



**2011**

**Utah BRFSS Questionnaire**

**February 16, 2011**

# Behavioral Risk Factor Surveillance System 2011 Utah Questionnaire

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## Interviewer's Script (Landline)

*Ask on Questionnaires 11, 12, and 13.*

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 4

To the correct respondent:

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

## Interviewer's Script (Cell Phone)

*Ask on Questionnaire 20.*

### GENERAL CATI PROGRAMMING INSTRUCTIONS

#### INITIAL INTRO

HELLO, I am calling for the [STATE] Department of State Health Services. My name is XXX. 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.

I have just a few questions to find out if you are eligible for the study.

**CONF\_PHN** Is this  (PHONE NUMBER)  ?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- |   |                       |                   |
|---|-----------------------|-------------------|
| 1 | YES                   | [Go to CONF_CELL] |
| 2 | NO                    |                   |
| 7 | DON'T KNOW / NOT SURE |                   |
| 9 | REFUSED               |                   |

**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 - DISPCODE = 455**

**IF "DON'T KNOW", "REFUSED",**

Thank you for your time. **STOP - DISPCODE = 511 (CBA)**

**CONF\_CELL** Is this a cellular telephone?

**READ ONLY IF NECESSARY:** "By cellular telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- |   |                       |                    |
|---|-----------------------|--------------------|
| 1 | YES                   | [Go to CONF_ADULT] |
| 2 | NO                    |                    |
| 7 | DON'T KNOW / NOT SURE |                    |
| 9 | REFUSED               |                    |

**IF "NO",**

Thank you very much, but we are only interviewing cell telephones at this time. **STOP – DISPCODE = 425**

**IF “DON’T KNOW”, “REFUSED”,**

Thank you very much for your time. **STOP – DISPCODE = 319**

**CONF\_ADULT** Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- |   |                           |                            |
|---|---------------------------|----------------------------|
| 1 | YES, respondent is male   | <b>[Go to CONF_PRVRES]</b> |
| 2 | YES, respondent is female | <b>[Go to CONF_PRVRES]</b> |
| 3 | NO                        |                            |
| 7 | DON’T KNOW / NOT SURE     |                            |
| 9 | REFUSED                   |                            |

**IF “NO”,**

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP – DISPCODE = 415**

**IF “DON’T KNOW”, “REFUSED”,**

Thank you very much for your time. **STOP – DISPCODE = 317**

**CONF\_PRVRES** Do you live in a private residence, that is, not in a dormitory or other type of group living situation?

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

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.

- |   |                       |                           |
|---|-----------------------|---------------------------|
| 1 | YES                   | <b>[Go to CONF_STATE]</b> |
| 2 | NO                    | <b>[Go to CONF_STATE]</b> |
| 7 | DON’T KNOW / NOT SURE |                           |
| 9 | REFUSED               |                           |

**IF “DON’T KNOW”, “REFUSED”,**

Thank you very much for your time. **STOP – DISPCODE = 317**

**CONF\_STATE** Are you a resident of [STATE]?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- |   |                       |                         |
|---|-----------------------|-------------------------|
| 1 | YES                   | <b>[Go to LANDLINE]</b> |
| 2 | NO                    | <b>[Go to STATE]</b>    |
| 7 | DON’T KNOW / NOT SURE |                         |
| 9 | REFUSED               |                         |



**IF "DON'T KNOW", "REFUSED",**

Thank you very much for your time. **STOP – DISPCODE = 317**

**STATE** In what state do you live?

\_\_\_\_\_ ENTER FIPS STATE

99 REFUSED

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

**READ ONLY IF NECESSARY:** "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls." Please include landline phones used for both business and personal use.

**INTERVIEWER:** TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

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

**IF "NO", GO TO SURVEY INTRO**

**IF "DK" or "REF", GO TO TERMINATION**

**IF "YES", ASK**

4. 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?

\_\_\_ %

Record value between 0% and 100%, allow for DK and REF responses.

**TERMINATION**

Thank you very much. Those are all the questions that I have for you today.



**SURVEY INTRO**

Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information. In appreciation for the time that you spend answering our questions, we will provide you with [ten] dollars in compensation for this brief ten-minute interview. **Is this a safe time to talk with you now or are you driving? (STATES HAVE THE OPTION OF MOVING THIS TEXT TO THE END OF THE INITIAL INTRODUCTION ABOVE.)**



## 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 1-888-222-2542.

### 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                  | <b>[If Q2.1 and Q2.2 = 88 (None), go to next section]</b> |
| 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 or Indian Health Services? (80)

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

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

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

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

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

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)
- 1 Within past year (anytime less than 12 months ago)
  - 2 Within past 2 years (1 year but less than 2 years ago)
  - 3 Within past 5 years (2 years but less than 5 years ago)
  - 4 5 or more years ago
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused

## Section 4: Hypertension Awareness (plus state-added question)

---

- 4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84)

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

- 1 Yes [Go to 4.2]
- 2 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to PREHYP]
- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to PREHYP]
- 9 Refused [Go to PREHYP]

**PREHYP** Have you ever been told by a doctor, nurse, or other health professional that you have borderline high blood pressure or pre-hypertension?

- 1 Yes [Go to next section]
- 2 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to next section]
- 7 Don't know/Not sure [Go to next section]
- 9 Refused [Go to next section]

[Programming note: PREHYP should be asked on legs 11 – 13 but not on leg 20.]

