



**2014**

**UTAH  
Behavioral Risk Factor Surveillance System  
Questionnaire**

**January 22, 2014**



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

Is this  (phone number)  ?

**If "No"**

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

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

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

No, business phone only

If "No, business phone only".

Thank you very much but we are only interviewing persons on residential phones lines at this time.

**STOP**

College Housing

Do you live in college housing?

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

Yes                    [Go to state of residence]  
No

If "No",

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



State of Residence

Do you reside in \_\_\_\_ (state) \_\_\_\_?

Yes  
No

[Go to Cellular Phone]

**If "No"**

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

Cellular Phone

Is this a cellular telephone?

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

Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

If "Yes"

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

No

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

Adult

Are you 18 years of age or older?

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

If "No",

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

**Adult Random Selection**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Number of adults

**If "1,"**  
Are you the adult?



**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

**If "no,"**

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

\_\_\_ Number of men

\_\_\_ Number of women

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

**If "you," go to page 6**



**To the correct respondent:**

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



## Core Sections

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

### Section 1: Health Status

---

1.1 Would you say that in general your health is —? (80)

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read:**

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

### Section 2: Healthy Days — Health-Related Quality of Life

---

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (81–82)

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused



**2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (83–84)

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

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

- – Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

### Section 3: Health Care Access

---

**3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (87)

- 1 Yes **[If PPHF state go to Module 4, Question 1, else continue]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**3.2** Do you have one person you think of as your personal doctor or health care provider?  
**If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”** (88)

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

**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (89)

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





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

**3.4** About how long has it been since you last visited a doctor for a routine checkup?  
A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (90)

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

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

## Section 4: Exercise

---

**4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (91)

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

## Section 5: Inadequate Sleep

---

I would like to ask you about your sleep pattern.

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

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

(92-93)

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



## Section 6: Chronic Health Conditions

---

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

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

**6.1** (Ever told) you that you had a heart attack also called a myocardial infarction?  
(94)

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

**6.2** (Ever told) you had angina or coronary heart disease?  
(95)

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

**6.3** (Ever told) you had a stroke?  
(96)

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

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

(97)

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

**6.5** Do you still have asthma?  
(98)

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



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

(99)

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

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

(100)

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

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

(101)

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

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

(102)

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

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

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



(103)

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

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

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

(104)

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

**6.12** (Ever told) you have diabetes? (105)

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

**6.13** How old were you when you were told you have diabetes? (106-107)

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

CATI NOTE: Go to Gestational Diabetes if respondent is female. Otherwise, go to next section.

## Gestational Diabetes

**Ask on questionnaires 12/22 and 13/23 of diabetic women.**

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

- 1 Yes

**[Go to DMGEST]**



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

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

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

### Pre-Diabetes

*Ask on questionnaires 12/22 and 13/23 of those who do NOT have diabetes C06Q12=2,3,4,7,9. If C06Q12=4 then answer YES for PREDM (code=1).*

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

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

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

## Section 7: Oral Health

---

**7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(108)

**Read only if necessary:**

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

**Do not read:**

- 7 Don't know / Not sure
- 8 Never
- 9 Refused



7.2

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

(109)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

## Section 8: Demographics

---

8.1

What is your age?

(110-111)

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

8.2

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

(112-115)

**If yes, ask: Are you...**

**Interviewer 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

**Do not read:**

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

8.3

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

(116-143)

**Interviewer Note: Select all that apply.**

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



**Please read:**

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

**50 Pacific Islander**

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

**Do not read:**

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

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

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

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

(144-145)

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



- 45 Korean
- 46 Vietnamese
- 47 Other Asian

**50 Pacific Islander**

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

**Do not read:**

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

**8.5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

**INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.** (146)

- 1 Yes
- 2 No

**Do not read:**

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

**8.6** Are you...? (147)

**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

**8.7** How many children less than 18 years of age live in your household? (148-149)

\_ \_ Number of children





8 8 None  
 9 9 Refused

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

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read:**

- 9 Refused

**8.9** Are you currently...? (151)

**Please read:**

- 1 Employed for wages [Go to M14Q01]
- 2 Self-employed [Go to M14Q01]
- 3 Out of work for 1 year or more [Go to 8.10]
- 4 Out of work for less than 1 year [Go to M14Q01]
- 5 A Homemaker [Go to 8.10]
- 6 A Student [Go to 8.10]
- 7 Retired [Go to 8.10]

**Or**

- 8 Unable to work [Go to 8.10]

**Do not read:**

- 9 Refused [Go to 8.10]

**Module 14: Industry and Occupation**

---

If Core Q8.9 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to 8.10.

