**Description: Behavioral Risk Factor Surveillance System Logo**

**2025**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

***D R A F T***

***Utah: May 7, 2025***

***CDC: April 30, 2025***

NOTES:

(1) CAPITALIZED response options replace “DO NOT READ” text for all questions.

(2) Pink highlights indicate that these notes/instructions should be included in Ci3 code.

Behavioral Risk Factor Surveillance System

**2023 Questionnaire**

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**OMB Header**

Form Approved

OMB No. 0920-1061

Exp. Date 02/28/2025\*

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 Marquisette Glass Lewis at [grp2@cdc.gov](mailto:grp2@cdc.gov). |

# Landline Introduction

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

**LL01** Is this  **(phone number)** ?

(63)

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)

**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)

**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)

**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)

**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’.]***

1. NO, IT IS NOT A CELL PHONE **[GO TO LL06]**

**Adult**

***[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES) AND LL06 = 1 (YES), GO TO LL09. 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)

1 YES

2  NO

**Adults**

**LL07** I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

\_ \_ NUMBER OF ADULTS

(69-70)

If ‘1,’ 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 LL08**.

**LL08** The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?

**NOTE: If person indicates that they are not the selected respondent , ask for**

**correct respondent and re-ask LL08.**

(71)

**LL09** Are you male or female?(72)

1 MALE **[GO TO TRANSITION TO SECTION 1]**

2  FEMALE **[GO TO TRANSITION TO SECTION 1]**

9 REFUSED **[TERMINATE]**

# Cell Phone Introduction

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

**CP01** Is this a safe time to talk with you or are you driving?

(74)

1. YES **[GO TO CP02]**
2. NO **[TERMINATE]**

***[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)** ?

(75)

1. YES **[GO TO CP03]**
2. NO **[TERMINATE]**

***[CATI/INTERVIWER 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?

(76)

**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?

(77)

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?

**NOTE:** We ask this question to determine which health related questions apply to each respondent. For example, persons who report male might be asked about prostate health issues.

(78)

1 MALE **[GO TO CP07]**

2  FEMALE **[GO TO CP07]**

9 REFUSED **[TERMINATE]**

**Private Residence**

**CP07** Do you live in a private residence?

(80)

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

1. YES **[GO TO CP09]**
2. NO **[GO TO CP08]**

**College Housing**

**CP08** Do you live in college housing?

(81)

**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.’]***

**State of Residence**

**CP09** Do you currently live in Utah?

(82)

**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 CP11]**
2. NO **[GO TO CP10]**

**State**

**CP10** In what state do you currently live?

(83-84)

ENTER STATE FIPS CODE

77 LIVE OUTSIDE U.S. AND PARTICIPATING TERRITORIES

99 REFUSED

***[CATI/INTERVIEWER NOTE: IF CP10 = 77 OR 99, SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE UNITED STATES.’]***

**Landline**

**CP11** Do you also have a landline telephone in your home that is used to make and receive calls?

(85)

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

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

1. YES
2. NO

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 CP08 = 1 (YES), THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]***

**NUMADULT**

**CP12** How many members of your household, including yourself, are 18 years of age or older?

(86-87)

\_ \_ 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 **(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)

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)

**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)

**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)

**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 healthcare coverage? (108-109)

**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

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

88 No coverage of any type

77 DON’T KNOW / NOT SURE

99 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,’ read: 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

**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

**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

## **Culture of respect in healthcare**

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

**STDIS01A** In the past two years when accessing health care services in Utah, have you been treated with less respect or received lower quality services because of your personal characteristics or because you belong to a specific group?

(903)

**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
2. No **[GO TO STDIS03A]**
3. I have not accessed health care in Utah in the past two years **[GO TO STDIS03A]**

7 DON’T KNOW / NOT SURE **[GO TO STDIS03A]**

9 REFUSED **[GO TO STDIS03A]**

**STDIS02B** In the past two years when you felt you were treated with less respect or received lower quality care when accessing health care in Utah, was it for any of the following reasons? Select all that apply.

