



2021

**Behavioral Risk Factor Surveillance System
Questionnaire**

FINAL

*Utah: March 16, 2021
CDC: February 20, 2021*

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 C13 code.



Behavioral Risk Factor Surveillance System 2021 Questionnaire

Table of Contents

Table of Contents	2
Landline Introduction	4
Cell Phone Introduction	8
Core Sections.....	12
Section 1: Health Status	12
Section 2: Healthy Days	12
Section 3: Health Care Access	13
Discrimination and Healthcare Utilization	15
Section 4: Exercise	16
Section 5: Hypertension Awareness	17
Section 6: Cholesterol Awareness	17
Section 7: Chronic Health Conditions	18
Section 8: Arthritis	21
Section 9: Demographics	22
Module 27: Sex at Birth	25
Module 28: Sexual Orientation and Gender Identity	25
Section 9: Demographics CONTINUED	27
Section 10: Disability	34
Section 11: Tobacco Use	35
Module 22: Tobacco Cessation	36
Section 12: Alcohol Consumption	37
Section 13: Immunization	39
Vaccine Hesitancy (Adult Only)	40
Section 14: HIV/AIDS	41
Section 15: Fruits and Vegetables	41
Optional Modules	45
Module 13: Cancer Survivors, Type of Cancer	45
Module 14: Cancer Survivors, Course of Treatment	47
Module 15: Cancer Survivors, Pain Management	49
Module 21: Marijuana Use	50
Utah Marijuana Use	51
Module 25: Random Child Selection	52
Module 26: Childhood Asthma Prevalence	56
State-Added Questions.....	57
Vaccine Hesitancy (Child Only)	57
Child Autism	57
Family Planning	59
Access to Family Planning	61
Tattooing	63
Insurance and Access	64
Telehealth/Telemedicine	67
COVID-19	68
Utah Tobacco Use	71
Access to Transportation	74
Traumatic Brain Injury	74
Perceived Social Isolation Scale	76
Food Insecurity and Food Assistance	77
Suicidality	79
PHQ-9	80
Substance Abuse Stigma	82
Binge Drinking	82



Asthma Call-Back Permission Script	84
Asthma Call-Back Selection.....	85
Closing Statement	85



OMB Header

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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.

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.

LL01 Is this (phone number) ?

(63)

Commented [MH1]: LL01, CTELEMN1

- 1 YES [GO TO LL02]
- 2 NO [TERMINATE]

[CATI/NOTE: IF LL01 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED LATER.']



Private Residence

LL02 Is this a private residence?

(64)

Commented [MH2]: LL02, PVTRES01

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

- 1 YES [GO TO LL04]
- 2 NO [GO TO LL03]
- 3 NO, THIS IS A BUSINESS PHONE [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL02 = 3 (NO, THIS IS A BUSINESS PHONE), SAY 'THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONE LINES AT THIS TIME.']

[CATI/INTERVIEWER NOTE: BUSINESS NUMBERS WHICH ARE ALSO USED FOR PERSONAL COMMUNICATION ARE ELIGIBLE.]

College Housing

LL03 Do you live in college housing?

(65)

Commented [MH3]: LL03, COLHOUS

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 LL04]
- 2 NO [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL03 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME.']

State of Residence

LL04 Do you currently live in Utah?

(66)

Commented [MH4]: LL04, STATERE1

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 LL05]
- 2 NO [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL04 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN UTAH AT THIS TIME.']



Cellular Phone

LL05 Is this a cell phone?

(67)

Commented [MH5]: LL05, CELPHONE

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 [TERMINATE]

[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 LL05 = 1 (YES), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LANDLINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING'.]

2 NO, IT IS NOT A CELL PHONE [GO TO LL06]

Adult

[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES) AND LL06 = 1 (YES), GO TO LL07. IF LL03 = 1 (YES) AND LL06 = 2 (NO), TERMINATE AND SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME.']

[CATI/INTERVIEWER NOTE: IF LL02 = 1 (YES) AND LL06 = 1 (YES) OR 2 (NO), GO TO ADULT RANDOM SELECTION.]

LL06 Are you 18 years of age or older?

(68)

Commented [MH6]: LL06, LADULT1

1 YES
2 NO

Sex of Adult

[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES), CONTINUE; OTHERWISE, GO TO ADULT RANDOM SELECTION.]

LL07 Are you male or female?

(69)

Commented [MH7]: LL07, COLGSEX

1 MALE
2 FEMALE

7 DON'T KNOW / NOT SURE [TERMINATE]
9 REFUSED [TERMINATE]



[CATI/INTERVIEWER NOTE: IF LL07 = 1 OR 2 AND LL03 = 1, GO TO TRANSITION TO SECTION 1.]

[CATI/INTERVIEWER NOTE: IF LL07 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']

Adults

LL08 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?

Commented [MH8]: LL08, NUMADULT

-- NUMBER OF ADULTS (70-71)

If '1,' ask: Are you the adult?

If 'Yes,' say: Then you are the person I need to speak with. [GO TO LL09]

If 'No,' ask: May I speak with the adult in the household?

If 2-6 or more, GO TO LL10.

LL09 Are you male or female? (72)

Commented [MH9]: LL09, LANDSEX

- 1 MALE [GO TO TRANSITION TO SECTION 1]
- 2 FEMALE [GO TO TRANSITION TO SECTION 1]
- 7 DON'T KNOW / NOT SURE [TERMINATE]
- 9 REFUSED [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL09 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']

LL10 How many of these adults are men? (73-74)

Commented [LM10]: LL10, NUMMEN

- NUMBER OF MEN
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

LL11 So the number of women in the household is ___? (75-76)

Commented [MH11]: LL11, NUMWOMEN

-- NUMBER OF WOMEN



Is that correct?

DO NOT READ: Confirm number of adult women or clarify that total number of adults in the household.

LL12 The person in your household that I need to speak with is [oldest/youngest/middle/male/female]. Are you the [oldest/youngest/middle/male/female] in this household? (77)

Commented [MH12]: LL12, RESP SLCT

NOTE: If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12.

- 1 MALE [GO TO TRANSITION TO SECTION 1]
- 2 FEMALE [GO TO TRANSITION TO SECTION 1]
- 7 DON'T KNOW / NOT SURE [TERMINATE]
- 9 REFUSED [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL12 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']

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.

CP01 Is this a safe time to talk with you or are you driving? (78)

- 1 YES [GO TO CP02]
- 2 NO [TERMINATE]

Commented [MH13]: CP01, SAFETIME

[CATI/INTERVIEWER NOTE: IF CP01 = 2 (NO), SAY 'THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME.' (SET APPOINTMENT IF POSSIBLE.)]

Phone

CP02 Is this (phone number) ? (79)

- 1 YES [GO TO CP03]
- 2 NO [TERMINATE]

Commented [MH14]: CP02, CTELENUM1

[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.]



Cellular Phone

CP03 Is this a cell phone?

(80)

Commented [MH15]: CP03, CELLFON5

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 CP04]
- 2 NO, NOT A CELL PHONE [TERMINATE]

[CATI/INTERVIEWER NOTE: IF CP03 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WITH CELL TELEPHONES AT THIS TIME.']

Adult

CP04 Are you 18 years of age or older?

(81)

Commented [MH16]: CP04, CADULT1

- 1 YES [GO TO CP05]
- 2 NO [TERMINATE]

[CATI/INTERVIEWER NOTE: IF CP04 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME.']

Sex of Adult

CP05 Are you male or female?

(82)

Commented [MH17]: CP05, CELLSEX

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

[CATI/INTERVIEWER NOTE: IF CP05 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']

Private Residence

CP06 Do you live in a private residence?

(83)

Commented [MH18]: CP06, PVRES03

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

- 1 YES [GO TO CP08]



2 NO [GO TO CP07]

College Housing

CP07 Do you live in college housing? (84)

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 CP08]
2 NO [TERMINATE]

[CATI/INTERVIEWER NOTE: IF CP07 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN PRIVATE RESIDENCES OR COLLEGE HOUSING AT THIS TIME.']

Commented [MH19]: CP07, CCLGHOUS

State of Residence

CP08 Do you currently live in Utah? (85)

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 CP10]
2 NO [GO TO CP09]

Commented [MH20]: CP08, CSTATE1

State

CP09 In what state do you currently live? (86-87)

_____ ENTER STATE FIPS CODE

77 LIVE OUTSIDE U.S. AND PARTICIPATING TERRITORIES
99 REFUSED

[CATI/INTERVIEWER NOTE: IF CP09 = 77 OR 99, SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE UNITED STATES.']

Commented [MH21]: CP09, RSPSTAT1

Landline

CP10 Do you also have a landline telephone in your home that is used to make and receive calls? (88)

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

Commented [MH22]: CP10, LANDLINE



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

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

[CATI/INTERVIEWER NOTE: IF CP07 = 1 (YES), DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE. IF CP07 = 1 (YES), THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

NUMADULT

CP11 How many members of your household, including yourself, are 18 years of age or older?
(89-90)

Commented [MH23]: CP11, HHADULT

- NUMBER OF ADULTS

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

TRANSITION TO SECTION 1.



Core Sections

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

Transition to Section 1:

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 **1-801-538-6008**.

Section 1: Health Status

C01.01 Would you say that in general your health is excellent, very good, good, fair, or poor? (101)

Commented [LM24]: CHS.01, GENHLTH

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR

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

Section 2: Healthy Days

C02.01 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? (102-103)

Commented [LM25]: CHD.01, PHYSHLTH

NOTE: 88 may be coded if respondent says 'never' or 'none' It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

-- NUMBER OF DAYS [RANGE: 01-30]

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

C02.02 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? (104-105)

Commented [LM26]: CHD.02, MENTHLTH

NOTE: 88 may be coded if respondent says 'never' or 'none' It is not necessary to ask respondents to provide a number if they indicate that this never occurs.



- NUMBER OF DAYS [RANGE: 01-30]
- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: IF C02.01 AND C02.02 = 88 (NONE), GO TO NEXT SECTION.]

C02.03 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? (106-107)

Commented [LM27]: CHD.03, POORHLTH

NOTE: 88 may be coded if respondent says 'never' or 'none' It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

- NUMBER OF DAYS [RANGE: 01-30]
- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 3: Health Care Access

C03.01 What is the current primary source of your health insurance? (108-109)

Commented [LM28]: CHCA.01, new (no variable name listed)

NOTE: If respondent has multiple sources of insurance, ask for the one used most often. If respondent gives the name of a health plan rather than the type of coverage, ask if insurance is purchased independently, through their employer, or through Medicaid or CHIP.