**M14Q01** Now I am going to ask you about your work.

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,

- 1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic) (373-472)

**INTERVIEWER NOTE:** If respondent is unclear, ask "What is your job title?"



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

[Record answer] \_\_\_\_\_  
99 Refused

**Or**

**If Core Q8.9 = 4 (Out of work for less than 1 year) ask,**

What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)

**INTERVIEWER NOTE: If respondent is unclear, ask "What was your job title?"**

**INTERVIEWER NOTE: If respondent had more than one job then ask, "What was your main job?"**

[Record answer] \_\_\_\_\_  
99 Refused

**If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,**

**M14Q02** elementary What kind of business or industry do you work in? (for example, hospital, school, clothing manufacturing, restaurant)

(473-572)

[Record answer] \_\_\_\_\_  
99 Refused

**Or**

**If Core Q8.9 = 4 (Out of work for less than 1 year) ask,**

elementary What kind of business or industry did you work in? (for example, hospital, school, clothing manufacturing, restaurant)

[Record answer] \_\_\_\_\_  
99 Refused

**8.10** Is your annual household income from all sources—

(152-153)

**If respondent refuses at ANY income level, code '99' (Refused)**

**Read only if necessary:**

0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**



(\$20,000 to less than \$25,000)

- 0 3 Less than \$20,000 If “no,” code 04; if “yes,” ask 02  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If “no,” code 02
- 0 5 Less than \$35,000 If “no,” ask 06  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If “no,” ask 07  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If “no,” code 08  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read:**

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

**UTIncome** [Programming note: These response categories are incorporated into 7.10. We need to be able to report the 7.10 categories to the CDC, but we want to look at these finer categories at the state level. UTIncome should be asked on all questionnaire paths.]

- 01 less than \$5,000
- 02 \$5,000 to less than \$10,000
- 03 \$10,000 to less than \$15,000
- 04 \$15,000 to less than \$20,000
- 05 \$20,000 to less than \$25,000
- 06 \$25,000 to less than \$30,000
- 07 \$30,000 to less than \$35,000
- 08 \$35,000 to less than \$40,000
- 09 \$40,000 to less than \$45,000
- 10 \$45,000 to less than \$50,000
- 11 \$50,000 to less than \$55,000
- 12 \$55,000 to less than \$60,000
- 13 \$60,000 to less than \$65,000
- 14 \$65,000 to less than \$70,000
- 15 \$70,000 to less than \$75,000
- 16 \$75,000 or more

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

(154-157)

**NOTE: If respondent answers in metrics, put “9” in column 147.**

**Round fractions up**

— — — — Weight



(pounds/kilograms)

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

8.12 About how tall are you without shoes? (158-161)

**NOTE: If respondent answers in metrics, put "9" in column 151.**

**Round fractions down**

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

8.13 What county do you live in? (162-164)

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

8.14 What is the ZIP Code where you live? (165-169)

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



**8.15** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (170)

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

**8.16** How many of these telephone numbers are residential numbers? (171)

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

**8.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

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

**8.18** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (173-175)

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

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

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



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

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

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

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

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.**

**8.21** Indicate sex of respondent. **Ask only if necessary.**  
(178)

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

**8.22** To your knowledge, are you now pregnant?  
(179)

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

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

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

Do you consider yourself to be:

- 1. 1- Lesbian or Gay  
*(If Needed: A person who has sex with and/or is primarily attracted to people of the opposite sex.)*
- 2. 2 - Straight  
*(If Needed: A person who has sex with and/or is primarily attracted to people of the same sex.)*
- 3. 3 – Bisexual  
*(If Needed: A person who has sex with and/or is attracted to people of either sex.)*
- Or
- 4. 4 - Other



Remember, your answers are confidential.