(904-915)

**PLEASE READ:**

1. Race, ethnicity, or skin color
2. Ability to speak English
3. Sex
4. (REMOVED)
5. Physical appearance
6. Financial or socio-economic status
7. Insurance status
8. Disability status
9. Age
10. Some other reasons (SPECIFY)

77 DON’T KNOW / NOT SURE

99 REFUSED

**STDIS03B** Have you delayed any routine or emergency health care in Utah because of fear of being treated with less respect or receiving lower quality services because of your personal characteristics or belonging to a specific group in the past two years? Would you say you…

(916)

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

1. YES
2. NO

8 HAVEN’T ACCESSED HEALTH CARE IN UTAH IN THE PAST TWO YEARS

7 DON’T KNOW / NOT SURE

9 REFUSED

**STDIS03C** Did you delay . . .

**PLEASE READ:**

1 Routine health care

2 Emergency health care, or

3 Both routine and emergency health care

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 the physical activity or exercise they spend the most time doing in a regular month.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **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? (804)

**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]**

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

(805)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 6: Cholesterol Awareness**

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

(806)

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]**

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

(807)

**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?

(808)

**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? (138)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(139)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.03** (Ever told) you had a stroke? (140)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.04** (Ever told) you had asthma? (141)

1 YES

2 NO  **[GO TO C07.06]**

7 DON’T KNOW / NOT SURE **[GO TO C07.06]**

9 REFUSED **[GO TO C07.06]**

**C07.05** Do you still have asthma? (142)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.06** (Ever told) you had skin cancer that is not melanoma? (143)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.07** (Ever told) you had melanoma or other types of cancer? (144)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.08** (Ever told) you had C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? (145)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.09** (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (146)

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? (147)

**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) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(148)

**DO NOT READ:** Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter’s syndrome, ankylosing spondylitis, spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis, polyarteritis nodosa.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.12** (Ever told) you had diabetes?

(149)

**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]**

**C07.13** How old were you when you were told you had diabetes? (150-151)

**\_ \_** CODE AGE IN YEARS ***[CATI NOTE: 97 = 97 AND OLDER]***

98 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 8: Demographics**

**C08.01** What is your age? (152-153)

\_ \_ CODE AGE IN YEARS ***[RANGE: 18-99]***

07 DON’T KNOW / NOT SURE

09 REFUSED

**C08.02** Are you Hispanic, Latino/a, or Spanish origin?

(644)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

If ‘Yes,’ ask: Are you:

(154-157)

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

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin **[GO TO UT8.2c]**

5 NO

7 DON’T KNOW / NOT SURE **[GO TO C08.03]**

9 REFUSED **[GO TO C08.03]**

***[CATI NOTE: ASK UT8.2c ON BOTH QUESTIONNAIRE PATHS.]***

**UT8.2c** You identified yourself as being of ‘Another Hispanic, Latino/a, or Spanish origin.’ Are you:

(917-920)

**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

**C08.03** Which one or more of the following would you say is your race?

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

(158-185)

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.

**NOTE:** If respondent indicates that they are Hispanic for race, please read the race choices.

10 WHITE

20 BLACK OR AFRICAN AMERICAN

30 AMERICAN INDIAN OR ALASKA NATIVE

40 ASIAN

41 ASIAN INDIAN

42 CHINESE

43 FILIPINO

44 JAPANESE

45 KOREAN

46 VIETNAMESE

47 OTHER ASIAN

50 PACIFIC ISLANDER

51 NATIVE HAWAIIAN

52 GUAMANIAN OR CHAMORRO

53 SAMOAN

54 OTHER PACIFIC ISLANDER **[GO TO UT8.3c]**

60 OTHER (SPECIFY)

77 DON’T KNOW / NOT SURE

99 REFUSED

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

**UT8.3c** You identified yourself as being ‘Other Pacific Islander.’ Are you:

(921)

**PLEASE READ:**

1 Tongan

2 Another Pacific Islander

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 16: Sexual Orientation**

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

The next question is about sexual orientation.

