

2001 Utah Health Status Survey Questionnaire
Office of Public Health Assessment
Utah Department of Health
Tuesday, February 05, 2002

INTRODUCTION.....	2
HOUSEHOLD MEMBER DEMOGRAPHIC CHARACTERISTICS.....	4
MEDICAL OUTCOMES STUDY, SF-12.....	9
MEDICAL CONDITIONS.....	12
Diabetes.....	12
Asthma.....	12
Obstructive Pulmonary Disease.....	13
Arthritis.....	13
Stroke.....	14
Heart Disease.....	14
HEALTH INSURANCE STATUS.....	15
Coverage Status.....	15
Reason Uninsured.....	17
Head of Household Employment Characteristics.....	20
PRIMARY PROVIDER.....	21
HEALTH CARE UTILIZATION.....	21
ACCESS TO HEALTH CARE.....	23
INJURIES.....	26
Standard Injury Questions.....	26
Car Restraints.....	27
Firearms.....	28
HEALTH SCREENING.....	30
BP Screening.....	30
BP Management.....	30
Cholesterol Screening.....	30
Cholesterol Management.....	30
LIFESTYLE.....	31
Exercise (this section to be asked for all aged 12+ in household).....	31
Exposure to Second Hand Smoke.....	31
MIGRATION.....	32
HOUSEHOLD DEMOGRAPHIC CHARACTERISTICS.....	33
PART TWO: SPECIFIC FOLLOW-UP QUESTIONS.....	36
CHIP Follow-up.....	36

I.D.#: _____

AREA CODE AND TELEPHONE NUMBER: _____ - _____ - _____

INTERVIEW TIME:

S1a. REGION (Local Health District)

- | | | |
|----------------|---------------|-------------------|
| 1...BEAR RIVER | 2...CENTRAL | 3...DAVIS |
| 4...SALT LAKE | 5...SOUTHEAST | 6...SOUTHWEST |
| 7...SUMMIT | 8...TOOELE | 9...UINTAH |
| 10...UTAH | 11...WASATCH | 12...WEBER/MORGAN |

INTRODUCTION

Hello, this is _____ calling from PEGUS Research of Salt Lake City. The Utah Department of Health has commissioned us to conduct a research study about the health of people in your state. Your telephone number has been randomly chosen to be included in the study and we'd like to ask some questions about the health of people living in your household to guide state health policies. **(If necessary, read:)** The information will be used by state lawmakers, public health programs and by your local health department in setting the public health agenda. In order for the study to truly represent all Utahns, it is extremely important that we conduct an interview with every randomly selected household. **(If respondent wants to verify survey legitimacy, give out phone number (800) xxx-xxxx) Kimberly Partain McNamara**

- 1 . . . CONTINUE
- 2 . . . ENTER A DISPOSITION

S1b. Is this a residential number in the state of Utah?

- 1 . . . YES (CONTINUE)
- 2 . . . NO (THANK AND TERMINATE)
- 3 . . . (DK) (THANK AND TERMINATE)
- 4 . . . (REFUSED)(THANK AND TERMINATE)

S1c. Is this (xxx)xxx-xxxx?

- 1.....YES
- 2.....NO

Interviewer Note: If they ask how you got their number, state that the phone number was randomly generated by computer.

S3. May I please speak to the adult in the household, age 18 or older, who has had the most recent birthday?

- 1.....YES
- 2.....NO/NOT AVAILABLE
- 2.....NO ADULT OVER THE AGE OF 18 IN HOUSEHOLD

Interviewer Note: This would be the adult in the household who celebrated the last birthday, not the person with the birthday closest to today.

CONSENT. All of your answers and your phone number will remain completely confidential. Also, if there is any question you do not want to answer just let me know and we'll go on to the next one. If it is alright with you my supervisor may listen to all or part of this call to monitor my performance. (45 CFR 46.116, Title 21 CFR Part 56.116)

- 1. CONTINUE WITH THE SURVEY
- 2. NOT A GOOD TIME RIGHT NOW/ CALLBACK
- 3. REFUSAL

S2. In what county is this household located?

- | | |
|--------------|--|
| 01 Beaver | 17 Rich |
| 02 Box Elder | 18 Salt Lake |
| 03 Cache | 19 San Juan |
| 04 Carbon | 20 Sanpete |
| 05 Daggett | 21 Sevier |
| 06 Davis | 22 Summit |
| 07 Duchesne | 23 Tooele |
| 08 Emery | 24 Uintah |
| 09 Garfield | 25 Utah |
| 10 Grand | 26 Wasatch |
| 11 Iron | 27 Washington |
| 12 Juab | 28 Wayne |
| 13 Kane | 29 Weber |
| 14 Millard | 88 DK/Not sure (Continue to TOWN) |
| 15 Morgan | 99 Refused |
| 16 Piute | |

TOWN. What is the name of the town or city that you live in? (Open-ended)

S3a. We need to know how many people are in your household so that we can ask you relevant questions. Please tell me how many people, age 18 or older live in your household, including yourself? (Open ended **and code actual number**) (**If not sure, ask:**) Is this CURRENTLY his/her primary residence? (**For students living away from home, LDS missionaries, and for military on active duty the answer should be "No"**)

- 00 . . . NONE
01 . . . ONE
ENTER # OF PEOPLE GIVEN, _____ (02-11)
8..... 8 OR MORE
98 . . . (DK) (THANK AND TERMINATE)
99 . . . (REFUSED) (THANK AND TERMINATE)

S4. How many members of your household are children under 18 years of age? (Open ended **and code actual number**)

Interviewer Note: For children who live part time with another parent, please include the child if they are staying in the household today.

- 00 . . . NONE
01 . . . ONE
ENTER # OF PEOPLE GIVEN, _____ (02-11)
12..... 12 OR MORE
98 . . . (DK)
99 . . . (REFUSED)

(If code "01" in S3a, Skip to S6; Otherwise, Continue)

S9a. Thinking about ALL the adults in your household who are age 18 or older, who would know the MOST about EVERYONE'S health in your household? Would that be YOU, or some other household member?

- 1 RESPONDENT (**CONTINUE**)
2 RESPONDENT & SOMEONE ELSE EQUALLY (**CONTINUE**)
3 SOME OTHER HOUSEHOLD MEMBER (**CONTINUE**)
4 (DK) (**SKIP TO S10**)
5 (REFUSED) (**SKIP TO S10**)

(If code "3" in S9a, read:) Thank you. That information will help us compare these survey results with other health surveys we've conducted in the past. For this survey I need to interview you because you were the one randomly

selected.

(Variables S6 through STATUS will be asked of the respondent first. After that they will cycle through for each individual in the household, then continue onto HISPANIC for the respondent.)

S6a-z. What is your first name? **Note:** If they don't want to give you a name, ask for initials. This is ONLY to help you keep track of who you are talking to/about during the survey.

Not including yourself, of those [BLANK] people in your household, who is the next oldest? What is their first name?

HOUSEHOLD MEMBER DEMOGRAPHIC CHARACTERISTICS

GENDER: **(Autocode respondent's ... Adults a-f = male, Adults g-l=female)**

Thinking about the next oldest person in the household, is [fill person's name] a male or a female?

- 1.....MALE
- 2.....FEMALE

RELASHIP: **(will not be asked of respondent)** How is [fill person's name] related to you?

- 00.....RESPONDENT
- 01.....SPOUSE
- 02.....SON
- 03.....DAUGHTER
- 04.....SON-IN-LAW (OF RESP OR SPOUSE)
- 05.....DAUGHTER-IN-LAW (OF R OR SPOUSE)
- 06.....FATHER (OF RESPONDENT OR SPOUSE)
- 07.....MOTHER (OF RESPONDENT OR SPOUSE)
- 08.....BROTHER (OF RESP OR SPOUSE)
- 09.....SISTER (OF RESPONDENT OR SPOUSE)
- 10.....OTHER RELATIVE
- 11.....NON RELATIVE
- 12.....(DK)
- 13.....(REFUSED)

(If S4<1, skip to AAGE; otherwise, continue)

ADOPT Are any children under age 18 living in the household adopted? We are interested in adopted children who do not live with either biological parent.

- 1.....YES
- 2.....NO
- 3 (DK)
- 9.....(REFUSED)

(READ):.....If there are any questions about other household members that you're not sure how to answer, feel free to confer with other people in the household.

AAGEa-1: How old were you (was [fill person's name]) on your (his/her) last birthday? (Open ended **and code actual age in years**)

ENTER # OF YEARS, _____ 18-105
888..DK
999..REFUSED

CAGEm-x: How old is [fill person's name]? (Open ended)

ENTER # GIVEN, _____

98.....DK

99.....REFUSED

CAGE2m-x: Is that in weeks, months, or years?

1.....WEEKS

2..... MONTHS

3..... YEARS

8.....(DK)

9.....(REFUSED)

HEALTH. In general, would you say your (your/that **response in RELASHIP**) health is excellent, very good, good, fair, or poor?