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own **[GO TO HLTHEx]**
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military-related health care (TRICARE (CHAMPUS), VA healthcare, CHAMP-VA)
- 08 Indian Health Service
- 09 State-sponsored health plan
- 10 Other government program **[GO TO HLTHEx]**
- 88 No coverage of any type
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: ASK HLTHEx ON QUESTIONNAIRE PATHS 11/21 ONLY.]



- HLTHEX** Is your coverage through the Federal Health Exchange healthcare.gov? (1168)
- 1 YES
 - 2 NO

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

C03.02 Do you have one person or a group of doctors that you think of as your personal health care provider? (110)

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

NOTE: If the respondent had multiple doctor groups, then it would be more than one, but if they had more than one doctor in the same group it would be one.

- 1 YES, ONLY ONE
- 2 MORE THAN ONE
- 3 NO

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

Commented [LM29]: CHCA.02, new (no variable name listed)

C03.03 Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? (111)

- 1 YES
- 2 NO

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

Commented [LM30]: CHCA.03, new (no variable name listed)

C03.04 About how long has it been since you last visited a doctor for a routine checkup? (112)

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

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

Commented [LM31]: CHCA.04, CHECKUP1



Discrimination and Healthcare Utilization

[CATI NOTE: ASK DISCRIMINATION AND HEALTHCARE UTILIZATION QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

STDIS01 In the past two years, have you felt discriminated against or treated unfairly when accessing any medical care in Utah?

(901)

NOTE: Discrimination refers to the unfair treatment of people and groups based on certain characteristics.

NOTE: Medical care refers to care received at a clinic, hospital, mental health provider, dentist, telehealth appointment, or any other care received for physical or mental health.

PLEASE READ:

- 1 Yes, I have felt discriminated against or treated unfairly
- 2 No, I have not felt discriminated against or treated unfairly
[GO TO STDIS03]
- 3 No, I have not accessed medical care in Utah in the past two years
[GO TO STDIS03]
- 7 DON'T KNOW / NOT SURE [GO TO STDIS03]
- 9 REFUSED [GO TO STDIS03]

STDIS02 In the past two years when you felt discriminated against or treated unfairly when accessing medical care in Utah, was it for any of the following reasons? Select all that apply.

(902-917)

PLEASE READ:

- 01 Race, ethnicity, or skin color
- 02 Ability to speak English
- 03 Sex
- 04 Sexual orientation
- 05 Gender identity or expression
- 06 Financial or socio-economic status
- 07 Insurance status
- 08 Disability status
- 88 NONE OF THESE REASONS
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED



STDIS03 In the past two years, have you delayed accessing routine or emergency medical care in Utah because of fear of discrimination or being treated unfairly? Would you say you...

(918)

NOTE: Routine medical care could include annual health checkups or health screenings.

PLEASE READ:

- 1 Delayed accessing routine medical care only
- 2 Delayed accessing emergency medical care only
- 3 Delayed accessing both routine AND emergency medical care
- 4 Did not delay accessing any medical care

- 8 HAVEN'T ACCESSED MEDICAL CARE IN UTAH IN THE PAST TWO YEARS
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 4: Exercise

C04.01 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?

(113)

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

[CATI NOTE: ASK STAB05 ON BOTH QUESTIONNAIRE PATHS.]

STAB05 During the last 30 days, on how many days did you walk to and from work, to do errands, or to go from place to place? Only include days that you walked for at least 10 minutes and do not include walking for recreation or exercise.

(919-920)

-- DAYS IN THE LAST 30 **[RANGE: 01-30]**

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

Commented [LM32]: CEX.01, EXERANY2



Section 5: Hypertension Awareness

C05.01 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

(114)

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

READ ONLY IF NECESSARY: By 'other health professional,' we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

- 1 YES
- 2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY [GO TO NEXT SECTION]
- 3 NO [GO TO NEXT SECTION]
- 4 TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE OR ELEVATED BLOOD PRESSURE [GO TO NEXT SECTION]
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

Commented [LM33]: C05.01, BPHIGH4

C05.02 Are you currently taking prescription medicine for your high blood pressure?

(115)

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

Commented [LM34]: C05.02, BPMEDS

Section 6: Cholesterol Awareness

C06.01 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

(116)

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

Commented [LM35]: C06.01, CHOLCHK2

C06.02 Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

Commented [LM36]: C06.02, TOLDHI2



NOTE: By 'other health professional,' we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 YES
- 2 NO

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

C06.03 Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

(117)

Commented [LM37]: C06.03, CHOLMED2

NOTE: If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk.

- 1 YES
- 2 NO

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

Section 7: Chronic 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.'

C07.01 (Ever told) you that you had a heart attack also called a myocardial infarction?

(119)

Commented [LM38]: CCHC.01, CVDINFR4

- 1 YES
- 2 NO

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

C07.02 (Ever told) you had angina or coronary heart disease?

(120)

Commented [LM39]: CCHC.02, CVDCRHD4

- 1 YES
- 2 NO

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

C07.03 (Ever told) you had a stroke?

(121)

Commented [LM40]: CCHC.03, CVDSTRK3



- 1 YES
- 2 NO

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

C07.04 (Ever told) you had asthma? (122)

- 1 YES
- 2 NO [GO TO C07.06]

- 7 DON'T KNOW / NOT SURE [GO TO C07.06]
- 9 REFUSED [GO TO C07.06]

Commented [LM41]: CCHC.04, ASTHMA3

C07.05 Do you still have asthma? (123)

- 1 YES
- 2 NO

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

Commented [LM42]: CCHC.05, ASTHNOW

C07.06 (Ever told) you had skin cancer? (124)

- 1 YES
- 2 NO

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

Commented [LM43]: CCHC.06, CHCSCNCR

C07.07 (Ever told) you had any other types of cancer? (125)

- 1 YES
- 2 NO

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

Commented [LM44]: CCHC.07, CHCOCNCR

C07.08 (Ever told) you had COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? (126)

- 1 YES
- 2 NO

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

Commented [LM45]: CCHC.08, CHCCOPD3



C07.09 (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

Commented [LM46]: CCHC.09, ADDEPEV3

(127)

- 1 YES
- 2 NO

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

C07.10 Not including kidney stones, bladder infection, or incontinence, were you ever told you have kidney disease?

Commented [LM47]: CCHC.10, CHCKDNY2

(128)

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

- 1 YES
- 2 NO

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

C07.11 (Ever told) you had diabetes?

Commented [LM48]: CCHC.11, DIABETE4

(129)

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
[GO TO NEXT SECTION]
- 3 NO [GO TO NEXT SECTION]
- 4 NO, PRE-DIABETES OR BORDERLINE DIABETES [GO TO NEXT SECTION]

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

[CATI NOTE: IF C07.11 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE, TO C07.11, GO TO PRE-DIABETES OPTIONAL MODULE, IF USED. OTHERWISE, GO TO NEXT SECTION.]

C07.12 How old were you when you were told you had diabetes?

Commented [LM49]: CCHC.12, DIABAGE3

(130-131)

-- CODE AGE IN YEARS **[CATI NOTE: 97 = 97 AND OLDER]**
[GO TO NEXT SECTION]



98 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
99 REFUSED [GO TO NEXT SECTION]

Section 8: Arthritis

C08.01 Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (132)

1 YES
2 NO [GO TO NEXT SECTION]

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

Commented [LM50]: C08.01, HAVARTH5

C08.02 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (133)

Commented [LM51]: C08.02, ARTHEXER

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

1 YES
2 NO

7 DON'T KNOW / NOT SURE
9 REFUSED

C08.03 Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (134)

Commented [LM52]: C08.03, ARTHEDU

1 YES
2 NO

7 DON'T KNOW / NOT SURE
9 REFUSED

C08.04 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (135)

Commented [LM53]: C08.04, LMTJOIN3

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

1 YES
2 NO

7 DON'T KNOW / NOT SURE



9 REFUSED

[CATI NOTE: C08.05 SHOULD BE ASKED OF ALL RESPONDENTS, REGARDLESS OF EMPLOYMENT STATUS.]

C08.05 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (136)

Commented [LM54]: C08.05, ARTHDIS2

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

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

C08.06 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?

Commented [LM55]: C08.06, JOINPA12

(137-138)

-- ENTER NUMBER [RANGE: 00-10]

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

Section 9: Demographics

C09.01 What is your age? (139-140)

Commented [LM56]: CDEM.01,

-- ENTER AGE IN YEARS [RANGE: 18-99]

- 07 DON'T KNOW / NOT SURE
- 09 REFUSED

C09.02 Are you Hispanic, Latino/a, or Spanish origin? (141-144)

Commented [LM57]: CDEM.02, HISPANC3

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



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 UT9.2c]**
- 5 NO
- 7 DON'T KNOW / NOT SURE **[GO TO C09.03]**
- 9 REFUSED **[GO TO C09.03]**

[CATI NOTE: ASK UT9.2c ON BOTH QUESTIONNAIRE PATHS.]

UT9.2c You identified yourself as being of 'Another Hispanic, Latino/a, or Spanish origin.' Are you:

(921-924)

NOTE: One or more categories may be selected.

PLEASE READ:

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

C09.03 Which one or more of the following would you say is your race?

Commented [LM58]: CDEM.03, MRACE1

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

(145-172)

If Asian, ask: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.

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 UT9.3c]

- 60 OTHER (SPECIFY)

- 77 DON'T KNOW / NOT SURE [GO TO M27.01]
- 99 REFUSED [GO TO M27.01]

[CATI NOTE: ASK UT9.3c ON BOTH QUESTIONNAIRE PATHS.]

UT9.3c You identified yourself as being 'Other Pacific Islander.' Are you: (925)

PLEASE READ:

- 1 Tongan
- 2 Another Pacific Islander

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

[CATI NOTE: IF MORE THAN ONE RESPONSE TO C09.03, CONTINUE. OTHERWISE, GO TO MODULE 27, SEX AT BIRTH.]

C09.04 Which one of these groups would you say best represents your race? (173-174)

Commented [MH59]: CDEM.04, ORACE3

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

- 60 OTHER (SPECIFY)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[GO TO UT9.4c]

[CATI NOTE: ASK UT9.4c ON BOTH QUESTIONNAIRE PATHS.]