***[CATI NOTE: ASK MSO.01 IF SEX = 1 (MALE)]***

**MSO.01** 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?

(1130)

**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.

1 GAY

2 STRAIGHT, THAT IS, NOT GAY

3 BISEXUAL

4 SOMETHING ELSE

7 I DON’T KNOW THE ANSWER

9 REFUSED

***[CATI NOTE: ASK MSO.02 IF SEX = 2 (FEMALE)]***

**MSO.02** 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?

(1131)

**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

## **Section 8: Demographics CONTINUED**

**C08.04** Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

(186)

1 MARRIED

2 DIVORCED

3 WIDOWED

4 SEPARATED

5 NEVER MARRIED

6 A MEMBER OF AN UNMARRIED COUPLE

9 REFUSED

**C08.05** What is the highest grade or year of school you completed?

(187)

**READ 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

**C08.06** Do you own or rent your home?

(188)

**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

2 Rent

3 Other arrangement

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.07** In what county do you currently live?

(189-191)

\_ \_ \_ ANSI COUNTY CODE

888 COUNTY IN ANOTHER STATE

777 DON’T KNOW / NOT SURE

999 REFUSED

**C08.08** What is the ZIP Code where you currently live? (192-196)

\_ \_ \_ \_ \_ ENTER 5-DIGIT ZIP CODE

77777 DON’T KNOW / NOT SURE

99999 REFUSED

***[CATI NOTE: IF CELL PHONE INTERVIEW, GO TO C08.11.]***

**C08.09** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household? (197)

1 YES

2 NO **[GO TO C08.11]**

7 DON’T KNOW / NOT SURE **[GO TO C08.11]**

9 REFUSED **[GO TO C08.11]**

**C08.10** How many of these landline telephone numbers are residential numbers?

(198)

1 ONE

2 TWO

3 THREE

4 FOUR

5 FIVE

6 SIX OR MORE

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.11** How many cell phones do you have for personal use?

(199)

**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

**C08.12** 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?

(200)

**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

**C08.13** 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? (201)

**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 C08.13 = 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.

(922-932)

**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

**C08.14** How many children less than 18 years of age live in your household?

(202-203)

**\_ \_** NUMBER OF CHILDREN

88 NONE

99 REFUSED

**C08.15** Is your annual household income from all sources:

(204-205) **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 C09.15. 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** (901-902)

1. LESS THAN $5,000
2. $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 C08.01 < 1972 (>49 YEARS OLD).]***

**C08.16** To your knowledge, are you now pregnant?

(206)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.17** About how much do you weigh without shoes?

(207-210)

**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

**C08.18** About how tall are you without shoes?

(211-214)

**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 9: Disability**

**C09.01** 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?

(215)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.02** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

(216)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.03** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

(217)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.04** Do you have serious difficulty walking or climbing stairs?

(218)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.05** Do you have difficulty dressing or bathing?

(219)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C09.06** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

(220)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 10: Inadequate Sleep**

.

**C10.01** On average, how many hours of sleep do you get in a 24-hour period?

(809-810)

**DO NOT READ:** Enter hours of sleep in whole numbers, round 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

**\_ \_** NUMBER OF HOURS ***[01-24]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 11: Tobacco Use**

**C11.01** Have you smoked at least 100 cigarettes in your entire life?

(241)

**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]**

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

(242)

1 EVERY DAY

2 SOME DAYS

3 NOT AT ALL

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(243)

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

1 EVERY DAY

2 SOME DAYS

3 NOT AT ALL

7 DON’T KNOW / NOT SURE

9 REFUSED

**C11.04** Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

(244)

**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.

**NOTE:** If respondent says, “Not at all” ask if they mean “Never used e-cigs in your entire life”

1 NEVER USED E-CIGARETTES IN YOUR ENTIRE LIFE

2 USE THEM EVERY DAY

3 USE THEM SOME DAYS

4 NOT AT ALL (RIGHT NOW)

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 12: Alcohol Consumption**

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

**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?

(257-259)

**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** During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(260-261)

**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

**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?

(262-263)

**\_ \_** NUMBER OF TIMES

88 NO DAYS

77 DON’T KNOW / NOT SURE

99 REFUSED

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

(264-265)

**\_ \_** NUMBER OF DRINKS ***[NOTE: 76 = 76 OR MORE.]***

77 DON’T KNOW / NOT SURE

99 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?