1.....POOR

2.....FAIR

3.....GOOD

4..... VERY GOOD

5.....EXCELLENT

6.....(DK)

7.....(REFUSED)

(If age <18, skip to next respondent question)

HEIGHT. About how tall are you (is your/that **response in RELASHIP**) without shoes?

(Open ended **and code actual height**) (**Round to the nearest inch, 1/4 rounds down; 2 or 3/4 round up**)

ENTER # GIVEN, _____ (FEET)

8.....(DK)

9.....(REFUSED)

HEIGHT2. (About how tall are you (is your/that **response in RELASHIP**) without shoes?)

ENTER # GIVEN, _____ (INCHES)

98.....(DK)

99.....(REFUSED)

WEIGHT. About how much do you (does your/that **response in RELASHIP**) weigh, without clothes and shoes?

(Open ended **and code actual weight**)

ENTER # GIVEN, _____ (WEIGHT)

998.....(DK)

999.....(REFUSED)

EDUCAT. What is the highest year or grade of education you have (your/that **response in RELASHIP** has) completed? (Open ended and code)

1.....SOME HIGH SCHOOL OR LESS

2.....HIGH SCHOOL GRADUATE/GED

3.....SOME COLLEGE OR VOCATIONAL SCHOOL

4.....TECH./VOCATIONAL SCHOOL GRAD/ASSOC. DEGREE

5.....COLLEGE GRADUATE (4-YEAR COLLEGE DEGREE)

6.....SOME POSTGRADUATE COURSES

7.....POSTGRADUATE/PROFESSIONAL DEGREE

(MA, MS, PhD, JD, MD, ETC.)

8.....(DK)

9.....(REFUSED)

EMPLOYEDA-1. Thinking about the last 12 months, were you (was your/that **response in RELASHIP**) employed, that is, working for pay, during MOST of that time?

1..... YES (CONTINUE)

- 2.....No (**SKIP TO JOBSTATa-L**)
- 8.....(DK) (**SKIP TO STATUS**)
- 9.....(REFUSED) (**SKIP TO STATUS**)

HOURSWKD. (**If code "1" in EMPLOYEDa-l, ask:**) Counting hours from all jobs, how many hours did you (he/she) work for pay during a TYPICAL WEEK last year? (Open ended **and code actual number**)
 ENTER # GIVEN, _____ (HOURS)
 98.....(DK)
 99.....(REFUSED)

EMPCSELF. (**If code "01" in S3a, ask:**) Are you/they self-employed?
 1..... YES
 2..... NO
 8.....(DK)
 9.....(REFUSED)

JOBSTATa-l. (**If code "2" in EMPLOYED, ask:**) Were you primarily (**read 1-6**)?
 1..... RETIRED
 2..... KEEPING HOUSE
 3..... A FULL TIME STUDENT
 4..... TEMPORARILY NOT AT WORK
 5..... UNEMPLOYED AND LOOKING FOR WORK,
 OR
 6..... UNABLE TO WORK
 7..... OTHER (DO NOT LIST) (**DO NOT READ**)
 8..... DK (**DO NOT READ**)
 9..... REFUSED (**DO NOT READ**)

STATUS. Are you (is that/your **response in RELASHIP**) currently (**read 1-5**)?

(If respondent says, "DK" or "living as married", probe:) What category do you think you fall into?

- 1..... MARRIED
- 2..... DIVORCED
- 3..... WIDOWED
- 4..... SEPARATED, OR
- 5..... NEVER MARRIED
- 8..... DK (**DO NOT READ**)
- 9..... REFUSED (**DO NOT READ**)

HOFH.....Of the adults living in your house, who would you say is the head of the household?

Interviewer Note: If respondent has trouble answering this question because they are unsure who the Head of Household is, tell them that for our purpose the HofH is the person who's job is most likely to provide health insurance. If that does not work tell them that it is up to them.

- 01(**RESPONSE IN S6-A**)
- 02.....(**RESPONSE IN S6-B**)
- 03.....(**RESPONSE IN S6-C**)
- 04.....(**RESPONSE IN S6-D**)
- 05.....(**RESPONSE IN S6-E**)
- 06.....(**RESPONSE IN S6-F**)
- 07.....(**RESPONSE IN S7-A**)
- 08.....(**RESPONSE IN S7-B**)
- 09.....(**RESPONSE IN S7-C**)
- 98.....(DK)
- 99(REFUSED)

HISPANIC..... Are you (is your/that **response in RELASHIP**) of Spanish, Hispanic, or Latino origin or descent?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

**(If code '01' in S3a AND code '00' in S10, Skip to RACEa-x;
Otherwise, Continue)**

HISPAN2. Are any other household members of Spanish, Hispanic, or Latino origin?

- 1..... YES, ALL
- 2..... YES, SOME
- 3..... NO, NO ONE ELSE IS
- 8..... (DK)
- 9..... (REFUSED)

**(If code '02' in HISPAN2, continue;
Otherwise, skip to RACEa)**

HISPAN3b-1. Will you please tell me which other household members are of Spanish, Hispanic, or Latino origin?

- 1..... [FILL PERSON 1]
- 2..... [FILL PERSON 2]
- 3..... [FILL PERSON 3]
- 4..... [FILL PERSON 4]
- 5 ETC

(READ)..... The next few questions ask about race.

RACE1..... Do you consider yourself to be BLACK or AFRICAN AMERICAN?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

RACE2..... Do you consider yourself to be ASIAN?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

RACE3..... Do you consider yourself to be NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

RACE4..... Do you consider yourself to be AMERICAN INDIAN or ALASKA NATIVE?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

RACE5..... Do you consider yourself to be WHITE?

- 1..... YES

- 2.....No
- 8.....(DK)
- 9.....(REFUSED)

RACE6..... Do you consider yourself to be SOMETHING ELSE, other than what I have already mentioned?

- 1..... YES
- 2.....No
- 8.....(DK)
- 9.....(REFUSED)

RACE7.....What race do you consider yourself to be? (**Type In Exactly What The Respondent Says**)

**(If code '01' in S3a AND code '00' in S10, Skip to SF2;
Otherwise, skip to RACEALL)**

**If code '08-09' in RACEa, Skip to SF2;
Otherwise, Continue)**

RACEALL.... Is everyone else in the household (**response in RACE**)?

- 1..... YES
- 2.....No
- 8.....(DK)
- 9.....(REFUSED)

(if code "3" in RACEALL go to RACEb-x (for each person in household)

MEDICAL OUTCOMES STUDY, SF-12

[Question HEALTH, "In general, would you say your health is excellent, very good, good, fair or poor?" is the first item in the SF12 scale.]

SF2. The next few questions ask about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU IN MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? Would you say you are limited a lot, a little, or not at all?

- 1..... A LOT
- 2..... A LITTLE
- 3..... NOT AT ALL
- 8..... (DK) **DO NOT READ**
- 9..... (REFUSED) **DO NOT READ**

SF3. How about CLIMBING SEVERAL FLIGHTS OF STAIRS? Would you say your health limits you a lot, a little, or not at all?

- 1..... A LOT
- 2..... A LITTLE
- 3..... NOT AT ALL
- 8..... (DK) **DO NOT READ**
- 9..... (REFUSED) **DO NOT READ**

During the past 4 WEEKS, how much of the time have you had any of the following problems with your work or regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?

SF4. How much of the time have you ACCOMPLISHED LESS than you would like? Would you say ...

- 1..... ALL OF THE TIME
- 2..... MOST OF THE TIME
- 3..... SOME OF THE TIME
- 4..... A LITTLE OF THE TIME, OR
- 5..... NONE OF THE TIME
- 8..... (DK) **DO NOT READ**
- 9..... (REFUSED) **DO NOT READ**

SF5. How much of the time were you limited in the KIND of work or other activities you could do?

- 1..... ALL OF THE TIME
- 2..... MOST OF THE TIME
- 3..... SOME OF THE TIME
- 4..... A LITTLE OF THE TIME, OR
- 5..... NONE OF THE TIME
- 8..... (DK) **DO NOT READ**
- 9..... (REFUSED) **DO NOT READ**

During the past 4 WEEKS, how much of the time have you had any of the following problems with your work or other daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS, such as feeling depressed or anxious.

SF6. How much of the time have you ACCOMPLISHED LESS than you would like?

- 1..... ALL OF THE TIME
- 2..... MOST OF THE TIME
- 3..... SOME OF THE TIME
- 4..... A LITTLE OF THE TIME, OR
- 5..... NONE OF THE TIME
- 8..... (DK) **DO NOT READ**
- 9..... (REFUSED) **DO NOT READ**

SF7. How much of the time did you have trouble doing work or other activities as CAREFULLY as usual?