- 4.2** Are you currently taking medicine for your high blood pressure? (85)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 5: Cholesterol Awareness

---

**5.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (86)

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

**5.2** About how long has it been since you last had your blood cholesterol checked? (87)

**Read only if necessary:**

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

**Do not read:**

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

**5.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (88)

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

## Section 6: Chronic Health Conditions

---

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

**6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (89)

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

**6.2** (Ever told) you had angina or coronary heart disease? (90)

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

**6.3** (Ever told) you had a stroke? (91)

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

**6.4** (Ever told) you had asthma? (92)

- 1 Yes
- 2 No [Go to Q6.6]
- 7 Don't know / Not sure [Go to Q6.6]
- 9 Refused [Go to Q6.6]

**6.5** Do you still have asthma? (93)

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

**6.6** (Ever told) you had skin cancer? (94)

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

**6.7** (Ever told) you had any other types of cancer?

(95)

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

**6.8** (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?

(96)

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

**6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(97)

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

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

**6.10** (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

(98)

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

**6.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

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

(99)

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

**6.12** Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses?

(100)

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

**6.13** (Ever told) you have diabetes?

(101)

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.

- 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

**CATI note:** If Q6.13 = 1 (Yes), AND questionnaire=11, 12, or 13 go to Module 2: Diabetes.  
If Q6.13 > 1 AND questionnaire=12 or 13, go to Pre-Diabetes Optional Module.  
Otherwise, go to section 7.

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

---

**Ask on Questionnaires 12 and 13 only.**

**NOTE:** Only asked of those not responding "Yes" (code = 1) to Core Q6.13 (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 Q6.13 = 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)

**Ask on Questionnaires 11, 12, and 13.**

**To be asked following Core Q6.13; 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



**DIABPILL.** 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

**FEETSORE** 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

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 DMPREG]
- 7 Don't know / Not sure [Go to DMPREG]

9 Refused **[Go to DMPREG]**

**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

[Programming note: **DMPREG** and **DMGEST** are only asked of diabetic women. If male, skip to next section.]

**DMPREG.** Have you ever been pregnant?

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

**DMGEST.** Gestational diabetes is a type of diabetes that is diagnosed during pregnancy. Before you were diagnosed with diabetes, were you ever told by a doctor, nurse, or other health professional that you had gestational diabetes?

- 1 Yes
- 2 No
- 3 Had diabetes before getting pregnant
- 7 Don't know/Not sure
- 9 Refused

## Section 7: Tobacco Use

---

**7.1** Have you smoked at least 100 cigarettes in your entire life?

(102)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No **[Go to Q7.5]**
- 7 Don't know / Not sure **[Go to Q7.5]**
- 9 Refused **[Go to Q7.5]**

**7.2** Do you now smoke cigarettes every day, some days, or not at all? (103)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q7.4]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**7.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (104)

- 1 Yes [Go to Q7.5]
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**7.4** How long has it been since you last smoked a cigarette, even one or two puffs? (105-106)

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

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

**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.**

(107)

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

**Do not read:**

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

## Section 8: Demographics (plus state-added questions)

---

**8.1** What is your age? (108-109)

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

**8.2** Are you Hispanic or Latino? (110)

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

**8.3** Which one or more of the following would you say is your race? (111-116)

**(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

**8.4** Which one of these groups would you say best represents your race? (117)

**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:**

7 Don't know / Not sure  
9 Refused

**8.5** 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. (118)

1 Yes  
2 No

**Do not read:**

7 Don't know / Not sure  
9 Refused

**8.6** Are you...? (119)

**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

[Programming note: Ask 8.6c on Questionnaire 20 only.]

**8.6c** How many members of your household, including yourself, are 18 years of age or older?

\_\_ Number of adults  
77 Don't know/not sure  
99 Refused

**8.7** How many children less than 18 years of age live in your household? (120-121)

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

**8.8** What is the highest grade or year of school you completed? (122)

**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

**8.9** Are you currently...? (123)

**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

**8.10** Is your annual household income from all sources— (124-125)

**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** *[Programming note: These response categories are incorporated into 8.10. We need to be able to report the 8.10 categories to the CDC, but we want to look at these finer categories at the state level. UTIncome should be asked on all questionnaire paths.]*

- 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

**8.11** About how much do you weigh without shoes?

(126-129)

**NOTE: If respondent answers in metrics, put “9” in column 126.**

**Round fractions up**

— — — — Weight



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

**8.12** About how tall are you without shoes? (130-133)

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

**Round fractions down**

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

**8.13** What county do you live in? (134-136)

ANSI County Code (formerly FIPS county code)  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**8.14** What is the ZIP Code where you live? (137-141)

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

**(Programming note: If Questionnaire 20, skip to 8.21.)**

**8.15** 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. (142)

1 Yes  
 2 No [Go to Q8.17]  
 7 Don't know / Not sure [Go to Q8.17]  
 9 Refused [Go to Q8.17]

**8.16** How many of these telephone numbers are residential numbers? (143)

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

**8.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (144)

- 1 Yes [Go to Q8.19]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**8.18** Do you share a cell phone for personal use (at least one-third of the time) with other adults? (145)

- 1 Yes [Go to Q8.20]
- 2 No [Go to Q8.21]
- 7 Don't know / Not sure [Go to Q8.21]
- 9 Refused [Go to Q8.21]

**8.19** Do you usually share this cell phone (at least one-third of the time) with any other adults? (146)

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

**8.20** 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? (147-149)

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

**8.21** Do you own or rent your home? (150)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE:** "Other arrangement" may include group home, staying with friends or family without paying rent.

**NOTE:** Home is defined as the place where you live most of the time/the majority of the year.

8.22 Indicate sex of respondent. Ask only if necessary. (151)

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

8.23 To your knowledge, are you now pregnant? (152)

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

[Programming note: Ask **SEXOR** on all questionnaire paths.]

