



**2018**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

*Utah: September 19, 2018*  
*CDC: December 29, 2017*

**NOTES:**

- (1) CAPITALIZED response options replace "DO NOT READ" text for all questions.
- (2) Pink highlights indicate that these notes/instructions should be included in Ci3 code.



# Behavioral Risk Factor Surveillance System 2018 Questionnaire

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## OMB Header

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Form Approved  
OMB No. 0920-1061  
Exp. Date 3/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at [ivk7@cdc.gov](mailto:ivk7@cdc.gov).

## Landline Introduction

---

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

LL1 Is this           (phone number)           ?

(63)

- 1 Yes
- 2 No

**[CATI /NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP OR REDIAL.]**

**PVTRES**

LL2 Is this a private residence?

(64)

**READ ONLY IF NECESSARY:** By private residence, we mean some place like a house or an apartment.

- |   |                              |                            |
|---|------------------------------|----------------------------|
| 1 | YES                          | [GO TO STATE OF RESIDENCE] |
| 2 | NO                           | [GO TO COLLEGE HOUSING]    |
| 3 | NO, THIS IS A BUSINESS PHONE |                            |

**[CATI/INTERVIEWER NOTE: IF 'NO,' BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONE LINES AT THIS TIME. STOP]**

**College Housing**

LL3 Do you live in college housing?

(65)

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

- |   |     |                            |
|---|-----|----------------------------|
| 1 | Yes | [GO TO STATE OF RESIDENCE] |
| 2 | No  |                            |

**[CATI/INTERVIEWER NOTE: 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**

LL4 Do you currently live in Utah?

(66)

**NOTE:** State of residence is the state in which the respondent resides at least 30 consecutive days during which the survey for which they are being called is being conducted.

- |   |     |                        |
|---|-----|------------------------|
| 1 | Yes | [GO TO CELLULAR PHONE] |
| 2 | No  |                        |

**[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE STATE OF UTAH AT THIS TIME. STOP]**

**Cellular Phone**

**LL5** Is this a cell phone?

(67)

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

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

1 Yes, it is a cell phone

**[INTERVIEWER NOTE: YOU INDICATED THIS NUMBER REACHES A CELL PHONE. IF THIS NUMBER IS A LANDLINE, PRESS '4' TO RETURN TO THE PREVIOUS QUESTION.]**

**[CATI/INTERVIEWER NOTE: IF 'YES,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LANDLINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]**

2 No, it is not a cell phone

**[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = 'YES,' CONTINUE; OTHERWISE, GO TO ADULT RANDOM SELECTION.]**

**LLAdult**

**LL6** Are you 18 years of age or older?

(68)

**NOTE:** Gender will be asked again in the Demographics section.

- 1 YES, AND THE RESPONDENT IS MALE **[GO TO NEXT SECTION]**
- 2 YES, AND THE RESPONDENT IS FEMALE **[GO TO NEXT SECTION]**
- 3 NO

**[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]**

**Adults**

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Number of adults

(69-70)

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).

**NOTE:** Gender will be asked again in the Demographics section.

[GO TO 'CORRECT RESPONDENT.']

**[CATI/INTERVIEWER NOTE: 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' BEFORE SECTION 1.]

How many of these adults are men?

(71-72)

- Number of men
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

So the number of women in the household is \_\_\_\_

(73-74)

-- Number of women

Is that correct?

**NOTE:** Confirm number of adult women or clarify that total number of adults in the household.

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

If 'you,' [GO TO 'CORRECT RESPONDENT' BEFORE SECTION 1].

## Cell Phone Introduction

---

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

**CP1** Is this a safe time to talk with you or are you driving?

(75)

- 1 Yes **[GO TO PHONE]**
- 2 No

**[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. (SET APPOINTMENT IF POSSIBLE.) STOP]**

**Phone**

- CP2** Is this     (phone number)     ? (76)
- 1 Yes [GO TO CELLULAR PHONE]
  - 2 No [NOTE: Confirm telephone number.]

**[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP]**

**Cellular Phone**

- CP3** Is this a cell phone? (77)

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

- 1 Yes, it is a cell phone [GO TO ADULT]
- 2 No, not a cell phone

**[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WITH CELL TELEPHONES AT THIS TIME. STOP]**

**Adult**

- CP4** Are you 18 years of age or older? (78)

**NOTE:** Gender will be asked again in Demographics section.

- 1 Yes, and the respondent is male [GO TO PRIVATE RESIDENCE]
- 2 Yes, and the respondent is female [GO TO PRIVATE RESIDENCE]
- 3 No

**[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]**

**Private Residence**

- CP5** Do you live in a private residence? (79)

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

- 1 Yes [GO TO STATE OF RESIDENCE]
- 2 No [GO TO COLLEGE HOUSING]



**College Housing**

**CP6** 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.

- 1 Yes [GO TO STATE OF RESIDENCE]
- 2 No

**[CATI/INTERVIEWER NOTE: 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**

**CP7** Do you currently live in Utah? (81)

**NOTE:** State of residence is the state in which the respondent resides for at least 30 consecutive days during which the survey for which they are being called is being conducted.

- 1 Yes [GO TO LANDLINE]
- 2 No [GO TO STATE]

**State**

**CP8** In what state do you currently live? (82-83)  
\_\_\_\_\_ ENTER FIPS STATE

**Landline**

**CP9** Do you also have a landline telephone in your home that is used to make and receive calls? (84)

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

**READ ONLY IF NECESSARY:** By landline telephone, we mean a 'regular' telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

- 1 Yes
- 2 No

***[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = 'YES,' DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]***

**NUMADULT**

**CP10** How many members of your household, including yourself, are 18 years of age or older?  
(85-86)

\_\_\_ Number of adults

99 REFUSED

***[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = 'YES,' THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]***

## Core Sections

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

### To Correct Respondent:

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

### Section 1: Health Status

---

- 1.1 Would you say that in general your health is excellent, very good, good, fair, or poor? (90)
- 1 EXCELLENT
  - 2 VERY GOOD
  - 3 GOOD
  - 4 FAIR
  - 5 POOR
  
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

### Section 2: Healthy Days

---

- 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? (91-92)
- Number of days [01-30]
- 88 NONE
  - 77 DON'T KNOW / NOT SURE
  - 99 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? (93-94)
- Number of days [01-30]

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: IF C02Q1 AND C02Q2 = 88 (NONE), GO TO NEXT SECTION.]**

**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? (95-96)

-- Number of days [01-30]

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

### Section 3: Healthcare Access

---

**3.1** Do you have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (97)

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

**3.2** Do you have one person you think of as your personal doctor or healthcare provider? (98)

**NOTE:** If 'No,' ask: Is there more than one, or is there no person who you think of as your personal doctor or healthcare provider?

- 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? (99)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? (100)

**NOTE:** A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

**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
  
- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

### Section 4: Exercise

---

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (101)

**NOTE:** If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

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

### Section 5: Inadequate Sleep

---

5.1 On average, how many hours of sleep do you get in a 24-hour period? (102-103)

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

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

- Number of hours [01-24]
  
- 77 DON'T KNOW / NOT SURE

## Section 6: Chronic Health Conditions

---

Now I would like to ask you some questions about general health conditions. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me 'Yes,' 'No,' or you're 'Not sure.'