- 1.....ALL OF THE TIME
- 2.....MOST OF THE TIME
- 3.....SOME OF THE TIME
- 4.....A LITTLE OF THE TIME, OR
- 5.....NONE OF THE TIME
- 8.....(DK) **DO NOT READ**
- 9.....(REFUSED) **DO NOT READ**

SF8. During the past four weeks, how much did PAIN interfere with your normal work including both work outside the home and housework, would you say (read 1-5)?

- 1.....NOT AT ALL
- 2.....A LITTLE BIT
- 3.....MODERATELY
- 4.....QUITE A BIT, OR
- 5.....EXTREMELY
- 8.....(DK) **DO NOT READ**
- 9.....(REFUSED) **DO NOT READ**

SF9. The next three questions ask about how you feel and how things have been with you DURING THE PAST FOUR WEEKS. How much of the time during the past four weeks have you felt calm and peaceful? Would you say (read 1-6)?

- 1.....ALL OF THE TIME
- 2.....MOST OF THE TIME
- 3.....SOME OF THE TIME
- 4.....A LITTLE OF THE TIME, OR
- 5.....NONE OF THE TIME
- 8.....(DK) **DO NOT READ**
- 9.....(REFUSED) **DO NOT READ**

SF10. How much of the time during the PAST FOUR WEEKS did you have a lot of energy? Would you say (read 1-6)?

- 1.....ALL OF THE TIME
- 2.....MOST OF THE TIME
- 3.....SOME OF THE TIME
- 4.....A LITTLE OF THE TIME, OR
- 5.....NONE OF THE TIME
- 8.....(DK) **DO NOT READ**
- 9.....(REFUSED) **DO NOT READ**

SF11. How much of the time during the past four weeks have you felt downhearted and blue? (If necessary, read 1-6)

- 1.....ALL OF THE TIME
- 2.....MOST OF THE TIME
- 3.....SOME OF THE TIME
- 4.....A LITTLE OF THE TIME, OR
- 5.....NONE OF THE TIME
- 8.....(DK) **DO NOT READ**
- 9.....(REFUSED) **DO NOT READ**

SF12. During the last four weeks, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities, like visiting with friends, relatives, etc.? (If necessary, read 1-6)

- 1.....ALL OF THE TIME
- 2.....MOST OF THE TIME

- 2.....SOME OF THE TIME
- 4.....A LITTLE OF THE TIME, OR
- 5.....NONE OF THE TIME
- 8.....(DK) **DO NOT READ**
- 9.....(REFUSED) **DO NOT READ**

HELP1. During the PAST 12 MONTHS, did you seek help from a therapist, counselor, or other mental health professional for any personal or emotional problems?

- 1..... YES.... (**SKIP TO DIAB1**)
- 2.....No ... (**CONTINUE**)
- 8.....(DK) . (**CONTINUE**)
- 9.....(REFUSED) (**CONTINUE**)

**(If code "1 or 2" in SF6 OR If code "1 or 2" in SF7
OR If code "3-6" in SF9 OR If code "4-6" in SF10 OR
If code "1-4" in SF11 OR If code "1-4" in SF12, Continue;
Otherwise, Skip to DIAB1)**

HELP2. Did you CONSIDER seeking help for any personal or emotional problems during the past 12 months?

- 1..... YES ... (**CONTINUE**)
- 2.....No ... (**SKIP TO DIAB1**)
- 8.....(DK).. (**SKIP TO DIAB1**)
- 9.....(REFUSED) (**SKIP TO DIAB1**)

HELP3. (**If code "1" in HELP2, ask:**) What was the primary reason you did NOT seek help? (Open ended)

- 01.....OTHER (LIST)
- 02.....(DK)
- 03.....(REFUSED)

MEDICAL CONDITIONS

(READ:) Now I am going to ask about some medical conditions.

Diabetes

DIAB1. Has a medical DOCTOR or other health professional ever told anyone currently living in your household that they have ANY KIND OF DIABETES? **(If respondent indicates diabetes while pregnant (gestational), code as "1")**

- 1..... YES (CONTINUE)
- 2..... NO..... (SKIP TO ASTH1)
- 8..... (DK).. (SKIP TO ASTH1)
- 9..... (REFUSED) (SKIP TO ASTH1)

DIAB2. **(If code "1" in DIAB1, ask:)** I need to list all household members who have been told by a doctor they have diabetes starting with the oldest? **(Probe:)** Any others? Who is the next oldest household member? (Open ended and code)

- | | |
|------------------------------------|-----------------------------------|
| 01 (RESPONSE IN S6-A) | 12..... (RESPONSE IN S6-L) |
| 02..... (RESPONSE IN S6-B) | 13..... (RESPONSE IN S6-M) |
| 03..... (RESPONSE IN S6-C) | 14..... (RESPONSE IN S6-N) |
| 04..... (RESPONSE IN S6-D) | 15..... (RESPONSE IN S6-O) |
| 05..... (RESPONSE IN S6-E) | 16..... (RESPONSE IN S6-P) |
| 06..... (RESPONSE IN S6-F) | 17..... (RESPONSE IN S6-Q) |
| 07..... (RESPONSE IN S6-G) | 18..... (RESPONSE IN S6-R) |
| 08..... (RESPONSE IN S6-H) | 19..... (RESPONSE IN S6-S) |
| 09..... (RESPONSE IN S6-I) | 20..... (RESPONSE IN S6-T) |
| 10..... (RESPONSE IN S6-J) |21 (DK) |
| 11..... (RESPONSE IN S6-K) |22 (REFUSED) |

(If response in DIAB1 = 1 and if response in DIAB2 = GENDER '2' [FEMALE] ask:)

DIAB3. Did **(read A-F)**'s diabetes occur only during pregnancy, or has she also been diagnosed with diabetes while not pregnant?

- 1..... ONLY DURING PREGNANCY
- 2..... HAS BEEN DIAGNOSED WHILE NOT PREGNANT
- 8..... (DK)
- 9..... (REFUSED)

Asthma

ASTH1. Is anyone living in your household currently under medical care for ASTHMA?

- 1..... YES .. (CONTINUE)
- 2..... NO..... (SKIP TO OPD1)
- 8..... (DK).. (SKIP TO OPD1)
- 9..... (REFUSED) (SKIP TO OPD1)

ASTH2. **(If code "1" in ASTH1, ask:)** I need to list all household members under medical care for asthma starting with the oldest? **(Probe:)** Any others? Who is the next oldest household member? (Open ended and code)

- | | |
|------------------------------------|-----------------------------------|
| 01 (RESPONSE IN S6-A) | 08..... (RESPONSE IN S6-H) |
| 02..... (RESPONSE IN S6-B) | 09..... (RESPONSE IN S6-I) |
| 03..... (RESPONSE IN S6-C) | 10..... (RESPONSE IN S6-J) |
| 04..... (RESPONSE IN S6-D) | 11..... (RESPONSE IN S6-K) |
| 05..... (RESPONSE IN S6-E) | 12..... (RESPONSE IN S6-L) |
| 06..... (RESPONSE IN S6-F) | 13..... (RESPONSE IN S6-M) |
| 07..... (RESPONSE IN S6-G) | 14..... (RESPONSE IN S6-N) |

- 15.....(RESPONSE IN S6-O)
- 16.....(RESPONSE IN S6-P)
- 17.....(RESPONSE IN S6-Q)
- 18.....(RESPONSE IN S6-R)

- 19.....(RESPONSE IN S6-S)
- 20.....(RESPONSE IN S6-T)
-21 (DK)
-22 (REFUSED)

Obstructive Pulmonary Disease

OPD1Is anyone living in your household currently under medical care for OBSTRUCTIVE PULMONARY DISEASE, such as CHRONIC BRONCHITIS or EMPHYSEMA?

- 1..... YES (CONTINUE)
- 2..... No (SKIP TO STROKE1)
- 8..... (DK).. (SKIP TO STROKE1)
- 9..... (REFUSED) (SKIP TO STROKE1)

OPD2(**If code "1" in OPD1, ask:**) I need to list all household members under medical care for obstructive pulmonary disease starting with the oldest? (**Probe:**) Any others? Who is the next oldest household member? (Open ended and code)

- | | |
|-------------------------------------|------------------------------------|
| 01(<u>RESPONSE IN S6-A</u>) | 12.....(<u>RESPONSE IN S6-L</u>) |
| 02.....(<u>RESPONSE IN S6-B</u>) | 13.....(<u>RESPONSE IN S6-M</u>) |
| 03.....(<u>RESPONSE IN S6-C</u>) | 14.....(<u>RESPONSE IN S6-N</u>) |
| 04.....(<u>RESPONSE IN S6-D</u>) | 15.....(<u>RESPONSE IN S6-O</u>) |
| 05.....(<u>RESPONSE IN S6-E</u>) | 16.....(<u>RESPONSE IN S6-P</u>) |
| 06.....(<u>RESPONSE IN S6-F</u>) | 17.....(<u>RESPONSE IN S6-Q</u>) |
| 07.....(<u>RESPONSE IN S6-G</u>) | 18.....(<u>RESPONSE IN S6-R</u>) |
| 08.....(<u>RESPONSE IN S6-H</u>) | 19.....(<u>RESPONSE IN S6-S</u>) |
| 09.....(<u>RESPONSE IN S6-I</u>) | 20.....(<u>RESPONSE IN S6-T</u>) |
| 10.....(<u>RESPONSE IN S6-J</u>) |21 (DK) |
| 11.....(<u>RESPONSE IN S6-K</u>) |22 (REFUSED) |

Arthritis

ARTH1Has anyone living in your household ever been told by a doctor that they have some form of ARTHRITIS, Rheumatoid Arthritis, gout, lupus, or fibromyalgia ?