UT9.4c You identified yourself as being 'Other Pacific Islander.' Are you: (926)

PLEASE READ:

- 1 Tongan
- 2 Another Pacific Islander

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

Module 27: Sex at Birth

[CATI NOTE: ASK MODULE 27, SEX AT BIRTH, ON BOTH QUESTIONNAIRE PATHS.]

M27.01 What was your sex at birth? Was it male or female? (648)

NOTE: This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.

- 1 MALE
- 2 FEMALE

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

Commented [LM60]: MSAB.01, BIRTHSEX

Module 28: Sexual Orientation and Gender Identity

[CATI NOTE: ASK MODULE 28, SEXUAL ORIENTATION AND GENDER IDENTITY, ON BOTH QUESTIONNAIRE PATHS.]

The next two questions are about sexual orientation and gender identity.



[CATI NOTE: ASK M28.01a IF SEX = 1 (MALE).]

M28.01a Which of the following best represents how you think of yourself: 1, Gay; 2, Straight, that is not gay; 3, Bisexual; or 4, Something else?

(649)

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

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

NOTE: If the respondent does not understand the question topic, code 7.

- 1 GAY
- 2 STRAIGHT, THAT IS, NOT GAY
- 3 BISEXUAL
- 4 SOMETHING ELSE

- 7 I DON'T KNOW THE ANSWER
- 9 REFUSED

Commented [LM61]: MSOGL01a, SOMALE

[CATI NOTE: ASK M28.01b IF SEX = 2 (FEMALE).]

M28.01b Which of the following best represents how you think of yourself: 1, Lesbian or gay; 2, Straight, that is not gay; 3, Bisexual; or 4, Something else?

(650)

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

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

NOTE: If the respondent does not understand the question topic, code 7.

- 1 LESBIAN OR GAY
- 2 STRAIGHT, THAT IS, NOT GAY
- 3 BISEXUAL
- 4 SOMETHING ELSE

- 7 I DON'T KNOW THE ANSWER
- 9 REFUSED

Commented [LM62]: MSOGL01b, SOFEMALE

M28.02 Do you consider yourself to be transgender?

(651)

READ IF NECESSARY: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it

Commented [LM63]: MSOGL02, TRNSGNDR



matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation, straight, gay, lesbian, or bisexual.

If 'Yes,' ask: Would you say transgender: 1, male-to-female; 2, female-to-male; or 3, gender nonconforming?

NOTE: If asked about the definition of gender nonconforming: some people think of themselves as gender nonconforming when they do not identify ONLY as a man or ONLY as a woman.

NOTE: Respondent can answer with either the number or the text/word.

- 1 (YES, TRANSGENDER,) MALE-TO-FEMALE
- 2 (YES, TRANSGENDER,) FEMALE-TO-MALE
- 3 (YES, TRANSGENDER,) GENDER NONCONFORMING
- 4 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 9: Demographics CONTINUED

C09.05 Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

(175)

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

Commented [MH64]: CDEM.05, MARITAL

C09.06 What is the highest grade or year of school you completed?

(176)

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

Commented [MH65]: CDEM.06, EDUCA



[CATI NOTE: ASK RELIGIOUS IDENTITY QUESTION ON BOTH QUESTIONNAIRE PATHS.]

RELIGID Do you consider yourself to be...? Select only one. (927-928)

NOTE: If respondent says 'Other,' ask: 'What religion are you?' then choose from the options below, if listed.

PLEASE READ OPTIONS 1-6 ONLY:

- 01 Protestant
02 Catholic
03 Jewish
04 LDS (Latter Day Saints)
05 Some other religion I have not mentioned
06 No Religion
77 DON'T KNOW / NOT SURE
99 REFUSED
10 AGNOSTIC, ATHEIST
11 BAPTIST, SOUTHERN BAPTIST
12 BUDDHIST, HINDU, MUSLIM, ISLAM
13 CHRISTIAN, BORN AGAIN, CHURCH OF CHRIST, PENTACOSTAL
14 EPISCOPALIAN, LUTHERAN, METHODIST, PRESBYTERIAN
15 GREEK ORTHODOX, EASTERN ORTHODOX
16 JEHOVAH'S WITNESS
17 NATIVE AMERICAN RELIGION
18 NON-DENOMINATIONAL
19 UNITARIAN

C09.07 Do you own or rent your home? (177)

Commented [MH66]: CDEM.07, RENTHOM1

NOTE: 'Other arrangement' may include group home, or 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 [GO TO SCNTMNY1]
2 Rent [GO TO SCNTMNY1]
3 Other arrangement
7 DON'T KNOW / NOT SURE
9 REFUSED

[CATI NOTE: ASK SOCIAL DETERMINANTS OF HEALTH HOUSING INSECURITY QUESTION ON BOTH QUESTIONNAIRE PATHS. ASK ONLY IF C09.07 = 1 OR 2.]



SCNTMNY1 How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage? Would you say . . . (929)

PLEASE READ:

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

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

C09.08 In what county do you currently live? (178-180)

- — — ANSI COUNTY CODE
- 888 COUNTY IN ANOTHER STATE
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

Commented [MH67]: CDEM.08, CTYCODE2

C09.09 What is the ZIP Code where you currently live? (181-185)

- — — — — ENTER 5-DIGIT ZIP CODE
- 77777 DON'T KNOW / NOT SURE
- 99999 REFUSED

Commented [MH68]: CDEM.09, ZIPCODE1

[CATI NOTE: IF CELL PHONE INTERVIEW, SKIP C09.10 AND GO TO C09.12.]

C09.10 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? (186)

- 1 YES
- 2 NO **[GO TO C09.12]**

- 7 DON'T KNOW / NOT SURE **[GO TO C09.12]**
- 9 REFUSED **[GO TO C09.12]**

Commented [MH69]: CEM.10, NUMHHOL3

C09.11 How many of these telephone numbers are residential numbers? (187)

- 1 ONE
- 2 TWO
- 3 THREE
- 4 FOUR
- 5 FIVE

Commented [MH70]: CDEM.11, NUMPHON3



- 6 SIX OR MORE
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

C09.12 How many cell phones do you have for personal use?

(188)

Commented [MH71]: CDEM.12, CPDEMO1B

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

[CATI NOTE: ASK INTERNET ACCESS QUESTION ON BOTH QUESTIONNAIRE PATHS.]

STINT1 What type of Internet access do you or members of your household have at home?

(930)

NOTE: Response option 1 refers to access through a smartphone, personal hotspot device, LTE WiFi gateway, or other device which uses cellular data. Response option 2 refers to access through a broadband, cable, fiber optic, DSL, satellite, or dial-up connection.

READ IF NECESSARY: Internet access can impact health because individuals without reliable access to the internet may have more difficulty accessing resources such as health information, and scheduling or attending virtual doctor's appointments.

PLEASE READ:

- 1 Access through a cell phone company or mobile data plan
- 2 Access through an Internet Service Provider
- 3 Access through both a cell phone company and an Internet Service Provider
- 4 I have access but am not sure whether it is through cell phone service or an Internet Service Provider
- 8 NO ACCESS TO INTERNET AT HOME
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

C09.13 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?

Commented [MH72]: CDEM.13, VETERAN3



(189)

READ IF NECESSARY: 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

C09.14 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? (190)

Commented [MH73]: CDEM.14, EMPLOY1

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

[CATI NOTE: ASK SOCIAL DETERMINANTS OF HEALTH EMPLOYMENT BENEFITS QUESTION ON BOTH QUESTIONNAIRE PATHS. ASK ONLY IF C09.14 = 1.]

STEMPBEN Which of the following benefits are you eligible for from your employer? Include all benefits you are eligible for, even if you are not currently using them. Select all that apply.

(931-946)

PLEASE READ:

- 01 Health insurance
- 02 Paid sick leave
- 03 Paid maternity or paternity leave
- 04 Flexible work hours
- 05 Teleworking or working from home
- 06 Workers Compensation
- 07 On-site childcare
- 08 Wellness programs (addressing tobacco cessation, weight loss, stress management)
- 88 NONE



77 DON'T KNOW / NOT SURE
 99 REFUSED

C09.15 How many children less than 18 years of age live in your household? (191-192)

Commented [MH74]: CDEM.15, CHILDREN

-- NUMBER OF CHILDREN

88 NONE
 99 REFUSED

C09.16 Is your annual household income from all sources: (193-194)

Commented [MH75]: CDEM.16, new and no variable name is listed

NOTE: If respondent refuses at any income level, code '99' (refused).

- 5 Less than \$35,000 If 'No,' ask 6; if 'Yes,' ask 4.
(\$25,000 to less than \$35,000)
- 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; if 'Yes,' ask UTIncome=01.
- 6 Less than \$50,000 If 'No,' ask 7.
(\$35,000 to less than \$50,000)
- 7 Less than \$75,000 If 'No,' ask 8.
(\$50,000 to less than \$75,000)
- 8 Less than \$100,000 If 'No,' ask 9.
(\$75,000 to less than \$100,000)
- 9 Less than \$150,000 If 'No,' ask 10.
(\$100,000 to less than \$150,000)
- 10 Less than \$200,000 If 'No,' ask 11.
(\$150,000 to less than \$200,000)
- 11 \$200,000 or more

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



[CATI NOTE: THESE RESPONSE CATEGORIES ARE INCORPORATED INTO C09.16. WE NEED TO BE ABLE TO REPORT THE C09.16 CATEGORIES TO THE CDC, BUT WE WANT TO LOOK AT THESE FINER CATEGORIES AT THE STATE LEVEL.]

UTIncome		(947-948)
01	LESS THAN \$5,000	
02	\$5,000 TO LESS THAN \$10,000	
03	\$10,000 TO LESS THAN \$15,000	
04	\$15,000 TO LESS THAN \$20,000	
05	\$20,000 TO LESS THAN \$25,000	
06	\$25,000 TO LESS THAN \$30,000	
07	\$30,000 TO LESS THAN \$35,000	
08	\$35,000 TO LESS THAN \$40,000	
09	\$40,000 TO LESS THAN \$45,000	
10	\$45,000 TO LESS THAN \$50,000	
11	\$50,000 TO LESS THAN \$55,000	
12	\$55,000 TO LESS THAN \$60,000	
13	\$60,000 TO LESS THAN \$65,000	
14	\$65,000 TO LESS THAN \$70,000	
15	\$70,000 TO LESS THAN \$75,000	
16	\$75,000 TO LESS THAN \$100,000	
17	\$100,000 TO LESS THAN \$150,000	
18	\$150,000 TO LESS THAN \$200,000	
19	\$200,000 OR MORE	

[CATI/INTERVIEWER NOTE: SKIP IF MALE (MSAB.01, BIRTHSEX, IS CODED '1'; IF MSAB.02=MISSING AND CP.05 = 1; OR LL.12 = 1; OR LL.09 =1; LL.07 = 1; OR C09.01 < 1972 (>49 YEARS OLD).]