**Do not read**

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

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

**8.23** Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

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

**8.24** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (181)

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

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

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

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

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

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

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

- 1 Yes



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

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

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

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

(186)

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

## Section 9: Tobacco Use

---

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

(187)

**NOTE: 5 packs = 100 cigarettes**

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

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

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

(188)

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

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

(189)

- 1 Yes [Go to QUIT30]
- 2 No [Go to Q9.5]





- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

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

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

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 7 7 Don't know / Not sure
- 9 9 Refused

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

**Snus (rhymes with 'goose')**

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.** (192)

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

**Do not read:**

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

**Section 10: Alcohol Consumption**

---

**10.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (193-195)

- 1 \_ \_ Days per week
- 2 \_ \_ Days in past 30 days
- 8 8 8 No drinks in past 30 days [Go to next section]
- 7 7 7 Don't know / Not sure [Go to next section]
- 9 9 9 Refused [Go to next section]



**10.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(196-197)

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

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

**10.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion?

(198-199)

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



**10.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (200-201)

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

## Section 11: Immunization

---

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

**11.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (202)

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 Q11.3]
- 7 Don't know / Not sure [Go to Q11.3]
- 9 Refused [Go to Q11.3]

**11.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (203-208)

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

**11.3** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (209)

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



**CATI NOTE: If respondent is ≤ 49 years of age, go to next section.**

The next question is about the Shingles vaccine.

**11.4** Have you ever had the shingles or zoster vaccine? (210)

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

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

## Section 12: Falls

---

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

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

**12.1** In the past 12 months, how many times have you fallen? (211-212)

- |   |   |                       |                             |
|---|---|-----------------------|-----------------------------|
| – | – | Number of times       | <b>[76 = 76 or more]</b>    |
| 8 | 8 | None                  | <b>[Go to next section]</b> |
| 7 | 7 | Don't know / Not sure | <b>[Go to next section]</b> |
| 9 | 9 | Refused               | <b>[Go to next section]</b> |

**12.2** **[Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(213-214)

- |   |   |                       |                          |
|---|---|-----------------------|--------------------------|
| – | – | Number of falls       | <b>[76 = 76 or more]</b> |
| 8 | 8 | None                  |                          |
| 7 | 7 | Don't know / Not sure |                          |
| 9 | 9 | Refused               |                          |

**13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (215)

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

**CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.**

## Section 14: Drinking and Driving

---

**CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.**

The next question is about drinking and driving.

**14.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (216-217)

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

## Section 15: Breast and Cervical Cancer Screening

---

**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

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

- 1 Yes [Go to STMAM5 if age>=40; if age<40 go to 15.2]
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

**STMAM5** (Ask only on *qstpath 11/21.*) What was the most important reason you got your mammogram?

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

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

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

**Read only if necessary:**

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

**Do not read:**

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

**15.3** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

**15.4** How long has it been since your last breast exam? (221)

**Read only if necessary:**

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

**Do not read:**

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

**15.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (222)

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

**15.6** How long has it been since you had your last Pap test? (223)

**Read only if necessary:**

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

**Do not read:**

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

**CATI note: If response to Core Q8.22 = 1 (is pregnant); then go to next section.**

**15.7** Have you had a hysterectomy? (224)

**Read only if necessary:** A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No



7 Don't know / Not sure  
9 Refused

## Section 16: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

Now, I will ask you some questions about prostate cancer screening.

**16.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (225)

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

**16.2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (226)

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

**16.3** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (227)

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

**16.4.** Have you EVER HAD a PSA test? (228)

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

**16.5.** How long has it been since you had your last PSA test? (229)

**Read only if necessary:**

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





**Do not read:**

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

**16.6.** What was the MAIN reason you had this PSA test – was it ...? (230)

**Please read:**

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

**Do not read:**

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

## Section 17: Colorectal Cancer Screening

---

**CATI note: If respondent is  $\leq$  49 years of age, go to next section.**

The next questions are about colorectal cancer screening.