- 1..... YES .. (CONTINUE)
- 2..... No (SKIP TO STROKE1)
- 8..... (DK).. (SKIP TO STROKE1)
- 9..... (REFUSED) (SKIP TO STROKE1)

ARTH2(**If code "1" in ARTH1, ask:**) I need to list all household members who have ever been told by a doctor that they have some form of arthritis starting with the oldest? (**Probe:**) Any others? Who is the next oldest household member? (Open ended and code) (**Probe for six responses**)

- | | |
|-------------------------------------|------------------------------------|
| 01(<u>RESPONSE IN S6-A</u>) | 12.....(<u>RESPONSE IN S6-L</u>) |
| 02.....(<u>RESPONSE IN S6-B</u>) | 13.....(<u>RESPONSE IN S6-M</u>) |
| 03.....(<u>RESPONSE IN S6-C</u>) | 14.....(<u>RESPONSE IN S6-N</u>) |
| 04.....(<u>RESPONSE IN S6-D</u>) | 15.....(<u>RESPONSE IN S6-O</u>) |
| 05.....(<u>RESPONSE IN S6-E</u>) | 16.....(<u>RESPONSE IN S6-P</u>) |
| 06.....(<u>RESPONSE IN S6-F</u>) | 17.....(<u>RESPONSE IN S6-Q</u>) |
| 07.....(<u>RESPONSE IN S6-G</u>) | 18.....(<u>RESPONSE IN S6-R</u>) |
| 08.....(<u>RESPONSE IN S6-H</u>) | 19.....(<u>RESPONSE IN S6-S</u>) |
| 09.....(<u>RESPONSE IN S6-I</u>) | 20.....(<u>RESPONSE IN S6-T</u>) |
| 10.....(<u>RESPONSE IN S6-J</u>) | 21.....(DK) |
| 11.....(<u>RESPONSE IN S6-K</u>) | 22.....(REFUSED) |

Stroke

STROKE1.....Has a medical DOCTOR or other health professional ever told anyone currently living in your household that they had a STROKE?

- 1..... YES . (CONTINUE)
- 2.....NO (SKIP TO HD1)
- 8.....(DK).. (SKIP TO HD1)
- 9.....(REFUSED) (SKIP TO HD1)

STROKE2.....**(If code "1" in STROKE1, ask:)** I need to list all household members who have been told by a doctor they have had a stroke starting with the oldest? **(Probe:)** Any others? Who is the next oldest household member? (Open ended and code)

- | | |
|------------------------------------|-----------------------------------|
| 01 (RESPONSE IN S6-A) | 12..... (RESPONSE IN S6-L) |
| 02..... (RESPONSE IN S6-B) | 13..... (RESPONSE IN S6-M) |
| 03..... (RESPONSE IN S6-C) | 14..... (RESPONSE IN S6-N) |
| 04..... (RESPONSE IN S6-D) | 15..... (RESPONSE IN S6-O) |
| 05..... (RESPONSE IN S6-E) | 16..... (RESPONSE IN S6-P) |
| 06..... (RESPONSE IN S6-F) | 17..... (RESPONSE IN S6-Q) |
| 07..... (RESPONSE IN S6-G) | 18..... (RESPONSE IN S6-R) |
| 08..... (RESPONSE IN S6-H) | 19..... (RESPONSE IN S6-S) |
| 09..... (RESPONSE IN S6-I) | 20..... (RESPONSE IN S6-T) |
| 10..... (RESPONSE IN S6-J) |21 (DK) |
| 11..... (RESPONSE IN S6-K) |22 (REFUSED) |

Heart Disease

HD1. . Has a medical DOCTOR or other health professional ever told anyone currently living in your household that they have HEART DISEASE, such as angina, congestive heart failure, or heart attack?

- 1..... YES . (CONTINUE)
- 2.....NO (SKIP TO COV1)
- 8.....(DK).. (SKIP TO COV1)
- 9.....(REFUSED) (SKIP TO COV1)

HD2 . **(If code "1" in HD1, ask:)** I need to list all household members who have been told by a doctor they have heart disease starting with the oldest? **(Probe:)** Any others? Who is the next oldest household member? (Open ended and code)

- | | |
|------------------------------------|-----------------------------------|
| 01 (RESPONSE IN S6-A) | 12..... (RESPONSE IN S6-L) |
| 02..... (RESPONSE IN S6-B) | 13..... (RESPONSE IN S6-M) |
| 03..... (RESPONSE IN S6-C) | 14..... (RESPONSE IN S6-N) |
| 04..... (RESPONSE IN S6-D) | 15..... (RESPONSE IN S6-O) |
| 05..... (RESPONSE IN S6-E) | 16..... (RESPONSE IN S6-P) |
| 06..... (RESPONSE IN S6-F) | 17..... (RESPONSE IN S6-Q) |
| 07..... (RESPONSE IN S6-G) | 18..... (RESPONSE IN S6-R) |
| 08..... (RESPONSE IN S6-H) | 19..... (RESPONSE IN S6-S) |
| 09..... (RESPONSE IN S6-I) | 20..... (RESPONSE IN S6-T) |
| 10..... (RESPONSE IN S6-J) |21 (DK) |
| 11..... (RESPONSE IN S6-K) |22 (REFUSED) |

HEALTH INSURANCE STATUS

Coverage Status

COV1. The next few questions ask about health insurance. By health insurance I mean private and employer plans, prepaid plans such as HMOs, and government plans, such as Medicare. Are any of the members of your household currently covered by health insurance?

1. YES
2. NO
8. (DK)
9. (REFUSED)

If COV1=Yes, then skip to COV2

If COV1=No, then continue

COV3. There are some types of plans you may not have considered, are any of the members of your household currently covered by...

[Read through COV2x1-10]

COV2. Please tell me if anyone in your household has any of the following, healthcare coverage ...

[continue to COV2x1-COV2x10]

COV2x1. ... that is provided through a current or former employer or union?

1. YES
2. NO
8. (DK)
9. (REFUSED)

INT Note: This type of insurance includes 'COBRA'

COV2x2. Is anyone in the household covered by ... A health insurance plan that you purchase directly from an insurance company and not through an employer or union?

1. YES
2. NO
8. (DK)
9. (REFUSED)

Interviewer Note: For example, someone who is self-employed or not employed.
If plan is purchased BY someone else FOR them, answer "yes" to this question.

COV2x3. The health plan of someone who does not live in the household?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x4. Medicare?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x5. Medicaid?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x6. The Utah Children's Health Insurance Program, or CHIP, is a program for children of working parents whose children are uninsured or who earn too much for Medicaid benefits. Does anyone have

coverage through CHIP?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x7: Is anyone in the household covered by ... An other government plan, such as Indian Health Service, Military, Champis, Tri-care or the V.A?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COV2x8. Does anyone have health insurance that covers ONLY certain specific medical conditions, such as for diabetes or breast cancer?

1. YES
2. NO
8. (DK)
9. (REFUSED)

Interviewer Note: This insurance would not cover ANYTHING ELSE, just the specific condition.

COV2x9. Coverage through some other source that I have not already mentioned?

1. YES
2. NO
8. (DK)
9. (REFUSED)

If COV2x9=2, 8, or 9, then skip to COV2x10

If COV1=Yes, then continue

COV2x9Op. What source is this coverage from?
[SPECIFY – OPEN ENDED RESPONSE]

COV2x10. Is there anyone in your household who has no health care coverage, that is, none of the types of plans I just mentioned?

1. YES
2. NO
8. (DK)
9. (REFUSED)

CATI will be programmed to create a list of all 'YES' responses in Q80x1-10. This list will then be used as the response options in the next question.

If COV2x1-COV2x9 = Yes, then €

COV2Fx1-9. Are all persons in your household covered by ...?

SLO1 A plan available through a current or former employer or union?

1. Yes – all are covered by same plan
2. No – Only some are covered by this plan
8. (DK)
9. (REFUSED)

SLO2 SLO10 [10 are possible]

1. Yes – all are covered by same plan
2. No – Only some are covered by this plan
8. (DK)
9. (REFUSED)

If COV2Fx1 - COV2Fx9 all = Yes, skip to cardsize;
If any of COV2Fx1 - COV2Fx9 = No, then continue to COV4b-1.

COV4a-1. I'd like to ask about coverage for each person in your household. Starting with [fill person #1], does he/she have ...