(266)

**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 C13.03]**

7 DON’T KNOW / NOT SURE **[GO TO C13.03]**

9 REFUSED **[GO TO C13.03]**

**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?

(267-272)

**\_ \_ / \_ \_ \_ \_** ENTER MONTH / YEAR

77 / 7777 DON’T KNOW / NOT SURE

99 / 9999 REFUSED

**C13.03** Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (275)

**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

**C13.04** Have you received a tetanus shot in the past 10 years? (298)

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

1 YES, RECEIVED TDAP

2 YES, RECEIVED TETANUS SHOT, BUT NOT TDAP

3 YES, RECEIVED TETANUS SHOT, BUT NOT SURE WHAT TYPE

4 NO, DID NOT RECEIVE ANY TETANUS SHOT IN THE PAST 10 YEARS

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Vaccine Hesitancy (Adult Only)**

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

**AVH01A** Have you received all vaccinations that were recommended to you or that you knew you were overdue for, excluding the yearly flu shot and any vaccinations for COVID-19?

(949)

1 YES **[GO TO NEXT SECTION]**

2 NO

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**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.

(950-951)

**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):

44 JUST DON’T WANT THE VACCINE/NOT WILLING (added after reviewing

“other” comments)

55 DON’T TRUST THE VACCINE (added after reviewing “other” comments)

66 WORRIED ABOUT SIDE EFFECTS (added after reviewing “other” comments)

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 14: 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.

**C14.01** Not including juices, how often did you eat fruit? You can tell me times per day, times per week, or times per month. (811-813)

**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

**C14.02** 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?

(814-816)

**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

**C14.03** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

(817-819)

**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

300 LESS THAN ONCE A MONTH

555 NEVER

777 DON’T KNOW / NOT SURE

999 REFUSED

**C14.04** How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

(820-822)

**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

**C14.05** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

(823-825)

**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.

1\_ \_ DAY

2\_ \_ WEEK

3\_ \_ MONTH

300 LESS THAN ONCE A MONTH

555 NEVER

777 DON’T KNOW / NOT SURE

999 REFUSED

**C14.06** Not including lettuce salads and potatoes, how often did you eat other vegetables?

(826-828)

**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 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

## **Section 15: HIV/AIDS**

**C15.01** Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for HIV?

(276)

**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]**

**C15.02** Not including blood donations, in what month and year was your last HIV test?

(277-282)

**NOTE:**  If response is before January 1985, code ‘7777777’ 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

# Optional Modules

## **Module 3: Arthritis**

*[CATI NOTE: ASK THIS SECTION ONLY IF RESPONDENT HAS ARTHRITIS (C07.11)]*

**M03.01** Has a doctor or other health professional ever suggested physical activity or

exercise to help your arthritis or joint symptoms?

(829)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M03.02** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(830)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M03.03** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(831)

**NOTE:**  If a respondent question arises about medication, then the interviewer should reply: ‘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

***[CATI NOTE: M03.04 SHOULD BE ASKED OF ALL RESPONDENTS, REGARDLESS OF EMPLOYMENT STATUS.]***

**M03.04** 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?

(832)

**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

**M03.05** 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? (833-834)

\_ \_ ENTER NUMBER ***[RANGE: 00-10]***

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Module 10: Tobacco Cessation**

***[CATI NOTE: ASK MODULE 10 ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: ASK M10.01 ONLY IF C11.01=1 (YES) AND C11.02=3 (NOT AT ALL).]***

**M10.01** How long has it been since you last smoked a cigarette, even one or two puffs? (367-368)

**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 M10.02 ONLY IF C11.01 = 1 (YES) AND C11.02=1 (EVERY DAY) OR 2 (SOME DAYS).]***

**M10.02** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(369)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF CURRENT SMOKER]***

**STSMK12** Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

(947)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF CURRENT VAPE USER]***

**STSMK13** Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

(948)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Utah Tobacco Use**

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

***[CATI NOTE: ASK VAPEQ ON BOTH QUESTIONNAIRE PATHS. ASK VAPEQ ONLY IF C11.04 = 2 or 3 (EVERY DAY OR SOME DAYS).]***

**VAPEQ** During the past 12 months, have you stopped vaping for one day or longer because you were trying to quit vaping?