**17.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (231)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

**17.2** How long has it been since you had your last blood stool test using a home kit? (232)

**Read only if necessary:**

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

**Do not read:**

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



**17.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (233)

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

**CATI Note: if 17.3=1 and age>=50 and qstpath=12,13,22,23, then go to STCC1.  
If 17.3=1 and age<50 then go to 17.4.**

**STCC1** What is the most important reason you got your sigmoidoscopy or colonoscopy?

**Do Not Read. Mark Only One.**

- 01 Routine checkup
- 02 To stay healthy/Prevent cancer
- 03 Had symptoms
- 04 Doctor recommended it
- 05 Peace of mind
- 06 Encouraged by friends/family
- 07 To detect cancer
- 08 Knows someone with colorectal cancer
- 09 Family history
- 10 Past personal history
- 11 Insurance was ending
- 12 Age
  
- 66 Other
- 77 Don't know/not sure
- 99 Refused

**17.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (234)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

**17.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (235)

**Read only if necessary:**

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



- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

## Section 18: HIV/AIDS

---

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**18.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (236)

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

**18.2** Not including blood donations, in what month and year was your last HIV test? (237-242)

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

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

**18.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (243-244)

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



## Optional Modules

### Module 4: Health Care Access

---

1. Do you have Medicare? (281)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

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

2. What is the primary source of your health care coverage? Is it... (282-283)

Please Read

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source
- 08 None (no coverage)

Do not read:

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

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

**Othtype** Do you have additional health care coverage other than [auto fill response from M04Q02]?

- 1 Yes **(Go to MCovType)**
- 2 No **(Go to C03Q02)**
- 7 Don't know/Not sure **(Go to C03Q02)**
- 9 Refused **(Go to C03Q02)**



MCovtype

What other source or sources of health care coverage do you have?  
(Select all that apply)

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source
- 08 None (no coverage)

Do not read:

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

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

**CATI NOTE: If PPHF State, go to Core Q3.2.**

**3.** Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (284)

Please read

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

Do not read:

- 6 Other \_\_\_\_\_ (specify) (285-309)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CATI NOTE: If PPHF State, go to Core Q3.4.

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



- 4a.** In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (310)
- 1 Yes [Go to Q5]
  - 2 No [Go to Q5]
  - 7 Don't know/Not sure **[Go to Q5]**
  - 9 Refused [Go to Q5]

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

- 4b.** About how long has it been since you last had health care coverage? (311)
- 1 6 months or less
  - 2 More than 6 months, but not more than 1 year ago
  - 3 More than 1 year, but not more than 3 years ago
  - 4 More than 3 years
  - 5 Never
  - 7 Don't know/Not sure
  - 9 Refused

- 5.** How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (312-313)

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

- 6.** Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (314)

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

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



Please read:

(315)

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

Do not read:

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

8. Do you currently have any health care bills that are being paid off over time? (316)

INTERVIEWER NOTE:

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

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

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

CATI NOTE: If PPHF state, Go to Core Section 4.

## Module 17: Random Child Selection

---

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

**If Core Q8.7 = 1, Interviewer please read:** "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

**If Core Q8.7 is >1 and Core Q8.7 does not equal 88 or 99, Interviewer please read:** "Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the "Xth" **[CATI: please fill in]** child.



1. What is the birth month and year of the “Xth” child?  
(584-589)

__ / __ __	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?  
(590)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (591-594)

**If yes, ask: Are they...**

**Interviewer 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

**Do not read:**

5	No
7	Don't know / Not sure
9	Refused

4. Which one or more of the following would you say is the race of the child?  
(595-622)

**(Select all that apply)**

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

**10 White**





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

**Do not read:**

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

5. Which one of these groups would you say best represents the child's race?  
(623-624)

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

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



- 53 Samoan
- 54 Other Pacific Islander

**Do not read:**

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

**6.** How are you related to the child?  
(625)

Please read:

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

Do not read:

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

## Module 18: Childhood Asthma Prevalence

---

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

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

**1.** Has a doctor, nurse or other health professional EVER said that the child has asthma? (626)

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

**2.** Does the child still have asthma? (627)

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

(630)



- 1 Yes
- 2 No

## State-Added Questions

### Child Physical Activity

*Ask on all questionnaires. This question was asked during the first quarter but then removed due to lack of funding.*

**CATI note:** If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module. Ask only of children age 5 or older.

**CHILDPA** In a typical week, on how many days does your child spend at least one hour being physically active? This includes active play, walking to school, P.E., sports, riding a bike, skateboarding, etc.

