



2013

**Behavioral Risk Factor Surveillance System
Questionnaire**

MASTER

March 12, 2013

**Behavioral Risk Factor Surveillance System
2013 Questionnaire**

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Landline Introduction Script

Questionnaires 11, 12, 13.

HELLO, I am calling for the Utah Department of Health. My name is (name). We are gathering information about the health of Utah residents. This project is conducted by the 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?

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

Yes	[Go to state of residence]
No	[Go to college housing]

No, business phone only

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

Do you reside in ____ (state) ____ ?

Yes	[Go to Adult Random Selection]
No	[Go to state]

State

Thank you very much, but we are only interviewing persons who live in the state of _____ at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

Read only if necessary: "By 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 by land line telephones and for private residences or college housing. **STOP**

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult

Are you 18 years of age or older?

- 1 Yes, respondent is male [Go to Page 6]**
- 2 Yes, respondent is female [Go to Page 6]**
- 3 No**

If "No",

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

Adult Random Selection

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 6.**

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 Core Sections.

To the correct respondent:

HELLO, I am calling for the Utah Department of Health . My name is (name) . We are gathering information about the health of Utah residents. This project is conducted by the 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.

Cell Phone Introduction Script

Questionnaires 21, 22, 23.

HELLO, I am calling for the Utah Department of Health . My name is (name) . We are gathering information about the health of Utah residents. This project is conducted by the 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 a safe time to talk with you or are you driving?

Yes **[Go to phone]**
No

If "No",

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) **STOP**

Phone

Is this (phone number) ?

Yes **[Go to cellular phone]**
No **[Confirm 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**

Cellular Phone

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.”

Yes **[Go to adult]**
No

If "No",

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

Adult

Are you 18 years of age or older?

1 **Yes, respondent is male** **[Go to Private Residence]**
2 **Yes, respondent is female** **[Go to Private Residence]**
3 **No**

If "No",

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

Private Residence

Do you live in a private residence?

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

Yes **[Go to state of residence]**
No **[Go to college housing]**

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

Yes
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

Are you a resident of Utah_____?

Yes **[Go to landline]**
No **[Go to state]**

State

In what state do you live?

_____ ENTER FIPS STATE **[Go to Landline]**

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 used for making or receiving calls.” Please include landline phones used for both business and personal use.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

Yes **[Go to cellular phone usage]**
No **[Go to Core]**

NOTE: If the response is “don’t know/not sure, or refused”,
Thank you for your time. **STOP**

Cellular Phone Usage

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 1% and 100%, allow for DK and REF responses.

888 Zero
777 Don’t know/Not sure
999 Refused

If "90-100" [Go to Core]

NOTE: If the response is “0-89”, don’t know/not sure, or refused”,
Thank you very much. Those are all the questions that I have for you today. **STOP**

Core Sections

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

Section 1: Health Status

- 1.1 Would you say that in general your health is— (80)
- 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? (81–82)
- — 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? (83–84)

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

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (85–86)

- | | | |
|---|---|-----------------------|
| – | – | 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, government plans such as Medicare, or Indian Health Service? (87)

- | | | |
|---|-----------------------|--|
| 1 | Yes | [If PPHF state go to Module 4, Question 1, else continue] |
| 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?” (88)

- | | |
|---|-----------------------|
| 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? (89)

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

CATI Note: If PPHF State go to Module 4, Question 3, else continue

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. (90)

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

CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or If PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

4.1 On average, how many hours of sleep do you get in a 24-hour period?

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

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

(91-92)

Section 5: Hypertension Awareness

- 5.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (93)

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

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

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

- 5.2** Are you currently taking medicine for your high blood pressure? (94)

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

Section 6: Cholesterol Awareness

- 6.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (95)

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

- 6.2** About how long has it been since you last had your blood cholesterol checked? (96)

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 |

6.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (97)

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

Section 7: 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."

7.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (98)

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

7.2 (Ever told) you had angina or coronary heart disease? (99)

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

7.3 (Ever told) you had a stroke? (100)

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

7.4 (Ever told) you had asthma? (101)

- 1 Yes
- 2 No [Go to Q7.6]
- 7 Don't know / Not sure [Go to Q7.6]
- 9 Refused [Go to Q7.6]

7.5 Do you still have asthma? (102)

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

7.6 (Ever told) you had skin cancer? (103)

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

7.7 (Ever told) you had any other types of cancer? (104)

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

7.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (105)

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

7.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (106)

- 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)

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

(107)

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

7.11 (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.

(108)

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

7.12 (Ever told) you have diabetes?

(109)

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 Q7.12 = 1 (Yes), go to Diabetes Questions. If any other response to Q7.12, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section (8:Demographics).

Module 1: Pre-Diabetes

Ask on questionnaires 12 and 22.

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q7.12 (Diabetes awareness question).

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

(270)

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

CATI note: If Core Q7.12 = 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?"

(271)

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

Diabetes Questions

Ask on all questionnaires.