**SEXOR** Research has shown that some sexual minority community members have important health risk factors. We are collecting information about sexual orientation to learn whether this is true in Utah. *(Interviewer note: read the letters for each response below and allow the respondent to answer with just a letter if they choose. Definitions for each response option can be read if needed.)*

Do you consider yourself to be

A. Heterosexual or straight

*(If Needed: A person who has sex with and/or is primarily attracted to people of the opposite sex.)*

B. Gay or lesbian

*(If Needed: A person who has sex with and/or is primarily attracted to people of the same sex.)*

or

C. Bisexual

*(If Needed: A person who has sex with and/or is attracted to people of either sex.)*

Remember, your answers are confidential.

- 1 A. Heterosexual or straight
- 2 B. Gay or Lesbian
- 3 C. Bisexual

**Do not read**

- 4 Something else/Other
- 7 Don't know/Not sure
- 9 Refused

## Section 9: Fruits and Vegetables

---



These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

**INTERVIEWER NOTE: If respondent responds less than once per month, put “0” times per month. If respondent gives a number without a time frame, ask: “Was that per day, week, or month?”**

**9.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (153-155)

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

**INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks. Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.**

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 9.6.**

**DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.**

**9.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (156-158)

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

**Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”**

**INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.**

**Do not include dried fruit in ready-to-eat cereals.**

**Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.***

**Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.**

**Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).**

**9.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (159-161)

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."**

**INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

**9.4** During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? (162-164)

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.**



**INTERVIEWER NOTE:** Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**

**9.5** During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? (165-167)

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

**Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."**

**FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.**

**Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).**

**Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.**

**Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.**

**Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).**

**9.6** Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes. (168-170)

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

**Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."**

**INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.**

**Include any form of the vegetable (raw, cooked, canned, or frozen).**

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

## Section 10: Exercise (Physical Activity)

---

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**INTERVIEWER INSTRUCTION:** If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

**10.1** 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? (171)

- 1 Yes
- 2 No [Go to Q10.8]
- 7 Don't know / Not sure [Go to Q10.8]
- 9 Refused [Go to Q10.8]

**10.2.** What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)

- \_\_ (Specify) [See Coding List A]
- 7 7 Don't know / Not Sure [Go to Q10.8]
- 9 9 Refused [Go to Q10.8]

**INTERVIEWER INSTRUCTION:** If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other “.

**INTERVIEWER NOTE:** Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

**10.3** How many times per week or per month did you take part in this activity during the past month? (174-176)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused



**10.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

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

**10.5** What other type of physical activity gave you the next most exercise during the past month? (180-181)

_ _	(Specify)	<b>[See Coding List A]</b>
8 8	No other activity	<b>[Go to Q10.8]</b>
7 7	Don't know / Not Sure	<b>[Go to Q10.8]</b>
9 9	Refused	<b>[Go to Q10.8]</b>

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".**

**INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".**

**10.6** How many times per week or per month did you take part in this activity during the past month? (182-184)

1\_ \_ Times per week  
 2\_ \_ Times per month  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**10.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

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

- 10.8** During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (188-190)
- 1\_\_ Times per week
  - 2\_\_ Times per month
  - 8 8 8 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

## Section 11: Disability

---

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

- 11.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)
- 1 Yes
  - 2 No
  - 7 Don't know / Not Sure
  - 9 Refused

- 11.2** 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? (192)

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

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

## Section 12: Arthritis Burden

---

**If Q6.9 = 1 (yes) then continue, else go to next section.**

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (193)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

**INTERVIEWER NOTE:** Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (194)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

- 12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (195)

**Please read [1-3]:**

- 1 A lot
- 2 A little
- 3 Not at all

**Do not read:**

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

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

**12.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be. (196-197)

\_ \_ Enter number [00-10]  
 7 7 Don't know / Not sure  
 9 9 Refused

## Section 13: Seatbelt Use

---

**13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (198)

**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

## Section 14: Immunization

---

**14.1** Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (199)

1 Yes  
 2 No [Go to Q14.4]  
 7 Don't know / Not sure [Go to Q14.4]  
 9 Refused [Go to Q14.4]

**14.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (200-205)

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

**14.3** At what kind of place did you get your last flu shot/vaccine? (206-207)

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

**Do not read:**

- 9 9 Refused

**14.4** 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? (208)

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

## Section 15: Alcohol Consumption

---

**15.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (209-211)

- 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 **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

**15.2** 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? (212-213)

**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

**15.3** 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? (214-215)

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

**15.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

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

## Section 16: HIV/AIDS

---

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.

**16.1** 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. (218)

- 1 Yes
- 2 No **[Go to Q16.3]**
- 7 Don't know / Not sure **[Go to Q16.3]**
- 9 Refused **[Go to Q16.3]**

**16.2** Not including blood donations, in what month and year was your last HIV test? (219-224)

**NOTE: If response is before January 1985, code "Don't know."**  
**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

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

**16.3** 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?

(225)

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

## Section 26: Influenza-Like Illness (ILI)

---

**Ask January thru April on Questionnaires 11, 12, and 13 only.**

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

1. Last month (i.e September [to change to previous month each month of survey]), 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]

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]

3. Did you visit a doctor, nurse, or other health professional for this illness? (224)

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

4. When did you visit the doctor, nurse, or other health professional for this illness? [Interviewer: read off choices; choose the most specific] (225)

- 1 Within two days of getting ill
- 2 Within three to 7 days of getting ill
- 3 More than 7 days of getting ill
- 7 Don't know
- 9 Refused

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

- 1 You had influenza or the flu [Interviewer: if respondent says they had either H1N1 or seasonal influenza, please code as '1 = You had influenza or the flu.']