(933)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF C12.02 = 1 OR 2 (‘EVERYDAY’ OR ‘SOME DAYS’), THEN RESPONDENT HAS A STATUS OF ‘CURRENT SMOKER’ AND CONTINUE. OTHERWISE, GO TO STSMK3.]***

***S*TSMK1** On the average, about how many cigarettes a day do you now smoke?

(934-936)

**\_ \_ \_** NUMBER OF CIGARETTES

777 DON’T KNOW / NOT SURE

999 REFUSED

***S*TSMK2** 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…

(937)

**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 C12.02 = 1 OR 2 (‘EVERYDAY’ OR ‘SOME DAYS’) OR IF M15.01 < 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?

(938)

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?

(939)

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, lozenge, or prescription medication such as nasal spray, Bupropion (byou PRO pee on), or varenicline?

(940)

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?

(941)

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?

(942)

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?

(943-944)

\_ \_ NUMBER OF DAYS ***[RANGE: 1-7]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK STSMK10 AND STSMK 11 IF C12.02=1 OR 2 (CURRENT SMOKERS) OR IF C12.04=1 OR 2 (CURRENT VAPERS)]***

**STSMK10** Have you heard of 1-800-QUIT-NOW?

(945)

1. YES
2. NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STSMK11** Have you ever heard of the website www.waytoquit.org?

(946)

1. YES
2. NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 19: 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, IS PREGNANT, HAS HAD HYSTERECTOMY, OR IF RESPONDENT IS MALE, GO TO THE NEXT SECTION.]***

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

**MFP.01** In the past 12 months, did you have sexual intercourse?

(629)

1. Yes
2. No [GO TO NEXT SECTION]

7 Don’t know/not sure [GO TO NEXT SECTION]

9 Refused [GO TO NEXT SECTION]

**MFP.02** Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy. The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

(630)

1 YES

2 NO **[GO TO MFP.04]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**MFP.03** The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

(631-632)

**NOTE:** If respondent reports using two methods, please code the method that occurs first on the list.

**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:**

1. Female sterilization (tubal ligation, Essure, Adiana)

02 Male sterilization (vasectomy)

03 Contraceptive implant

04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)

05 Shots (Depo-Provera)

06 Prescription birth control pills, Contraceptive Ring (NuvaRing, ElyRyng, Annovera), Contraceptive patch (Ortho Evra, Xulane, Twirla, Zafemy)

07 Over the counter birth control pills (Opill)

08 Condoms (male or female)

09 Diaphragm, vaginal gel (Phexxi),cervical cap, sponge, foam, jelly, film, or cream

10 Had sex at a time when less likely to get pregnant (rhythm or natural family planning, apps for contraception)

11 Withdrawal or pulling out

12 Emergency contraception or the morning after pill (Plan B or ella)

13 Other method

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK ONLY IF MFP.03 IS 3, 4, 5,6, 7 OR 8, OTHERWISE GO TO NEXT SECTION]***

Some reasons people might 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.

**MFP.04** What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

(633-634)

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

**READ ONLY IF NECESSARY:**

01 You didn’t think you were going to have sex/no regular partner

02 You just didn’t think about it

03 You wanted a pregnancy

04 You didn’t care if you got pregnant

05 You or your partner didn’t want to use birth control (side effects, don’t like birth control)

06 You had trouble getting or paying for birth control

07 You didn’t trust giving out your personal information to medical personnel

08 Didn’t think you or your partner could get pregnant (infertile or too old)

09 You were using withdrawal or “pulling out”

10 You had your tubes tied (sterilization)

11 Your partner had a vasectomy (sterilization)

12 You were breastfeeding or you just had a baby

14 Other reasons

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Module 23: Social Determinants of Health (Non-Medical Health Factors)**

***[CATI NOTE: ASK MODULE 24 ON BOTH QUESTIONNAIRE PATHS]***

**M23.01** In general, how satisfied are you with your life? Are you very satisfied, satisfied, dissatisfied, or very dissatisfied?