To be asked following Core Q7.12; if response is "Yes" (code = 1)

DMAGE How old were you when you were told you have diabetes?

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

A1CTEST 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 **(Skip to next section)**
- 9 8 Never heard of "A one C" test **(Skip to next section)**
- 7 7 Don't know / Not sure **(Skip to next section)**
- 9 9 Refused **(Skip to next section)**

A1CRSLT Was your most recent "A one C" test less than 7 percent? *(asked Jan – March)*

- 1 Yes
- 2 No
- 3 Don't know but doctor said it was okay
- 4 Don't know but doctor said it was too high
- 7 Don't know / Not sure
- 9 Refused

A1CRSLT9 Was your most recent "A one C" test greater than 9 percent? *(asked April - December)*

- 1 Yes
- 2 No
- 3 Don't know but doctor said it was okay
- 4 Don't know but doctor said it was too high
- 7 Don't know / Not sure
- 9 Refused

Gestational Diabetes

Ask on all questionnaires of diabetic women.

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

DMDIAG 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 that you had gestational diabetes?

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

Section 8: Demographics

8.1 What is your age? (110-111)

Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

8.2 Are you Hispanic, Latino/a, or Spanish origin? (112-115)

- 1 No, not of Hispanic, Latino/a, or Spanish origin

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

- 2 Mexican, Mexican American, Chicano/a
- 3 Puerto Rican
- 4 Cuban
- 5 Another Hispanic, Latino/a, or Spanish origin

Do not read:

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

8.3 Which one or more of the following would you say is your race? (116-143)

Interviewer Note: Select all that apply.

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CATI note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.

8.4 Which one of these groups would you say best represents your race?

Interviewer Note: If 04 (Asian) or 05 (Pacific Islander) is selected read and code subcategory underneath major heading.

(144-145)

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean

- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 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.

(146)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...?

(147)

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

8.7 How many children less than 18 years of age live in your household?

(148-149)

- Number of children
- 8 8 None

9 9 Refused

[Programming note: Ask CELADLT on Questionnaire 21,22,23 only of those cell respondents living in a private residence, no dorms or group homes.]

CELADLT 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

8.8 What is the highest grade or year of school you completed? (150)

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...? (151)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 **Out of work for 1 year or more**
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

8.10 Is your annual household income from all sources— (152-153)

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 7.10. We need to be able to report the 7.10 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?

(154-157)

NOTE: If respondent answers in metrics, put “9” in column 148.

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? (158-161)

NOTE: If respondent answers in metrics, put "9" in column 152.

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? (162-164)

_ _ _ 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? (165-169)

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

CATI Note: Questions 8.15 – 8.18 are only asked on the landline survey (questionnaires 11, 12, 13).

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. (170)

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? (171)

_ 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. (172)

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

8.18 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? (173-175)

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

8.19 Have you used the internet in the past 30 days? (176)

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

8.20 Do you own or rent your home? (177)

- 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.

8.21 Indicate sex of respondent. **Ask only if necessary.**
Interviewer Note: "For verification purposes are you male or female?" (178)

- 1 Male [Go to Q8.23]
- 2 Female [If respondent is 45 years old or older, go to Q8.23]

8.22 To your knowledge, are you now pregnant?

(179)

- 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

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

8.23 Are you limited in any way in any activities because of physical, mental, or emotional problems?

(180)

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

9 Refused

8.24 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? (181)

NOTE: Include occasional use or use in certain circumstances.

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

8.25 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

8.26 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

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

8.27 Do you have serious difficulty walking or climbing stairs? (184)

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

8.28 Do you have difficulty dressing or bathing? (185)

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

8.29 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

1 Yes

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

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (187)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.2 Do you now smoke cigarettes every day, some days, or not at all? (188)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (189)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (190-191)

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

9.5 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.

(192)

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

Do not read:

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

Section 10: Alcohol Consumption

10.1 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?

(193-195)

- 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]**

10.2 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?

(196-197)

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

10.3 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?

(198-199)

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

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

(200-201)

- _ _ Number of drinks

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

Section 11: 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?"

11.1 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. (202-204)

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 11.6.

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.

11.2 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 (205-207)

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.).

11.3 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. (208-210)

- 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.

11.4 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? (211-213)

- 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.

11.5 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? (214-216)

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 dessert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

11.6 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. (217-219)

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 12: 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.

12.1 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? (220)

- 1 Yes
- 2 No [Go to Q12.8]
- 7 Don't know / Not sure [Go to Q12.8]
- 9 Refused [Go to Q12.8]

12.2. What type of physical activity or exercise did you spend the most time doing during the past month? (221-222)

- (Specify) [See Physical Activity Coding List]
- 7 7 Don't know / Not Sure [Go to Q12.8]
- 9 9 Refused [Go to Q12.8]

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

12.3 How many times per week or per month did you take part in this activity during the past month? (223-225)

- 1__ Times per week
- 2__ Times per month
- 777 Don't know / Not sure
- 999 Refused

12.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (226-228)

- _:__ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

12.5 What other type of physical activity gave you the next most exercise during the past month? (229-230)

- __ (Specify) **[See Physical Activity Coding List]**
- 88 No other activity **[Go to Q12.8]**
- 77 Don't know / Not Sure **[Go to Q12.8]**
- 99 Refused **[Go to Q12.8]**

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

12.6 How many times per week or per month did you take part in this activity during the past month? (231-233)

- 1__ Times per week
- 2__ Times per month
- 777 Don't know / Not sure
- 999 Refused

12.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (234-236)

- _:__ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

- 12.8** 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. (237-239)
- 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 13: Arthritis Burden

If Q7.9 = 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.

