your home energy bill?

\_\_ \_ Number of months

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

**HEAT3:** In the past 12 months, did the power or gas company shut off your service because you could not afford to pay your bill?

- 1 Yes
- 2 No **[Go to HEAT5]**
- 7 Don't know / Not sure **[Go to HEAT5]**
- 9 Refused **[Go to HEAT5]**

**HEAT4:** Thinking of all the times that your power or gas was shut off, what was the longest amount of time that either was shut off in the last 12 months?

- \_\_\_ Number of days
- \_\_\_ Number of weeks
- \_\_\_ Number of months
- 7 Don't know / Not sure
- 9 Refused

**HEAT5** In the past 12 months, do you feel that your health or the health of another household member was harmed because you couldn't afford to heat or cool your home adequately?

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

**HEAT6:** In the past 12 months, has your household received energy assistance through the HEAT Program?

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

## Family History of Colon Cancer

**Ask on all 3 Questionnaires. Ask of people 40 years and older.**

These questions are about your family medical history. Please give information only about blood relatives. Do not give information about relatives related by marriage or adoption or who are not related by blood.

**STFH1:** Have any of your nearest blood relatives, that is parents, siblings, or children, ever been told by a doctor or other health professional that he or she had colon or rectal cancer?

- 1 Yes **[Go to STFH2]**
- 2 No **[go to next module]**

- 7 Don't know/Not sure **[go to next module]**
- 9 Refused **[go to next module]**

**STFH2:** How many of your nearest blood relatives, that is parents, siblings, or children, have been diagnosed with colon or rectal cancer?

- 1 One **[Go to STFH3]**
- 2 Two or more **[if age = 40 – 49 go to STFH5; if age = 50+ go to next module]**
- 7 Don't know/Not sure **[go to next module]**
- 9 Refused **[go to next module]**

**STFH3:** Were any of your nearest blood relatives, that is parents, siblings, or children, less than 60 years of age when they were diagnosed with colon or rectal cancer?

- 1 Yes **[if age = 40-49 go to STFH5; if age = 50+ go to next module]**
- 2 No **[go to STFH4]**
- 7 Don't know/Not sure **[go to STFH4]**
- 9 Refused **[go to next module]**

**STFH4:** Have any of your SECOND DEGREE relatives, that is aunts, uncles, grandparents, or grandchildren ever been diagnosed with colon or rectal cancer?

- 1 Yes **[if age = 40-49, go to STFH5; if age = 50+ go to next module]**
- 2 No **[go to next module]**
- 7 Don't know/Not sure **[go to next module]**
- 9 Refused **[go to next module]**

**CATI note: only respondents 40 – 49 years old should get STFH5 – STFH7.**

**STFH5:** 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]**

**STFH6:** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

**STFH7:** How long has it been since you had your last sigmoidoscopy or colonoscopy?

**Read only if necessary:**

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

- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

## Skin Cancer

*Ask on Questionnaire 3 only.*

**STSKIN1** The next questions are about what you do to protect your skin when you go outside.

When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock?

**(Interviewer note: Summer means June, July and August. Sunny is what the respondent considers sunny.)**

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

- 1. Always
- 2. Nearly Always
- 3. Sometimes
- 4. Seldom
- 5. Never (**go to STSKIN3**)
  
- 8. Don't stay out more than one hour (**Go to next section**)
- 7. Don't know/Not sure (**Go to STSKIN3**)
- 9. Refused (**Go to STSKIN3**)

**STSKIN2** What is the Sun Protection Factor or SPF of the sunscreen you use most often?

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

**STSKIN3** When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

- 1. Always
- 2. Nearly Always
- 3. Sometimes
- 4. Seldom
- 5. Never
  
- 7. Don't know/Not sure
- 9. Refused



**STSKIN4** When you go outside on a sunny summer day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
  
7. Don't know/Not sure
9. Refused

**STSKIN5** When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
  
7. Don't know/Not sure
9. Refused

## Stroke Media Campaign

**Ask on Questionnaires 2 and 3 in February and June only.**

Now, I'd like to ask you about some TV commercials you may have seen about stroke.