(349)

1 VERY SATISFIED

2 SATISFIED

3 DISSATISFIED

4 VERY DISSATISFIED

7 DON’T KNOW / NOT SURE

9 REFUSED

**M23.02** How often do you get the social and emotional support that you need? Is that

always, usually, sometimes, rarely, or never?

(350)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

1. DON’T KNOW / NOT SURE

9 REFUSED

**M23.03** How often do you feel lonely? Is it always, usually, sometimes,

rarely, or never?

(351)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

**M23.04** In the past 12 months have you lost employment or had hours reduced?

(352)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M23.05** During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

(353)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M23.06** During the past 12 months how often did the food that you bought not last, and you didn’t have money to get more? Was that always, usually, sometimes, rarely, or never?

(354)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

**M23.07** During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

(355)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M23.08** During the last 12 months, was there a time when an electric, gas, oil, or water company threatened to shut off services?

(356)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M23.09** During the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

(357)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M23.10** How safe from crime do you consider your neighborhood to be? Would you say. . .

(358)

1 EXTREMELY SAFE

2 SAFE

3 UNSAFE

4 EXTREMELY UNSAFE

7 DON’T KNOW / NOT SURE

9 REFUSED

# State-Added Questions

## **Random Child Selection and Childhood Asthma Prevalence**

***[CATI NOTE: ASK MODULE 31, RANDOM CHILD SELECTION, ON BOTH QUESTIONNAIRE PATHS. IF C08.14 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]***

***[CATI NOTE: IF C08.14 = 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 M31.01.]***

***[CATI NOTE: IF C08.14 IS >1 AND C08.14 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.]***

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

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

(955)

1 YES

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

1. REFUSED **[GO TO NEXT SECTION]**

**STCAP.2** Does the child still have asthma?

(956)

1 YES

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**STCAge** What is the birth month and year of the ‘Xth’ child?

(957-962)

\_ \_ /\_ \_ \_ \_ ENTER MONTH AND YEAR

***(FOR EXAMPLE: AUGUST OF 2004 = 082004)***

77/7777 DON’T KNOW / NOT SURE

99/9999 REFUSED

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

**STCSex** Is the child a boy or a girl?

(963)

1 BOY

2 GIRL

9 REFUSED

**STCEth** Is the child Hispanic, Latino/a, or Spanish origin?

(964-971)

If ‘Yes,’ ask: Are they…

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

**PLEASE READ:**

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Dominican

5 Central American

6 South American

7 Another Hispanic, Latino/a, or Spanish origin

8 NO

77 DON’T KNOW / NOT SURE

99 REFUSED

**STCRce** Which one or more of the following would you say is the race of the child?

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

(642-669)

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.

(972-999)

**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

60 OTHER (SPECIFY)

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Vaccine Hesitancy (Child Only)**

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

***[CATI NOTE: IF C08.14 = 88 OR 99, GO TO NEXT SECTION.]***

**CVH01A** Has your child [have your children] received all vaccinations that were recommended for them or that you knew they were overdue for, excluding the yearly flu shot and any vaccinations for COVID-19?

(952)

1 YES **[GO TO NEXT SECTION]**

2 NO

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**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.

(953-954)

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):

55 DON’T TRUST THE VACCINE (derived from “other” comments)

66 WORRIED ABOUT SIDE EFFECTS (derived from “other” comments)

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Parkinson’s Disease**

***[CATI NOTE: ASK PARKINSON’S DISEASE ON BOTH QUESTIONNAIRE PATHS.]***

**STPARK1** Has a doctor, nurse or other health care professional EVER told you that you had Parkinson’s Disease?

(1000)

1 YES

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**STPARK2** Have you seen a neurologist?

(1001)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Characteristics of the Tattooed Population in Utah**

***[CATI NOTE: ASK CHARACTERISTICS OF THE TATTOOED POPULATION IN UTAH 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?

(1002-1003)

**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?

(1004-1005)

\_ \_ 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?