- 6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (104)
- 1 YES
  - 2 NO
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED
- 6.2** (Ever told) you had angina or coronary heart disease? (105)
- 1 YES
  - 2 NO
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED
- 6.3** (Ever told) you had a stroke? (106)
- 1 YES
  - 2 NO
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED
- 6.4** (Ever told) you had asthma? (107)
- 1 YES
  - 2 NO [GO TO C06Q06]
  - 7 DON'T KNOW / NOT SURE [GO TO C06Q06]
  - 9 REFUSED [GO TO C06Q06]

**6.5** Do you still have asthma? (108)

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

**6.6** (Ever told) you had skin cancer? (109)

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

**6.7** (Ever told) you had any other types of cancer? (110)

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

**6.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (111)

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

**6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (112)

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

**NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)

- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**6.10** (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (113)

1 YES  
2 NO

7 DON'T KNOW / NOT SURE  
9 REFUSED

**6.11** Not including kidney stones, bladder infections, or incontinence, were you ever told you have kidney disease? (114)

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

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

**6.12** (Ever told) you have diabetes? (115)

**NOTE:** If 'Yes' and respondent is FEMALE, ask: Was this only when you were pregnant?

**NOTE:** If respondent says 'pre-diabetes or borderline diabetes,' use response code '4.'

- 1 YES  
2 Yes, but female told only during pregnancy  
3 NO  
4 No, pre-diabetes or borderline diabetes
- 7 DON'T KNOW / NOT SURE  
9 REFUSED

**[CATI NOTE: IF C06Q12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE, TO C06Q12, GO TO PRE-DIABETES OPTIONAL MODULE.]**



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

(116-117)

- Code age in years **[CATI NOTE: 97 = 97 AND OLDER]**
- 98 DON'T KNOW / NOT SURE  
99 REFUSED

## Module 1: Pre-Diabetes

---

**[CATI NOTE: ASK MODULE 1, PRE-DIABETES, QUESTIONS ON QUESTIONNAIRE 11/21.]**

**[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING 'YES' (CODE = 1) TO C06Q12 (DIABETES AWARENESS QUESTION).]**

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

(250)

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

**[CATI NOTE: IF C06Q12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES), ANSWER M01Q2 = 1 (YES).]**

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

(251)

**NOTE: If 'Yes' and respondent is FEMALE, ask: 'Was this only when you were pregnant?'**

- 1 YES  
2 YES, DURING PREGNANCY  
3 NO
- 7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 7: Oral Health

---

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

(118)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

**7.2** Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease? (119)

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

**READ IF NECESSARY:**

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 8: Demographics

---

**8.1** What was your sex at birth? Was it male or female? (120)

**NOTE:** Ask this question even if respondent's gender has been identified during landline household enumeration or cell phone screening questions.

- 1 MALE
- 2 FEMALE
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**8.2** What is your age? (121-122)

-- Enter age in years

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

8.3 Are you Hispanic, Latino/a, or Spanish origin?

(123-126)

**If 'Yes,' ask: Are you...**

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

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin **[GO TO UT8.3c]**
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

**UT8.3c** You identified yourself as being of "Another Hispanic, Latino/a, or Spanish origin." Are you:

(904-907)

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

**PLEASE READ:**

- 1 Dominican
- 2 Central American
- 3 South American
- 4 Another Hispanic or Latino origin
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**CATI NOTE: If more than one response to C08Q04, continue. Otherwise, go to C08Q06.**

8.4 Which one or more of the following would you say is your race?

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

(127-154)

**NOTE: IF ASIAN ASK: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.**

**NOTE: IF PACIFIC ISLANDER ASK: Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.**

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

- 10 WHITE

- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER [GO TO UT8.4c]
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

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

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

(908)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: IF MORE THAN ONE RESPONSE TO C08Q04, CONTINUE. OTHERWISE, GO TO C08Q06.]**

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

(155-156)

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

- 10 WHITE
- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN

- 41 ASIAN INDIAN
- 42 CHINESE
- 43 FILIPINO
- 44 JAPANESE
- 45 KOREAN
- 46 VIETNAMESE
- 47 OTHER ASIAN
  
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER [GO TO UT8.5c]
  
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK UT8.5c ON BOTH QUESTIONNAIRE PATHS.]**

**UT8.5c** You identified yourself as being “Other Pacific Islander.” Are you: (909)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**8.6** Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple? (157)

- 1 MARRIED
- 2 DIVORCED
- 3 WIDOWED
- 4 SEPARATED
- 5 NEVER MARRIED
- 6 A MEMBER OF AN UNMARRIED COUPLE
  
- 9 REFUSED

**8.7** What is the highest grade or year of school you completed? (158)

**READ ONLY IF NECESSARY:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)

- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
  
- 9 REFUSED

**8.8** Do you own or rent your home? (159)

**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.

**READ ONLY IF NECESSARY:** We ask this question in order to compare health indicators among people with different housing situations.

- 1 Own
- 2 Rent
- 3 Other arrangement
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**8.9** In what county do you currently live? (160-162)

\_\_ \_\_ \_\_ ANSI County Code (formerly FIPS county code)

- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

**8.10** What is the ZIP Code where you currently live? (163-167)

\_\_ - \_\_ - \_\_ \_\_ Enter 5-digit zip code

- 77777 DON'T KNOW / NOT SURE
- 99999 REFUSED

**[CATI NOTE: IF CELL PHONE INTERVIEW, SKIP TO C08Q14 (QSTVER GE 20).]**

**8.11** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? (168)

- 1 YES
  - 2 NO
- [GO TO C08Q13]**

- 7 DON'T KNOW / NOT SURE [GO TO C08Q13]  
9 REFUSED [GO TO C08Q13]

**8.12** How many of these telephone numbers are residential numbers? (169)

- 1 One  
2 Two  
3 Three  
4 Four  
5 Five  
6 Six or more  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

**8.13** How many cell phones do you have for personal use? (170)

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

- 1 One  
2 Two  
3 Three  
4 Four  
5 Five  
6 Six or more  
  
7 DON'T KNOW / NOT SURE  
8 NONE  
9 REFUSED

**8.14** 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? (171)

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

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

**8.15** Are you currently employed for wages, self-employed, out of work for 1 year or more, out of work for less than 1 year, a homemaker, a student, retired, or unable to work? (172)

**NOTE:** If more than one category applies, say: 'Please select the category which best describes you.'

**NOTE:** Do not code 7 for 'Don't know' on this question.

- 1 EMPLOYED FOR WAGES
- 2 SELF-EMPLOYED
- 3 OUT OF WORK FOR 1 YEAR OR MORE
- 4 OUT OF WORK FOR LESS THAN 1 YEAR
- 5 A HOMEMAKER
- 6 A STUDENT
- 7 RETIRED
- 8 UNABLE TO WORK
  
- 9 REFUSED

**8.16** How many children less than 18 years of age live in your household? (173-174)

— — Number of children

- 88 NONE
- 99 REFUSED

**8.17** Is your annual household income from all sources: (175-176)

**CATI NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED).**

- 4 Less than \$25,000 **If 'No,' code 5; if 'Yes,' ask 3.**  
(\$20,000 to less than \$25,000)
- 3 Less than \$20,000 **If 'No,' code 4; if 'Yes,' ask 2.**  
(\$15,000 to less than \$20,000)
- 2 Less than \$15,000 **If 'No,' code 3; if 'Yes,' ask 1.**  
(\$10,000 to less than \$15,000)
- 1 Less than \$10,000 **If 'No,' code 2.**
- 5 Less than \$35,000 **If 'No,' ask 6.**  
(\$25,000 to less than \$35,000)
- 6 Less than \$50,000 **If 'No,' ask 7.**  
(\$35,000 to less than \$50,000)
- 7 Less than \$75,000 **If 'No,' code 8.**  
(\$50,000 to less than \$75,000)
- 8 \$75,000 or more

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



**[CATI NOTE: THESE RESPONSE CATEGORIES ARE INCORPORATED INTO C08Q17. WE NEED TO BE ABLE TO REPORT THE C08Q17 CATEGORIES TO THE CDC, BUT WE WANT TO LOOK AT THESE FINER CATEGORIES AT THE STATE LEVEL.]**

**UTIncome**

(901-902)

- 1 less than \$5,000
- 2 \$5,000 to less than \$10,000
- 3 \$10,000 to less than \$15,000
- 4 \$15,000 to less than \$20,000
- 5 \$20,000 to less than \$25,000
- 6 \$25,000 to less than \$30,000
- 7 \$30,000 to less than \$35,000
- 8 \$35,000 to less than \$40,000
- 9 \$40,000 to less than \$45,000
- 10 \$45,000 to less than \$50,000
- 11 \$50,000 to less than \$55,000
- 12 \$55,000 to less than \$60,000
- 13 \$60,000 to less than \$65,000
- 14 \$65,000 to less than \$70,000
- 15 \$70,000 to less than \$75,000
- 16 \$75,000 or more

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

(177-180)

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

\_\_ / \_\_ Enter weight in whole pounds or whole kilograms

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

**8.19** About how tall are you without shoes?

(181-184)

**NOTE:** If respondent answers in metrics, put a '9' in the first position. Round fractions down.

\_\_ / \_\_ Enter height in feet and inches or meters and centimeters

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

**[CATI/INTERVIEWER NOTE: IF MALE, GO TO SEXOR; IF FEMALE RESPONDENT IS OLDER THAN 49 YEARS OLD, GO TO SEXOR.]**

**8.20** To your knowledge, are you now pregnant?

(185)

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

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

The next question is about sexual orientation.