- 2 You had some other illness, but not the flu
- 7 Don't know/not sure
- 9 Refused

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 Had flu test and it was positive [Interviewer: if respondent says they had either a positive H1N1 or seasonal influenza test result, please code as '1 = Had flu test and it was positive.']
- 2 Had flu test and it was negative
- 3 Did not have flu test
- 7 Don't know
- 9 Refused

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)]**

8. Did any other members of your household have a fever with cough or sore throat last month (i.e September [to change each month of survey])? (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

9. How many household members, **[CATI note: Fill in “including you,” If Q1=1(Yes) and Q2=1 (Yes)]**were ill last month (i.e September [to change each month of survey])? (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.**

10. How many people in your household, including you, were hospitalized for flu last month (i.e September [to change each month of survey])? [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 5: Preconception Health / Family Planning

*Ask on questionnaires 12, 13, and 20 only.*

**If respondent is female and 45 years of age or older, or male, go to next module.**

The next question is about discussions that occurred as part of a routine health care visit. **DO NOT** include visits while pregnant, also called prenatal care visits.

1. Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby? (281)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential. (282)

2. Have you ever been pregnant?

[Programming note: If respondent is currently pregnant (C08Q23), automatically code yes. Or, if respondent answered yes to DMPREG automatically code yes.]

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

3. Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant? (283)

- 1 Yes
- 2 No [Go to Q5]
- 3 No partner/not sexually active [Go to Q6]
- 4 Same sex partner [Go to Q6]
- 7 Don't know / Not sure [Go to Q6]
- 9 Refused [Go to Q6]

4. What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

(284-285)

**INTERVIEWER NOTE:** If respondent reports using **MORE THAN ONE** method, please code the method that occurs first on the list.

**INTERVIEWER NOTE:** If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

**INTERVIEWER NOTE:** If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

**INTERVIEWER NOTE:** If respondent reports “other method,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**Read only if necessary:**

- 01. Female sterilization (ex. tubal ligation, Essure, Adiana) [Go to Q7]
- 02. Male sterilization (vasectomy) [Go to Q7]
- 03. Contraceptive implant (ex. Implanon) [Go to Q6]
- 04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena) [Go to Q6]
- 05. Copper-bearing IUD (ex. ParaGard) [Go to Q6]
- 06. IUD, type unknown [Go to Q6]
- 07. Shots (ex. Depo-Provera) [Go to Q6]
- 08. Birth control pills, any kind [Go to Q6]
- 09. Contraceptive patch (ex. Ortho Evra) [Go to Q6]
- 10. Contraceptive ring (ex. NuvaRing) [Go to Q6]
- 11. Male condoms [Go to Q6]
- 12. Diaphragm, cervical cap, sponge [Go to Q6]
- 13. Female condoms [Go to Q6]
- 14. Not having sex at certain times (rhythm or natural family planning) [Go to Q6]
- 15. Withdrawal (or pulling out) [Go to Q6]
- 16. Foam, jelly, film, or cream [Go to Q6]
- 17. Emergency contraception (morning after pill) [Go to Q6]
- 18. Other method [Go to Q6]
  
- 77. Don't know / Not sure [Go to Q6]
- 99. Refused [Go to Q6]

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

5. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (286-287)

**INTERVIEWER NOTE:** If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**Read only if necessary:**

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it/don't care if you get pregnant
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/side effects
- 06 You couldn't pay for birth control
- 07 You had a problem getting birth control when you needed it
- 08 Religious reasons
- 09 Lapse in use of a method
- 10 Don't think you or your partner can get pregnant (infertile or too old)
- 11 You had tubes tied (sterilization) [Go to next module]
- 12 You had a hysterectomy [Go to next module]
- 13 Your partner had a vasectomy (sterilization) [Go to next module]
- 14 You are currently breast-feeding
- 15 You just had a baby/postpartum
- 16 You are pregnant now [Go to Q7]
- 17 Same sex partner
- 18 Other reason

**Do not read:**

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

6. How do you feel about having a child now or sometime in the future? Would you say: (288)

**Please read:**

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

**Do not read:**

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

7. How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin? (289)

- 1 0 times a week
- 2 1 to 3 times a week
- 3 4 to 6 times a week
- 4 Every day of the week
- 7 Don't know / Not sure
- 9 Refused

## Module 10: Actions to Control High Blood Pressure (plus state-added questions)

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**Ask on Questionnaires 12 and 13 only.**

**CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next module.**

Earlier you stated that you had been diagnosed with high blood pressure.

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

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (316)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (317)

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

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318)

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

4. (Are you) exercising (to help lower or control your high blood pressure)? (319)

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

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

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (320)

- 1 Yes

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (321)

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

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (322)

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

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (323)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (324)

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

10. Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure? (325)

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive

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

**HBPDR** Are you currently under a physician's care to treat your high blood pressure?

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

**HBPAGE** How old were you when you were told you have high blood pressure or hypertension?

- \_\_\_ Code age in years (97 = 97 or older)
- 98 Don't know/Not sure
- 99 Refused

## Module 11: Heart Attack and Stroke

**Ask on Questionnaire 12 only.**

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

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

**1.** (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (326)

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

**2.** (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (327)

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

**3.** (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (328)

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

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (329)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (330)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (331)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (332)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (333)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (334)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (335)

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

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (336)

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

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (337)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (338)

**Please read:**

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

**Or**

- 5 Do something else

**Do not read:**

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

## Module 18: Arthritis Management

*Ask on Questionnaires 12 and 13 only.*

**CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to next module.**



1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (394)

**Please read:**

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

**Do not read:**

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (395)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (396)

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

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (397)

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

## Module 22: Chronic Obstructive Pulmonary Disease (COPD)

**Ask on Questionnaire 12 only.**

**CATI NOTE: If core Q6.8 = 1 (Yes) then continue, else go to next module.**

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD).

1. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (405)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
2. Would you say that shortness of breath affects the quality of your life? (406)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
3. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (407)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
4. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (408)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
5. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (409-410)
- Number (01-76)
  - 77 Don't know / Not sure
  - 88 None
  - 99 Refused

## Module 27: Cognitive Impairment

*Ask on Questionnaire 13 only.*

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (453)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.**

**CATI NOTE: If number of adults > 1, go to Q2.**

2. **[If Q1 = 1];** Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months? (454)
- |   |   |
|---|---|
| – | Number of people <b>[6 = 6 or more]</b> |
| 8 | NONE                                    |
| 7 | Don't know / Not sure                   |
| 9 | Refused                                 |

**CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.**

**CATI NOTE: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.**

**CATI NOTE: If Q2 < 7; go to Q3. Otherwise, go to next module.**

3. Of these people, please select the person who had the most recent birthday. How old is this person? (455-456)

**Read only if necessary:**

- |     |           |
|-----|-----------|
| 0 1 | Age 18-29 |
| 0 2 | Age 30-39 |
| 0 3 | Age 40-49 |
| 0 4 | Age 50-59 |
| 0 5 | Age 60-69 |
| 0 6 | Age 70-79 |
| 0 7 | Age 80-89 |
| 0 8 | Age 90 +  |

**Do not read:**

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

**CATI NOTE: If Q1 ≠ 1 (Yes); read:** “For the next set of questions we will refer to the person you identified as ‘this person’.”

**INTERVIEWER NOTE: Repeat definition only as needed:** “For these questions, please think about confusion or memory loss that is happening more often or getting worse.”

4. During the past 12 months, how often **[If Q1 = 1 (Yes): insert “have you;” otherwise, insert “has this person”]** given up household activities or chores **[If Q1 = 1 (Yes): insert “you;” otherwise, insert “they”]** used to do, because of confusion or memory loss that is happening more often or is getting worse?

(457)

**Please read:**

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

**Do not read:**

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

5. As a result of **[If Q1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** confusion or memory loss, in which of the following four areas **[If Q1 = 1 (Yes): insert “do you;” otherwise, insert “does this person”]** need the MOST assistance?

(458)

- 1 Safety **[read only if necessary:** such as forgetting to turn off the stove or falling]
- 2 Transportation **[read only if necessary:** such as getting to doctor's appointments]
- 3 Household activities **[read only if necessary:** such as managing money or housekeeping]
- 4 Personal care **[read only if necessary:** such as eating or bathing]

**Do not read:**

- 5 Needs assistance, but not in those areas
- 6 Doesn't need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

6. During the past 12 months, how often has confusion or memory loss interfered with **[If Q1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** ability to work, volunteer, or engage in social activities?

(459)

**Please read:**

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

**Do not read:**

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

7. During the past 30 days, how often **[If Q1 = 1 (Yes): insert "has;" otherwise, insert "have you,"]** a family member or friend provided any care or assistance for **[If Q1 = 1 (Yes): "you;" otherwise, insert "this person"]** because of confusion or memory loss?

(460)

**Please read:**

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

**Do not read:**

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

8. Has anyone discussed with a health care professional, increases in **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss?

(461)

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

9. **[If Q1 = 1 (Yes): insert "Have you;" otherwise, insert "Has this person"]** received treatment such as therapy or medications for confusion or memory loss?

(462)

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

10. Has a health care professional ever said that **[If Q1 = 1 (Yes): insert “you have;” otherwise, insert “this person has”]** Alzheimer’s disease or some other form of dementia? (463)
- 1 Yes, Alzheimer’s Disease
  - 2 Yes, some other form of dementia but not Alzheimer’s Disease
  - 3 No diagnosis has been given
  - 7 Don’t know / Not sure
  - 9 Refused

## Module 32: Random Child Selection

**Ask on all Questionnaires.**

**CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q8.7 = 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 Q8.7 is >1 and Core Q8.7 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? (488-493)

_ _ / _ _	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? (494)

- 1 Boy
- 2 Girl
- 9 Refused

3. Is the child Hispanic or Latino? (495)

- 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? (496-501)

**[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? (502)

- 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? (503)

**Please read:**

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

**Do not read:**

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

## Module 35: Child Influenza-Like Illness (ILI)

**Ask on Questionnaires 11, 12, and 13 from January – April only.**

---

The next questions are about the “Xth” child.

1. Last month (i.e September [to change each month of survey]), did the child have a fever with cough and/or sore throat? (234)

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

2. Did the child visit a doctor, nurse, or other health professional for this illness? (235)

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

## Module 33: Childhood Asthma Prevalence

**Ask on all Questionnaires.**

---

**CATI NOTE: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.**

Now, I would like to ask you about the “Xth” [CATI: please fill in correct number] child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (504)

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



2. Does the child still have asthma?

(505)

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

## State-Added Questions

### Childhood Diabetes Prevalence

*Ask on Questionnaires 11, 12, and 13.*

**CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**CHPREV:** Has a doctor, nurse or other health professional EVER said that the child has diabetes?