(1006-1008)

\_ \_ \_ AGE IN YEARS ***[RANGE: 10-100]***

555 YOUNGER THAN 10 YEARS OLD

777 DON’T KNOW / NOT SURE

999 REFUSED

**TAT4** What colors are in your tattoos? I am going to read you a list of colors, please say yes or no to each one.

**PLEASE READ**:

(1009-1021)

01 Black

02 Red

03 Orange

04 Yellow

05 Green

06 Blue

07 Purple

08 Brown

09 White

10 Black light/UV Tattoo

11 Other color(s)

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Traumatic Brain Injury**

***[CATI NOTE: ASK ALL TRAUMATIC BRAIN INJURY QUESTIONS EXCEPT STTBI1 ON BOTH QUESTIONNAIRE PATHS. ASK STTBI1 ON QUESTIONNAIRE PATH 11/21 ONLY.]***

**STTBIQ1** How knowledgeable are you of traumatic brain injury or TBI? Would you say not very knowledgeable, somewhat knowledgeable, knowledgeable, very knowledgeable, or extremely knowledgeable?

(1022)

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

7 DON’T KNOW / NOT SURE

9 REFUSED

**STTBIQ2** 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?

(1023)

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

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**STTBIQ3** What symptoms did you experience from your MOST SERIOUS head injury? Select all that apply.

(1024-1035)

**PLEASE READ:**

1. Dizziness or loss of balance
2. Loss of consciousness
3. Memory loss
4. Headache or migraine
5. Vision, hearing, or speech problems
6. Nausea or vomiting
7. Fatigue or drowsiness
8. Seizures
9. Some other symptom

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STTBIQ4** 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?

(1036-1037)

**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 even
6. Military-related event
7. Other event

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STTBIQ5** Did your MOST SERIOUS head injury require any of the following actions? Select all that apply.

(1038-1046)

**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

## **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.

(1047-1055)

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

## **Long COVID**

**CECQ 01** Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health provider that you have or had COVID-19?

(1056)

**NOTE:** Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.

1. YES

2 NO [**GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**CECQ 02** Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

(1057)

**NOTE:** Long-term conditions may be an indirect effect of COVID-19. These long term conditions may not be related to the virus itself.

**READ IF NECESSARY:** Tiredness or fatigue, difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations) or chest pain, dizziness on standing, menstrual changes, symptoms that get worse after physical or mental activities, loss of taste or smell

1 YES

2 NO [**GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**CECQ 03** Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19 ?

(1058)

1. Yes, a lot
2. Yes, a little
3. Not at all

7 DON’T KNOW / NOT SURE

9 REFUSED

**STLC.01** Have you been told by a healthcare provider that you have long COVID? (1059)

**PLEASE READ:**

1 YES  **[Skip to STLC.04]**

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STLC.02** Do you think your symptoms are due to long COVID? (1060)

**NOTE: IF YES, PROBE: WOULD YOU SAY ‘YES, DEFINITELY OR YES, PROBABLY’?**

1 YES, DEFINITELY **[Skip to STLC.04]**

2 YES, PROBABLY **[Skip to STLC.04]**

3 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STLC.03** What do you think is the cause of your long-term symptoms?

(1061-1062)

(BELOW RESPONSE DERIVED FROM OPEN ENDED RESPONSES)

1 Other previous illness/virus

2 Vaccines

3 Weakened immune system

4 Age/aging related issuesc

5 General poor health

6 Unhealthy practices (drinking, smoking, vaping, etc)

77 DON'T KNOW/NOT SURE

88 Other

99 REFUSED

**STLC.04** In what month and year did your long COVID symptoms begin?

(1063-1068)

\_ \_ \_ \_/\_ \_

**STLC.05** What symptoms have had the biggest impact on your life?

(1069-1087)

(BELOW RESPONSES DERIVED FROM OPEN ENDED RESPONSES)

01 Loss of/altered taste/smell

02 Fatigue/lack of energy

03 Shortness of breath/difficulty breathing

04 Dizziness

05 Brain fog/memory loss

06 Cough

07 Fever

08 Headaches/migraines

09 Sore throat

10 Runny/stuffy nose

11 Muscle aches/joint pain

12 Gastrointestinal issues

13 Heart related issues

14 Lung related issues/worsening asthma

15 Ear/hearing issues

16 Hair loss

77 DON’T KNOW / NOT SURE

88 Others

99 REFUSED

**STLC.06** We’d like to find out how recovered you feel from your long COVID symptoms. On a scale of 0 to 10, where 0 means your long COVID symptoms are as bad as they’ve been, and 10 means you feel you are fully recovered, how would you rate your current state of recovery?