**SEXOR** Do you consider yourself to be 1, straight; 2, lesbian or gay; or 3, bisexual?

(903)

**NOTE:** We ask this question in order to better understand the health and healthcare needs of people with different sexual orientations.

**NOTE:** Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 STRAIGHT
- 2 LESBIAN OR GAY
- 3 BISEXUAL
  
- 4 OTHER
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

**8.21** Are you deaf or do you have serious difficulty hearing?

(186)

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

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

(187)

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

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

(188)

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

**8.24** Do you have serious difficulty walking or climbing stairs? (189)

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

**8.25** Do you have difficulty dressing or bathing? (190)

- 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 difficulty doing errands alone such as visiting a doctor's office or shopping? (191)

- 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? (192)

**NOTE:** Do not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

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

- 1 YES
- 2 NO [GO TO C09Q05]
  
- 7 DON'T KNOW / NOT SURE [GO TO C09Q05]

9 REFUSED [GO TO C09Q05]

**9.2** Do you now smoke cigarettes every day, some days, or not at all? (193)

1 EVERY DAY  
 2 SOME DAYS  
 3 NOT AT ALL [GO TO C09Q04]

7 DON'T KNOW / NOT SURE [GO TO C09Q05]  
 9 REFUSED [GO TO C09Q05]

**9.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (194)

1 YES [GO TO QUIT30]  
 2 NO [GO TO C09Q05]

7 DON'T KNOW / NOT SURE [GO TO C09Q05]  
 9 REFUSED [GO TO C09Q05]

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

**[CATI NOTE: ASK ONLY IF C09Q3 = 1 (YES).]**

**QUIT30** During the past 30 days, have you stopped smoking for one day or longer because you were trying to quit smoking? (910)

1 YES [GO TO C09Q05]  
 2 NO [GO TO C09Q05]

7 DON'T KNOW / NOT SURE [GO TO C09Q05]  
 9 REFUSED [GO TO C09Q05]

**9.4** How long has it been since you last smoked a cigarette, even one or two puffs? (195-196)

**READ ONLY IF NECESSARY:**

01 Within the past month (less than 1 month ago)  
 02 Within the past 3 months (1 month but less than 3 months ago)  
 03 Within the past 6 months (3 months but less than 6 months ago)  
 04 Within the past year (6 months but less than 1 year ago)  
 05 Within the past 5 years (1 year but less than 5 years ago)  
 06 Within the past 10 years (5 years but less than 10 years ago)  
 07 10 years or more  
 08 Never smoked regularly

77 DON'T KNOW / NOT SURE  
 99 REFUSED

- 9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (197)

**NOTE:** Snus rhymes with 'goose'.

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

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 6: E-Cigarettes

---

**[CATI NOTE: ASK MODULE 6, E-CIGARETTES, ON BOTH QUESTIONNAIRE PATHS.]**

The next questions are about electronic cigarettes and other electronic 'vaping' products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

**NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

- 6.1 Have you ever used an e-cigarette or other electronic 'vaping' product, even just one time, in your entire life? (321)

**READ IF NECESSARY:** Electronic cigarettes (e-cigarettes) and other electronic 'vaping' products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

- 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 Do you now use e-cigarettes or other electronic 'vaping' products every day, some days, or not at all? (322)

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
  
- 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?  
(198-200)

- 1 \_\_ Days per week
- 2 \_\_ Days in past 30 days

888 NO DRINKS IN PAST 30 DAYS [GO TO NEXT SECTION]  
777 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]  
999 REFUSED [GO TO NEXT SECTION]

**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?  
(201-202)

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

-- Number of drinks **[NOTE: 76 = 76 OR MORE]**

77 DON'T KNOW / NOT SURE  
99 REFUSED

**10.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have X **[CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN]** or more drinks on an occasion?  
(203-204)

-- Number of times

88 NONE  
77 DON'T KNOW / NOT SURE  
99 REFUSED

**10.4** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(205-206)

-- Number of drinks **[NOTE: 76 = 76 OR MORE]**

77 DON'T KNOW / NOT SURE  
99 REFUSED

## Section 11: Immunization

---

11.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

(207)

**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 C11Q04]
- 7 DON'T KNOW / NOT SURE [GO TO C11Q04]
- 9 REFUSED [GO TO C11Q04]

11.2 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?

(208-213)

\_\_ / \_\_\_\_ Enter Month / Year

- 77 / 7777 DON'T KNOW / NOT SURE
- 99 / 9999 REFUSED

11.3 At what kind of place did you get your last flu shot or vaccine?

(214-215)

**READ IF NECESSARY:** How would you describe the place where you went to get your most recent flu vaccine?

**READ IF NECESSARY:**

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school
- 10 RECEIVED VACCINATION IN CANADA/MEXICO
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

11.4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

(216)

**READ IF NECESSARY:** There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

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

## Section 12: Falls

---

**[CATI/INTERVIEWER NOTE: If respondent is 45 years or older continue, otherwise go to next section.]**

**12.1** In the past 12 months, how many times have you fallen?

(217-218)

**NOTE:** By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

-- Number of times **[NOTE: 76 = 76 OR MORE]**

- 88 NONE [GO TO NEXT SECTION]
- 77 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 99 REFUSED [GO TO NEXT SECTION]

**12.2** Did this fall cause an injury that limited your regular activities for at least a day or caused you to go see a doctor?].

**NOTE:** If only one fall from Q12.1 and response is 'Yes' (caused an injury); code '01.' If response is 'No,' code '88.'

(219-220)

How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

**NOTE:** If more than 76 times, please enter '76.'

**NOTE:** By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

-- Number of falls **[NOTE: 76 = 76 OR MORE]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Section 13: Seat Belt Use and Drinking and Driving

---

**13.1** How often do you use seat belts when you drive or ride in a car? Would you say...

(221)



**PLEASE READ:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 8 NEVER DRIVE OR RIDE IN A CAR **[GO TO NEXT SECTION]**
- 9 REFUSED

**[CATI NOTE: IF C10Q1 = 888 (NO DRINKS IN THE PAST 30 DAYS), GO TO NEXT SECTION.]**

**13.2** During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

(222-223)

-- Number of times

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Section 14: Breast and Cervical Cancer Screening

---

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

The next questions are about breast and cervical cancer.