- 13.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (240)
- 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: Q13.2 should be asked of all respondents regardless of employment status.

- 13.2** 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? (241)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is **“yes”** mark the overall response as **“yes.”**

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

- 13.3** 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? (242)

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."

- 13.4** 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.* (243-244)

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

Section 14: Seatbelt Use

- 14.1** How often do you use seat belts when you drive or ride in a car? Would you say— (245)

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 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

- 15.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (246)

READ IF NECESSARY:

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

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q15.3] |
| 7 | Don't know / Not sure | [Go to Q15.3] |
| 9 | Refused | [Go to Q15.3] |

- 15.2** 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? (247-252)

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

- 15.3** Since 2005, have you had a tetanus shot? (253)

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

- | | |
|---|---|
| 1 | Yes, received Tdap |
| 2 | Yes, received tetanus shot, but not Tdap |
| 3 | Yes, received tetanus shot but not sure what type |
| 4 | No, did not receive any tetanus since 2005 |
| 7 | Don't know/Not sure |
| 9 | Refused |

- 15.4** 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? (254)

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

- 7 Don't know / Not sure
- 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. (255)

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

- 16.2** Not including blood donations, in what month and year was your last HIV test? (256-261)

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

CATI NOTE: If Core Q16.2 = within last 12 months continue, else go to optional module transition.

- 16.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, in the **emergency room**, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (262-263)

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

Optional Modules

Module 4: Health Care Access

Ask on all questionnaires.

- 1 Do you have Medicare? (298)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

- 2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (299-312)

(Select all that apply)

Please Read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [or substitute state program name]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

CATI Note: If PPHF State go to core 3.2

- 3 Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (313)

Please read

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other _____
specify
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CATI Note: If PPHF State, go to core 3.4

CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b

- 4a** In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (339)
- 1 Yes [Go to Q5]
 - 2 No [Go to Q5]
 - 7 Don't know/Not sure [Go to Q5]
 - 9 Refused [Go to Q5]

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)

- 4b** About how long has it been since you last had health care coverage? (340)
- 1 6 months or less
 - 2 More than 6 months, but not more than 1 year ago
 - 3 More than 1 year, but not more than 3 years ago
 - 4 More than 3 years
 - 5 Never
 - 7 Don't know/Not sure
 - 9 Refused

- 5** How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (341-342)

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

- 6** Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (343)

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed.**

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

7 In general, how satisfied are you with the health care you received? Would you say—

(344)

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read

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

8 Do you currently have any medical bills that are being paid off over time?

(345)

INTERVIEWER NOTE:

This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

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

CATI Note: If PPHF state, Go to core section 4.

Module 5: Sugar Drinks

Ask on all questionnaires.

Now I would like to ask you some questions about sugary beverages.

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

Please read:

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth. (346-348)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

- 8 8 8 None

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

2. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth. (349-351)

1 __ Times per day
 2 __ Times per week
 3 __ Times per month

Do not read:

8 8 8 None
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Module 6: Sodium or Salt-Related Behavior

Ask on questionnaires 12, 13, 22, and 23.

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1. Are you currently watching or reducing your sodium or salt intake? (352)

1 Yes
 2 No [Go to Q3]
 7 Don't know/not sure [Go to Q3]
 9 Refused [Go to Q3]

2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?" (353-355)

1__ Day(s)
 2__ Week(s)
 3__ Month(s)
 4__ Year(s)
 5 5 5 All my life
 7 7 7 Don't know/not sure
 9 9 9 Refused

3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (356)

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

Module 9: Arthritis Management

Ask on all questionnaires.

CATI NOTE: If Core Q7.9 = 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**? (380)

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? (381)

- 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? (382)

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? (383)

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

Module 18: Industry and Occupation

Ask on all questionnaires.

If Core Q8.9 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

1. **What kind of work do you do?** (for example, registered nurse, janitor, cashier, auto mechanic) (429-453)

INTERVIEWER NOTE: If respondent is unclear, ask “What is your job title?”

INTERVIEWER NOTE: If respondent has more than one job then ask, “What is your main job?”

[Record answer] _____
99 Refused

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (454-478)

[Record answer] _____
99 Refused

Module 20: 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
77/7777	Don't know / Not sure
99/9999	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, Latino/a, or Spanish origin? (495-498)

1	No, not of Hispanic, Latino/a, or Spanish origin
---	--

If yes, ask: Are they...