**STSMC1:** Do you recall seeing a TV commercial about stroke?

- 1 Yes
- 2 No **[go to next section]**
- 3 Do not own/watch TV **[go to next section]**
- 7 Don't know/not sure **[go to next section]**
- 9 Refuse to answer **[go to next section]**

**STSMC2:** How many different TV commercials about stroke did you see?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 More than 5
- 8 None
- 7 Don't know/not sure
- 9 Refuse to answer

**STSMC3:** What sign(s) or symptom(s) of stroke was(were) shown in the commercial(s)? **(Check all that apply.)**

- 1 Sudden confusion or difficulty speaking
- 2 Numbness or weakness on the face, arm, or leg, especially on one side
- 3 Trouble seeing in one or both eyes/blurry vision
- 4 Sudden severe headache
- 5 Sudden dizziness/ loss of balance or coordination
- 6 Fainting/loss of consciousness
- 7 Vomiting
- 8 Other (record response) \_\_\_\_\_
  
- 77 Don't know/not sure
- 99 Refuse to answer

**STSMC4:** According to the commercial, what ONE specific action should people take if they think someone is having a stroke?

- 1 Call 911/ambulance
- 2 Take them to the hospital
- 3 Get them to the hospital
- 4 Call their doctor
- 5 Wait and see if they get better or worse
- 6 Have them take aspirin
- 7 Have them take a medication other than aspirin (includes nitroglycerin, painkillers, etc)
- 8 Check for consciousness/airway/pulse
- 9 Other (record response)\_\_\_\_\_
  
- 77 Don't know/not sure
- 99 Refuse to answer

## Adult Obesity-related

*Ask on Questionnaire 2 and 3 only.*

**STAOB1** How often do you drink a glass or can of soda such as coke, or other sweetened drinks such as fruit punch or sports drinks? Do not count diet drinks.

**Interviewer note:** This also includes any drinks with added sugar, such as sunny delight, iced tea drinks, Tampico, Hawaiian Punch, sugar cane juice, cranberry cocktail, Hi-C, Snapple, Gatorade, sweetened water drinks, and energy drinks.

- 1 \_\_ Per day
- 2 \_\_ per week
- 3 \_\_ per month
- 4 \_\_ per year

- 888 Never
- 777 Don't know/Not sure
- 999 Refused

**STAOB2** On a typical WEEKDAY, how many hours do you usually spend watching television or videos? Include DVD and video movies. Do not count 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
- 8 None
- 9 Refused

**STAOB3** On a typical WEEKEND, how many hours do you usually spend watching television or videos? Include DVD and video movies. Do not count 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
- 8 None
- 9 Refused

**STAOB4** The next two questions are about biking and walking as a means of transportation.

During the past 30 days, on how many days did you bicycle to and from work, to do errands, or to go from place to place? Only include days that you bicycled for at least 10 minutes and do not include biking for recreation or exercise.

\_\_ \_\_ days in the last 30

77. Don't know
88. None
99. Refused

**STAOB5** During the last 30 days, on how many days did you walk to and from work, to do errands, or to go from place to place? Only include days that you walked for at least 10 minutes and do not include walking for recreation or exercise.

\_\_ \_\_ days in the last 30

77. Don't know
88. None
99. Refused

## Fast Food

*Ask on all three Questionnaires.*

**STFF1** How often do you eat food purchased from a fast-food restaurant?

- 1\_\_ \_\_ per day
- 2\_\_ \_\_ per week

3\_\_ per month  
4\_\_ per year

888 Never  
777 Don't know / Not sure  
999 Refused

## Tobacco

*Ask on Questionnaires 2 and 3.*

*If C11Q02 = 1 or 2 ("everyday" or "some days"), continue.  
Otherwise, go to STSMK8.*

**STSMK1** On the average, about how many cigarettes a day do you now smoke?

\_\_\_\_ =Number of cigarettes  
777 Don't know/Not sure  
999 Refused

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

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

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  
  
7 Don't know / Not sure  
9 Refused

*If C11Q05 = 1 or 2 ("everyday" or "some days"), continue.  
Otherwise, go to STSMK4.*

**STSMK3** Have you ever used chewing tobacco, snuff, dip, or snus instead of smoking a cigarette or other tobacco product because you were in a place where smoking is not allowed?