**14.1** Have you ever had a mammogram?

(224)

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

- 1 YES
- 2 NO **[GO TO C14Q03]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO C14Q03]**
- 9 REFUSED **[GO TO C14Q03]**

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

(225)

**READ IF NECESSARY:**

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

- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**14.3** Have you ever had a Pap test? (226)

**NOTE:** A Pap test is a test for cancer of the cervix.

- 1 YES
- 2 NO [GO TO C14Q05]
  
- 7 DON'T KNOW / NOT SURE [GO TO C14Q05]
- 9 REFUSED [GO TO C14Q05]

**14.4** How long has it been since you had your last Pap test? (227)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**14.5** An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test? (228)

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

- 1 YES
- 2 NO [GO TO C14Q07]
  
- 7 DON'T KNOW / NOT SURE [GO TO C14Q07]
- 9 REFUSED [GO TO C14Q07]

**14.6** How long has it been since you had your last H.P.V. test? (229)

**READ IF NECESSARY:**

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

- 5 5 or more years ago
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: IF RESPONSE TO C08Q20 = 1 (IS PREGNANT), THEN GO TO NEXT SECTION.]**

**14.7** Have you had a hysterectomy? (230)

**NOTE:** A hysterectomy is an operation to remove the uterus (womb).

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

## Cancer Genomics

---

**[CATI NOTE: ASK CANCER GENOMICS QUESTIONS ON QUESTIONNAIRE 12/22.]**

**CANGEN1** How familiar are you with your family history of cancer among your blood relatives including your parents, grandparents, siblings, aunts, uncles, and children? Would you say... (911)

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

**PLEASE READ:**

- 1 Not at all familiar
- 2 Somewhat familiar
- 3 Familiar
- 4 Very familiar
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

**CANGEN2** Has a doctor, nurse, or other healthcare provider ever asked you about your family history of cancer? (912)

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

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

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

**CANGEN3** If you knew you were at increased risk for an inherited cancer from your family health history, how likely would you be to have genetic testing performed? (913)

**PLEASE READ:**

- 1 Not at all likely
- 2 Somewhat likely
- 3 Most likely
- 4 Very likely
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**CANGEN4** Has a doctor, nurse, or other healthcare provider ever talked to you about genetic testing to determine if you or your family are at increased risk for developing breast, ovarian, colon, or uterine cancer? (914)

- 1 YES
- 2 NO **[GO TO CANGEN6 IF FEMALE; GO TO NEXT SECTION IF MALE]**
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**CANGEN5** Have you ever had a genetic test to determine if you or your family are at increased risk of developing breast, ovarian, colon, or uterine cancer? (915)

- 1 YES
- 2 NO
- 3 I'VE NEVER HEARD OF THIS TYPE OF GENETIC TESTING
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

A genetic counselor is a specially trained health professional who helps someone learn about their risk of an inherited medical condition. Genetic counseling can be done in an office or over the phone.

**CANGEN6** Have you ever met with a genetic counselor to discuss your risk of breast and ovarian cancer? (916)

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

**PLEASE READ:**

- 1 Yes, in office
- 2 Yes, over the phone
- 3 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 15: Prostate Cancer Screening

---

**[CATI NOTE: IF RESPONDENT IS  $\leq$ 39 YEARS OF AGE OR IS FEMALE, GO TO NEXT SECTION.]**

**15.1** Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test? (231)

**NOTE:** A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

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

**15.2** Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test? (232)

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

**15.3** Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test? (233)

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

15.4. Have you EVER HAD a P.S.A. test?

(234)

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

15.5. How long has it been since you had your last P.S.A. test?

(235)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

15.6. What was the main reason you had this P.S.A. test – was it ...?

(236)

**PLEASE READ:**

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 16: Colorectal Cancer Screening

---

**[CATI NOTE: IF RESPONDENT IS  $\leq$  49 YEARS OF AGE, GO TO NEXT SECTION.]**

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

- 1 YES
- 2 NO [GO TO C16Q03]
- 7 DON'T KNOW / NOT SURE [GO TO C16Q03]
- 9 REFUSED [GO TO C16Q03]

**16.2** How long has it been since you had your last blood stool test using a home kit? (238)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**16.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (239)

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

**16.4** For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your most recent exam a sigmoidoscopy or a colonoscopy? (240)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**16.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (241)

**READ IF NECESSARY:**

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

- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 17: H.I.V./AIDS

---

The next few questions are about the national health problem of H.I.V, 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.

- 17.1** Have you ever been tested for H.I.V? Do not count tests you may have had as part of blood donation. Include testing fluid from your mouth. (242)

- 1 YES
- 2 NO [GO TO C17Q03]
  
- 7 DON'T KNOW / NOT SURE [GO TO C17Q03]
- 9 REFUSED [GO TO C17Q03]

- 17.2** Not including blood donations, in what month and year was your last H.I.V test? (243-248)

**NOTE:** If response is before January 1985, code 'Don't know' or '777777.'

**NOTE:** If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year. Example: 772000.

\_\_ / \_\_\_\_ Code month and year

- 77 / 7777 DON'T KNOW / NOT SURE
- 99 / 9999 REFUSED

- 17.3** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. (249)

- You have injected any drug other than those prescribed for you in the past year.
- You have been treated for a sexually transmitted disease or STD in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?



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

## Optional Modules

### Module 11: Indoor Tanning

---

**[CATI NOTE: ASK MODULE 21, INDOOR TANNING, ON QUESTIONNAIRE PATHS 11/21.]**

1. Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth? (343-345)

**DO NOT READ:**

\_\_\_ Enter number [0-365]

777 DON'T KNOW / NOT SURE

999 REFUSED

### Excess Sun Exposure

---

**[CATI NOTE: ASK EXCESS SUN EXPOSURE QUESTION ON QUESTIONNAIRE PATHS 11/21.]**

- STESE1** During the past 12 months, how many times have you had a sunburn? (917-919)

**DO NOT READ:**

\_\_\_ Enter number [0-365]

777 DON'T KNOW / NOT SURE

999 REFUSED

### Module 22: Random Child Selection

---

**[CATI NOTE: IF C08Q16 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]**

**[CATI NOTE: IF C08Q16 = 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 M22Q1.]**

**[CATI NOTE: IF C08Q16 IS >1 AND C0Q8.16 DOES NOT EQUAL 88 OR 99, INTERVIEWER PLEASE READ: 'PREVIOUSLY, YOU INDICATED THERE WERE [NUMBER] CHILDREN AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. THINK ABOUT THOSE [NUMBER] CHILDREN IN ORDER OF THEIR BIRTH, FROM OLDEST TO YOUNGEST. THE OLDEST CHILD IS THE FIRST CHILD AND THE YOUNGEST CHILD IS THE LAST. PLEASE**

**INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS, IN THE ORDER OF THEIR BIRTH.}]**

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

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

1. What is the birth month and year of the 'Xth' child? (689-694)
- \_\_ / \_\_\_\_ Code month and year
- 77/7777 DON'T KNOW / NOT SURE  
99/9999 REFUSED

**[CATI NOTE: CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).]**

2. Is the child a boy or a girl? (695)
- 1 BOY  
2 GIRL  
9 REFUSED

3. Is the child Hispanic, Latino/a, or Spanish origin? (696-699)

**INTERVIEWER INSTRUCTION:** If 'Yes,' ask: 'Are they...'

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

**PLEASE READ:**

- 1 Mexican, Mexican American, Chicano/a  
2 Puerto Rican  
3 Cuban  
4 Another Hispanic, Latino/a, or Spanish origin **[GO TO M22Q3c]**  
5 NO  
7 DON'T KNOW / NOT SURE  
9 REFUSED

**[CATI NOTE: ASK M22Q3c ON BOTH QUESTIONNAIRE PATHS.]**

**M22Q3c** You identified your child as being of “Another Hispanic, Latino/a, or Spanish origin.”  
Is the child:

(920-923)

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

**PLEASE READ:**

- 1 Dominican
- 2 Central American
- 3 South American
- 4 Another Hispanic or Latino origin
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

4. Which one or more of the following would you say is the race of the child?

(700-727)

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

(127-154)

**NOTE:** IF ASIAN ASK: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.

**NOTE:** IF PACIFIC ISLANDER ASK: Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.

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

- 10 WHITE
  
- 20 BLACK OR AFRICAN AMERICAN
  
- 30 AMERICAN INDIAN OR ALASKA NATIVE
  
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
  
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO

- 53 SAMOAN
- 54 OTHER PACIFIC ISLANDER **[GO TO M22Q4c]**
  
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK M22Q4c ON BOTH QUESTIONNAIRE PATHS.]**

**M22Q4c** You identified your child as being “Other Pacific Islander.” Is the child: (924)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander

5. Which one of these groups would you say best represents the child’s race? (728-729)

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

- 10 WHITE
- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER **[GO TO M22Q5c]**
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK M22Q5c ON BOTH QUESTIONNAIRE PATHS.]**

**M22Q5c** You identified your child as being “Other Pacific Islander.” Is the child: (925)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander

**6.** How are you related to the child? Would you say... (730)

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

## Module 23: Childhood Asthma Prevalence

---

**[CATI NOTE: ASK MODULE 23, CHILDHOOD ASTHMA PREVALENCE, ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF RESPONSE TO C08Q16 = 88 (NONE) OR 99 (REFUSED), GO TO STATE-ADDED QUESTIONS.]**

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

**1.** Has a doctor, nurse, or other health professional EVER said that the child has asthma? (731)

- 1 YES
- 2 NO **[GO TO STATE-ADDED QUESTIONS]**
- 7 DON'T KNOW / NOT SURE **[GO TO STATE-ADDED QUESTIONS]**
- 9 REFUSED **[GO TO STATE-ADDED QUESTIONS]**

**2.** Does the child still have asthma? (732)

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



# State-Added Questions

## Binge Drinking

---

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

**[CATI NOTE: IF C011Q3 >= 1 AND <77, CONTINUE. OTHERWISE, GO TO THE NEXT SECTION.]**

Previously, you answered that you drank [5 or more for men, 4 or more for women] alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So a 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

**NOTE:** If asked, 'occasion' means in a row or within a few hours.

**DRNKBER1** During the most recent occasion when you had [5 or more for men, 4 or more for women] alcoholic beverages, about how many beers, including malt liquor, did you drink?

(926-928)

-- Number of beers **[NOTE: 76 = 76 OR MORE]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**DRNKWIN1** During the same occasion, about how many glasses of wine did you drink?

(929-931)

-- Number of glasses of wine **[NOTE: 76 = 76 OR MORE]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**DRNKLIQR** During the same occasion, about how many drinks of liquor, including cocktails, did you have?

(932-934)

-- Number of drinks of liquor **[NOTE: 76 = 76 OR MORE]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED



**DRNKPMIX** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.

(935-937)

-- Number of pre-mixed drinks **[NOTE: 76 = 76 OR MORE]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**DRNKLOC1** During this most recent occasion, where were you when you did most of your drinking?

(938)

**READ ONLY IF NECESSARY:**

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event
- 6 OTHER
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**BINGEDRV** Did you drive a motor vehicle, such as a car, truck, or motorcycle during or within a couple of hours of this occasion?

(939)

**NOTE:** For those with concerns about this question, answering 'Yes' is not meant to imply they were drunk driving or breaking the law.

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

**[CATI NOTE: ASK BINGEPAY ONLY IF RESPONSE TO DRNKLOC1 = 3 OR 4, OTHERWISE, GO TO NEXT SECTION.]**

**BINGEPAY** During this most recent occasion, approximately how much did you pay for the alcohol you drank?

**NOTE:** Enter amount in dollars only, rounding 50 cents or more up to the next whole dollar and dropping 49 or fewer cents.

**NOTE:** If anyone asks, they do not need to include the amount spent on tips.

(940-943)

\_\_\_ Total amount paid

888 PAID NOTHING, ALL DRINKS WERE FREE OR PAID FOR BY OTHERS  
 777 DON'T KNOW / NOT SURE  
 999 REFUSED

## Insurance and Access

---

**[CATI NOTE: ASK INSURANCE AND ACCESS QUESTIONS ON QUESTIONNAIRE 11/21.]**

**[CATI NOTE: ALL QUESTION NAMES BEGINNING WITH A 'K' WILL BE ASKED ABOUT THE RANDOMLY SELECTED CHILD. IF C03Q01 = 1, 7, OR 9, ASK COVTYPE. OTHERWISE, GO TO KCOVTYPE.]**

**NOTE:** The introduction to 'Insurance and Access' questions changes depending on how the respondent answered the core health insurance question and whether or not they have a child in the household.

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

**[CATI/INTERVIEWER NOTE: IF C03Q01 = 1, READ: 'EARLIER, YOU SAID YOU DID HAVE HEALTHCARE COVERAGE.']**

**[CATI/INTERVIEWER NOTE: IF C03Q01 = 2, READ: 'EARLIER, YOU SAID YOU DID NOT HAVE ANY HEALTHCARE COVERAGE. THERE ARE SOME TYPES OF PLANS YOU MAY NOT HAVE CONSIDERED.']**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

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

(944-957)

**NOTE:** If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace Avenue H, ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan). If purchased on their own (or by a family member), select '02,' if Medicaid, select '04.'

**NOTE:** Select all that apply.

**PLEASE READ:**

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program

- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- 07 Some other source
- 08 None (no coverage)
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK ONLY OF 18-YEAR-OLD RESPONDENTS.]**

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

(958)

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

**[CATI NOTE: IF NO SELECTED CHILD, GO TO INSTRUCTIONS BEFORE WHY.]**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

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

(959-974)

**NOTE:** Select all that apply.

**NOTE:** The Utah Children's Health Insurance Program, or CHIP, is a program for children of working parents whose children are uninsured or who earn too much for Medicaid benefits.

**PLEASE READ:**

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 Utah Children's Health Insurance Program or CHIP
- 06 TRICARE (formerly CHAMPUS), VA, or Military
- 07 Alaska Native, Indian Health Service, Tribal Health Services
- 08 Some other source
- 09 None (no coverage)
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE CHILD IS NOW DETERMINED. THE CHILD IS INSURED IF 'KCOVTYPE' = 01-08. THE CHILD IS UNINSURED IF 'KCOVTYPE' = 09. THE CHILD'S INSURANCE STATUS IS UNDETERMINED IF 'KCOVTYPE' =77 OR 99. 0 = UNDETERMINED, 1=INSURED, 2=UNINSURED. CHILDREN WITH INSURANCE STATUS = 1 (INSURED) WILL SKIP TO 'KHLTHEX'; CHILDREN WITH INSURANCE STATUS = 2 (UNINSURED) WILL SKIP TO 'KUNINS'; AND CHILDREN WITH INSURANCE STATUS = 0 (UNDETERMINED) WILL SKIP TO 'KINSDELY.']**

**[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE ADULT IS NOW DETERMINED. THE ADULT IS INSURED IF 'COVTYPE' = 01-07 OR CORE 3.1 = 1. THE ADULT IS UNINSURED IF 'COVTYPE' = 08 AND CORE 3.1 = 1 OR 2. THE ADULT'S INSURANCE STATUS IS UNDETERMINED IF 'COVTYPE' =77 OR 99 OR CORE 3.1 = 7 OR 9. 0 = UNDETERMINED, 1=INSURED, 2=UNINSURED. ADULTS WITH INSURANCE STATUS = 1 (INSURED) WILL SKIP TO 'HLTHEX'; ADULTS WITH INSURANCE STATUS = 2 (UNINSURED) WILL SKIP TO 'UNINS' (AFTER BEING ASKED THE NEXT 'K' QUESTIONS, IF APPLICABLE); AND ADULTS WITH INSURANCE STATUS = 0 (UNDETERMINED) WILL SKIP TO 'INSDELY.']**

**NOTE: THIS VERSION OF 'HLTHEX' WAS USED FOR JANUARY-JULY 2018 DATA COLLECTION.**

**HLTHEX** Is your coverage through either the Federal Health Exchange or Utah's state health exchange 'Avenue H'?

(975)

**NOTE:** Utah's state health exchange or 'Health Insurance Marketplace Avenue H' offers private health insurance plans individuals can purchase on their own or through a family member (private) or if they receive Medicaid (state plan).

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

**NOTE: THIS VERSION OF 'HLTHEX' WAS USED FOR AUGUST-DECEMBER 2018 DATA COLLECTION.**

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

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

**NOTE: THIS VERSION OF 'KHLTHEX' WAS USED FOR JANUARY-JULY 2018 DATA COLLECTION.**

**KHLTHEX** Is the child's coverage through either the Federal Health Exchange or Utah's state health exchange 'Avenue H'? (976)

**NOTE:** Utah's state health exchange or 'Health Insurance Marketplace Avenue H' offers private health insurance plans individuals can purchase on their own or through a family member (private) or if they receive Medicaid (state plan).