Interviewer Note: One or more categories may be selected

2	Mexican, Mexican American, Chicano/a
3	Puerto Rican
4	Cuban
5	Another Hispanic, Latino/a, or Spanish origin

Do not read:

8	No additional choices
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? (499-526)

(Select all that apply)

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

5. Which one of these groups would you say best represents the child's race? (527-528)

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese

47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child? (529)

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 21: Childhood Asthma Prevalence

Ask on all questionnaires.

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

The next two questions are 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? (530)

- 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? (531)

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

State-Added Questions

Childhood Diabetes Prevalence

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.

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 all questionnaires. Ask of children ages 5-17 only.

CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section. If age of child is not 5-17 then skip to next section.

STCHILD1 On a typical SCHOOL DAY, how many hours does your child usually spend watching television or videos? Include DVD and video movies. Do not count video or computer games.

- 1 Less than 1 hour
- 2 1-2 hours (1 hour to less than 2 hours)
- 3 2-3 hours (2 hours to less than 3 hours)
- 4 3-4 hours (3 hours to less than 4 hours)
- 5 4-5 hours (4 hours to less than 5 hours)
- 6 5 hours or more
- 7 Don't know/Not sure
- 8 None
- 9 Refused

STCHILD2 On a typical SCHOOL DAY, how many hours does your child usually spend playing video or computer games?

- 1 Less than 1 hour
- 2 1-2 hours (1 hour to less than 2 hours)
- 3 2-3 hours (2 hours to less than 3 hours)
- 4 3-4 hours (3 hours to less than 4 hours)
- 5 4-5 hours (4 hours to less than 5 hours)
- 6 5 hours or more

- 7 Don't know/Not sure
- 8 None
- 9 Refused

STCHILD3 On a typical WEEKEND DAY, how many hours does your child usually spend watching television or videos? Include DVD and video movies. Do not count video or computer games.

- 1 Less than 1 hour
- 2 1-2 hours (1 hour to less than 2 hours)
- 3 2-3 hours (2 hours to less than 3 hours)
- 4 3-4 hours (3 hours to less than 4 hours)
- 5 4-5 hours (4 hours to less than 5 hours)
- 6 5 hours or more
- 7 Don't know/Not sure
- 8 None
- 9 Refused

STCHILD4 On a typical WEEKEND DAY, how many hours does your child usually spend playing video or computer games?

- 1 Less than 1 hour
- 2 1-2 hours (1 hour to less than 2 hours)
- 3 2-3 hours (2 hours to less than 3 hours)
- 4 3-4 hours (3 hours to less than 4 hours)
- 5 4-5 hours (4 hours to less than 5 hours)
- 6 5 hours or more
- 7 Don't know/Not sure
- 8 None
- 9 Refused

CHILDSSB How often does your child drink a glass or can of soda such as coke, or other sweetened drinks such as fruit punch or sports drinks? Do not count diet drinks.

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

- 1 __ Per day
- 2 __ per week
- 3 __ per month
- 4 __ per year

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

Family Dinner Question

Ask on all questionnaires ONLY of respondents with children in the household.

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

- 1 __ Per day
- 2 __ per week
- 3 __ per month

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

Insurance and Access

Ask on questionnaires 11 and 21. 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 C03Q01=2,7,9 then ask CovMed and CovType. Otherwise, skip to KCovType.

Next, I'd like to ask a few more questions about your [and your child's] health insurance coverage.

COVMed [If C03Q01=2 then read: Earlier you said you did not have any health care coverage. There are some types of plans you may not have considered.]

- Do you have Medicare? (81)
- 1 Yes
 - 2 No
 - 7 Don't know/Not
 - 9 Refused

Note: Medicare is a coverage plan for people 65 or over and for certain disabled people.

COVtype Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (82)

Please Read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [or substitute state program name]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

If no selected child, skip to instructions before WHY.

KCOVtype Is the child CURRENTLY covered by any of the following types of health insurance or health coverage plans? (82)

Please Read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own

- 04 Medicaid or Medical Assistance [or substitute state program name]
- 05 Medicare
- 06 CHIP
- 07 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 08 The Indian Health Service [or the Alaska Native Health Service]
- 09 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

If KCOVtype = 01 – 09, then skip to KCOV12. Otherwise, continue. **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 KUNINS.

KUNINS For how many months has the child been uninsured?

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

KCOV12 In the past 12 months was there any time when the child did NOT have ANY health insurance or coverage?

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

****At this point CATI determines the insurance status of the adult.**

Adult is insured if they answered 01 to Module 4 Question 1, OR 01 – 07 to Module 4 Question 2 (M04Q02), OR if they answered 1 to COVMed, OR if they answered 01-07 to COVtype.

Adult is uninsured if they answered 88 to M04Q02 or to COVtype. 1=insured, 2=uninsured.

If adult is insured, then skip to KWHY.

WHY I am going to read a list of reasons why you might be uninsured. Please tell me which reasons apply to you. Are you uninsured because

CATI note: display words in brackets if there is more than 1 adult living in the household.