C09.17	To your knowledge, are you now pregnant?	(195)
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

Commented [MH76]: CDEM17, PREGNANT

C09.18	About how much do you weigh without shoes?	(196-199)
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	

C09.19 About how tall are you without shoes?



(200-203)

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

__ / __ ENTER HEIGHT IN FEET/INCHES OR METERS/CENTIMETERS

77 / 77 DON'T KNOW / NOT SURE

99 / 99 REFUSED

Section 10: Disability

C10.01 Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? (204)

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

Commented [LM77]: CDIS.01, DEAF

C10.02 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (205)

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

Commented [LM78]: CDIS.02, BLIND

C10.03 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (206)

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

Commented [LM79]: CDIS.03, DECIDE

C10.04 Do you have serious difficulty walking or climbing stairs? (207)

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

Commented [LM80]: CDIS.04, DIFFWALK

C10.05 Do you have difficulty dressing or bathing?

Commented [LM81]: CDIS.05, DIFFDRES



(208)

- 1 YES
- 2 NO

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

C10.06 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (209)

- 1 YES
- 2 NO

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

Commented [LM82]: CDIS.06, DIFFALON

Section 11: Tobacco Use

C11.01 Have you smoked at least 100 cigarettes in your entire life? (210)

NOTE: Do not include electronic cigarettes (e-cigarettes, NJOY, Bluetip, JUUL), 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 C11.03]

- 7 DON'T KNOW / NOT SURE [GO TO C11.03]
- 9 REFUSED [GO TO C11.03]

Commented [LM83]: CTOB.01, SMOKE100

C11.02 Do you now smoke cigarettes every day, some days, or not at all? (211)

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL

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

Commented [LM84]: CTOB.02, SMOKDAY2

C11.03 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (212)

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

Commented [LM85]: CTOB.03, USENOW3



- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL

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

ECIGUSE Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

(1367)

NOTE: This question concerns electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in the question. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

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

- 1 YES
- 2 NO

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

[GO TO NEXT SECTION]

C11.04 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

(213)

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. Brands you may have heard of are JUUL, NJOY, or blu.

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.

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
- 4 NEVER USED E-CIGARETTES

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

Commented [LM86]: CTOB.04, ECIGNOW

Module 22: Tobacco Cessation

[CATI NOTE: ASK MODULE 22 ON BOTH QUESTIONNAIRE PATHS.]



[CATI NOTE: ASK M22.01 ONLY IF C11.01=1 (YES) AND C11.02=3 (NOT AT ALL).]

M22.01 How long has it been since you last smoked a cigarette, even one or two puffs?
(398-399)

Commented [MH87]: M22.01, LASTSMK2

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

[CATI NOTE: ASK M22.02 ONLY IF C11.01 = 1 (YES) AND C11.02=1 (EVERY DAY) OR 2 (SOME DAYS).]

M22.02 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
(400)

Commented [MH88]: M22.02, STOPSMK2

- 1 YES [GO TO QUIT30]
- 2 NO [GO TO NEXT SECTION]
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

[CATI NOTE: ASK QUIT30 ON BOTH QUESTIONNAIRE PATHS. ASK QUIT30 ONLY IF M22.02 = 1 (YES).]

QUIT30 During the past 30 days, have you stopped smoking for one day or longer because you were trying to quit smoking?
(949)

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

Section 12: Alcohol Consumption

C12.01 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?
(214-216)

Commented [LM89]: CALC.01, ALCDAY5



READ IF NECESSARY: A 40-ounce beer would count as three drinks, or a cocktail drink with two shots would count as two drinks.

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]

C12.02 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?

(217-218)

READ IF NECESSARY: A 40-ounce beer would count as three drinks, or a cocktail drink with two shots would count as two drinks.

__ NUMBER OF DRINKS [NOTE: 76 = 76 OR MORE.]

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

Commented [LM90]: CALC.02, AVEDRNK3

C12.03 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?

(219-220)

__ NUMBER OF TIMES

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

Commented [LM91]: CALC.03, DRNK3GE5

C12.04 During the past 30 days, what is the largest number of drinks you had on any occasion?

(221-222)

__ NUMBER OF DRINKS [NOTE: 76 = 76 OR MORE.]

77 DON'T KNOW / NOT SURE
99 REFUSED

Commented [LM92]: CALC.04, MAXDRNKS

[CATI NOTE: ASK BAC05 ON BOTH QUESTIONNAIRE PATHS. ASK BAC05 IF C12.01 NE 777, 888, OR 999.]

BAC05 Since the Utah legal maximum blood alcohol concentration limit for driving was changed to .05 on December 31, 2018, which statement best describes your behavior when drinking alcohol at places other than your home:

PLEASE READ:

- 1 I reduced the amount of alcohol I consume because of the law
- 2 I continued drinking the same amount of alcohol as before the law
- 3 I increased the amount of alcohol I consume because of the law
- 4 I didn't know the law changed
- 5 I don't drink alcohol outside of my home

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

Section 13: Immunization

C13.01 During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? (223)

Commented [LM93]: CIMM.01, FLUSHOT7

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 C13.04]**

- 7 DON'T KNOW / NOT SURE **[GO TO C13.04]**
- 9 REFUSED **[GO TO C13.04]**

C13.02 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? (224-229)

Commented [LM94]: CIMM.02, FLSHTMY3

__ / ____ ENTER MONTH / YEAR

77 / 7777 DON'T KNOW / NOT SURE

99 / 9999 REFUSED

C13.03 At what kind of place did you get your last flu vaccine? (230-231)

Commented [LM95]: CIMM.03, IMFVPLAC

READ IF NECESSARY: How would you describe the place where you went to get your most recent flu vaccine? If SR says it was a drive-through immunization site, ask location of the site. If SR remembers only it was drive-through and not the location, code '12.'

- 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
- 12 A drive-through location at some other place not listed above

- 10 RECEIVED VACCINATION IN CANADA/MEXICO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C13.04 Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (232)

Commented [LM96]: CIMM.04, PNEUVAC4

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

Vaccine Hesitancy (Adult Only)

[CATI NOTE: ASK VACCINE HESITANCY (ADULT ONLY) QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

AVH01 Are you up-to-date with all recommended vaccinations, excluding the yearly flu shot and any vaccinations for COVID-19? (951)

Commented [LM97]: When COVID vaccine is available to the public, will add "and any vaccinations for COVID-19" to question wording.

- 1 YES **[GO TO NEXT SECTION]**
- 2 NO **[GO TO NEXT SECTION]**

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

Commented [LM98R97]: Jessica Payne OK'd the addition of the COVID wording 1/4/21.

AVH02 I am going to read you a list of reasons why people don't receive a recommended vaccine. When I am done, please tell me if any of the situations describe the main reason you have not received a recommended vaccine. (952-953)

PLEASE READ:

- 01 I don't believe vaccines are safe or effective
- 02 I don't believe I am at risk of contracting the disease
- 03 I believe it is better to get the disease rather than the vaccine
- 04 I am opposed to vaccination for philosophical or religious reasons
- 05 My health care provider has never discussed with me the reasons to get vaccinated
- 06 It is difficult for me to find the time or money to get vaccinations



- 07 I have previously had the disease and do not need the vaccine
- 08 OTHER (SPECIFY): (954-993)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 14: HIV/AIDS

C14.01 Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for HIV? (233)

Commented [LM99]: CHIV.01, HIVTST7

NOTE: 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.

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

C14.02 Not including blood donations, in what month and year was your last HIV test? (234-239)

Commented [LM100]: CHIV.02, HIVTSTD3

NOTE: If response is before January 1985, code '777777' or 'DON'T KNOW / NOT SURE'

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: 772010.

- / --- ENTER MONTH AND YEAR
(FOR EXAMPLE: JUNE OF 2020 = 062020)
- 777777 DON'T KNOW / NOT SURE
- 999999 REFUSED

Section 15: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

NOTE: If a respondent indicates that they consume a food item every day, then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. DO NOT ENTER TIME PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.



C15.01 Not including juices, how often did you eat fruit? You can tell me times per day, times per week, or times per month.

(240-242)

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

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': Include fresh, frozen or canned fruit. Do not include dried fruits.

1__ DAY
2__ WEEK
3__ MONTH

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON'T KNOW / NOT SURE
999 REFUSED

Commented [LM101]: CFV.01, FRUIT2

C15.02 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

(243-245)

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

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: Do not include fruit-flavored drinks with added sugar like Cranberry Cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends.

1__ DAY
2__ WEEK
3__ MONTH

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON'T KNOW / NOT SURE
999 REFUSED

Commented [LM102]: CFV.02, FRUITJU2

C15.03 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

(246-248)

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

READ IF RESPONDENT ASKS ABOUT SPINACH: Include spinach salads.

1__ DAY
2__ WEEK
3__ MONTH

Commented [LM103]: CFV.03, FVGREEN1



300 LESS THAN ONCE A MONTH
555 NEVER
777 DON'T KNOW / NOT SURE
999 REFUSED

C15.04 How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

(249-251)

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

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: Do not include potato chips.

1__ DAY
2__ WEEK
3__ MONTH

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON'T KNOW / NOT SURE
999 REFUSED

Commented [LM104]: CFV.04, FRENCHF1

C15.05 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

(252-254)

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

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes. Do not include potato chips.

1__ DAY
2__ WEEK
3__ MONTH

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON'T KNOW / NOT SURE
999 REFUSED

Commented [LM105]: CFV.05, POTATOE1

C15.06 Not including lettuce salads and potatoes, how often did you eat other vegetables?

(255-257)

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

Commented [LM106]: CFV.06, VEGETAB2



READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.

- 1__ DAY
- 2__ WEEK
- 3__ MONTH

- 300 LESS THAN ONCE A MONTH
- 555 NEVER
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[CATI NOTE: ASK FAMDIN1 ON QUESTIONNAIRES 11/21. ASK IF C09.15 NE 88 OR 99.]