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

**NOTE: THIS VERSION OF 'KHLTHEX' WAS USED FOR AUGUST-DECEMBER 2018 DATA COLLECTION.**

**KHLTHEX** Is the child's coverage through the Federal Health Exchange healthcare.gov? (976)

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

**[CATI/INTERVIEWER NOTE: UNINSURED ADULTS WILL BE ASKED 'UNINS' AND 'WHY' QUESTIONS; UNINSURED CHILDREN ARE ASKED 'KUNINS' AND 'KWHY' QUESTIONS. INSURED ADULTS WILL SKIP TO 'KUNINS' AND NOT BE ASKED 'UNINS' AND 'WHY' QUESTIONS AND THEN BE ASKED 'INSDELY.' INSURED CHILDREN WILL NOT BE ASKED 'KUNINS' AND 'KWHY' QUESTIONS BUT SKIP TO 'KINSDELY.']**

**UNINS** For how many months have you been uninsured? (977-978)

- 00 Less than 4 weeks [GO TO WHY]
- 01-60 Enter # of months [GO TO WHY]
- 61 More than 5 years [GO TO WHY]
- 77 DON'T KNOW / NOT SURE [GO TO WHY]
- 99 REFUSED [GO TO WHY]

**KUNINS** For how many months has the child been uninsured? (979-980)

- 00 Less than 4 weeks [GO TO KWHY]
- 01-60 Enter # of months [GO TO KWHY]
- 61 More than 5 years [GO TO KWHY]
- 77 DON'T KNOW / NOT SURE [GO TO KWHY]
- 99 REFUSED [GO TO KWHY]

**[CATI NOTE: DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

**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... (981-998)

**NOTE:** Select all that apply.

**PLEASE READ:**

- 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 else in the household] is a temporary employee
- 4 You [or someone else 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
- 66 Some other reason
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: IF NO CHILDREN OR CHILD IS INSURED, GO TO 'INSDELY.']**

**[CATI NOTE: DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

**KWHY** Now I would like to ask about reasons why THE CHILD might be uninsured. I am going to read a list of reasons, please tell me which reasons apply to the child. Is the child uninsured because ... (999-1016)

**NOTE:** 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 else in the household] is a temporary employee
- 4 You [or someone else 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
- 66 Some other reason
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: IF 'UNINS' > 12 MONTHS (THE ADULT HAS BEEN UNINSURED FOR MORE THAN 12 MONTHS), GO TO 'EMPLOYED.']**

The Utah Department of Health is working on ways to improve access to healthcare, especially for persons who are currently not getting healthcare when they need it. The next few questions ask about some reasons people might DELAY OR HAVE PROBLEMS getting MEDICAL, DENTAL, MENTAL HEALTH OR OTHER CARE for themselves.

**INSDELY** In the past 12 months, did you have problems or delay seeking care for yourself because the service was not covered by your insurance? (1017)

**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

**KINSELY** 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? (1018)

**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

**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? (1019)

- 1 YES
- 2 NO

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

**[CATI NOTE: If C08Q15 = 3, 4, 5, 6, 7, 8, or 9, go to 'EMPLOYED.' If C08Q15 = 1 or 2, go 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?

(1020)

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

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

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

**[CATI NOTE: IF 'EMPLOYED' = 1, 7, OR 9, GO TO 'HOURSWKD.' IF 'EMPLOYED' = 2, GO TO NEXT SECTION.]**

**[CATI NOTE: IF C08Q15 = 1 OR 2, SHOW 'EARLIER YOU SAID YOU ARE [FILL IN WITH EITHER 'EMPLOYED FOR WAGES' OR 'SELF-EMPLOYED']']**

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

(1021-1022)

**READ IF NECESSARY:** By 'main job,' I mean the one at which you usually work the most hours.

-- Hours **[CATI/INTERVIEWER NOTE: 70 = 70 HOURS OR MORE.]**

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

## Folic Acid

---

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

**[CATI NOTE: ASK ONLY OF WOMEN AGES 18-44.]**

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



**NOTE :** Includes liquid supplements.

- 1 YES
- 2 NO [GO TO SPRL5]
- 7 DON'T KNOW / NOT SURE [GO TO SPRL5]
- 9 REFUSED [GO TO SPRL5]

**SPRL2** Are any of these a multivitamin? (1024)

- 1 YES [GO TO SPRL4]
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**SPRL3** Do any of the vitamin pills or supplements you take contain folic acid? (1025)

- 1 YES
- 2 NO [GO TO SPRL5]
- 7 DON'T KNOW / NOT SURE [GO TO SPRL5]
- 9 REFUSED [GO TO SPRL5]

**SPRL4** How often do you take this vitamin pill or supplement? (1026-1028)

Enter times per day, per week or per month

- 1 \_\_\_ \_\_\_ Times per day
- 2 \_\_\_ \_\_\_ Times per week
- 3 \_\_\_ \_\_\_ Times per month

- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

**SPRL5** Have you ever heard of the B vitamin folic acid? (1029)

- 1 YES [GO TO SPRL6]
- 2 NO [GO TO SPRL7]
- 7 DON'T KNOW / NOT SURE [GO TO SPRL7]
- 9 REFUSED [GO TO SPRL7]

**SPRL6** Where did you hear or read about it? (1030-1055)

**NOTE:** Do not probe. Mark all mentioned.

- 01 PHYSICIAN/OB/GYN/GP/FP
- 02 NURSE/NURSE PRACTITIONER
- 03 OTHER /HEALTH CLINIC STAFF
- 04 BROCHURES/LITERATURE AT HEALTHCARE PROVIDER'S OFFICE
- 05 FRIEND OR RELATIVE/CO-WORKER
- 06 LABEL ON CONSUMER PRODUCT (I.E., FOOD, VITAMINS)
- 07 MAGAZINE OR NEWSPAPER
- 08 RADIO OR TELEVISION
- 09 SCHOOL
- 10 BOOKS
- 11 INTERNET
- 12 PROFESSIONAL JOURNAL
- 13 WIC (WOMEN, INFANTS AND CHILDREN)
  
- 66 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

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

(1056)

**PLEASE READ:**

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure
- 4 Some other reason
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Firearm Safety

---

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

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

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

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

- 1 YES
- 2 NO [GO TO ACE1]
- 7 DON'T KNOW / NOT SURE [GO TO ACE1]
- 9 REFUSED [GO TO ACE1]

**FIRES2.** Are any of these firearms now loaded? (1058)

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

**FIRES3.** Are any of these firearms now unlocked? (1059)

**READ IF NECESSARY:** By 'unlocked,' we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. We don't count a safety as a lock.

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

## Adverse Childhood Experiences (ACEs)

---

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

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? (1060)

- 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? (1061)

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? (1062)

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? (1063)

1 YES  
2 NO

7 DON'T KNOW / NOT SURE  
9 REFUSED

**ACE5** Were your parents separated or divorced? (1064)

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? Would you say... (1065)

**PLEASE READ:**

1 Never  
2 Once  
3 More than once

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... (1066)

**PLEASE READ:**

1 Never  
2 Once  
3 More than once  
  
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? Would you say... (1067)

**PLEASE READ:**

1 Never  
2 Once  
3 More than once  
  
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? Would you say... (1068)

**PLEASE READ:**

1 Never  
2 Once  
3 More than once  
  
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? Would you say... (1069)

**PLEASE READ:**

1 Never  
2 Once

- 3 More than once
- 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? Would you say... (1070)

**NOTE:** 'Sex' refers to both oral sex and intercourse.

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than once
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**ACECLOSE** As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number? (1071)

**NOTE:** If 'Yes,' say 'You can dial 1-800-422-4453 for information or referrals about these issues.'

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

## Food Security

---

**[CATI NOTE: ASK FOOD SECURITY QUESTIONS ON QUESTIONNAIRE PATHS 11/21.]**

**STFS1** In the past 12 months, how many months did anyone in your household receive benefits from a federal food assistance program such as SNAP (food stamps), WIC, and Free and Reduced Lunch program? Do not include "Meals on Wheels," or food pantries, food banks, soup kitchens, church welfare, backpack programs, or any other charitable food resources. Would you say... (1072)

**NOTE:** Examples of federal food assistance programs are Commodity Supplemental Food Program, Food Distribution Program on Indian Reservations, Emergency Food Assistance Program, Child and Adult Care Feeding Program, School Breakfast Program, Special Milk Program, and Summer Food Service Program.