\_\_ Number of days (01-07)

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

### Child Autism

*Ask on all questionnaires. As of children age 2-17.*

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

**Autism1** Has a doctor or other health care provider ever told you that the child had Autism, Asperger's Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder?

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

**Autism2** Does the child currently have the condition?

- 1 Yes
- 2 No **(Skip to Autism4)**
- 7 Don't know / Not sure **(Skip to Autism4)**
- 9 Refused **(Skip to Autism4)**

**Autism3** Would you describe [his/her] condition as mild, moderate, or severe?

- 1 Mild



- 2 Moderate
- 3 Severe
  
- 7 Don't know/not sure
- 9 Refused

**Autism4** In what setting were you first told that the child had Autism or Autism Spectrum Disorder? Was it school, health care, or some other setting?

**Interviewer note:** This question is asking the setting where a child was first **diagnosed** with Autism.

**DO NOT READ**

- 1 School
- 2 Health Care (includes Health Department)
- 3 Other (Specify \_\_\_\_\_)
  
- 7 Don't know/not sure
- 9 Refused

**Autism5** What type of doctor or other provider first provided this diagnosis?

**DO NOT READ**

- 1 General Pediatrician
- 2 Developmental Pediatrician
- 3 Child Psychiatrist
- 4 Child Psychologist
- 5 School assessment team
- 6 Speech Therapist
- 7 Neurologist
- 8 Other (Specify \_\_\_\_\_)
  
- 77 Don't know/not sure
- 99 Refused

**Autism6** How old was the child when you were first told that he/she had Autism or ASD?

\_\_ Age in years (1-17)

- 88 Less than 1 year old
- 77 Don't know/not sure
- 99 Refused

**CATI Note: If Autism2=2, continue. If Autism2=1,7,9 then go to next section.**

**Autism7** To the best of your knowledge, did the child ever have Autism or ASD?

- 1 Yes (go to Autism8a)
- 2 No (go to Autism8b)
- 7 Don't know / Not sure (skip to next section)
- 9 Refused (skip to next section)

**Autism8a** I'm going to read a list of reasons why the child may no longer have Autism. For each option, please tell me if it applies to the child.

**(Select all that apply.)**



- 1 Treatment helped the condition go away.
- 2 The condition seemed to go away on its own.
- 3 Behaviors or symptoms changed.
- 4 A doctor or other health care provider changed the diagnosis.
- 5 Some other reason
  
- 7 Don't know/not sure
- 9 Refused

**Autism8b** I'm going to read a list of reasons why a doctor, health care provider, or school professional may have told you that the child had a condition that [he/she] never had. For each option, please tell me if it applies to the child.

**(Select all that apply.)**

- 1 With more information, the diagnosis changed.
- 2 The diagnosis was given so the child could receive needed services.
- 3 You disagree with the doctor or other health provider about their opinion that the child has Autism or ASD.
- 4 Some other reason
  
- 7 Don't know/not sure
- 9 Refused

## Insurance and Access

**Ask on questionnaires 11 and 21. Ask 'K' questions of all respondents with a randomly selected child.**

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

**If C03Q01=2,7,9 then ask CovMed and CovType. Otherwise, skip to KCovType.**

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

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

**COVtype** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?  
(Select all that apply.)

**Please Read:**

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source
- 08 None (no coverage)

Do not read:



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

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

**If no selected child, skip to instructions before WHY.**

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

**Please Read:**

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 CHIP
- 07 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 08 Some other source
- 09 None (no coverage)

Do not read:

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

**If KCOVtype = 01 – 08, then skip to KCOV12. Otherwise, continue. \*\*At this point, CATI determines the insurance status of the child. 1=insured, 2=uninsured. Insured kids will go to KCOV12, uninsured kids will go to KUNINS.**

**KUNINS** For how many months has the child been uninsured?

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

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

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



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

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

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

**If adult is insured, then skip to KWHY.**

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

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

***Read responses, select all that apply.***

- 1 your or someone else's employer does not or no longer offers insurance coverage to you
- 2 you *[or someone else in the household]* lost a job or changed employers
- 3 you *[or someone in the household]* is a temporary employee
- 4 you *[or someone in the household]* is self-employed
- 5 the premiums cost too much
- 6 you are healthy and decided it would be safe to go without insurance
- 7 the insurance company refused to cover you
- 8 you lost Medicaid or CHIP eligibility, or
- 66 some other reason?
  