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

### Child Obesity-related

*Ask on Questionnaires 11, 12, and 13. Ask of respondents with 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 11 and 20. Ask 'K' questions of all respondents with a randomly selected child.*

*All question names beginning with a K will be asked about the randomly selected child.*

If BRFSS C03Q01=1 and C08Q07 >= 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 C08Q07 < 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 C08Q07 >= 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 many not have considered, are you currently covered by...

[continue to COV1]

If BRFSS C03Q01=2 and C08Q07 < 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, the V.A, or HIP Utah?

- 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, the V.A, or HIP Utah?

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

**COV8** Are you covered by a student health plan?

- 1 Yes
- 2 No

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

**KCOV8** Is the child covered by this type of plan?

**Read if necessary:** a student health plan?

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

**COV9** 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

**KCOV9** 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

**COV10** Do you have coverage through some other source that I have not already mentioned?

- 1 Yes **[go to COV10open]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**COV10op** 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 COV12, uninsured adults go on to COV11 (after being asked the next K questions, if applicable).**

**KCOV10** Does the child have coverage through some other source that I have not already mentioned?

- 1 Yes **[go to KCOV10open]**
- 2 No

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

**KCOV10op** 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 KCOV12, uninsured kids will go to KCOV11.**

**COV11** Are you without health insurance coverage?

- 1 Yes, respondent is uninsured (**SKIP to UNINS**)
- 2 No, respondent is insured (**skip to COV11op**)
- 7 Don't know/Not sure (**go to COV12**)
- 9 Refused (**go to COV12**)

**COV11op** What is the source of this coverage?

[SPECIFY – OPEN ENDED RESPONSE]  
(**go to COV12**)

**KCOV11** Is the child without health insurance coverage?

- 1 Yes child is uninsured (**child should get KUNINS**)
- 2 No, child is insured (**child should get KCOV11op**)
- 7 Don't know/Not sure (**child should go to KCOV12**)
- 9 Refused (**child should go to KCOV12**)

**KCOV11op** What is the source of this coverage?

[SPECIFY – OPEN ENDED RESPONSE]  
(**child should go to KCOV12**)

**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**)

**COV12** 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

**KCOV12** 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** *(Programming note: 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 questions ask about reasons you ["and your child", if both adult and child are uninsured] may be uninsured. Are you uninsured because your employer or 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 questions 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, got laid off, 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, got laid off 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** *if adult is only adult of HH and is unemployed, skip this question.*

Is the child uninsured  
(if WHY3 was read then read) for this reason?  
(if adult did not get WHY3, then read) 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 you or someone in the household is self-employed?

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

**KWHY4** Is the child uninsured  
(if WHY4 was read then read) for this reason?  
(if adult did not get WHY4 then read) because you or someone in the household is self-  
employed?

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

**WHY5** Are you uninsured because the premiums cost too much?

- 1 Yes (**Continue to WHY5a**)
- 2 No (**Skip to WHY6 or KWHY5 if uninsured child**)
- 7 Don't know/Not sure
- 9 Refused

**WHY5A** Did an existing health condition make the premium cost too much?

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

**KWHY5** Is the child uninsured because the premiums cost too much?

- 1 Yes (**Continue to KWHY5a**)
- 2 No (**Skip to WHY6 or KWHY6 if no uninsured adult**)
- 7 Don't know/Not sure
- 9 Refused

**KWHY5A** Did an existing health condition make the premium cost too much?

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

**WHY6** 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

**KWHY6** Is the child uninsured because (insert he/she based on M32Q02) he/she is healthy and it was considered safe for (insert her/him based on M32Q02) him/her to go without insurance?

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

**WHY7** Are you uninsured because the insurance company refused to cover you?

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

**WHY7A** Have you been denied coverage because of a pre-existing condition?

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

**KWHY7** Is the child uninsured because the insurance company refused to cover (insert her/him based on M32Q02) him/her?

- 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** Has the child been denied coverage because of a pre-existing condition?

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

**WHY8** Are you uninsured because you lost Medicaid or CHIP eligibility?

- 1 Yes (**Continue to WHY8a**)
- 2 No (**Skip to WHY9 or KWHY9 if uninsured child**)
- 7 Don't know/Not sure
- 9 Refused

**WHY8A** Did you lose eligibility because

**Please read:**

- 1 Your family income increased,
- 2 Paperwork to complete eligibility was not completed,
- 3 You were no longer pregnant or you aged out of the program
- 4 You lost your job, or
- 5 For some other reason

**Do not read**

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

**KWHY8** Is the child uninsured because he/she lost Medicaid or CHIP eligibility?

- 1 Yes (**Continue to KWHY8a**)
- 2 No (**Skip to WHY9 or KWHY9 if no uninsured adult**)
- 7 Don't know/Not sure
- 9 Refused

**KWHY8A** Did the child lose eligibility because

**Please read:**

- 1 Your family income increased,
- 2 Paperwork to complete eligibility was not completed,
- 3 You were no longer pregnant or you aged out of the program
- 4 You lost your job, or
- 5 For some other reason

**Do not read**

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

**WHY9** *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

**KWHY9** *if adult is only adult of HH and is unemployed, skip this question.*

*{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

**WHY10** Was there any other reason that you were without health insurance coverage, other than what I have already mentioned?

- 1 Yes (**specify in WHY10op**)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**WHY10op** What is the other reason? Interviewer record response verbatim.

**KWHY10** Was there any other reason that the child was without health insurance coverage, other than what I have already mentioned?

- 1 Yes (**specify in KWHY10op**)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**KWHY10op** 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.**

**INSDELY** (*Skip if adult has been uninsured for more than 12 months (UNINS>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

**EMPLOYED** I am going to ask a few questions about work related activities. Do you do any work for either pay or profit?