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

(994-996)

NOTE: This question is asked only if there are children under age 18 in the household.

- 1__ DAY
- 2__ WEEK
- 3__ MONTH

- 300 LESS THAN ONCE A MONTH
- 555 NEVER
- 777 DON'T KNOW
- 999 REFUSED



Optional Modules

Module 13: Cancer Survivors, Type of Cancer

[CATI NOTE: ASK MODULE 13, CANCER SURVIVORS, TYPE OF CANCER, ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C07.06 = 1 OR C07.07 = 1 OR ~~C16.06~~ = 4, CONTINUE, ELSE GO TO MODULE 21, MARIJUANA USE.]

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

- M13.01** How many different types of cancer have you had? (342)
- 1 ONE
 - 2 TWO
 - 3 THREE OR MORE
 - 7 DON'T KNOW / NOT SURE **[GO TO NEXT MODULE]**
 - 9 REFUSED **[GO TO NEXT MODULE]**

Commented [LM107]: MTOC.01, CNCRDIFF

- M13.02** **IF CSRVNUM = 1:** At what age were you told that you had cancer?
IF CSRVNUM = 2, 3: At what age were you first diagnosed with cancer? (343-344)
- READ IF NECESSARY:** This question refers to the first time they were told about their first cancer.
- AGE IN YEARS **[NOTE: 97 = 97 AND OLDER.]**
- 98 DON'T KNOW / NOT SURE
 - 99 REFUSED

Commented [LM108]: MTOC.02, CNCRAGE

- M13.03** **IF CSRVNUM = 1:** What type of cancer was it?
IF CSRVNUM = 2, 3: With your most recent diagnoses of cancer, what type of cancer was it? (345-346)
- NOTE:** Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-29].

Commented [LM109]: MTOC.03, CNCRTP1

NOTE: Record only 1 cancer type, this question is referring to the respondent's most recent cancer diagnosis.

Breast:
01 Breast cancer

Female Reproductive (gynecologic):



- 02 Cervical cancer (cancer of the cervix)
- 03 Endometrial cancer (cancer of the uterus)
- 04 Ovarian cancer (cancer of the ovary)

Head/Neck:

- 05 Head and neck cancer
- 06 Oral cancer
- 07 Pharyngeal (throat) cancer
- 08 Thyroid
- 09 Larynx

Gastrointestinal:

- 10 Colon (intestine) cancer
- 11 Esophageal (esophagus)
- 12 Liver cancer
- 13 Pancreatic (pancreas) cancer
- 14 Rectal (rectum) cancer
- 15 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow):

- 16 Hodgkin's Lymphoma (Hodgkin's disease)
- 17 Leukemia (blood) cancer
- 18 Non-Hodgkin's Lymphoma

Male Reproductive:

- 19 Prostate cancer
- 20 Testicular cancer

Skin:

- 21 Melanoma
- 22 Other skin cancer

Thoracic:

- 23 Heart
- 24 Lung

Urinary:

- 25 Bladder cancer
- 26 Renal (kidney) cancer

Others:

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other

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



Module 14: Cancer Survivors, Course of Treatment

[CATI NOTE: ASK MODULE 14, CANCER SURVIVORS, COURSE OF TREATMENT, ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C07.06 = 1 OR C07.07 = 1 OR ~~C16.06 = 4~~, CONTINUE, ELSE GO TO MODULE 21, MARIJUANA USE.]

M14.01 Are you currently receiving treatment for cancer? (347)

Commented [LM110]: MCOT.01, CSRVRT3

READ IF NECESSARY: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

PLEASE READ:

- | | | |
|---|---------------------------------|---------------------|
| 1 | Yes | [GO TO NEXT MODULE] |
| 2 | No, I've completed treatment | |
| 3 | No, I've refused treatment | [GO TO NEXT MODULE] |
| 4 | No, I haven't started treatment | [GO TO NEXT MODULE] |
| 5 | Treatment was not necessary | [GO TO NEXT MODULE] |
| | | |
| 7 | DON'T KNOW / NOT SURE | [GO TO NEXT MODULE] |
| 9 | REFUSED | [GO TO NEXT MODULE] |

M14.02 What type of doctor provides the majority of your health care? Is it a... (348-349)

Commented [LM111]: MCOT.02, CSRVDOC1

NOTE: If respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (e.g., annual exams and/or physicals, treatment of colds, etc.).

READ IF NECESSARY: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.

PLEASE READ:

- | | |
|----|---|
| 01 | Cancer surgeon |
| 02 | Family practitioner |
| 03 | General surgeon |
| 04 | Gynecologic oncologist |
| 05 | General practitioner, internist |
| 06 | Plastic surgeon, reconstructive surgeon |
| 07 | Medical oncologist |
| 08 | Radiation oncologist |
| 09 | Urologist |
| 10 | Other |
| | |
| 77 | DON'T KNOW / NOT SURE |
| 99 | REFUSED |



M14.03 Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

(350)

READ IF NECESSARY: By 'other healthcare professional,' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

- 1 YES
- 2 NO

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

Commented [LM112]: MCOT.03, CSRVSUM

M14.04 Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

(351)

- 1 YES, RECEIVED INSTRUCTIONS
- 2 NO, DID NOT RECEIVE INSTRUCTIONS [GO TO M14.06]

- 7 DON'T KNOW / NOT SURE [GO TO M14.06]
- 9 REFUSED [GO TO M14.06]

Commented [LM113]: MCOT.04, CSRVTRN

M14.05 Were these instructions written down or printed on paper for you?

(352)

- 1 YES
- 2 NO

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

Commented [LM114]: MCOT.05, CSRVINST

M14.06 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

(353)

NOTE: 'Health insurance' also includes Medicare, Medicaid, or other types of state health programs.

- 1 YES
- 2 NO

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

Commented [LM115]: MCOT.06, CRVINSR

M14.07 Were you ever denied health insurance or life insurance coverage because of your cancer?

(354)

Commented [LM116]: MCOT.07, CSRVRDEIN



NOTE: 'Health insurance' also includes Medicare, Medicaid, or other types of state health programs.

- 1 YES
- 2 NO

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

M14.08 Did you participate in a clinical trial as part of your cancer treatment? (355)

- 1 YES
- 2 NO

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

Commented [LM117]: MCOT.08, CSVRCLIN

Module 15: Cancer Survivors, Pain Management

[CATI NOTE: ASK MODULE 15, CANCER SURVIVORS, PAIN MANAGEMENT, ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C07.06 = 1 OR C7.07 = 1 OR C16.06 = 4, CONTINUE, ELSE GO TO MODULE 21, MARIJUANA USE.]

M15.01 Do you currently have physical pain caused by your cancer or cancer treatment? (356)

- 1 YES
- 2 NO **[GO TO NEXT MODULE]**

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

Commented [LM118]: MCPM.01, CSRVPAIN

M15.02 Would you say your pain is currently under control? (357)

PLEASE READ:

- 1 Yes, with medication (or treatment)
- 2 Yes, without medication (or treatment)
- 3 Not under control, with medication (or treatment)
- 4 Not under control, without medication (or treatment)

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

Commented [LM119]: MCPM.02, CSRVCTL2



Module 21: Marijuana Use

[CATI NOTE: ASK MODULE 21, MARIJUANA USE, ON BOTH QUESTIONNAIRE PATHS.]

M21.01 During the past 30 days, on how many days did you use marijuana or cannabis?
(394-395)

Commented [LM120]: MMJU.01, MARIJANI

NOTE: If asked, participants should be advised NOT to include hemp-based CBD products.

-- NUMBER OF DAYS **[RANGE: 1 -30]**

- 88 NONE [GO TO STMM3A]
- 77 DON'T KNOW / NOT SURE [GO TO STMM3A]
- 99 REFUSED [GO TO STMM3A]

M21.02 During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually smoke it, eat it, drink it, vaporize it, dab it, or use it some other way?
(396)

Commented [LM121]: MMJU.02, USEMRJN2

NOTE: Select one. If the respondent provides more than one, say: 'Which way did you use it most often?'

READ PARENTHETICALS ONLY IF ASKED FOR MORE DETAIL:

- 1 Smoke it (IN A JOINT, BONG, PIPE, OR BLUNT)
- 2 Eat it (IN BROWNIES, CAKES, COOKIES, OR CANDY)
- 3 Drink it (IN TEA, COLA, OR ALCOHOL)
- 4 Vaporize it (IN AN E-CIGARETTE-LIKE VAPORIZER OR ANOTHER VAPORIZING DEVICE)
- 5 Dab it (USING A DABBING RIG, KNIFE, OR DAB PEN)
- 6 Use it in some other way
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

M21.03 When you used marijuana during the past 30 days, was it usually...
(397)

Commented [LM122]: MMJU.03, RSNMRJN1

PLEASE READ:

- 1 For medical reasons
- 2 For non-medical purposes [GO TO STMM3A]
- 3 For both medical and non-medical reasons [GO TO STMM4A]
- 7 DON'T KNOW / NOT SURE [GO TO STMM3A]
- 9 REFUSED [GO TO STMM3A]



Utah Marijuana Use

[CATI NOTE: ASK UTAH MARIJUANA USE QUESTIONS ON QUESTIONNAIRE PATHS 12/22.]

[CATI NOTE: IF M21.01=88, 77, OR 99, GO TO STMM3A.]

STMM4A During the past 12 months, what are the main health conditions for which you took marijuana? Select up to four conditions.

(997-1004)

NOTE: Marijuana or cannabis does not include 100% CBD products.

PLEASE READ:

- 01 Pain
- 02 Sleep problems
- 03 Cancer
- 04 Nausea
- 05 Glaucoma
- 06 Epilepsy or seizures
- 07 Anxiety
- 08 Depression
- 09 Inflammatory bowel disease
- 10 PTSD
- 11 Muscle spasm
- 12 Multiple Sclerosis
- 13 Appetite loss
- 14 Parkinson's Disease
- 15 Other

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

STMM6 Have you decreased your use of any of the following medications as a result of using marijuana? Select all that apply.

(1005-1009)

PLEASE READ:

- 1 Opioid pain medications
- 2 Muscle spasm medications
- 3 Anxiety medications
- 4 Seizure medications
- 5 Other medications

- 8 NONE OF THESE MEDICATIONS
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

STMM3A In the past 12 months, where did you get information about marijuana? Select all that apply.

NOTE: Marijuana or cannabis does not include 100% CBD products.