- 77 don't know/not sure
- 99 refused

**If WHY=5 then ask:**

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

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

**If WHY=7 then ask:**

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

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

**If WHY=8 then ask:**

**WHYelig** Did you lose Medicaid or CHIP eligibility because

**Please read:**

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



5 For some other reason

**Do not read**

7 Don't know/Not sure

9 Refused

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

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

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

**Read responses, select all that apply.**

- 1 your or someone else's employer does not or no longer offers insurance coverage to the child
- 2 you [or someone else in the household] lost a job or changed employers
- 3 you [or someone in the household] is a temporary employee
- 4 you [or someone in the household] is self-employed
- 5 the premiums cost too much
- 6 the child is healthy and it was considered safe for [him/her] to go without insurance
- 7 the insurance company refused to cover [him/her]
- 8 the child lost Medicaid or CHIP eligibility, or
- 66 some other reason?
  
- 77 don't know/not sure
- 99 refused

**If KWHY=5 then ask:**

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

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

**If KWHY=7 then ask:**

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

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

**If KWHY=8 then ask:**

**KWHYelig** Did the child lose Medicaid or CHIP eligibility because

**Please read:**

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





**Do not read**

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

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

**WHYemp** We're interested in knowing whether there are some people who COULD currently get health insurance through an employer, but decided not to enroll. Could you currently be covered by a plan that is available through an employer?

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

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

**KWHYemp** **[if no uninsured adult, then read:** We're interested in knowing whether there are some people who COULD currently get health insurance through an employer, but decided not to enroll.] Could the child currently be covered by a plan that is available through an employer?

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

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

**INSDELY** **(Skip if adult has been uninsured for more than 12 months (M04Q04b>12 months).** The next few questions ask about some reasons people might **delay or have problems** getting **medical, dental, mental health or other care** for themselves.

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

**Interviewer Note:** This question is asked of all individuals, even if they **currently do not** have insurance. The reason is that **at some point in the last 12 months** they may have had insurance and encountered this problem.

- 1 Yes
- 2 No
- 3 Person Uninsured all 12 months
- 7 Don't know/Not sure
- 9 Refused

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

**KINSDELY** **(Skip if child has been uninsured for more than 12 months, KUNINS>12 months).** In the past 12 months, did the child have problems or was there a delay in seeking care for the child because the service was not covered by his/her insurance?

**Interviewer Note:** This question is asked of all individuals, even if they **currently do not** have insurance. The reason is that **at some point in the last 12 months** they may have had insurance and encountered this problem.

- 1 Yes



- 2 No
- 3 Child Uninsured all 12 months
- 7 Don't know/Not sure
- 9 Refused

**SERVDELY** In the past 12 months, did you have problems or delay seeking care for yourself because you could not find the services in your area?

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

**KSERVDEL** In the past 12 months, did the child have problems or was there a delay in seeking care for the child because the services could not be found in the child's area?

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

**KCOSTDEL** Thinking about the child, in the past 12 months, did you have problems or delay getting care for the child because the services cost too much?

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

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

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

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

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

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

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



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

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

**Interviewer Probe:** By main job I mean the one at which you usually work the most hours.

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

**NUMEMPS** Thinking about the company you work for, approximately how many employees work for this organization?

**Interviewer Note:** If "DK", **Probe:** What is your best guess?

- 1 1 employee
- 2 2-50 Employees
- 3 50+ Employees
- 7 Don't know/Not sure
- 9 Refused

## Religion

*Asked on all questionnaires.*

**RELIG** Do you consider yourself (read options 1-6)?

**Interviewer Note:** If respondent says “other” ask: “What religion are you?” then choose from the options below, if listed. Select only one.