**PLEASE READ:**

- 1 All months
- 2 Some months
- 3 Less than a month
- 8 Never
  
- 7 DON'T KNOW /NOT SURE
- 9 REFUSED

**STFS2** In the past 12 months, how many months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say... (1073)

**PLEASE READ:**

- 1 All months
- 2 Some months
- 3 Less than a month
- 8 Never
  
- 7 DON'T KNOW /NOT SURE
- 9 REFUSED

## Suicide Attempts

---

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

We are going to ask you a question about previous suicide attempts. 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 suicide prevention hotline you can call. The number is 1-800-273-8255.

**STSUICIDE** During your lifetime, how many times have you attempted suicide? (1074)

- 1 0 times
- 2 1 time
- 3 2 or 3 times
- 4 4 or 5 times
- 5 6 or more times
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Opioid Overdose Prevention

---

**[CATI NOTE: ASK OPIOID OVERDOSE PREVENTION QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

Opioids are medications that relieve pain. Some opioids such as hydrocodone and morphine can be prescribed by a healthcare provider. Other opioids like heroin cannot be prescribed.

**STOOP1** In the past year, have you used pain medications prescribed to you by a doctor to treat chronic pain? (1075)

**NOTE:** Prescription pain medications include codeine, Vicodin, OxyContin, Hydrocodone, Percocet, etc.

- 1 YES
- 2 NO
- 8 I HAVE NOT BEEN TREATED BY A DOCTOR FOR CHRONIC PAIN
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STPDRU1** In the past year, did you use prescription pain medication that was NOT prescribed to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter. (1076)

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

**PPM9** Do you know someone who is a regular user of heroin? (1076)

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

**STPDRU5** Naloxone, also called Narcan, is a medication that can reverse overdoses from prescription pain medications or heroin. Have you ever heard of this medication? (1078)

**NOTE:** Naloxone is pronounced 'Na-lahx-own.'

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



- PPM11** Are you aware that anyone can obtain a prescription for Nalaxone? (1079)
- 1 YES
  - 2 NO [GO TO NEXT SECTION]
  - 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
  - 9 REFUSED [GO TO NEXT SECTION]

- PPM13** Have you used this prescription to reverse a suspected overdose? (1080)
- 1 YES
  - 2 NO
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

## Prescription Drug Use

---

**[CATI NOTE: ASK PRESCRIPTION DRUG USE QUESTIONS ON QUESTIONNAIRE 11/21.]**

**[CATI NOTE: IF STPDRU1=2, SKIP STPDRU2 AND STPDRU3.]**

- STPDRU2** In the past 30 days, did you use prescription pain medication that was NOT prescribed to you by a doctor? We only want to know about prescription medication, not medication that is available over the counter. (1081)
- 1 YES
  - 2 NO [GO TO STPDRU4]
  - 7 DON'T KNOW / NOT SURE [GO TO STPDRU4]
  - 9 REFUSED [GO TO STPDRU4]

- STPDRU3** Think of the last time you used prescription pain medication that was NOT prescribed to you or was prescribed to you for something else. What were the reasons you used the prescription pain medication? (1082-1095)

**NOTE:** Mark all responses that are mentioned.

- 1 TO RELIEVE PAIN
- 2 TO RELIEVE OTHER PHYSICAL SYMPTOMS
- 3 TO RELIEVE ANXIETY OR DEPRESSION
- 4 FOR FUN, GOOD FEELING, GETTING HIGH
- 5 TO PREVENT OR RELIEVE WITHDRAWAL SYMPTOMS
- 6 TO HELP FALL ASLEEP
- 7 OTHER (SPECIFY): \_\_\_\_\_ (1096-1115)
- 77 DON'T KNOW / NOT SURE

99 REFUSED

**STPDRU4** When people take prescription pain medicine that is not prescribed to them, such as Vicodin, OxyContin, or Lortab, how much risk do you think they take?

(1116)

**PLEASE READ:**

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Child Autism

---

**[CATI NOTE: ASK CHILD AUTISM QUESTIONS ON BOTH QUESTIONNAIRES.]**

**[CATI NOTE: IF C08Q16 INDICATES THERE ARE CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, THEN RESPONSES FROM THE RANDOM CHILD SELECTION MODULE WILL BE USED TO DETERMINE WHICH CHILD THE RESPONDENT WILL BE ASKED ABOUT. IF C08Q16 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD OR REFUSED), GO TO NEXT SECTION.]**

**[CATI NOTE: PLEASE SUBSTITUTE 'X<sup>TH</sup>' CHILD'S NUMBER IN ALL QUESTIONS BELOW.]**

The next few questions are about your X<sup>th</sup> child.

**NOTE: 'X<sup>th</sup>' child refers to the child about whom the respondent answered the 'Random Child Selection' module.**

**CHDAUT1** Has a doctor or other healthcare provider ever told you that your X<sup>th</sup> child had Autism, Asperger's Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder?

(1117)

- 1 YES
- 2 NO **[GO TO CHDAUT8]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO CHDAUT8]**
- 9 REFUSED **[GO TO CHDAUT8]**

**CHDAUT3** Would you describe [his/her] condition as mild, moderate, or severe?

(1118)

- 1 MILD
- 2 MODERATE

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

**CHDAUT4** In what setting were you first told that your X<sup>th</sup> child had Autism or Autism Spectrum Disorder? Was it school, healthcare, or some other setting? (1119)

**NOTE:** This question is asking the setting where the child was first DIAGNOSED with autism.

- 1 SCHOOL
- 2 HEALTHCARE (INCLUDES HEALTH DEPARTMENT)
- 3 OTHER (SPECIFY): \_\_\_\_\_ (1120-1144)
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**CHDAUT5** What type of doctor or other provider first provided this diagnosis? (1145-1146)

- 01 GENERAL PEDIATRICIAN
- 02 DEVELOPMENTAL PEDIATRICIAN
- 03 CHILD PSYCHIATRIST
- 04 CHILD PSYCHOLOGIST
- 05 SCHOOL ASSESSMENT TEAM
- 06 SPEECH THERAPIST
- 07 NEUROLOGIST
- 08 OTHER (SPECIFY): \_\_\_\_\_ (1147-1167)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**CHDAUT6** How old was your child when you were first told that he/she had Autism or ASD? (1148-1149)

-- Age in years (1-17) **[CATI/INTERVIEWER NOTE: AGE RANGE IS 1-17.]**

- 88 LESS THAN 1 YEAR OLD
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**CHDAUT7** Does the child's health insurance offer benefits or cover autism services or therapies to meet his/her needs? (1170)

- 1 YES
- 2 NO
- 3 DO NOT HAVE CURRENT INSURANCE

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

**[CATI NOTE: ASK 'CHDAUT8' IF THE RANDOMLY SELECTED CHILD IS 48 MONTHS OF AGE AND UNDER.]**

**CHDAUT8** During the past 12 months, was your X<sup>th</sup> child screened for autism risk using a parent-reported autism screening questionnaire, such as the M-CHAT, during a healthcare or other professional visit? (1171)

**NOTE:** If SR inquires about autism, refer them to 1-800-829-8200.

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

## Marijuana

---

**[CATI NOTE: ASK 'STMAR1' ON QUESTIONNAIRE 11/21.]**

**STMAR1** How much do you think people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week? Would you say... (1172)

**PLEASE READ:**

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: ASK 'STMAR2' ON QUESTIONNAIRE 12/22.]**

**STMAR2** How wrong do you feel it is for someone to use marijuana regularly for non-medical reasons? Would you say... (1173)

**PLEASE READ:**

- 1 Not at all wrong
- 2 A little wrong
- 3 Wrong
- 4 Very wrong

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

**[CATI NOTE: ASK 'STMAR3' AND 'STMAR4' ON BOTH QUESTIONNAIRE PATHS.]**

**STMAR3** During the past 30 days, on how many days did you use marijuana? (1174-1175)

-- Number of days between 1 and 30

- 88 NONE [GO TO NEXT SECTION]
- 77 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 99 REFUSED [GO TO NEXT SECTION]

**STMAR4** When you used marijuana during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (for example, for excitement, to relax, for increased awareness, to forget worries, or for fun at a social gathering)? (1176)

Would you say...