Read responses, select all that apply.

- 1 your or someone else's employer does not or no longer offers insurance coverage to you
- 2 you [or someone else in the household] lost a job or changed employers
- 3 you [or someone in the household] is a temporary employee
- 4 you [or someone in the household] is self-employed
- 5 the premiums cost too much

- 6 you are healthy and decided it would be safe to go without insurance
- 7 the insurance company refused to cover you
- 8 you lost Medicaid or CHIP eligibility, or
- 66 some other reason?

- 77 don't know/not sure
- 99 refused

If WHY=5 then ask:

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

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

If WHY=7 then ask:

WHYpec Did the insurance company refuse to cover you because of a pre-existing condition?

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

If WHY=8 then ask:

WHYelig Did you lose Medicaid or CHIP 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

If no children, OR child is insured, then skip to WHYemp.

KWHY Now I would like to ask about reasons why THE CHILD might be uninsured. I am going to read a list of reasons, please tell me which reasons apply to the child. Is the child uninsured because

CATI note: display words in brackets if there is more than 1 adult living in the household.

Read responses, select all that apply.

- 1 your or someone else's employer does not or no longer offers insurance coverage to the child
- 2 you [or someone else in the household] lost a job or changed employers
- 3 you [or someone in the household] is a temporary employee
- 4 you [or someone in the household] is self-employed
- 5 the premiums cost too much
- 6 the child is healthy and it was considered safe for [him/her] to go without insurance
- 7 the insurance company refused to cover [him/her]

- 8 the child lost Medicaid or CHIP eligibility, or
- 66 some other reason?

- 77 don't know/not sure
- 99 refused

If KWHY=5 then ask:

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

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

If KWHY=7 then ask:

KWHYpec Did the insurance company refuse to cover the child because of a pre-existing condition?

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

If KWHY=8 then ask:

KWHYelig Did the child lose Medicaid or CHIP 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

If respondent is only adult in HH and is unemployed OR if adult is insured skip to KWHYemp.

WHYemp 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

If no children OR child is insured OR child is uninsured and # of adults = 1 and the adult is unemployed, skip to INSDELY.

KWHYemp [if no uninsured adult, then 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

If adult uninsured for more than 12 months (M04Q04b = 3, 4, or 5) then skip to KINSDELY.

INSDELY *(Skip if adult has been uninsured for more than 12 months (M04Q04b>12 months)).*

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

If no children OR child uninsured for more than 12 months (KUNINS>12) then skip to SERVDELY.

KINSDELY *(Skip if child has been uninsured for more than 12 months, KUNINS>12 months).*

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

If C08Q09 = (3,4,5,6,7,8,9) then ask Employed. If C08Q09 = (1,2) then skip to Hourswkd.

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 section)
- 7 Don't know/Not sure (skip to HOURSWKD)
- 9 Refused (skip to HOURSWKD)

HOURSWKD If C07Q09 = (1,2) then show "Earlier you said you are [fill in with either "employed for wages" or "self-employed"]". 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

Binge Drinking

Ask on all questionnaires.

CATI Note: If C10Q01 = 777, 888, or 999, skip to next section.

BINGE1 **If C10Q01 = 101-107 or 201-230, then show intro:** Earlier, you said you drank alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened.

If C10Q03=01-76 then show intro: Earlier, you said you drank [if male="5 or more"; if female = "4 or more"] alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened.

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

Read only if necessary:

- 1 At your home, for example, your house, apartment or dorm room
- 2 At another person's house
- 3 At a restaurant
- 4 At a banquet hall
- 5 At a bar
- 6 At a club
- 7 At a public place, such as a park, concert, or sporting event

Do not read:

- 66 Other
- 77 Don't know/not sure
- 99 Refused

BINGE2 During this most recent occasion, where had most of the alcohol you consumed been purchased?

Read only if necessary:

- 1 From a grocery or convenience store
- 2 From a Restaurant
- 3 From a banquet hall
- 4 From a Bar
- 5 From a Club
- 6 From a State liquor store
- 7 From an Alcohol package agency
- 8 From a Fair, festival, concert or sporting event
- 9 From another state

Do not read:

- 66 Other
- 77 Don't know
- 99 Refused

Pre-Hypertension Prevalence

Ask on questionnaires 12, 13, 22, and 23.

CATI: Ask if respondent answered 2,3,7, or 9 to C05Q01. If respondent answered 1 or 4 to C05Q01 skip to next section.

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No

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

Mental Health Questions (PHQ-9)

Ask on questionnaires 12, 13, 22, 23 of all respondents.

PHQ1 Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

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

__ 01-14 days
8 8 None

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

PHQ2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

__ 01-14 days
8 8 None

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

PHQ3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

__ 01-14 days
8 8 None

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

PHQ4 Over the last 2 weeks, how many days have you felt tired or had little energy?