**READ:**

- 01. Protestant
- 02. Catholic
- 03. Jewish
- 04. LDS (Latter Day Saints/Mormon)
- 05. No Religion **[skip to next section]**
- OR
- 06. Some other religion I have not mentioned

**DO NOT READ:**

- 77. DON'T KNOW / NOT SURE **[skip to next section]**
- 99. REFUSED **[skip to next section]**

- 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

**RELIGACT** How many times per day, week, month, or year do you attend services?



- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year

**DO NOT READ:**

- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

## Tobacco Questions

**Ask on questionnaires 12/22 and 13/23.**

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

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

\_\_ \_\_ =Number of cigarettes (76=76 or more)

**DO NOT READ**

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

**STSMK2** For the next question, I am going to read you a set of possible answers. Please answer "Yes" or "No" to each answer. Do you plan to quit smoking for good.

INTERVIEWER NOTE: PAUSE BETWEEN EACH RESPONSE CATEGORY TO ALLOW RESPONDENTS TO ANSWER "YES" OR "NO" TO EACH CATEGORY. ENTER THE RESPONSE CODE FOR THE FIRST "YES" AND THEN CONTINUE TO THE NEXT QUESTION.

- 1 in the next 7 days,
- 2 in the next 30 days,
- 3 in the next 6 months,
- 4 in the next year,
- 5 more than 1 year from now, or
- 6 You don't plan on quitting

**DO NOT READ**

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

*[All Respondents]*

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

- 1 Yes
- 2 No (**Go to STSMK5**)
- 3

**DO NOT READ**



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

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

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

DO NOT READ

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

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

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

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

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

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

DO NOT READ

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

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

- 1 Yes
- 2 No

DO NOT READ

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

**STSMK7** Did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion (Well BYOU trin/ZEYE ban/byou PRO pee on)?

- 1 Yes
- 2 No

DO NOT READ

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



**STSMK8**

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

- 1 Yes
- 2 No

DO NOT READ

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

**STSMK9**

Do you currently live in a...

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

OR

- 3 A dorm, on-campus apartment, fraternity/sorority house, or visiting faculty housing
- 7 Don't know/not sure
- 9 Refused

**STSMK10**

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

\_\_ Number of days (limit 1-7)

- 55 I was not at home in the past 7 days
- 88 None
- 77 Don't know/not sure
- 99 Refused

**STSMK11**

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

- 1 Yes
- 2 No

DO NOT READ

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

**STSMK12**

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?

\_\_ Number of days [1-7]

- 8 8 None

DO NOT READ

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



## Tobacco Ad Awareness

*Ask of every respondent on all legs of the questionnaire.*

**SMOKEAD** In the past 30 days, how often have you seen ads on TV encouraging smokers to quit or about the dangers of smoking?

- 1 Never
- 2 About once or twice in the past 30 days
- 3 About once a week
- 4 Several times a week

DO NOT READ

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

## Prescription Pain Medication

*Ask on questionnaire 11/21.*

**STPPM1** In the past year, did you use any pain medications that were prescribed to you by a doctor?

- 1 Yes
- 2 No (include "not prescribed" and "prescribed but did not use") (**skip to STPPM5**)
- 7 Don't know / Not Sure (**skip to STPPM5**)
- 9 Refused (**skip to STPPM5**)

**STPPM2** The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

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

**STPPM3** The last time you filled a prescription for pain medication was there any medication leftover?

- 1 Yes
- 2 No (**skip to STPPM5**)
- 7 Don't know / Not sure (**skip to STPPM5**)
- 9 Refused (**skip to STPPM5**)

**STPPM4** What did you do with the leftover prescription pain medication?

(Interviewer, **DO NOT READ RESPONSES**)

- 1 Kept it
- 2 Disposed of it
- 3 Gave it to someone else



- 4 Sold it
- 5 Other
  
- 7 Don't know / Not sure
- 9 Refused

**STPPM5** Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.

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

- 1 Yes
- 2 No (**skip to next section**)
  
- 7 Don't know / Not sure (**skip to next section**)
- 9 Refused (**skip to next section**)

**STPPM6** How did you obtain the prescription pain medication?  
**(Interviewer note: referring to the last time you used prescription pain medication NOT prescribed for you.)**

- 1 Given to me for free from a friend or relative
- 2 Taken from owner without his or her knowledge
- 3 Purchased from friend or relative
- 4 Purchased from street dealer
- 5 Purchased online
- 6 Other





## Hypertension Awareness

*Ask on questionnaires 12/22 and 13/23.*

**HighBP** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

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

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

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

**HBPMeds** Are you currently taking medicine for your high blood pressure?

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

## Pre-Hypertension Prevalence

*Ask on questionnaires 12/22 and 13/23.*

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

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
  
- 7 Don’t know/not sure
- 9 Refused

## Actions to Control High Blood Pressure

*Ask on questionnaires 12/22 and 13/23.*

Ask if HighBP=1.