SLO1 A plan available through a current or former employer or union?

1. YES
2. NO
8. (DK)
9. (REFUSED)

SLO2 SLO10 [10 are possible]

1. YES
2. NO
8. (DK)
9. (REFUSED)

How about [fill person #2]? [cycle through everyone in household]

NOTE: IF YES to COV2x-10, when going through the Short List Options, if answer = YES to any type of insurance for a given individual, then skip the "No Insurance" short list option.

If all of COV2Fx1-9 = '1', ask of respondent only
If any of COV2Fx1-9 = '2', ask for every person in household

CARDSIZE. When thinking about [fill person]'s insurance card, would you say it is credit-card-sized, or a larger piece of paper?

1. Credit Card Size
2. Larger piece of paper
3. BOTH (more than 1 type of insurance)
8. (DK)
9. (REFUSED)

CARDNEW. Do you [does fill person] receive a new I.D. card every month or is the I.D. card valid for longer?

1. Once a month
2. ID card valid for longer than once a month
3. BOTH (more than 1 type of insurance)
8. (DK)
9. (REFUSED)

IF YES to COV2x-10, and if SLO1-9 = NO, and SLO10 is YES for [fill person], ask

UNINS. For how many months has [fill person] been uninsured?

- 00 LESS THAN 4 WEEKS
01-60. ENTER # OF MONTHS
61 MORE THAN 5 YEARS
98 (DK)
99 (REFUSED)

Reason Uninsured

(IF YES to COV2x-10, SLO1-9 = NO, and SLO10 is YES for [fill person], continue)
(IF not, skip to BENC1)

WHY1.....The next few questions ask about those household members who are uninsured. Is anyone in your

household uninsured because

WHY2..... Your or their employer does not offer, or stopped offering health insurance coverage to its employees?

1. Yes
2. No
3. Not employed
8. (DK)
9. (Refused)

WHY2a-1 Which household members?

(list all household members)

WHY3..... Is anyone in your household uninsured because... You or they lost a job or changed employers?

1. YES
2. NO
8. (DK)
9. (REFUSED)

WHY3a-1 Which household members?

(list all household members)

WHY4..... You or they are a part time or temporary employee?

1. YES
2. NO
8. (DK)
9. (REFUSED)

WHY4a-1 Which household members?

(list all household members)

WHY5..... Is anyone in your household uninsured because... You or they could not afford to pay the premiums?

1. YES
2. NO
8. (DK)
9. (REFUSED)

WHY5a-1 Which household members?

(list all household members)

If (answer = 1) Continue to WHY5b

Skipto WHY6

WHY5b.a-1. Did an existing health condition cause your or their premium to increase beyond your or their ability to pay it?

1. YES
2. NO
8. (DK)
9. (REFUSED)

WHY6..... Is anyone in your household uninsured because... You or they are healthy and decided it would be safe for you/them to go without coverage?

1. YES
2. NO
8. (DK)

9. (REFUSED)

WHY6a-1 Which household members?

(list all household members)

WHY7..... Is anyone in your household uninsured because... The insurance company refused to cover you/them?

1. YES
2. NO
8. (DK)
9. (REFUSED)

WHY7a-1 Which household members?

(list all household members)

If (answer = 1) Continue to WHY7b

Skipto WHY8

WHY7b. a-1.....Did the insurance company refuse to cover you/them because (READ 1-3)

1. Of a pre-existing condition
2. They exceeded lifetime benefits limits, or
3. of some other reason (specify)
8. (DK)
9. (REFUSED)

WHY8..... Is anyone in your household uninsured because... You or they lost Medicaid or CHIP eligibility?

1. YES
2. NO
8. (DK)
9. (REFUSED)

WHY8a-1 Which household members?

(list all household members)

If (answer = 1) Continue to WHY8b

Skipto WHY9a-1

WHY8b.a-1.....Did you or they lose eligibility because... (READ 1-6)

- 1 Your family income increased,
- 2 You went off welfare,
- 3 You did not complete paperwork to complete eligibility,
- 4 Your caseworker did not return calls or requests,
- 5 You did not pay spenddown, or
- 6 For some other reason? (specify)
- 8 Don't know/Not sure (DO NOT READ)
- 9 Refused (DO NOT READ)

WHY9..... We're interested in knowing whether there are some people who COULD currently get health insurance through an employer, but decided not to enroll. Thinking about those household members who are UNinsured, could any of them currently be covered by a plan that is available through an employer?

1. YES
2. NO
8. (DK)
9. (REFUSED)

WHY10a-1.....Was there any other reason that you or they were without health insurance coverage, other than what I have already mentioned?

INTERVIEWER: RECORD VERBATIM (EXACT RESPONSE)

Head of Household Employment Characteristics

(IF YES to COV2x-10, SLO1-9 = NO, and SLO10 is YES for [fill person], continue)

(IF not, skip to PP1)

(ONLY ASKED IF SOMEONE IN HOUSEHOLD IS UNINSURED)

EMPC1. Are you/is [response in HOFH] currently employed?

- 1..... YES **(CONTINUE)**
- 2..... NO **(SKIP TO PP1)**
- 8.....(DK).. **(SKIP TO PP1)**
- 9.....(REFUSED) **(SKIP TO PP1)**

EMPC1a..... How long have you /has [response in HOFH] you been working for your/their current employer?
(Open ended **and code actual number of months**) **(1 year=12; 2 years=24; 3 years=36; 4 years=48; 5 years=60)**

- ENTER # GIVEN, _____, (01-60)
- 00..... LESS THAN 4 WEEKS
 - 61..... MORE THAN 5 YEARS
 - 98.....(DK)
 - 99.....(REFUSED)

NUMEMPS. . Thinking about the company you/[response in HOFH] work[s] for, the one that pays the payroll and manages the benefits package, approximately how many employees work for this organization? **(If 'DK', probe:)** What is your best guess? (Open ended and code)

- 01..... 1 EMPLOYEE
- 02..... 2-5 EMPLOYEES
- 03..... 6-10 EMPLOYEES
- 04..... 11-20 EMPLOYEES
- 05..... 21-50 EMPLOYEES
- 06..... 51-100 EMPLOYEES
- 07..... 101-150 EMPLOYEES
- 08..... 151-200 EMPLOYEES
- 09..... 201-250 EMPLOYEES
- 10..... MORE THAN 250 EMPLOYEES
- 11.....(DK)
- 12.....(REFUSED)

PRIMARY PROVIDER

(READ): For the next question about medical visits, "doctors" refers to either general practitioners or specialists and osteopaths. Do NOT include dentists, chiropractors, psychotherapists or other non-medical doctors.

PP1a-1.Thinking about medical visits, is there a USUAL place that [fill person/you] (goes/go) when (he/she/you) is sick or (he/she/you) needs advise about (his/her/your) health?

- 1..... YES . (CONTINUE)
- 2..... No (SKIP TO HCU1)
- 8..... (DK).. (SKIP TO HCU1)
- 9..... (REFUSED) (SKIP TO HCU1)

PP2a-1.What kind of place is it? (Open ended and code) **(read options 1-6)**

- 1.....PRIVATE CLINIC/DOCTOR'S OFFICE
- 2.....PUBLIC CLINIC, COMMUNITY HEALTH CENTER OR HEALTH DEPARTMENT CLINIC
- 3.....HOSPITAL EMERGENCY ROOM
- 4.....URGENT CARE FACILITY OR WALK-IN CLINIC (E.G., "INSTA-CARE")
- 5.....MILITARY OR V.A. HEALTH CARE FACILITY
- 6.....OTHER (LIST)
- 8.....(DK)
- 9.....(REFUSED)

HEALTH CARE UTILIZATION

HCU1a-xDuring the last 12 months, including all types of visits, how many times did [you/ fill person] see or talk to a medical doctor? Please do not count an overnight stay in a hospital. **(NOTE: A medical doctor includes general practitioners, as well as specialists (such as dermatologist, orthopedist, etc.) and osteopaths. Do not include visits to a dentist, chiropractor, psychotherapist or other non-medical doctors.)** (Open ended **and code actual number**)

ENTER # GIVEN, _____ (VISITS)

- 00..... DID NOT SEE A MEDICAL DOCTOR IN THE LAST 12 MONTHS
- 01-50 .ENTER # OF VISITS
- 51..... MORE THAN 50
- 98.....(DK)
- 99.....(REFUSED)

HCU5a-xDid [you/he/she] receive a well visit, that is a routine medical check-up during the past 12 months?

- 1..... YES
- 2..... No
- 8.....(DK)
- 9.....(REFUSED)

HCU7a-xDuring the past 12 months, that is since **(DATE)**, [was fill person/were you] a patient in a hospital overnight **(If code "2" in S8b AND code "18-54" in AAGE, read:)** for any reason other than giving birth)?