**[CATI NOTEi: If they respond 1, 7 or 9 to this question they get asked question HOURSWKD. If they respond 2 they skip the other 2 questions in this section (HOURSWKD and NUMEMPS).]**

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

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

- 1 Yes **(skip to HOURSWKD)**
- 2 No **(skip to next question)**
- 7 Don't know/Not sure **(skip to HOURSWKD)**

9 Refused (skip to HOURSWKD)

**HOURSWKD** 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 (70 = 70 hours or more)  
 77 Don't know/Not sure  
 99 Refused

**NUMEMPS** 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

## Cholesterol Control

**Ask on Questionnaires 12 and 13.**

**If C05Q03=1 then proceed; otherwise, skip to next section.**

**HCDR** Earlier you said that you have been told that your blood cholesterol is high. Are you currently under a physician's care to treat your high cholesterol?

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

**HCMEDS** Are you taking any medication prescribed by a doctor for your high cholesterol?

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

## Mammogram

**Ask on Questionnaire 11 only of women age 40 or older.**

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

(177)

1 Yes [Go to STMAM3]  
 2 No [Go to STMAM2]  
 7 Don't know / Not sure [Go to next section]

9 Refused [Go to next section]

**STMAM2** What is the most important reason you have never had a mammogram?

- 01 Not recommended by Doctor/Doctor never said it was needed.
- 02 No need/No fam HX/No breast cancer/No breasts
- 03 Cost/Not covered by insurance
- 04 Too old
- 05 Too young
- 06 No time
- 07 Services not available/Not convenient/Lack of transportation
- 08 Fear/Uncomfortable/Painful
- 09 Embarrassing
- 10 Afraid of what they might find.
- 11 Put it off/Too lazy
- 12 Haven'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 Pregnant/Nursing
- 17 Have an appointment scheduled for future
  
- 66 Other (specify) *[Programming note: add a screen for writing in response.]*
- 77 Don't know/Not sure.
- 99 Refused.

**CATI note: if STMAM1=2, go to next section after asking STMAM2)**

**STMAM3** How long has it been since you had your last mammogram?

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago) **(Go to STMAM5)**
- 2 Within the past 2 years (1 year but less than 2 years ago) **(Go to STMAM5)**
- 3 Within the past 3 years (2 years but less than 3 years ago) **(Go to STMAM4)**
- 4 Within the past 5 years (3 years but less than 5 years ago) **(Go to STMAM4)**
- 5 5 or more years ago **(Go to STMAM4)**

**Do not read:**

- 7 Don't know / Not sure **(Go to STMAM5)**
- 9 Refused **(Go to STMAM5)**

**STMAM4** 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 No need/No fam HX/No breast cancer/No breasts
- 03 Cost/Not covered by insurance
- 04 Too old
- 05 Too young
- 06 No time
- 07 Services not available/Not convenient/Lack of transportation
- 08 Fear/Uncomfortable/Painful
- 09 Embarrassing

- 10 Afraid of what they might find.
- 11 Put it off/Too lazy
- 12 Haven'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 Pregnant/Nursing
- 17 Have an appointment scheduled for future
  
- 66 Other (specify) *[Programming note: add a screen for writing in response.]*
- 77 Don't know/Not sure.
- 99 Refused.

**STMAM5** What was the most important reason you got your mammogram?

**Do not read. Mark only ONE.**

- 1 routine/yearly checkup
- 2 to stay healthy/prevent cancer
- 3 Had/felt a lump; breast problems
- 4 doctor recommended it
- 5 peace of mind
- 6 encouragement from friends/family
- 7 to detect cancer
- 8 knows someone w/ breast cancer
- 9 family history
- 10 past personal history
- 11 insurance was ending
- 12 age
  
- 66 Other
- 77 don't know/not sure
- 99 Refused

## Colon Cancer Screening

**Ask on questionnaires 12 and 13. Ask only those aged 50+.**

**STCC1** 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 [**Go to STCC3**]
- 2 No [**Go to STCC2**]
  
- 7 Don't know / Not sure [**Go to next section**]
- 9 Refused [**Go to next section**]

**STCC2** 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/Change in insurance coverage.
- 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 off/Too lazy to have it
- 12 Haven't thought about it
- 13 Test doesn't work/Effectiveness of test/Cause Cancer
- 14 Don't want to have one/Don't want to do prep
- 15 No regular doctor/don't got to doctor/Doesn't know what doctor to see
- 16 Other health concerns/co-morbidity
- 17 Risk of infection
- 18 Have an appointment scheduled for future

- 66 Other (write in) *[Programming note: add a screen for writing in response.]*
- 77 Don't know/Not sure
- 99 Refused.

**[Those who answer STCC2 go to next section.]**

### STCC3

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

- 1 Sigmoidoscopy **(Go to STCC4)**
- 2 Colonoscopy **(Go to STCC4)**
- 3 Something else **[Go to next section]**
  
- 7 Don't know/Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

### STCC4

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

**(Interviewer: Read only if necessary):**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
  
- 7 Don't know / Not sure
- 9 Refused

## Skin Cancer

**Ask on Questionnaires 13 and 20.**

### TAN

During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? Do not include getting a spray on tan.