PLEASE READ:

- 01 Doctor, nurse, or other healthcare professional
- 02 Friend or family member
- 03 Radio or TV
- 04 Utah State Cannabis Program
- 05 Religious leader
- 06 Newspaper or other publication
- 07 Scholarly article or research article
- 08 Some other source

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

Module 25: Random Child Selection

[CATI NOTE: ASK MODULE 25, RANDOM CHILD SELECTION, ON BOTH QUESTIONNAIRE PATHS. IF C09.15 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]

[CATI NOTE: IF C09.15 = 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 M25.01.]

[CATI NOTE: IF C09.15 IS >1 AND C09.15 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.**

M25.01 What is the birth month and year of the 'Xth' child?

(604-609)

___/____ ENTER MONTH AND YEAR
(FOR EXAMPLE: AUGUST OF 2004 = 082004)

777777 DON'T KNOW / NOT SURE

Commented [LM123]: M25.01, RCSBIRTH



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).]

M25.02 Is the child a boy or a girl? (610)
1 BOY
2 GIRL
9 REFUSED

Commented [LM124]: M25.02, RCSGENDR

M25.03 Is the child Hispanic, Latino/a, or Spanish origin? (611-614)
If 'Yes,' ask: Are they...

Commented [LM125]: M25.03, RCHISLA1

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 UT25.3c]
5 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

[CATI NOTE: ASK UT25.3c ON BOTH QUESTIONNAIRE PATHS.]

UT25.3c You identified your child as being of 'Another Hispanic, Latino/a, or Spanish origin.' Is the child: (1026-1029)

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

M25.04 Which one or more of the following would you say is the race of the child?

Commented [LM126]: M25.04, RCSRACE1

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

(615-642)

If 'Asian,' ask: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.

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
- 24 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 UT25.4c]**
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: ASK UT25.4c ON BOTH QUESTIONNAIRE PATHS.]

UT25.4c You identified your child as being 'Other Pacific Islander.' Is the child:

(1030)

PLEASE READ:

- 1 Tongan
- 2 Another Pacific Islander



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

M25.05 Which one of these groups would you say best represents the child's race? (643-644)

Commented [LM127]: M25.05, RCSBRAC2

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

- 10 WHITE
- 20 BLACK OR AFRICAN AMERICAN
- 24 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 UT25.5c]**
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: ASK UT25.5c ON BOTH QUESTIONNAIRE PATHS.]

UT25.5c You identified your child as being 'Other Pacific Islander.' Is the child: (1031)

PLEASE READ:

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

M25.06 How are you related to the child? Would you say... (645)

Commented [LM128]: M25.06, RCSRLTN2

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 26: Childhood Asthma Prevalence

[CATI NOTE: ASK MODULE 26, CHILDHOOD ASTHMA PREVALENCE, ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF RESPONSE TO C09.15 = 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.

- M26.01** Has a doctor, nurse, or other health professional EVER said that the child has asthma? (646)
- 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]**

Commented [LM129]: M26.01, RCSRLTN2

- M26.02** Does the child still have asthma? (647)
- 1 YES
 - 2 NO

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

Commented [LM130]: M26.02, CASTHNO2



State-Added Questions

Vaccine Hesitancy (Child Only)

[CATI NOTE: ASK VACCINE HESITANCY (CHILD ONLY) QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C09.15 = 88 OR 99, GO TO NEXT SECTION.]

CVH01 Is your child [Are your children] up-to-date with all recommended vaccinations, excluding the yearly flu shot? (1039)

NOTE: There is currently one vaccine approved for individuals ages 16 and over. For more information about COVID-19 vaccinations, please go to coronavirus.utah.gov.

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

Commented [LM131]: When COVID vaccine is available to the public, will add "and any vaccinations for COVID-19" to wording.

CVH02 I am going to read you a list of reasons why children don't receive a recommended vaccine. When I am done, please tell me if any of the situations describe the main reason your child has not received a recommended vaccine. (1040-1041)

- 01 I don't believe vaccines are safe or effective
- 02 I don't believe my child is at risk of contracting the disease
- 03 I believe it is better to get the disease rather than the vaccine
- 04 I am opposed to vaccination for philosophical or religious reasons
- 05 My health care provider has never discussed with me the reasons to vaccinate my child
- 06 It is difficult for me to find the time or money to get vaccinations
- 07 My child has previously had the disease and does not need the vaccine
- 08 OTHER (SPECIFY): (1042-1081)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Child Autism

[CATI NOTE: ASK CHILD AUTISM QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C09.15 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 C09.15 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD OR REFUSED), GO TO NEXT SECTION.]

[CATI NOTE: PLEASE SUBSTITUTE 'XTH' CHILD'S NUMBER IN ALL QUESTIONS BELOW.]

The next few questions are about your Xth child.

NOTE: 'Xth' 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 Xth child had Autism, Asperger's Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder? (1082)

- 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? (1083)

- 1 MILD
- 2 MODERATE
- 3 SEVERE
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CHDAUT4 In what setting were you first told that your Xth child had Autism or Autism Spectrum Disorder? Was it school, healthcare, or some other setting? (1084)

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): _____ (1085-1109)
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CHDAUT5 What type of doctor or other provider first provided this diagnosis? (1110-1111)

- 01 GENERAL PEDIATRICIAN
- 02 DEVELOPMENTAL PEDIATRICIAN
- 03 CHILD PSYCHIATRIST



- 04 CHILD PSYCHOLOGIST
- 05 SCHOOL ASSESSMENT TEAM
- 06 SPEECH THERAPIST
- 07 NEUROLOGIST
- 08 OTHER (SPECIFY): _____ (1112-1136)
- 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? (1137-1138)
- AGE IN YEARS **[RANGE: 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? (1139)
- 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 Xth child screened for autism risk using a parent-reported autism screening questionnaire, such as the M-CHAT, during a healthcare or other professional visit? (1140)

NOTE: If SR inquires about autism, refer him or her to 1-800-829-8200.

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

Commented [LM132]: Check if this 1-800 is still correct

Commented [MH133R132]: This is still the number for Baby Watch.

Family Planning

[CATI NOTE: ASK FAMILY PLANNING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]



[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE OR IF RESPONDENT IS MALE, GO TO THE NEXT SECTION.]

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

STFP1 The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

(1141)

- 1 YES
- 2 NO [GO TO STFP3]
- 3 NO PARTNER/NOT SEXUALLY ACTIVE [GO TO NEXT SECTION]
- 4 SAME SEX PARTNER [GO TO NEXT SECTION]
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

STFP2 The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

(1142-1143)

NOTE: If respondent reports using more than one method, please code the method that occurs first on the list.

NOTE: If respondent reports using 'condoms,' probe to determine if 'female condoms' or male condoms.

NOTE: If respondent reports using an 'IUD' probe to determine if 'Levonorgestrel IUD' or 'copper-bearing IUD.'

NOTE: If respondent reports 'other method,' ask respondent to 'please be specific' and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY:

- 01 Female sterilization (ex. tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena, Skyla, Liletta, Kylena)
- 05 IUD Copper-bearing (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho, Evra, Xulane)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms



- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

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

[CATI NOTE: GO TO NEXT SECTION AFTER STFP2.]

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

STFP3 What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

(1144-1145)

NOTE: If respondent reports 'other reason,' ask respondent to 'Specify' and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY:

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

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

Access to Family Planning



[CATI NOTE: ASK ACCESS TO FAMILY PLANNING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY (STFP3 = 13), OR IF RESPONDENT IS MALE, GO TO THE NEXT SECTION.]

The next few questions ask about your recent experiences in accessing birth control. Some women use birth control for health reasons not related to pregnancy, regardless of whether they are sexually active.

STAFP1 In the past 12 months, have you ever had a time where you needed birth control but couldn't get it?

(1146)

NOTE: If respondent experienced ANY problems getting birth control in the last 12 months, code as 'Yes.'

- 1 YES
- 2 NO

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

STAFP5 Is the birth control method(s) you are currently using to prevent pregnancy the method(s) you want to be using? Would you say..

(1147)

NOTE: Allow respondent to select the response option that best fits their circumstances.

PLEASE READ:

- 1 Yes, my current method is what I want to use
- 2 No, I'd rather be using a different method
- 3 No, I'm not currently using any method but would like to be doing something to prevent pregnancy
- 4 I'm trying to become pregnant
- 5 I don't want to use anything to prevent pregnancy right now
- 6 I'm not at risk of pregnancy (not sexually active, same sex partner, partner had vasectomy, had tubal ligation, experiences infertility)

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

STAFP3 In the last 12 months, when you saw a doctor (or other health care provider), did you have a conversation about your desire to avoid pregnancy or become pregnant? Please select the answer that best represents your most recent experience.

(1148)



READ IF NECESSARY: Going to the doctor could include visits like an annual check-up or going for a specific health condition not necessarily related to reproductive health.

PLEASE READ:

- 1 Yes, I brought it up with my provider
- 2 Yes, my provider brought it up with me
- 3 No
- 4 I haven't seen a doctor in the last 12 months

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

STAFP4 The last time you got birth control, how did you pay for it? (1149)

READ ONLY IF NECESSARY:

- 1 My insurance covered the entire cost
- 2 My insurance covered most of it, I paid a copay
- 3 I paid for all of it out-of-pocket
- 4 The clinic helped me pay for it
- 5 Someone else (friend, family, partner) helped me pay for it
- 6 I enrolled in a clinical trial in order to get it

- 8 DOESN'T APPLY, MY METHOD DOESN'T REQUIRE ME TO PAY ANYTHING
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Tattooing

[CATI NOTE: ASK TATTOOING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

I'm going to ask you about your experience with tattooing. Please include every tattoo you've ever gotten using a tattoo machine, even if it is faded, covered up, or has been removed.

TAT1 What is the total number of tattooing sessions you have had? (1032-1033)

READ ONLY IF NECESSARY: Tattooing does not include permanent makeup, microblading, or stick and poke tattoos. Large tattoos sometimes require multiple sessions. A person may have a single tattoo that required multiple sessions.