**HBP1** Has a doctor or other health professional ever advised you to **change your eating habits** to help lower or control your high blood pressure?

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

**HBP2** Are you **changing your eating habits** to help lower or control your high blood pressure?

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

**HBP3** Has a doctor or other health professional ever advised you to **exercise** to help lower or control your high blood pressure?

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

**HBP4** Are you **exercising** to help lower or control your high blood pressure?

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

**HBP5** Has a doctor or other health professional ever advised you **to take medication** to help lower or control your high blood pressure?

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

## Folic Acid

*Ask on Questionnaires 12/22 and 13/23. Ask of women 18 – 44 years old.*

**SPRL1** Do you currently take any vitamin pills or supplements?  
(Interviewer instruction: Include liquid supplements.)

- 1 Yes
- 2 No (**Go to SPRL5**)
- 7 Don't know/Not sure (**Go to SPRL5**)
- 9 Refused (**Go to SPRL5**)



**SPRL2** Are any of these a multivitamin?

- 1 Yes (**Go to SPRL4**)
- 2 No
- 7 Don't know/Not sure
- 9 Refused

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

- 1 Yes
- 2 No (**Go to SPRL5**)
- 7 Don't know/Not sure (**Go to SPRL5**)
- 9 Refused (**Go to SPRL5**)

**SPRL4** How often do you take this vitamin pill or supplement?

Enter times per Day, per Week or per Month

- 1 \_\_\_ Times per day
- 2 \_\_\_ Times per week
- 3 \_\_\_ Times per month
- 777 Don't know/Not sure
- 999 Refused

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

- 1 Yes
- 2 No (**Go to SPRL7**)
- 7 Don't know/Not sure (**Go to SPRL7**)
- 9 Refused (**Go to SPRL7**)

**SPRL6.** **[Flow instruction: only ask of those who answered "yes" to SPRL5]**

Where did you hear or read about it?

(Interviewer note: Do not probe. Mark all mentioned)

- 01 Physician/OB/GYN/GP/FP
- 02 Nurse/nurse practitioner
- 03 Other /Health Clinic Staff
- 04 Brochures/literature at health care provider's office
- 05 Friend or relative/co-worker
- 06 Label on consumer product (i.e. food, vitamins)
- 07 Magazine or newspaper
- 08 Radio or Television
- 09 School
- 10 Books
- 11 Internet
- 12 Professional Journal
- 13 WIC (Women, Infants and Children)
  
- 66 Other
- 77 Don't know/Not sure
- 99 Refused



SPRL7

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

To make strong bones, To prevent birth defects, To prevent high blood pressure or Some other reason.

**Please Read**

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure
- or
- 4 Some other reason

**Do not read these responses**

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

### Walking

Ask on questionnaires 12/22 and 13/23. **This question was asked during the first quarter and then removed due to lack of funding.**

Walking

In the past 30 days have you increased your physical activity by walking more?

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

### Asthma Call-Back Permission Script

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

AFU1

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

- 1 Yes
- 2 No

AFU2

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

\_\_\_\_\_ Enter first name or initials.



**Asthma Call-Back Selection**

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

- 1 Adult
- 2 Child

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

\_\_\_\_\_ Enter first name or initials.

**State Follow-up Question**

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

**STFU1**

Occasionally programs at the Department of Health or researchers at Utah universities would like to conduct follow-up surveys. Can I please have your first name so that if we contact you in the future we can ask for you specifically? You can always let us know at that time if you do not wish to participate in the survey.

Type in respondent's first name only.

\_\_\_\_\_

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

**Closing Statement**