- 1..... YES .. (CONTINUE)
- 2..... No (SKIP TO INSDLY)
- 8..... (DK).. (SKIP TO INSDLY)
- 9..... (REFUSED) (SKIP TO INSDLY)

HCU8a-x**(If code "1" in HCU7, ask:)** During the past 12 months, on how many separate occasions did (you/he/she) stay in a hospital overnight or longer? (Open ended **and code actual number**)

ENTER # GIVEN, _____ (VISITS)

- 31..... MORE THAN 30

98.....(DK)
99.....(REFUSED)

ACCESS TO HEALTH CARE

The next few questions ask about some reasons people might DELAY OR HAVE PROBLEMS getting MEDICAL, DENTAL, MENTAL HEALTH OR OTHER CARE for themselves.

INSDELY In the past 12 months, did you [did fill person] have problems or delay seeking care [for fill person] because the service was not covered by your/their insurance?

- 1 Yes (continue to INSTYPE)
- 2 No (skip to SERVDELY)
- 3 Person Uninsured (skip to SERVDELY)
- 8 Don't know/Not sure (skip to SERVDELY)
- 9 Refused (skip to SERVDELY)

INSTYPE For what types of services did you have this problem in the last 12 months?
With a medical doctor?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

INSTYPE2 With a dentist?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

INSTYPE3 With a mental health provider?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

INSTYPE4 With some other type of health services?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

SERVDELY How about because you/they could not find the services in your area?

- 1 Yes (continue to SERVTYPE)
- 2 No (skip to COSTDELY)
- 3 Person Uninsured (skip to COSTDELY)
- 8 Don't know/Not sure (skip to COSTDELY)
- 9 Refused (skip to COSTDELY)

SERVTYPE1 For what types of services did you have this problem in the last 12 months?
With a medical doctor?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

SERVTYPE2 With a dentist?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

SERVTYPE3 With a mental health provider?

1. YES
2. NO
8. (DK)
9. (REFUSED)

SERVTYPE4 With some other type of health services?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COSTDELY Did you [did fill person] have problems or delay getting care [for fill person] because you/they could not afford the services?

- | | |
|-----------------------|-------------------------------|
| 1 Yes | (continue to COSTTYPE) |
| 2 No | (skip to STATDELY) |
| 3 Person Uninsured | (skip to STATDELY) |
| 8 Don't know/Not sure | (skip to STATDELY) |
| 9 Refused | (skip to STATDELY) |

COSTTYPE1 For what types of services did you have this problem in the last 12 months?
With a medical doctor?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COSTTYPE2 With a dentist?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COSTTYPE3 With a mental health provider?

1. YES
2. NO
8. (DK)
9. (REFUSED)

COSTTYPE4 With some other type of health services?

1. YES
2. NO
8. (DK)
9. (REFUSED)

STATDELY How about because you/they were concerned about your/their VISA, citizenship, or residency status?

- | | |
|-----------------------|------------------------------|
| 1 Yes | (continue to WHOSTAT) |
| 2 No | (skip to PRESCRIP) |
| 3 Person Uninsured | (skip to PRESCRIP) |
| 8 Don't know/Not sure | (skip to PRESCRIP) |
| 9 Refused | (skip to PRESCRIP) |

WHOSTAT1 For what types of services did you have this problem in the last 12 months?
With a medical doctor?

1. YES
2. NO

- 8. (DK)
- 9. (REFUSED)

WHOSTAT2 With a dentist?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

WHOSTAT3 With a mental health provider?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

WHOSTAT4 With some other type of health services?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

PRESCRIP Was there a time during the last 12 months when you [fill person] needed to use PRESCRIPTION MEDICINE, but could not because of the cost?

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

INJURIES

Standard Injury Questions

INJURY The next few questions ask about injuries to people in your household. By injury, I mean any accidental or intentional injury to a person as a result of a fall, burn, poisoning, overdose, motor vehicle accident, sports injury, bite, gunshot, drowning, suicide attempt, or any other cause. Has anyone currently living in your household had an injury during the last 12 months, that is since **(TODAY'S MONTH)**, 2000 that LIMITED THEIR USUAL ACTIVITIES FOR A DAY OR LONGER or CAUSED THEM TO REQUIRE MEDICAL ATTENTION?

- 1..... YES.... (CONTINUE)
- 2..... No (SKIP TO SELFREST)
- 8..... (DK).. (SKIP TO SELFREST)
- 9..... (REFUSED) (SKIP TO SELFREST)

INJROST. **(If code "1" in INJURY, ask:)** I need to list all household members who have had injuries during the past 12 months starting with the oldest? **(Probe:)** Any others? Who is the next oldest household member? (Open ended and code)

- | | |
|------------------------------------|-----------------------------------|
| 01 (RESPONSE IN S6-A) | 12..... (RESPONSE IN S6-L) |
| 02..... (RESPONSE IN S6-B) | 13..... (RESPONSE IN S6-M) |
| 03..... (RESPONSE IN S6-C) | 14..... (RESPONSE IN S6-N) |
| 04..... (RESPONSE IN S6-D) | 15..... (RESPONSE IN S6-O) |
| 05..... (RESPONSE IN S6-E) | 16..... (RESPONSE IN S6-P) |
| 06..... (RESPONSE IN S6-F) | 17..... (RESPONSE IN S6-Q) |
| 07..... (RESPONSE IN S6-G) | 18..... (RESPONSE IN S6-R) |
| 08..... (RESPONSE IN S6-H) | 19..... (RESPONSE IN S6-S) |
| 09..... (RESPONSE IN S6-I) | 20..... (RESPONSE IN S6-T) |
| 10..... (RESPONSE IN S6-J) |21 (DK) |
| 11..... (RESPONSE IN S6-K) |22 (REFUSED) |

INJSELECT The computer will select one individual from INJROST to ask the following questions about.

INJEXAM..... The MOST RECENT TIME [INJSELECT fill person] was injured, did he/she go to a hospital or emergency room for care?

- 1..... YES
- 2..... No
- 8..... (DK)
- 9..... (REFUSED)

INJWHERE. . Where did this most recent injury happen? **(Probe:)** Where was [INJSELECT fill person] when the injury happened? (Open ended and code)

- 01..... HOME
- 02..... FARM
- 03..... MINE/QUARRY
- 04..... WORK PLACE AND PREMISES (OTHER THAN FARM OR MINE)
- 05..... PLACE FOR RECREATION AND SPORT
- 06..... STREET/HIGHWAY
- 07..... PUBLIC BUILDING (OTHER THAN SCHOOL)
- 08..... SCHOOL BUILDING/GROUNDS
- 09..... RESIDENTIAL INSTITUTION
- 10..... OTHER SPECIFIED PLACE
- 11..... OTHER UNSPECIFIED PLACE
- 12..... (DK)
- 13..... (REFUSED)

INJCAUSE. ..What was the primary cause of the most recent injury? (Open ended and code)

- 06.....FALL
- 07.....MOTOR VEHICLE ACCIDENT
- 08.....PEDESTRIAN INJURY
- 09.....OFF-HIGHWAY MOTORIZED VEHICLE
- 10.....POISONING OR OVERDOSE
- 11.....INJURY CAUSED BY ANIMALS (DOG BITE, THROWN BY HORSE)
- 12.....WATERCRAFT & WATER INJURY
- 13.....NEAR DROWNING
- 14.....CHOKING/NEAR SUFFOCATION (OTHER THAN DROWNING)
- 15.....BICYCLE ACCIDENT
- 16.....ROLLERBLADE, SKATEBOARD, OR SCOOTER INJURY
- 17.....SKI INJURY
- 18.....OTHER SPORTS INJURY (BASKETBALL, TENNIS, HIKING, ETC.)
- 19.....FIREARMS/ASSAULT WITH A FIREARM
- 20.....PHYSICAL VIOLENCE (HIT, KICKED, PUNCHED, ETC.)
- 21.....FIRE/FLAMES
- 01.....OTHER (LIST)
- 02.....(DK)
- 03.....(REFUSED)

Car Restraints

SELFREST When you drive or ride in a car, would you say that you use a seatbelt all of the time, most of the time, some of the time, rarely or never?

- 1. ALL OF THE TIME
- 2. MOST OF THE TIME
- 3. SOME OF THE TIME
- 4. RARELY
- 5. NEVER
- 8. (DON'T KNOW)
- 9. (REFUSED)

CHLDREST When you are driving and children age 15 and under are riding with you, would you say that they are in a car restraint all of the time, most of the time, some of the time, rarely or never?

- 1. ALL OF THE TIME
- 2. MOST OF THE TIME
- 3. SOME OF THE TIME
- 4. RARELY
- 5. NEVER
- 6. NEVER HAVE CHILDREN RIDE IN THE CAR WITH ME (**SKIP TO ANYGUNS**)
- 8. (DON'T KNOW)
- 9. (REFUSED)

Questions to be rotated through for each child in the household who is age 8 or under.