__ NUMBER OF SESSIONS **[RANGE: 01-50]**

- 55 MORE THAN 50 SESSIONS
- 88 NONE **[GO TO NEXT SECTION]**
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED



TAT2 How many of your tattoos are bigger than your palm? (1034-1035)

__ NUMBER OF TATTOOS **[RANGE: 01-50]**

55 MORE THAN 50 TATTOOS
88 NONE
77 DON'T KNOW / NOT SURE
99 REFUSED

TAT3 How old were you when you got your first tattoo? (1036-1038)

___ AGE IN YEARS **[RANGE: 10-100]**

555 YOUNGER THAN 10 YEARS OLD
777 DON'T KNOW / NOT SURE
999 REFUSED

Insurance and Access

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

[CATI NOTE: ALL QUESTION NAMES BEGINNING WITH A 'K' WILL BE ASKED ABOUT THE RANDOMLY SELECTED CHILD. IF C03.01 = 88 (ADULT HAS NO COVERAGE OF ANY TYPE), GO TO UNINS, OTHERWISE, GO TO KCOVTYPE.]

[CATI/INTERVIEWER 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 and work-related activities.

[CATI/INTERVIEWER NOTE: IF C03.01 = 88 (ADULT HAS NO COVERAGE OF ANY TYPE), READ: 'EARLIER, YOU SAID YOU DID NOT HAVE ANY HEALTH CARE COVERAGE.']

UNINS For how many months have you been uninsured? (1170-1171)

00 LESS THAN 4 WEEKS
01-60 ENTER # OF MONTHS
61 MORE THAN 5 YEARS

77 DON'T KNOW / NOT SURE
99 REFUSED



[CATI NOTE: ASKED IF C03.01 = 88 (ADULT HAS NO COVERAGE OF ANY TYPE). DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]

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... (1174-1191)

READ RESPONSES, SELECT ALL THAT APPLY.

- 01 Your [or someone else's] employer does not or no longer offers insurance coverage to you
- 02 You [or someone else in the household] lost a job or changed employers
- 03 You [or someone else in the household] is a temporary employee
- 04 You [or someone else in the household] is self-employed
- 05 The premiums cost too much
- 06 You are healthy and decided it would be safe to go without insurance
- 07 The insurance company refused to cover you
- 08 You lost Medicaid or CHIP eligibility
- 66 Some other reason

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

[CATI NOTE: ASKED OF SRs OF INSURED, UNINSURED, AND UNDETERMINED INSURANCE STATUS IF C09.14 = 3, 4, 5, 6, 7, 8, or 9, GO TO 'EMPLOYED.' IF C09.14 = 1 OR 2, GO TO 'HOURSWKD.']

EMPLOYED Do you do any work for either pay or profit? (1210)

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
- 2 NO **[GO TO KCOVTYPE]**

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

[CATI NOTE: IF C09.14 = 1 OR 2, SHOW 'EARLIER YOU SAID YOU ARE [FILL IN WITH EITHER 'EMPLOYED FOR WAGES' OR 'SELF-EMPLOYED.' IF EMPLOYED = 1, 7, OR 9, ASK 'HOURSWKD.']

HOURSWKD How many hours per week do you USUALLY work at your main job? (1211-1212)



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

-- HOURS **[NOTE: 70 = 70 HOURS OR MORE.]**

77 DON'T KNOW / NOT SURE
99 REFUSED

[CATI NOTE: IF C09.15 = 88 OR 99, GO TO NEXT SECTION.]

[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? (1150-1167)

NOTE: If the respondent says 'through the Federal Health Exchange healthcare.gov,' ask if insurance was privately purchased ('02') or through Medicaid ('04').

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.

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 Utah Children's Health Insurance Program or CHIP
- 06 TRICARE (formerly CHAMPUS), VA, or Military
- 07 Indian Health Service
- 08 Some other source
- 09 No coverage of any type **[GO TO KUNINS]**
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE CHILD IS NOW DETERMINED. 0 = UNDETERMINED, 1 = INSURED, 2 = UNINSURED. 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. 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 NEXT SECTION.]

KHLTHEX Is the child's coverage through the Federal Health Exchange healthcare.gov?



(1169)

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

- KUNINS** For how many months has the child been uninsured? (1172-1173)
- | | |
|-------|-----------------------|
| 00 | LESS THAN 4 WEEKS |
| 01-60 | ENTER # OF MONTHS |
| 61 | MORE THAN 5 YEARS |
| 77 | DON'T KNOW / NOT SURE |
| 99 | REFUSED |

[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 ... (1192-1209)

NOTE: Read responses, select all that apply.

- | | |
|----|--|
| 01 | Your [or someone else's] employer does not or no longer offers insurance coverage to the child |
| 02 | You [or someone else in the household] lost a job or changed employers |
| 03 | You [or someone else in the household] is a temporary employee |
| 04 | You [or someone else in the household] is self-employed |
| 05 | The premiums cost too much |
| 06 | The child is healthy and it was considered safe for [him/her] to go without insurance |
| 07 | The insurance company refused to cover [him/her] |
| 08 | The child lost Medicaid or CHIP eligibility |
| 66 | Some other reason |
| 77 | DON'T KNOW / NOT SURE |
| 99 | REFUSED |

Telehealth/Telemedicine

[CATI NOTE: ASK TELEHEALTH/TELEMEDICINE QUESTION ON BOTH QUESTIONNAIRE PATHS.]



STTELH1 In the past 12 months, have you used telehealth or telemedicine for any of the following medical services? Select all that apply. (1213-1218)

NOTE: Telehealth or telemedicine refers to the remote delivery of health care services and clinical information using internet, wireless, satellite, and telephone media.

NOTE: Classes for prevention and/or self-management could be for conditions such as high blood pressure, prediabetes, diabetes, high cholesterol.

PLEASE READ:

- 1 Routine check-up
- 2 Urgent or acute health question or concern
- 3 Chronic condition management
- 4 Group classes for prevention or self-management of chronic conditions
- 5 Mental health services
- 6 Other services

- 8 HAVEN'T USED TELEHEALTH OR TELEMEDICINE
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

COVID-19

[CATI NOTE: ASK COVID-19 QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

The next several questions are about your experiences with and opinions about COVID-19.

CVDQ03a How serious a health issue do you believe COVID-19 is? Would you say... (1225)

PLEASE READ:

- 1 Extremely serious
- 2 Somewhat serious
- 3 Not at all serious

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

CVDQ03b How concerned are you about becoming very sick from COVID-19? (1226)

PLEASE READ:

- 1 Extremely concerned
- 2 Moderately concerned
- 3 Somewhat concerned
- 4 Not at all concerned



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

CVDQ03c How concerned are you about infecting others with COVID-19? (1227-1228)

PLEASE READ:

- 1 Extremely concerned
- 2 Moderately concerned
- 3 Somewhat concerned
- 4 Not at all concerned

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

CVDQ01 Social distancing is defined as staying at least 6 feet (or 2 meters) away from other people who don't live in your household when you are in public. How often do you stay at least 6 feet (or 2 meters) away from others in public? Would you say... (1219)

PLEASE READ:

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

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

[CATI NOTE: IF C09.14 = 3 (OUT OF WORK FOR ONE YEAR OR MORE) OR 4 (OUT OF WORK FOR LESS THAN ONE YEAR), GO TO CVDQ04.]

CVDQ02 Sometimes practicing social distancing is not possible. Which of the following reasons prevent you from social distancing in your JOB? Would you say... (1220-1224)

NOTE: PLEASE READ 1 THROUGH 5. SELECT ALL THAT APPLY.

- 1 I don't have a job right now
- 2 I cannot work from home or practice social distancing in my kind of job
- 3 I think I could work from home but my employer won't let me
- 4 My employer has not provided a way for me to socially distance at my work
- 5 Other reason

- 8 NONE OF THESE REASONS
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED



CVDQ04 What other reasons prevent you from social distancing in PUBLIC? Would you say... (1229-1244)

NOTE: PLEASE READ 01 THROUGH 08, SELECT ALL THAT APPLY.

- 01 Other people do not stay away from me when I go to public places
- 02 Other people do not wear masks when I go to public places
- 03 I want to do things with people who do not live in my home
- 04 I am feeling lonely and need to get out of my home
- 05 I carpool or use public transportation to get around
- 06 I am not sure what I need to do to practice social distancing
- 07 I have to attend group gatherings
- 08 Other reason

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

CVDQ05 How often do you wear a mask or face covering in public or when social distancing is not possible? Would you say... (1245)

PLEASE READ:

- 1 Always [GO TO CVDQ07]
- 2 Usually [GO TO CVDQ07]
- 3 Sometimes
- 4 Rarely
- 5 Never

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

CVDQ06 What prevents you from wearing a mask or face covering in public or when social distancing is not possible? Would you say... (1246-1263)

NOTE: Please read 01 through 09, select all that apply.

- 01 I feel uncomfortable wearing a mask
- 02 I don't have a mask to wear
- 03 I forget my mask when I go out in public
- 04 I don't believe wearing a mask will slow the spread of COVID-19
- 05 I believe being required to wear a mask takes away my personal freedom
- 06 I feel healthy
- 07 I believe I am immune to COVID-19
- 08 I have been advised not to wear a mask due to a medical condition
- 09 Other reason

- 77 DON'T KNOW / NOT SURE



99 REFUSED

CVDQ07 How likely are you to receive the COVID-19 vaccine as soon as it is approved and made available to the public? Would you say very likely, somewhat likely, not very likely, or very unlikely?

(1264)

- 1 VERY LIKELY [GO TO NEXT SECTION]
- 2 SOMEWHAT LIKELY [GO TO CVDQ08]
- 3 NOT VERY LIKELY [GO TO CVDQ08]
- 4 VERY UNLIKELY [GO TO CVDQ08]

- 8 I HAVE ALREADY RECEIVE A COVID-19 VACCINE [GO TO NEXT SECTION]
- 7 DON'T KNOW/ NOT SURE [GO TO CVDQ08]
- 9 REFUSED [GO TO NEXT SECTION]

CVDQ08 What are the reasons you are hesitant to receive a COVID-19 vaccine? You may select more than one reason. Would you say...

(1265-1280)

NOTE: Please read 01 through 08, select all that apply.

- 01 I am concerned the COVID-19 vaccine will not protect me from the disease
- 02 I am concerned COVID-19 vaccine development is moving too fast
- 03 I am concerned about the cost of a COVID-19 vaccination
- 04 I am concerned the COVID-19 vaccine will cause unintended side effects
- 05 I do not believe COVID-19 is a serious problem
- 06 I do not believe my community is at risk for COVID-19
- 07 I am generally opposed to vaccination
- 08 Other reason

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

Utah Tobacco Use

[CATI NOTE: ASK ALL UTAH TOBACCO USE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C11.02 = 1 OR 2 ('EVERYDAY' OR 'SOME DAYS'), THEN RESPONDENT HAS A STATUS OF 'CURRENT SMOKER' AND CONTINUE. OTHERWISE, GO TO STSMK3.]