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

*If C11Q02 = 1 or 2 ("everyday" or "some days"), continue.*

Otherwise, go to Q8.

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

**STSMK4** 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 Q8**)
- 7 Don't know / Not sure
- 9 Refused

**STSMK5** During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking?

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

**STSMK6** Did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion (Well BYOU trin/ZEYE ban/byou PRO pee on)?

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

**STSMK7** Did your doctor or health provider recommend or discuss a smoking cessation class or program, a telephone quitline, or one-on-one counseling from a health-care provider to assist you with quitting smoking?

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

[All respondents]

**STSMK8** Which statement best describes the rules about smoking inside your home?

**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 your home

**Or**

- 4 There are no rules about smoking inside your home

**Do not read:**

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

[All respondents]

**STSMK9** In the past twelve months, how often have you seen or heard anti-smoking messages on TV or the radio?

- 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

*[All respondents]*

**STSMK10** In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

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

*[All respondents]*

**STSMK11** Do you think that breathing smoke from other people's cigarettes or from other tobacco products is

- 1 Not at all harmful to one's health
- 2 Somewhat harmful to one's health
- 3 Very harmful to one's health
- 7 Don't know/Not sure
- 9 Refused

## Substance Abuse

*Ask on Questionnaires 2 and 3 only.*

**If yes to Core Q13.1, skip to STSA2.**

**STSA1** Now we would like to ask you some questions about alcohol and drug use.

In the past 12 months, have you had at least one drink of any alcoholic beverage or used drugs at least one time?

**(INTERVIEWER NOTE:** Using drugs refers to illicit drugs, or prescription drugs not taken as prescribed by a doctor)

- 1 YES
- 2 NO (**SKIP to STSA7**)
  
- 7 Don't know/not sure
- 9 Refuse

**STSA2** **(If STSA1 was skipped, include intro statement:** Now we would like to ask you some questions about alcohol and drug use.)

In the past 12 months, have you spent more time drinking or using drugs than you intended? (**INTERVIEWER NOTE:** Using drugs refers to illicit drugs, or prescription drugs not taken as prescribed by a doctor)

- 1 YES
- 2 NO
- 7 Don't know/not sure
- 9 Refuse

**STSA3** In the past 12 months, have you neglected some of your usual responsibilities due to alcohol or drug use?

- 1 YES
- 2 NO
- 7 Don't know/not sure
- 9 Refuse

**STSA4** In the past 12 months, have you wanted or needed to cut down on your drinking or drug use?

- 1 YES
- 2 NO
- 7 Don't know/not sure
- 9 Refuse

**STSA5** In the past 12 months, has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?

- 1 YES
- 2 NO
- 7 Don't know/not sure
- 9 Refuse

**STSA6** In the past 12 months, did you use alcohol or drugs to relieve feelings such as sadness, anger or boredom?

- 1 YES
- 2 NO
- 7 Don't know/not sure
- 9 Refuse

**STSA7** In the past 12 months, have you found yourself thinking a lot about drinking or using drugs?

- 1 YES
- 2 NO
- 7 Don't know/not sure
- 9 Refuse

## Folic Acid

**Ask on Questionnaires 2 and 3 only. Ask of women 18 – 44 years old.**

**SPRL1** Do you currently take any vitamin pills or supplements?

**(Interviewer instruction: Include liquid supplements.)**

- 1 Yes
- 2 No **(Go to SPRL5)**
- 7 Don't know/Not sure **(Go to SPRL5)**
- 9 Refused **(Go to SPRL5)**

**SPRL2** Are any of these a multivitamin?

- 1 Yes **(Go to SPRL4)**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

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

- 1 Yes
- 2 No **(Go to SPRL5)**
- 7 Don't know/Not sure **(Go to SPRL5)**
- 9 Refused **(Go to SPRL5)**