**Do not read:**

- 1 0 times

- 2 1 or 2 times
- 3 3 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times
  
- 7 don't know
- 9 not sure

## Quality of Life

**Ask on Questionnaires 12 and 13.**

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

\_\_\_ \_\_\_ Number of days

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

## Tobacco

**Ask all questions on Questionnaires 12 and 13. Questions STSMK1, STSMK2, and STSMK8-STSMK11 will be asked on Questionnaire 20.**

*If C07Q02 = 1 or 2 ("everyday" or "some days"), continue.  
Otherwise, go to STSMK3.*

**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 C07Q05 = 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 C07Q02 = 1 or 2 ("everyday" or "some days") OR if C07Q04 = 01, 02, 03, or 04 (respondent has smoked within last 12 months), continue.  
Otherwise, go to STSMK8.

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 on Questionnaires 12, 13, and 20 get asked STSMK8 – STSMK11.]

**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

**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

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

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

**STSMK11** This next question is about smoke you might have breathed because someone else was smoking, whether you were indoors, outdoors, in a vehicle, or anywhere else.

During the past 7 days, on how many days did you breathe smoke from **someone other than you** who was smoking a cigarette, cigar, pipe, or any other tobacco product?

- \_ Number of days (0-7)
- 88 None
  - 77 Don't know/not sure
  - 99 Refused

## Cell Phones

**Ask on Questionnaires 12, 13, and 20.**

**CELL1** Next, I am going to ask you two questions about things you might do while driving. The first question is about talking on a cell phone and the second is about texting or otherwise using a hand-held electronic device.

Thinking about all the time you spent driving during the past week, which of the following best describes the **total** time you spent talking on a cell phone, including hands-free or blue tooth, while you were driving?

**Please read:**

- 1 Less than 3 minutes per day
- 2 Three to 20 minutes per day
- 3 More than 20 minutes but less than 60 minutes per day
- 4 More than an hour per day
- 5 You never talk on a cell phone while driving

**Do not read:**

- 6 Doesn't have a cell phone
- 7 Don't know/Not sure (**Go to next section**)
- 8 Doesn't drive (**Go to next section**)
- 9 Refused (**Go to next section**)

**CELL2**

Thinking about all the time you spent driving during the past week, about how much time did you spend texting or otherwise using a hand-held electronic device while you were driving?

**Interviewer Note:** This includes any hand-held electronic device like an ipod, mp3 player, blackberry, etc.

**Please read:**

- 1 Less than 3 minutes per day
- 2 Three to 20 minutes per day
- 3 More than 20 minutes but less than 60 minutes per day
- 4 More than an hour per day
- 5 You never text or use hand-held devices while driving

**Do not read:**

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

## Sidewalks

**Ask on Questionnaires 11, 12, and 13.**

**SWCOND** How would you describe the conditions of the sidewalks in your neighborhood?

Would you say the condition of the sidewalks is:

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 or, there are no sidewalks in your neighborhood (**Skip to SWMORE**)
- 7 Don't Know/Not Sure
- 9 Refused

**SWEASE** Would you say the sidewalks in your neighborhood are:

(Programming note: allow multiple selections)

- 1 Easy to use
- 2 not easy to use because of obstructions
- 3 not easy to use because they are cracked, broken, or uneven
  
- 7 don't know/not sure
- 9 Refused

**SWMORE** If there could be more sidewalks in your neighborhood, would you want them?

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

## Obesity Responsibility

*Ask on Questionnaire 13.*

**Programming note: the order of these 6 questions should be randomized. Response options should be read the first time but are "read only if necessary" the other 5 times.**

Now we'd like to ask you some general questions about who is responsible for addressing the problem of obesity in Utah.

**RESPGOV** How much responsibility does **The state government** have in addressing the problem of obesity in Utah? Would you say they have:

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility

**Do not read**

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

**RESPFOOD** And what about **the Food Industry**?

**Read if necessary:**

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility

**Do not read**

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

**RESPDOCS** And what about **Doctors and other healthcare providers**?

**Read if necessary:**

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility

4 No responsibility

Do not read

7 Don't know/ not sure

9 Refused

**RESPSCHL** And what about **Schools** ?

**Read if necessary:**

1 A lot of responsibility

2 Some responsibility

3 Not much responsibility

4 No responsibility

Do not read

7 Don't know/ not sure

9 Refused

**RESPINDV** And what about **Individuals**?

**Read if necessary:**

1 A lot of responsibility

2 Some responsibility

3 Not much responsibility

4 No responsibility

Do not read

7 Don't know/ not sure

9 Refused

**RESPPRNT** And what about **Parents**?

**Read if necessary:**

1 A lot of responsibility

2 Some responsibility

3 Not much responsibility

4 No responsibility

Do not read

7 Don't know/ not sure

9 Refused

## Tobacco Policy Questions

*Ask on all questionnaires during last quarter of 2011 only.*

**CLEANAIR** Do you support or oppose the current Utah law that prohibits smoking in indoor workplaces and public places, such as restaurants and bars?

1 Support

2 Oppose

7 DON'T KNOW/NOT SURE (Do not read)

9 REFUSED (Do not read)

**HOOKAH** Would you support or oppose a law that banned smoking tobacco in Hookahs (also known as waterpipes) in indoor public places such as restaurants and bars?

- 1 Support
- 2 Oppose
  
- 7 DON'T KNOW/NOT SURE (Do not read)
- 9 REFUSED (Do not read)

## State Follow-up Question

*Ask all respondents on all 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. Can I please have your first name so that if we contact you in the future we can ask for you specifically? You can always let us know at that time if you do not wish to participate in the survey.

Type in respondent's first name only.

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9 9 Respondent refuses to give name/does not want to be called again

## Asthma Follow-up Adult

*Ask on all 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.

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## 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.

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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.

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## 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.

## Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

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### Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	