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

(1281-1282)

- NUMBER OF CIGARETTES
- 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... (1283)

NOTE: Pause between each response option to allow respondents to answer 'Yes' or 'No.' Enter the response code for the first 'Yes' and then 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 C11.02 = 1 OR 2 ('EVERYDAY' OR 'SOME DAYS') OR IF M22.01 < 05 (RESPONDENT QUIT SMOKING IN THE PAST YEAR), CONTINUE TO STSMK3. OTHERWISE, GO TO STSMK7.]

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? (1284)

- 1 YES
- 2 NO [GO TO STSMK7]

- 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? (1285)

- 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)? (1286)

- 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? (1287)

- 1 YES
- 2 NO

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

STSMK7 In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (1288)

- 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? (1289-1290)

-- NUMBER OF DAYS [RANGE: 1-7]

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

SMKAD2 In the past 30 days, how often have you seen ads on TV or online encouraging cigarette smokers to quit or about the dangers of smoking? Would you say... (1291)

NOTE: Online includes internet use on desktop computers, tablets, and phones.

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

Access to Transportation

[CATI NOTE: ASK ACCESS TO TRANSPORTATION QUESTIONS ON QUESTIONNAIRE PATHS 12/22.]

STACT1 In the past 12 months, has lack of transportation ever kept you from appointments, meetings, work, or from getting things needed for daily living? (1292)

- 1 YES
- 2 NO **[GO TO NEXT SECTION]**

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

STACT2 When lack of transportation kept you from appointments, meetings, work, or from getting things done for daily living, what type of transportation were you most frequently trying to take? (1293)

NOTE: Rideshare services refer to car services that allow a person to use a smartphone application to get a private or shared ride with other people in usually a privately owned vehicle.

PLEASE READ:

- 1 Car
- 2 Bus or train (TRAX, FRONTRUNNER)
- 3 Walking
- 4 Bike or scooter
- 5 Rideshare services (UBER, LYFT)
- 6 Other

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

Traumatic Brain Injury



[CATI NOTE: ASK ALL TRAUMATIC BRAIN INJURY QUESTIONS EXCEPT STTB1 ON BOTH QUESTIONNAIRE PATHS. ASK STTB1 ON QUESTIONNAIRE PATH 11/21 ONLY.]

STTB1 How knowledgeable are you of traumatic brain injury or TBI? Would you say not very knowledgeable, somewhat knowledgeable, knowledgeable, very knowledgeable, extremely knowledgeable...

(1294)

- 1 NOT VERY KNOWLEDGEABLE
- 2 SOMEWHAT KNOWLEDGEABLE
- 3 KNOWLEDGEABLE
- 4 VERY KNOWLEDGEABLE
- 5 EXTREMELY KNOWLEDGEABLE

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

STTB2 In your lifetime, have you ever experienced a bump, blow, or jolt to the head that caused you to feel dazed, confused, or lose consciousness?

(1295)

- 1 YES
- 2 NO **[GO TO NEXT SECTION]**

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

STTB3 What are the main symptoms you experienced from your MOST SERIOUS head injury? Select all that apply.

(1296-1313)

PLEASE READ:

- 01 Dizziness or loss of balance
- 02 Loss of consciousness
- 03 Memory loss
- 04 Headache or migraine
- 05 Vision, hearing, or speech problems
- 06 Nausea or vomiting
- 07 Fatigue or drowsiness
- 08 Seizures
- 09 Other

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

STTB4 I'm going to read you a list of ways you might experience an injury to your head. Which event, if any, led to your MOST SERIOUS head injury?

(1314)

PLEASE READ:



- 1 Fall (FROM A BIKE, HORSE, SLIP, TRIP, OR JUMP)
- 2 Motorized vehicle crash
- 3 Assault (FIGHT, STRUCK BY SOMETHING OR SOMEONE, SHAKEN, GUNSHOT)
- 4 Sports-related event
- 5 Construction or farm machinery-related event
- 6 Military-related event (ACTIVE DUTY COMBAT, TRAINING WHILE ON DUTY)
- 8 Other event

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

STTB15 Did your MOST SERIOUS head injury require any of the following actions? Select all that apply.

(1315-1320)

PLEASE READ:

- 1 Doctor's outpatient visit
- 2 Urgent care visit
- 3 Emergency care visit
- 4 Inpatient hospitalization
- 5 Work or school absence for a day or more
- 6 Other action

- 8 NO ACTION
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Perceived Social Isolation Scale

[CATI NOTE: ASK PERCEIVED SOCIAL ISOLATION SCALE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

Now I am going to read to you a series of statements about your relationship to other people. Please respond if you never, rarely, sometimes, often, or always agree with the following statements.

STPSIS1 In the past seven days, I have felt left out. Would you say...

(1321)

PLEASE READ:

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

- 7 DON'T KNOW / NOT SURE



9 REFUSED

STPSIS2 In the past seven days, I have felt that people barely know me. Would you say... (1322)

PLEASE READ:

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

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

STPSIS3 In the past seven days, I have felt isolated from others. Would you say... (1323)

PLEASE READ:

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

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

STPSIS4 In the past seven days, I have felt that people are around me but not with me. Would you say... (1324)

PLEASE READ:

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

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

Food Insecurity and Food Assistance

[CATI NOTE: ASK FOOD INSECURITY QUESTION ON BOTH QUESTIONNAIRE PATHS.]



STFS2 How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say...

(1325)

PLEASE READ:

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

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

[CATI NOTE: ASK FOOD ASSISTANCE QUESTIONS ON QUESTIONNAIRE PATHS 12/22.]

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, or the 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...

(1326)

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
- 4 No months

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

STFS3 In the past 12 months, how many months did anyone in your household receive benefits from any NON FEDERAL food source such 'Meals on Wheels,' food pantries, food banks, soup kitchens, church welfare, backpack programs, or any other charitable food resources. Would you say...

(1327)

PLEASE READ:

- 1 All months
- 2 Some months
- 3 Less than a month
- 4 No months



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

Suicidality

[CATI NOTE: ASK SUICIDALITY QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

I am going to ask you some questions about suicide. Suicide can be a sensitive topic and we realize this topic may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free national crisis hotline you can call. I will give you the phone number for the hotline at the end of this section.

- STSUCON** During the past 12 months, did you ever seriously consider attempting suicide? (1328)
- 1 YES
 - 2 NO

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

- STSUATT** During the past 12 months, how many times have you attempted suicide? (1329)
- 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

[CATI NOTE: ASK STSUCLOS AFTER STSUATT ON QUESTIONNAIRE PATHS 11/21 ONLY.]

- STSUCLOS** If you or someone you know would like to talk to a trained counselor, please call 1-800-273-8255. This number is a toll-free call. Would you like me to repeat this number? (1330)

NOTE: If 'Yes,' say 'You can dial 1-800-273-8255.'

- 1 YES
- 2 NO

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



PHQ-9

[CATI NOTE: ASK PHQ-9 QUESTION ON QUESTIONNAIRE PATHS 12/22.]

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

STPHQ01 Over the past two weeks, how many days have you had little interest or pleasure in doing things? (1331-1332)

-- NUMBER OF DAYS **[RANGE: 01-14]**

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

STPHQ02 Over the past two weeks, how many days have you felt down, depressed, or hopeless? (1333-1334)

-- NUMBER OF DAYS **[RANGE: 01-14]**

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

STPHQ03 Over the past two weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (1335-1336)

-- NUMBER OF DAYS **[RANGE: 01-14]**

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

STPHQ04 Over the past two weeks, how many days have you felt tired or had little energy? (1337-1338)

-- NUMBER OF DAYS **[RANGE: 01-14]**

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

STPHQ05 Over the past two weeks, how many days have you had a poor appetite or eaten too much? (1339-1340)

(1339-1340)



__ NUMBER OF DAYS **[RANGE: 01-14]**

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

STPHQ06 Over the past two weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

(1341-1342)

__ NUMBER OF DAYS **[RANGE: 01-14]**

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

STPHQ07 Over the past two weeks, how many days have you had trouble concentrating on things such as reading the newspaper or watching the TV?

(1343-1344)

__ NUMBER OF DAYS **[RANGE: 01-14]**

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

STPHQ08 Over the past two weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you were moving around a lot more than usual?

(1345-1346)

__ NUMBER OF DAYS **[RANGE: 01-14]**

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

STPHQ09 Over the past two weeks, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

(1347-1348)

__ NUMBER OF DAYS **[RANGE: 01-14]**

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

[CATI NOTE: ASK STSUCLOS AFTER PHQ-9 ON QUESTIONNAIRE PATHS 12/22 ONLY.]



STSUCLOS If you or someone you know would like to talk to a trained counselor, please call 1-800-273-8255. This number is a toll-free call. Would you like me to repeat this number?

(1330)

NOTE: If 'Yes,' say 'You can dial 1-800-273-8255.'

- 1 YES
- 2 NO

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

Substance Abuse Stigma

[CATI NOTE: ASK SUBSTANCE ABUSE STIGMA QUESTION ON BOTH QUESTIONNAIRE PATHS.]

STSUBAB How would you respond to the following statement? I am generally caring and sympathetic towards people who abuse substances. Would you say you strongly agree, agree, disagree, or strongly disagree?

(1349)

NOTE: Substance abuse refers to using a legal or illegal substance that causes the user significant problems or distress.

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE

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

Binge Drinking

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

[CATI NOTE: IF C12.03 >= 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?

(1350-1352)

-- 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?

(1353-1355)

-- 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?

(1356-1358)

-- NUMBER OF DRINKS OF LIQUOR **[NOTE: 76 = 76 OR MORE]**

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

DRNKP MIX 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.

(1359-1361)

-- 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?

(1362)

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?

(1363)

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?

(1364-1366)

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.

___ TOTAL AMOUNT PAID **[NOTE: 776 = 776 OR MORE]**

- 888 PAID NOTHING, DRINKS WERE FREE OR PAID FOR BY OTHERS
- 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 any you 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?

(651)

- 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

7 DON'T KNOW / NOT SURE

9 REFUSED

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

Asthma Call-Back Selection

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

(653)

1 ADULT

2 CHILD

Closing Statement

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.