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

Enter times per Day, per Week or per Month

- 1 \_\_\_ Times per day
- 2 \_\_\_ Times per week
- 3 \_\_\_ Times per month
- 777 Don't know/Not sure
- 999 Refused

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

- 1 Yes
- 2 No **(Go to SPRL7)**
- 7 Don't know/Not sure **(Go to SPRL7)**
- 9 Refused **(Go to SPRL7)**

**SPRL6.** **[Flow instruction: only ask of those who answered "yes" to SPRL5]**  
Where did you hear or read about it?

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

- 1 Physician/OB/GYN/GP/FP
- 2 Nurse/nurse practitioner
- 3 Other Health Clinic Staff
- 4 Brochures/literature at health care provider's office
- 5 Friend or relative/co-worker
- 6 Label on consumer product (i.e. food, vitamins)
- 7 Magazine or newspaper
- 8 Radio or Television
- 9 School
- 10 Books
- 11 Internet
- 12 Professional Journal
- 13 Other **(Allow 'other' responses to be written in)**



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

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

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

**Please Read**

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

**Do not read these responses**

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

## Sexual Violence

*Ask on Questionnaire 3 only.*

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

Are you in a safe place to answer these questions?

Yes (continue)

No (skip to closing)

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

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

- 1 Yes
- 2 No [**Read closing statement**]
- 7 Don't know / Not sure
- 9 Refused [**Read closing statement**]

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

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

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

**Do not read:**

- 01 Current Boyfriend/Girlfriend
- 02 Former Boyfriend/Girlfriend
- 03 Fiance
- 04 Spouse or live-in partner
- 05 Former spouse or live-in partner
- 06 Someone you were dating
- 07 First date
- 08 Friend
- 09 Acquaintance
- 10 A person known for less than 24 hours
- 11 Complete stranger
- 12 Parent
- 13 Step-parent
- 14 Parent's partner
- 15 Parent-in-law
- 16 Other relative
- 17 Neighbor
- 18 Co-worker
- 19 Other non-relative
- 20 Multiple perpetrators
- 77 Don't know / Not sure
- 99 Refused

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

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

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

**Closing Statement:** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. This is a toll free call. Would you like me to repeat this number?

## Library

*Ask on Questionnaires 2 and 3 only.*

**STLIB1** In the past 12 months, did you visit a public library to look for health information?

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

**STLIB2** In the past 12 months, did you use a computer to look for health information?

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

## Internet Health Information

*Ask on Questionnaires 2 and 3 only.*

Now I would like to ask some questions about things you might have done while using the computer or internet. I'm going to read a list of activities, please tell me yes or no for each one.

**STNET1** In the past 12 months, have you used the internet to look for a doctor or hospital?

- 1 Yes
- 2 No
- 3 Don't use the internet (**skip to next section**)
- 7 Don't know / Not sure
- 9 Refused

**STNET2** (In the past 12 months have you) Looked for information about a specific disease or medical condition?

- 1 Yes
- 2 No

7 Don't know / Not sure  
9 Refused

**STNET3** (In the past 12 months have you) Looked for information about medicines such as drug reactions or cost?

1 Yes  
2 No

7 Don't know / Not sure  
9 Refused

**STNET4** (In the past 12 months have you) Looked for information about wellness, exercise or nutrition?

1 Yes  
2 No

7 Don't know / Not sure  
9 Refused

**STNET5** (In the past 12 months have you) Accessed your personal health records?

1 Yes  
2 No

7 Don't know / Not sure  
9 Refused

**STNET6** (In the past 12 months have you) Checked your health insurance claim status?

1 Yes  
2 No

7 Don't know / Not sure  
9 Refused

**STNET7** (In the past 12 months have you) Looked for information about buying health insurance?

1 Yes  
2 No

7 Don't know / Not sure  
9 Refused

## Physical Activity and Nutrition

*Ask on Questionnaire 2 only, January - June.*

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.