(1088-1089)

**NOTE: IF NECESSARY SAY, “YOU MAY USE ANY NUMBER BETWEEN 0 AND 10”** \_ \_

**STLC.07** In the past month have you worked or gone to school fewer days than you expected to due to your long COVID? (1090)

1 YES **[Skip to STLC.09]**

1. NO **[Skip to STLC.09]**
2. I DO NOT WORK OR GO TO SCHOOL

7 DON’T KNOW / NOT SURE

9 REFUSED

**STLC.08** Did you stop working or going to school due to your long COVID? (1091)

1. YES

2 NO (WASN’T WORKING OR IN SCHOOL, RETIRED, ETC.)

7 DON’T KNOW / NOT SURE

9 REFUSED

**STLC.09** How often was it EASY to get the care, tests, or treatment you needed specifically for your long COVID symptoms? Would you say it was . . . (1092)

1. Never easy
2. Sometimes easy
3. Usually easy, or
4. Always easy

5 NEVER NEEDED CARE, TESTS, OR TREATMENT

7 DON’T KNOW / NOT SURE

9 REFUSED

**STLC.10** Which of the following, if any, made it difficult to access the healthcare services you needed for your long COVID symptoms? I am going to read a list of possible reasons, please say “yes” for each one that applies to you. Now was it difficult to access healthcare services because . . .

**NOTE: READ EACH OPTION AND MARK ALL THAT ARE “YES”**

**NOTE: IF NECESSARY, YOU CAN SAY, “Was it because . . .” BEFORE AN OPTION TO KEEP RESPONDENTS ON TRACK** (1093-1105)

1. You did not have health insurance
2. You were worried about the cost
3. You could not find healthcare services near you
4. You did not have transportation to get you to an appointment
5. The available appointments were too far in the future
6. Healthcare office hours did not work with your schedule
7. You did not have energy
8. You did not think the treatment or visit would be helpful
9. You struggled to find a provider who understood long COVID
10. Any other reasons (SPECIFY)

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STLC.12** We’d like to learn about how these long COVID symptoms have affected your finances.  I’ll read a series of statements. Please say yes or no for each one.

(1106-1116)

01 I had to use savings.

02 I had to borrow money or take out a loan.

03 I could not make payments on credit cards or other bills.

04 I cut down on spending for food, clothes, or other essentials.

05 I cut down on spending for healthcare for other family members.

06 I cut down on expenses in general.

07 My household income is less.

08 Any other financial impact (SPECIFY)

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Housing Insecurity**

**STHoIn1** In the past 12 months, which of the following have you experienced related to your housing? I am going to read from a list, please say yes or no to each one.

(1117-1126)

1. Paying more than one-third of your household’s monthly income toward housing costs
2. Sharing housing with others due to economic hardship
3. Moving frequently due to economic hardship, that is, moving more than twice in six months
4. Living in overcrowded housing
5. Living in substandard housing

**NOTE, READ IF NECESSARY**: Substandard housing can include lack of heat, clean running water, electricity, stove, or refrigerator; infestation with pests or mold; leaky roof or ceiling, etc.

1. Living in a hotel or motel as your primary residence, paid for by you or your family
2. Eviction, either threatened, in progress, or completed
3. Fleeing or attempting to flee domestic violence, and not living in a shelter
4. Homelessness

88 NONE OF THESE

99 REFUSED

**STHoIn2** In the past 12 months, how often have you been worried or stressed about having stable housing? Stable housing can include affordability, adequacy, and stability. Would you say . . . Always, often, sometimes rarely, or never?

(1127)

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

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?

(1128)

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?

(1129)

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

**STSUCLOS** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call the toll-free National Suicide Prevention Lifeline. This number is 988. Would you like me to repeat this number?

**NOTE:** If 'Yes,' say ‘You can dial 988.’

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

# 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.