CHLDSYS When you are driving and [fill childs name] rides in the vehicle with you, how often is (she/he) placed in a child specific restraint system? Child specific restraint systems include infant seats, toddler seats, and booster seats.

Would you say (he/she) rides in a child restraint system... (**READ LIST**)

- 1. ALL OF THE TIME
- 2. MOST OF THE TIME
- 3. SOME OF THE TIME
- 4. RARELY
- 5. NEVER

- 6. NEVER DRIVE WITH CHILD (SKIP TO ANYGUNS)
- 8. (DK) (SKIP TO BOOSTER)
- 9. (REFUSED) (SKIP TO BOOSTER)

RESTTYPE What type of child restraint system does (he/she) ride in? Would you say (he/she) rides in an infant/toddler car seat, a booster seat, a lap belt, or a shoulder/lap belt?

- 1. INFANT/CHILD CAR SEAT
- 2. BOOSTER SEAT
- 3. LAP BELT
- 4. SHOULDER/LAP BELT
- 8. (DK) (SKIP TO BOOSTER)
- 9. (REFUSED) (SKIP TO BOOSTER)

LOCATED Is this in the front seat or back seat?

- 1. FRONT SEAT
- 2. BACK SEAT
- 8. (DK)
- 9. (REFUSED)

**[If RESTYPE=2 'Yes', skip to ANYGUNS;
If not, continue to BOOSTER]**

BOOSTER Before today, had you ever seen or heard of a type of car seat called a booster seat?

- 1. YES
- 2. NO
- 8. (DK)
- 9. (REFUSED)

Firearms

ANYGUNS...Are any firearms now kept in or around your home? Include those kept in the house, as well as those in a garage, storage shed, truck or car.

- 1..... YES.... (CONTINUE)
- 2.....NO (SKIP TO HYPER)
- 8.....(DK).. (SKIP TO HYPER)
- 9.....(REFUSED) (SKIP TO HYPER)

HANDGUNS..... **(If code '1' in ANYGUNS, ask:)** Are any of these HAND guns, such as pistols or revolvers?

- 1..... YES
- 2.....NO
- 8.....(DK)
- 9.....(REFUSED)

LONGUNS. ...Are any of these LONG guns, such as rifles or shotguns?

- 1..... YES
- 2.....NO
- 8.....(DK)
- 9.....(REFUSED)

LOCKED.Including long guns and hand guns, are ALL, some, or none of these firearms currently being stored in a drawer, closet, or any other location that is EFFECTIVELY LOCKED? **(If necessary, ask:)** Are all of the firearms currently stored in a locked location?

- 1.....ALL .. (SKIP TO HYPER)
- 2.....SOME. (CONTINUE)
- 3.....NONE. (CONTINUE)
- 8.....(DK).. (CONTINUE)
- 9.....(REFUSED) (CONTINUE)

LOADED.....**(If code "2" or "4-5" in LOCKED, ask:)** Thinking about those firearms that are NOT currently locked up, are ANY of these firearms currently loaded? **(If necessary, ask:)** Are any of the unlocked firearms stored in or around the house currently loaded?

(If code "3" in LOCKED, ask:) Are ANY of these firearms currently loaded? **(If necessary, ask:)** Are any of the unlocked firearms stored in or around the house currently loaded?

- 1..... YES .. (SKIP TO HYPER)
- 2.....NO (CONTINUE)
- 8.....(DK).. (CONTINUE)
- 9.....(REFUSED) (CONTINUE)

AMMO.**(If code "2-4" in LOADED, ask:)** Thinking about the ammunition for these guns, is the ammunition stored with the gun, or in a separate location?

- 1..... WITH THE GUN (SKIP TO HYPER)
- 2.....IN A SEPARATE LOCATION (CONTINUE)
- 3.....NO AMMUNITION AT HOME (SKIP TO HYPER)
- 4.....AMMO STORED BOTH WITH GUN AND SEPERATELY (SKIP TO HYPER)
- 8.....(DK).. (CONTINUE)
- 9.....(REFUSED) (CONTINUE)

AMMOLOCK.....**(If code "2" or "4-5" in AMMO, ask:)** Is the ammunition currently locked?

- 1..... YES
- 2.....NO
- 8.....(DK)
- 9.....(REFUSED)

HEALTH SCREENING

BP Screening

HYPERS. Have you [has fill person] ever been told by a doctor or other health professional you [they] have HYPERTENSION, sometimes called HIGH BLOOD PRESSURE?

- 1..... YES .. (CONTINUE)
- 2..... NO (SKIP TO CHOLHIGH)
- 8..... (DK).. (SKIP TO CHOLHIGH)
- 9..... (REFUSED) (SKIP TO CHOLHIGH)

BP Management

HBPCHECK. How long has it been since you [fill person] had your [their] blood pressure checked by a doctor or other health professional?

- 1..... WITHIN LAST YEAR/LESS THAN 12 MONTHS AGO
- 2..... 1 TO LESS THAN 2 YEARS AGO
- 3..... 2 TO LESS THAN 5 YEARS AGO
- 4..... 5 OR MORE YEARS AGO
- 5..... NEVER
- 8..... (DK)
- 9..... (REFUSED)

HBP. . **(If code "1" in HYPERS, ask:)** Are you [is fill person] currently under a physician's care to treat your [their] high blood pressure?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

Cholesterol Screening

CHOLHIGH. Have you [has fill person] ever been told by a doctor or other health professional that your [their] BLOOD CHOLESTEROL level was high?

- 1..... YES.... (CONTINUE)
- 2..... NO (SKIP TO EXERCISE)
- 8..... (DK).. (SKIP TO EXERCISE)
- 9..... (REFUSED) (SKIP TO EXERCISE)

Cholesterol Management

CHOLPHYS. **(If code "1" in CHOLHIGH, ask:)** Are you [is fill person] currently under a physician's care to treat your [their] high cholesterol?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

CHOLMED Are you [is fill person] NOW taking any medicine prescribed by a doctor for your [their] high cholesterol?

- 1..... YES
- 2..... NO
- 8..... (DK)
- 9..... (REFUSED)

LIFESTYLE

Exercise (this section to be asked for all aged 12+ in household)

The next few questions ask about physical activity. We are interested in two types of physical activity: **VIGOROUS** and **MODERATE**. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

MOD Do you [does fill person] do **MODERATE** physical activities 5 or more days per week for 30 minutes or more per occasion, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

- 1..... YES.... (CONTINUE)
- 2.....No (SKIP TO VIG)
- 8.....(DK).. (SKIP TO VIG)
- 9 (REFUSED)...(SKIP TO VIG)

MODDAYS How many days per week do you [does fill person] do these **MODERATE** activities for at least 30 minutes at a time?

- ___ Days per week
- 8 Don't know/Not sure
- 9 Refused

VIG Do you [does fill person] do **VIGOROUS** physical activities 3 or more days per week for 20 minutes or more per occasion, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1..... YES.... (CONTINUE)
- 2.....No (SKIP TO SMOKED)
- 8.....(DK).. (SKIP TO SMOKED)
- 9 (REFUSED)...(SKIP TO SMOKED)

VIGDAYS How many days per week do you [does fill person] do these **VIGOROUS** activities for at least 20 minutes at a time?

- ___ Days per week
- 8 Don't know/Not sure
- 9 Refused

Exposure to Second Hand Smoke

SMOKED. The next few questions ask about cigarette smoking. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

- 1..... YES ... (CONTINUE)
- 2.....No (SKIP TO FERTH1)
- 8.....(DK).. (SKIP TO FERTH1)
- 9.....(REFUSED) (SKIP TO FERTH1)

(Source: Florida BRFSS Module 1998)

SMOKWHRE..... On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

ENTER # GIVEN, _____ (DAYS)

8. (DK)

9. (REFUSED)

(Source: Oregon 1997, Texas 1998)

The above question was cognitively tested prior to use by OR and TX.

MIGRATION

BIRTHPLCE Were you born in the U.S., or a foreign country?

1.....U.S. ... (**CONTINUE**)

2.....FOREIGN COUNTRY (**SKIP TO FOREIGN**)

8.....(DK).. (**SKIP TO STEADY**)

9.....(REFUSED) (**SKIP TO STEADY**)

FOREIGN In which FOREIGN COUNTRY were you born?

001.....LIST (*as given to PEGUS March 22, 2001: see County Listing.doc*)

002.....(DK)

003.....(REFUSED)

TIMEUS How long have you lived in the U.S.?

1. YEARS

2. MONTHS

8. (DK)

9. (REFUSED)

TIMEUSb How long have you lived in the U.S.?

ENTER # GIVEN, _____

8. (DK)

9.(REFUSED)

HOUSEHOLD DEMOGRAPHIC CHARACTERISTICS

INCOME. The next question asks about your TOTAL combined HOUSEHOLD income during calendar year 2000. Please include income from all wage earners, and money from ALL SOURCES, not just wages and salaries, and use income BEFORE taxes and other deductions. Was your total household income during calendar year 2000 more or less than \$35,000?