__ 01-14 days
8 8 None

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

PHQ5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

__ 01-14 days
8 8 None

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

PHQ6 Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

__ 01-14 days
8 8 None

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

PHQ7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

__ 01-14 days
8 8 None

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

PHQ8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

__ 01-14 days
8 8 None

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

PHQ9 (Over the last 2 weeks), how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

__ 01-14 days
8 8 None

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

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

Tobacco Questions

Ask on questionnaires 11 and 21.

If (1 or 2) “everyday” or “some days” to core 9.2, continue.
Otherwise, go to STSMK3.

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

__ __ =Number of cigarettes (76=76 or more)

DO NOT READ

77 Don't know / Not sure

99 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, or
- 6 You don't plan on quitting

DO NOT READ

7 Don't know / Not sure

9 Refused

[All Respondents]

STSMK3 Have you ever tried electronic cigarettes or e-cigarettes?

1 Yes

2 No (**Go to STSMK5**)

3

DO NOT READ

7 Don't know / Not sure

9 Refused

STSMK4 Do you currently use electronic cigarettes or e-cigarettes every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

DO NOT READ

7 Don't know / Not sure

9 Refused

If C09Q01 = 2, 7, or 9 then skip to STSMK9.

If C09Q02 = 1 or 2 (“everyday” or “some days”) OR if C09Q04<05 (respondent quit smoking in the past year) continue to STSMK5. All others skip to STSMK9.

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

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

- 1 Yes
- 2 No (**Go to Q9**)

DO NOT READ

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

STSMK6 During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking?

- 1 Yes
- 2 No

DO NOT READ

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

STSMK7 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

DO NOT READ

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

STSMK8 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

DO NOT READ

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

[All respondents]

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

- 1 At least once a week

- 2 At least once a month
- 3 Less than once a month
- 4 Never

DO NOT READ

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

[All respondents]

STSMK10 Do you currently live in a...

- 1 Single family home
- 2 Apartment, condominium, or townhome in which you share one or more walls with another unit

OR

- 3 A dorm, on-campus apartment, fraternity/sorority house, or visiting faculty housing

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

[All respondents]

STSMK11 On how many of the past 7 days did you smell tobacco smoke from someone else's cigarette, cigar, or pipe drifting into your home from nearby apartments or from outside?

__ Number of days (limit 1-7)

- 55 I was not at home in the past 7 days
- 88 None

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

[All respondents]

STSMK12 In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

- 1 Yes
- 2 No

DO NOT READ

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

[All respondents]

STSMK13 Finally, my last tobacco 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 [1-7]

- 8 8 None

DO NOT READ

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

Mammogram

Ask on Questionnaire 11 and 21 only, of women age 40 or older.

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

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

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

Do not read:

7 Don't know / Not sure
 9 Refused

Colon Cancer Screening

Ask on questionnaires 12, 13, 22, 23. Ask only those aged 50+.

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

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

LSTBLDS3 How long has it been since you had your last blood stool test using a home kit?

Read only if necessary:

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

Do not read:

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

HADPE 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 HADSGCO1]**
- 2 No **[Go to STCC1]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

STCC1 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
- 77 Don't know/Not sure
- 99 Refused.

[Those who answer STCC2 go to next section.]

HADSGCO1 For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT examination called a sigmoidoscopy or a colonoscopy?

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

LASTSIG3 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

Hypertension Control

Ask on questionnaires 12, 13, 22, 23.

CATI Note: If Core Q5.1 = 1 (Yes); continue. Otherwise, go to next module.

HBP1 Earlier you said that you had been told you have high blood pressure. Are you currently under a physician's care to treat your high blood pressure?

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

HBP2 How old were you when you were told you have high blood pressure or hypertension?

__ Age in years (97 = age 97 or older)

- 98 Don't know/not sure
- 99 Refused

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

HBP3 (Are you) changing your eating habits (to help lower or control your high blood pressure)?

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

HBP4 (Are you) reducing alcohol use (to help lower or control your high blood pressure)?

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

HBP5 (Are you) exercising (to help lower or control your high blood pressure)?

- 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?

HBP6 (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

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

HBP7 (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

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

HBP8 (Ever advised you to) exercise (to help lower or control your high blood pressure)?

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

HBP9 (Ever advised you to) take medication (to help lower or control your high blood pressure)?

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

Cholesterol Control

Ask on questionnaires 12, 13, 22, 23.

If C06Q03=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

Parkinson's Prevalence

Ask on questionnaires 12 and 22 of respondents age 45 and older only.

PARKINS Has a doctor, nurse, or other health professional EVER told you that you had Parkinson's Disease?

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

Carbon Monoxide Detector

Ask on all questionnaires.

CODET Do you have at least one Carbon Monoxide (CO) detector in your house/current residence?

- 1. Yes
- 2. No

- DO NOT READ
- 7. Don't know/not sure
- 9. Refused

Radon Questions

Ask on questionnaires 12, 13, 22, 23.

RADON1 Have you ever had your home tested for radon gas?

Interviewer Note: A radon test is done using a kit that you buy at a hardware store and place in your home for 3 days. Then it is sent to a lab for analysis.