**STPAN1** How often do you drink fruit juices such as orange, grapefruit, or tomato?

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

**STPAN2** Not counting juice, how often do you eat fruit?

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

**STPAN3** How often do you eat green salad?

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

**STPAN4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

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

**STPAN5** How often do you eat carrots?

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

**STPAN6** 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.)

1 \_\_ Per day

- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure

**CATI note: If Employment Core Q9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to STPAN8.**

**STPAN7** When you are at work, which of the following best describes what you do? Would you say—

**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.

**STPAN8** 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?

- 1 Yes
- 2 No **[Go to STPAN11]**
- 7 Don't know / Not sure **[Go to STPAN11]**
- 9 Refused **[Go to STPAN11]**

**STPAN9** How many days per week do you do these moderate activities for at least 10 minutes at a time?

\_\_ Days per week

- 88 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to STPAN11]**
- 77 Don't know / Not sure **[Go to STPAN11]**
- 99 Refused **[Go to STPAN11]**

**STPAN10** 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?

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

**STPAN11** 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?

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

**STPAN12** How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- \_\_ 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]

**STPAN13** 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?

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

## YRBS Consent

**Ask respondents with child age 13-17 in the household on all 3 Questionnaires, July - December.**

Now I would like to ask you 6 short questions about the Youth Risk Behavior Survey. The Youth Risk Behavior Survey is an anonymous, school-based paper survey that monitors priority health-risk behaviors among 9<sup>th</sup> through 12<sup>th</sup> grade students; data are used by the Utah Department of Health and the Centers for Disease Control and Prevention.

In Utah, youth sexual behavior is not monitored. Previously you indicated that you are the parent, foster parent or guardian of a child between the ages of 13 and 17. For the next 6 questions please indicate how likely or unlikely you would be to consent for your child, age 13 to 17, to be asked that particular sexual behavior question in the Youth Risk Behavior Survey. *Consent* meaning that you would agree to let your child be asked that question about their behavior. For each, tell me “Definitely consent,” “Probably consent,” “Probably not consent,” or “Definitely not consent.”

**YRBS1** How likely would you be to consent for your child to be asked this question:  
*Have you ever had sexual intercourse?*

**Please read:**

- 1 Definitely consent
- 2 Probably consent
- 3 Probably not consent
- 4 Definitely not consent

**Do not read:**

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

**YRBS2** How likely would you be to consent for your child to be asked this question:

*How old were you when you had sexual intercourse for the first time?*

**Please read:**

- 1 Definitely consent
- 2 Probably consent
- 3 Probably not consent
- 4 Definitely not consent

**Do not read:**

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

**YRBS3**

How likely would you be to consent for your child to be asked this question:  
*During your life, with how many people have you had sexual intercourse?*

**Read only if necessary:**

- 1 Definitely consent
- 2 Probably consent
- 3 Probably not consent
- 4 Definitely not consent

**Do not read:**

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

**YRBS4**

How likely would you be to consent for your child to be asked this question:  
*Did you drink alcohol or use drugs before you had sexual intercourse the last time?*

**Read only if necessary:**

- 1 Definitely consent
- 2 Probably consent
- 3 Probably not consent
- 4 Definitely not consent

**Do not read:**

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

**YRBS5**

How likely would you be to consent for your child to be asked this question:  
*The last time you had sexual intercourse, did you or your partner use a condom?*

**Read only if necessary:**

- 1 Definitely consent
- 2 Probably consent
- 3 Probably not consent
- 4 Definitely not consent

**Do not read:**

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

**YRBS6**

How likely would you be to consent for your child to be asked this question:



*The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?*

**Read only if necessary:**

- 1 Definitely consent
- 2 Probably consent
- 3 Probably not consent
- 4 Definitely not consent

**Do not read:**

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

## State Follow-up Question

*Ask all respondents on all 3 Questionnaires who do not have asthma.*

**STFU1** 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 (**Closing statement**)
- 7 Don't know/Not sure (**Closing statement**)
- 9 Refused (**Closing statement**)

**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.

\_\_\_\_\_

## Asthma Follow-up Adult

*Ask on all 3 Questionnaires of those respondents who indicated they have asthma or that their child has asthma.*

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.

\_\_\_\_\_

## Closing Statement

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.