(If "Under", ask:)

Was it over or under \$25,000?

Was it over or under \$15,000?

Was it over or under \$5,000?

(If "Over", ask:)

Was it over or under \$45,000?

Was it over or under \$55,000?

Was it over or under \$65,000?

01.....LESS THAN \$5,000

02.....\$5,000 - \$9,999

03.....\$10,000 - \$14,999

04.....\$15,000 - \$19,999

05.....\$20,000 - \$24,999

06.....\$25,000 - \$29,999

07.....\$30,000 - \$34,999

08.....\$35,000 - \$39,999

09.....\$40,000 - \$44,999

10.....\$45,000 - \$49,999

11.....\$50,000 - \$54,999

12.....\$55,000 - \$59,999

13.....\$60,000 - \$64,999

14.....\$65,000 OR MORE

..... 15 (DK)

..... 16 (REFUSED)

STEADY Is your income steady, or does it change from month to month?

1. STEADY (SKIP TO ZIPCODE)

2. CHANGES EVERY MONTH (CONTINUE ...)

8. (DK)

9. (REFUSED)

CHANGES Was your total household income during the past month more or less than \$3,000?

(If "Under", ask:)

Was it over or under \$2,000?

Was it over or under \$1,000?

Was it over or under \$500?

(If "Over", ask:)

Was it over or under \$3,500?

Was it over or under \$4,500?

Was it over or under \$5,500?

01.....LESS THAN \$416

02.....\$417 - \$833

03.....\$834 - \$1,249

04.....\$1,250 - \$1,666

05.....\$1,667 - \$2,083

06.....\$2,084 - \$2,416

07.....\$2,417 - \$2,916

08.....\$2,917 - \$3,333

09.....\$3,334 - \$3,750

10.....\$3,751 - \$4,166

11.....\$4,167 - \$4,583

12.....\$4,584 - \$5,000

13.....\$5,001 - \$5,416

14.....\$5,417 OR MORE

..... 15 (DK)

..... 16 (REFUSED)

ZIPCODE. What is your zip code? (Open ended **and code all five digits**)

ENTER # GIVEN, _____

99998. (DK)

99999. (REFUSED)

OWNRENT. . Do you own your home or are you renting? **(If necessary, read:)** Own means that you own it outright, or that you have a mortgage.

- 1.....OWN
- 2.....RENTING
- 8..... (DK)
- 9.....(REFUSED)

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

- 1.....PROTESTANT
- 2.....CATHOLIC
- 3.....JEWISH
- 4.....LDS (LATTER DAY SAINTS/MORMON)
- 5.....SOME OTHER RELIGION I HAVE NOT MENTIONED ... *(Open-ended. Please type answer EXACTLY as it is given by the respondent)*
- OR
- 6.....NO RELIGION **(SKIP TO PHNSTS)**
- 8.....(DK).. **(SKIP TO PHNSTS)**
- 9.....(REFUSED) **(SKIP TO PHNSTS)**

ACTIVE.....**(If code "1-5" in RELIGION, ask:)** How frequently do you attend services? (READ options 1-3)

- 1.....ONCE A WEEK OR MORE
- 2.....ONCE A MONTH OR MORE
- 3.....LESS OFTEN THAN ONCE A MONTH
- 8.....(DK)
- 9.....(REFUSED)

PHNSTS.Is this phone number listed, unlisted, or unpublished?

- 1.....LISTED
- 2.....UNLISTED *(available through directory assistance but not printed in the phone book)*
- 3.....UNPUBLISHED *(NOT available through directory assistance)*
- 4.....(DK)
- 5.....(REFUSED)

PHLINES.....How many different phone LINES do you have in your household? We need the number of different PHONE NUMBERS, NOT the number of PHONES. (Open ended and code)

- 1.....ONE **(SKIP TO LLCR)**
- 2.....TWO... **(CONTINUE)**
- 3.....THREE **(CONTINUE)**
- 4.....FOUR **(CONTINUE)**
- 5FIVE OR MORE **(CONTINUE)**
- 8.....(DK).. **(SKIP TO LLCR)**
- 9.....(REFUSED) **(SKIP TO LLCR)**

PHCALLS.....**(If code "2-5" in D12, ask:)** How many of these different numbers allow incoming VOICE phone calls? Do not include telephone numbers that are for data transmission or fax transmission only. (Open ended **and code actual number**)

- ENTER # GIVEN, _____
- 98.....(DK)
- 99.....(REFUSED)

LLCRaHow long have you lived at your current residence?

- 1..... MONTHS
- 2..... YEARS
- 3.....RESPONSE NOT IN MONTHS/YEARS
- 98.....(DK)

99.....(REFUSED)

LLCRb(How long have you lived at your current residence?)

ENTER # GIVEN, _____

3.....RESPONSE NOT IN MONTHS/YEARS

98.....(DK)

99.....(REFUSED)

WOPHONE. **(If code '01-12' in LLCR-a or code '01' in LLCR-b, ask:)** Aside from periods of a few days while you were moving, was there ever a time, during the last 12 months, that this household was WITHOUT telephone service for more than 24 hours?

(Otherwise, ask:) Was there ever a time, during the last 12 months, that this household was WITHOUT telephone service for more than 24 hours?

1..... YES

2.....NO

8.....(DK)

9.....(REFUSED)

<p>Ⓜ Ⓜ <u>SEE IF HOUSEHOLD IS ELEGIBLE FOR CHIP</u></p> <p><u>All three conditions must be met:</u></p> <p><u>1. If COV1=No, and YES to COV2x-10, and SLO1-9 = NO, and SLO10 is YES for [fill person], and</u></p> <p><u>2. If Household is eligible for CHIP based on INCOME, and</u></p> <p><u>3. If there is one or more children in the household, then skip to CHIP Section.</u></p> <p><u>ASK 'CHIP FOLLOWUP' SECTIONS, THEN RETURN FOR 'FOLLOWUP' AND CLOSING.</u></p> <p><u>IF NOT ELIGIBLE, CONTINUE TO FOLLOWUP</u></p>
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FOLLOWUP. Occasionally programs at the Department of Health or researchers at Utah universities would like to conduct follow-up surveys. Would you be willing to be contacted at sometime in the future to participate in a follow-up survey?

IF NECESSARY, READ: You are not agreeing to participate. You may decline if you like once they ask you to participate.

1..... YES

2.....NO

8.....(DK)

9.....(REFUSED)

(READ:).....Those are all the questions I have. Thank you for your participation, and for contributing to public health in Utah.

PART TWO: SPECIFIC FOLLOW-UP QUESTIONS

CHIP Follow-up

THRE3.... It looks like you may be eligible for insurance coverage through a state-sponsored program for children. Have you ever heard of an insurance plan called Children's Health Insurance Program, or CHIP?

1. YES
2. NO
8. (DK)
9. (REFUSED)

IF (ans > 1) skip thre10

THRE4.... Has [fill child] ever had insurance coverage with CHIP?

1. YES
2. NO
8. (DK)
9. (REFUSED)

IF (ans = 2) skip thre6

If (ans > 2) skip thre10

THRE5.... Why does [fill child] no longer have coverage through the CHIP program?

Interviewer Probe: Is there some reason that his/her CHIP coverage was discontinued? Any other reason?

1. MAKE TOO MUCH MONEY
2. HAVE OTHER INSURANCE
3. ON MEDICAID
4. (OTHER) ENTER RESPONSE
8. (DK)
9. (REFUSED)

skip end2

THRE6.... Have you ever applied to see whether [fill child] was eligible for insurance coverage with CHIP?

1. YES
2. NO
8. (DK)
9. (REFUSED)

IF (ANS > 1) skip thre9

THRE7.... When you applied, was [fill child] eligible?

1. YES
2. NO
8. (DK)
9. (REFUSED)

IF (ANS > 1) skip end

THRE8.... What are the reasons that [fill child] did not sign up with CHIP at that time?

Interviewer Probe: Is there some reason that he/she did not get CHIP coverage? What else?

- (OPEN ENDED)
8. (DK)
 9. (REFUSED)

if (ans > 1) skip end

THRE9.... What are the reasons you decided not to apply for CHIP coverage for [fill child]? What else?

(OPEN ENDED)

8. (DK)

9. (REFUSED)

if (ans > 1)skip end

THRE10.... CHIP is an affordable health insurance program for working families whose children are uninsured or for families who earn too much for Medicaid benefits. It covers children 18 years old and younger. There is no monthly premium, yet there are co-payments. Eligibility is determined by family income and the number of people in the family.

Would you like the phone number of the CHIP hotline so you can contact them?

1. YES (1-888-222-2542)

2. NO

8. (DK)

9. (REFUSED)

IF (ans > 0)skip end2

END.... Would you like the phone number of the CHIP hotline so you can contact them?

1. YES (1-888-222-2542)

2. NO

8. (DK)

9. (REFUSED)

[CONTINUE TO FOLLOWUP]