**PLEASE READ:**

- 1 Only for medical reasons to treat or decrease symptoms of a health condition
- 2 Only for non-medical purposes to get pleasure or satisfaction
- 3 Both medical and non-medical reasons
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Utah Tobacco Use Questions

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**[CATI NOTE: ASK ALL UTAH TOBACCO USE QUESTIONS EXCEPT SMOKEAD AND SMONLAD ON QUESTIONNAIRE PATHS 12/22. SMOKEAD AND SMONLAD, IF APPLICABLE, ARE ASKED ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C09Q2 = 1 OR 2 ('EVERYDAY' OR 'SOME DAYS'), THEN RESPONDENT HAS A STATUS OF 'CURRENT SMOKER' AND CONTINUE. OTHERWISE, GO TO STSMK3. ALL RESPONDENTS ANSWER SMOKEAD THROUGH STSMK10.]**

**STSMK1** On the average, about how many cigarettes a day do you now smoke? (1177-1178)

-- Number of cigarettes **[CATI/INTERVIEWER NOTE: 76=76 OR MORE.]**

- 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... (1179)

**NOTE:** Pause between each response option to allow respondents to answer 'Yes' or 'No.' Enter the response code for the first 'Yes' and continue to the next question. If the respondent does not answer 'Yes' to any response option, enter 'Don't know / Not sure.'

- 1 In the next 7 days
- 2 In the next 30 days
- 3 In the next 6 months
- 4 In the next year
- 5 More than 1 year from now
- 6 You don't plan on quitting
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: IF C09Q02 = 1 OR 2 ('EVERYDAY' OR 'SOME DAYS') OR IF C09Q04 < 05 (RESPONDENT QUIT SMOKING IN THE PAST YEAR), CONTINUE TO STSMK3. OTHERWISE, GO TO SMOKEAD. ALL RESPONDENTS ANSWER SMOKEAD THROUGH STSMK10.]**

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

**STSMK3** In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (1180)

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

**STSMK4** During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking? (1181)

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

**STSMK5** Did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion (Well BYOU trin/ZEYE ban/byou PRO pee on)?

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

**STSMK6** Did your doctor or health provider recommend or discuss a smoking cessation class or program, a telephone quitline, or one-on-one counseling from a health-care provider to assist you with quitting smoking? (1183)

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

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

**SMOKEAD** In the past 30 days, how often have you seen ads on TV encouraging cigarette smokers to quit or about the dangers of smoking? Would you say... (1184)

**PLEASE READ:**

- 1 Never
- 2 About once or twice in the past 30 days
- 3 About once a week
- 4 Several times a week
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

**SMONLAD** In the past 30 days, how often have you seen ads online encouraging cigarette smokers to quit or about the dangers of smoking? Would you say... (1185)

**PLEASE READ:**

- 1 Never
- 2 About once or twice in the past 30 days
- 3 About once a week
- 4 Several times a week
  
- 8 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: ASK 'STSMK7' THROUGH 'STSMK10' ON QUESTIONNAIRE 12/22.]**

**STSMK7** In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (1186)

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

**STSMK9** The next question is about smoke you might have breathed because someone else was smoking, whether you were indoors, outdoors, in a vehicle, or anywhere else.

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

(1187-1188)

-- Number of days [1-7]

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**STSMK10** During the past seven days, has anyone used electronic cigarettes or other electronic vape products in your work area?

Would you say....

(1189)

**PLEASE READ:**

- 1 Yes, indoors
- 2 Yes, outdoors
- 3 Yes, indoors and outdoors
- 4 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Sexual Violence

---

**[CATI NOTE: ASK ON QUESTIONNAIRE PATHS 11/21 OF MEN AND WOMEN.]**

**STSV0i** I'd like to ask you some questions about unwanted sexual experiences. This information will allow us to better understand the problem of sexual violence and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been



chosen randomly and your answers are strictly confidential. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for this issue. Please keep in mind that you can ask me to skip any question that you do not want to answer.

(1190)

Are you in a safe place to answer these questions?

- 1 YES
- 2 NO **[GO TO STSVCLOS]**

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

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

(1191)

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

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

(1192)

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

**[CATI/INTERVIEWER NOTE: IF STSV2 = 1 (YES) OR STSV2 = 2 (NO); CONTINUE. OTHERWISE, READ STSVCLOS.]**

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

(1193-1194)

- 01 CURRENT BOYFRIEND/GIRLFRIEND
- 02 FORMER BOYFRIEND/GIRLFRIEND
- 03 FIANCÉ
- 04 SPOUSE OR LIVE-IN PARTNER
- 05 FORMER SPOUSE OR FORMER LIVE-IN PARTNER

- 06 SOMEONE YOU WERE DATING
- 07 FIRST DATE
- 08 FRIEND
- 09 ACQUAINTANCE
- 10 A PERSON KNOWN FOR LESS THAN 24 HOURS
- 11 COMPLETE STRANGER
- 12 PARENT
- 13 STEP-PARENT
- 14 PARENT'S PARTNER
- 15 PARENT IN-LAW
- 16 OTHER RELATIVE
- 17 NEIGHBOR
- 18 CO-WORKER
- 19 OTHER NON-RELATIVE
- 20 MULTIPLE PERPETRATORS [GO TO STSVCLOS]
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

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

(1195)

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

- 1 MALE
- 2 FEMALE
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STSVCL0S** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-855-323-3237. This is a toll-free call. Would you like me to repeat this number?

(1196)

**NOTE:** If 'Yes,' say 1-855-323-3237.

- 1 YES
- 2 NO

## Sugar-Sweetened Beverages

---

**[CATI NOTE: ASK SUGAR-SWEETENED BEVERAGES QUESTION ON BOTH QUESTIONNAIRE PATHS.]**

**SSB1** How often do you drink a glass or can of soda such as coke, or other sweetened drinks such as fruit punch or sports drinks? Do not count diet soda, zero-calorie beverages, or 100% fruit juices.

(1197-1199)

**NOTE:** Include 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, energy drinks, and regular soda.

**NOTE:** A glass or can of soda is about 12 ounces. Sports drinks are usually 16, 24, or 32 ounces.

**NOTE:** Enter quantity in in times per day, week, month, or year. If respondent gives a number without a timeframe, ask 'Was that per day, week, month, or year?'

1__	Times per day	[101-199 = Times per day]
2__	Times per week	[201-299 = Times per week]
3__	Times per month	[301-399 = Times per month]
4__	Times per year	[401-499 = Times per year]

555 NEVER  
 777 DON'T KNOW / NOT SURE  
 999 REFUSED

## Asthma Call-Back Permission Script

---

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

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

(733)

1 Yes  
 2 No

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

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

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

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## Asthma Call-Back Selection

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

(734)

- 1 Adult
- 2 Child

---

### State Follow-Up Question

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**[CATI NOTE: IF RESPONDENT OR THEIR CHILD HAS ASTHMA (THEY WERE ASKED AFU1), GO TO THE CLOSING STATEMENT.]**

**STFU1** Occasionally programs at the Utah Department of Health would like to conduct follow-up surveys on specific health issues. May I please have your first name or initials so that we can ask for you specifically if we contact you in the future? You can always let us know at that time if you do not wish to participate in the survey. (1200)

**NOTE:** If the respondent wants examples of surveys, say tobacco use or traumatic brain injury.

- 1 YES **[GO TO STFU2]**
- 2 NO (Does not want to give first name or initials but does not specifically refuse to be contacted for a follow-up survey)
- 9 REFUSED (Does not want to be contacted for a follow-up survey)

**STFU2** What is your first name or your initials? [Would you spell that for me, please?] (1201-1240)

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## Closing Statement

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