Interviewer Note: We are asking this question of everyone, even people who rent their home.

- 1 Yes
- 2 No **[skip to RADON3]**
- 3 Never heard of radon **[skip to RADON4]**

- 7 Don't Know/Not Sure **[skip to RADON4]**
- 9 Refused **[skip to RADON4]**

RADON2 Did the radon test show a high level which is usually defined as at or above 4 picocuries per liter?

Interviewer Note: picocuries is pronounced *pee-co-cure-ees*

- 1 Yes **[skip to RADON4]**
- 2 No **[skip to RADON4]**
- 7 Don't know/Not Sure **[skip to RADON4]**
- 9 Refused **[skip to RADON4]**

RADON3 What is the most important reason you have not had your home tested for radon gas?

Do not read. Mark only one.

- 01 Don't know what radon is
- 02 Don't know where to get test
- 03 Not recommended
- 04 Cost
- 05 Not at risk/not needed
- 06 House was tested by previous owner
- 07 Haven't thought about it
- 08 Too many other problems with house
- 09 House is new
- 10 House is old
- 11 Don't know how testing is done/how test works
- 12 Test doesn't work
- 13 Don't want to know
- 14 Too lazy
- 15 No time
- 16 Planning to do it soon
- 17 Don't own home/renting

- 66 Other
- 77 Don't know/not sure
- 99 Refused

RADON4 What health condition is most often associated with radon gas?
Would you say...

- 01 Asthma
- 02 Heart disease
- 03 Lung Cancer
- 04 Breast Cancer
- 05 Emphysema
- 06 Stroke
- 07 Some other condition, or

08 it is not associated with any health condition

Do not read:

77 Don't Know / Not Sure

99 Refused

Adverse Childhood Experiences

Ask on questionnaires 12, 13, 22, 23.

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

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

ACE1 Did you live with anyone who was depressed, mentally ill, or suicidal?

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

ACE2 Did you live with anyone who was a problem drinker or alcoholic?

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

ACE3 Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

ACE4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

9 Refused

ACE5 Were your parents separated or divorced?

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

ACE6 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

ACE7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

ACE8 How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

ACE9 How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

ACE10 How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

ACE11 How often did anyone at least 5 years older than you or an adult, force you to have sex?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. You can dial 1-800-422-4453 for information or referrals about these issues.

Intimate Partner Violence

Ask on all questionnaires of women only.

IPVintro The next question is about different type of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships.

Are you in a safe place to answer this question?

- 1 Yes
- 2 No **[Go to closing statement]**

IPV1 Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

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

Reproductive Health Questions

Ask on qstpaths 11/21 of women age 18-50 only.

Now I'd like to ask you some questions related to your reproductive health. Please keep in mind that if you are uncomfortable with any question, you can skip any question you do not want to answer.

1. How many times have you been pregnant? Be sure to count all of your pregnancies, including current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies, or abortions. (751-752)

__ Enter number of pregnancies (01-76)

- | | | |
|----|-----------------------|-------------------|
| 88 | None/Zero/Never | [Go to Q5] |
| 77 | DON'T KNOW / NOT SURE | [Go to Q5] |
| 99 | REFUSED | [Go to Q5] |

2. How many vaginal deliveries have you had? Please count stillbirths as well as live births. Please count the number of vaginal deliveries, not the number of babies delivered.

Interviewer Note: For example, if respondent delivered twins or had any other multiple birth, count as a single delivery.

CATI NOTE: Number of vaginal deliveries cannot be greater than the number of pregnancies.

__ Enter number of vaginal deliveries (01 – 76) (753-754)

- | | |
|----|-----------------------|
| 88 | None/Zero/Never |
| 77 | DON'T KNOW / NOT SURE |
| 99 | REFUSED |

3. How many cesarean deliveries have you had? Cesarean deliveries are also known as C-sections. Please count stillbirths as well as live births. Please count the number of cesarean deliveries, not the number of babies delivered.

Interviewer Note: For example, if respondent delivered twins or had any other multiple birth, count as a single delivery.

CATI NOTE: Number of cesarean deliveries cannot be greater than the number of pregnancies.

- Enter number of cesarean deliveries (01 – 76) (755-756)
- 88 None/Zero/Never
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

4. If Q2 + Q3 = 1 delivery, ask: Did your delivery result in a live birth? (757-758)
Code Yes = 01, No = 88

If Q2 + Q3 > 1 delivery, ask: How many of your deliveries resulted in a live birth? Please count the number of deliveries, not the number of live-born children.

If Q2 > 76 and Q3 > 76 go to Q5

Interviewer Note: For example, if respondent delivered twins or had any other multiple birth, count as a single delivery.

- Enter number of live births (01 - 76)
- 88 None/Zero/Never
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Family Planning Section

5. How do you feel about having a child now or sometime in the future? Would you say: (759)

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
- 6 You do want to have one, but not sure when or don't have a timeline

Please do not read:

- 8 Unable to have children/hysterectomy
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

If Module 12 (Breast and Cervical Cancer Screening), Q7 = 1 (Had a hysterectomy) or Q5 = 8 then go to Q9, else continue.

6. Did you or your spouse or partner do anything the LAST TIME YOU HAD SEX to keep you from getting pregnant? (760)

- 1 Yes
- 2 No [Skip to Q8]
- 3 No partner/not sexually active [Skip to Q9]
- 4 In a same-sex relationship [Skip to Q9]

Please do not read:

- 7 DON'T KNOW / NOT SURE [Skip to Q9]
- 9 REFUSED [Skip to Q9]

7. What did you or your spouse or partner do the LAST TIME YOU HAD SEX to keep you from getting pregnant? (761-762)

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 an "IUD," probe to determine if "levonorgestrel IUD (e.g., Mirena)" or "copper-bearing IUD (e.g., ParaGard)." If respondent does not know the type of IUD, please code as "IUD, type unknown."

Interviewer Note: If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."

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 (for example, tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (for example, Implanon)
- 04 Hormonal IUD (for example, Mirena)
- 05 Copper-bearing IUD (for example, ParaGard)
- 06 IUD, type unknown
- 07 Shots/Injections (for example, Depo-Provera)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (for example, Ortho Evra)
- 10 Contraceptive ring (for example, NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, or sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method. Please specify _____ (763-772)

Please do not read:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

ALL THOSE ASKED Q7, SHOULD SKIP TO Q9.

8. 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. What was your main reason for not doing anything the LAST TIME YOU HAD SEX to keep you from getting pregnant?

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.

(773-774)

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 can get pregnant (infertile or too old)
- 11 You had tubes tied (sterilization)
- 12 You had a hysterectomy
- 13 Your partner had a vasectomy (sterilization)
- 14 You are currently breast-feeding
- 15 You just had a baby/postpartum
- 16 You are pregnant now
- 17 Same sex partner
- 18 Forced to have sex
- 19 Under the influence of alcohol or drugs
- 20 Other reason

Please do not read:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Infertility Section

Please read: The next questions are about infertility. This means that after a year of trying, a couple is unable to become pregnant or stay pregnant.

9. Have you or your spouse or partner ever experienced infertility, including difficulty staying pregnant?

Interviewer Note: If response is “Yes”, probe with “Was it you, your spouse or partner, both you and your spouse or partner, or was it undetermined?”

Interviewer Note: If response is “No”, probe with “Is this because you have never tried to get pregnant?” (775)

- 1 Yes, I have
- 2 Yes, my spouse or partner has **[Go to Q11]**
- 3 Yes, we both have
- 4 Yes, but undetermined
- 5 No **[Go to Q11]**

- 6 Never tried to get pregnant [Go to END]
- 7 DON'T KNOW / NOT SURE [Go to Q11]
- 9 Refused [Go to Q11]

10. Was it infertility, difficulty staying pregnant, or both? (776)
- 1 Infertility
 - 2 Difficulty staying pregnant
 - 3 Both
 - 7 DON'T KNOW / NOT SURE
 - 9 REFUSED

11. Did you or your spouse or partner receive any of the following treatments? (777-788)

Interviewer Note: Allow for up to six responses.

Please read:

- 0 1 Drugs to improve or stimulate ovulation such as Clomid®, Serophene®, or Pergonal®.
- 0 2 Artificial insemination or intrauterine insemination

Interviewer note: Treatments in which sperm, but NOT eggs, are collected and medically placed into a woman's body.

- 0 3 Assisted reproductive technology

Interviewer note: Treatments in which BOTH a woman's eggs and a man's sperm are handled in the laboratory, such as In Vitro Fertilization, Intracytoplasmic Sperm Injection, frozen embryo transfer, or donor embryo transfer.

- 0 4 Another type of surgical treatment for infertility
- 0 5 A consultation with an infertility specialist
- 0 6 Something else [specify], _____ (789-798)
- 0 7 Or, you have not received medical consultation or treatment for infertility [Go to END]

Please do not read:

- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED [Go to END]

12. What was the result of the most recent treatment? Did you ... (799)

Please read:

- 1 Become pregnant and are still pregnant
- 2 Become pregnant and had a baby
- 3 Become pregnant, but the pregnancy was not maintained
- 4 Did not become pregnant, but are still trying
- 5 Did not become pregnant and have stopped trying, or
- 6 You are currently receiving infertility treatment

Please do not read:

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

CATI Note: If respondent or their child has asthma, go to asthma call-back permission script. Everyone else goes to State Follow-up script.

Asthma Call-Back Permission Script

AFU1

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(534)

- 1 Yes
- 2 No

AFU2

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

_____ Enter first name or initials.

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back? (535)

- 1 Adult
- 2 Child

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



Enter first name or initials.

State Follow-up Question

If respondent or their child has asthma (they were asked AFU1) they should skip to closing.

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.

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

Closing Statement

Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions 12.2 and 12.5 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, zumba, 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 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	97 Don't know
3 6 Raking lawn	9 8 Other_____
3 7 Running	9 9 Refused
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	