

**2003 Utah Health Status Survey Questionnaire**  
**Office of Public Health Assessment**  
**Utah Department of Health**  
**Friday, February 20, 2004**

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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 the Utah Department of Health. Your telephone number was randomly chosen randomly to be included in a 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.

**Interviewer Note:** If respondent wants to verify survey legitimacy, give out toll-free phone number (888) 222-2542 for Kimberly Partain McNamara

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

S1c. Is this (xxx) xxx-xxxx?

- 1 ..... YES
- 2 NO

PrivRes. Is this a private residence in the state of Utah?

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

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

ADULTS. 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?

Enter the number of adults

MEN. You said there were \_\_\_\_\_ adults in your household. How many of these adults are men?

Enter the number of men in household.

WOMEN. You said there were \_\_\_\_\_ adults in your household. How many of these adults are women?

Enter the number of women in household.

SELECTED. The person I need to speak with is the \_\_\_\_\_ male/female. Are you that person?

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

(IF THIS IS NOT THE ADULT YOU NEED TO SPEAK WITH, THE CATI PROGRAM WILL USE SEVERAL VARIABLES TO OBTAIN CORRECT ADULT)

NEWADULT. 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 all right with you my supervisor may listen to all or part of this call to monitor my performance.

**Interviewer Note:** If for some reason the respondent wants to know what confidentiality code we are using, here it is >> (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

**[READ]** Thank you. Your answers will help to influence policy and improve health services across the state.

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. Don't know/Not sure <b>(Skip to Town)</b> |
| 15. Morgan    | 99. Refused <b>(Thank and Terminate)</b>      |
| 16. Piute     |   |

TOWN. **(Asked if S2=88, or DK/Not Sure)** What is the name of the town or city where you live?  
(OPEN-ENDED)

S3a. **Interviewer Note:** DO NOT READ UNLESS NECESSARY: VERIFY THE NUMBER OF ADULTS  
We need to know how many people are in your household so that we can ask you the right questions. Please tell me how many people, age 18 or older live in your household, including yourself?

**Interviewer Note:** If not sure, ask:  
Is this CURRENTLY his/her primary residence? For students living away from home, LDS missionaries, and 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)**

**Interviewer Note:** NUMBER OF ADULTS SHOULD CORRESPOND TO ANSWER PREVIOUSLY GIVEN

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 tonight.

- 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)**  
**(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? \_\_\_\_\_ Of those [BLANK #] people in your household, not including yourself, who is the next oldest after [last fill person]? What is their first name? \_\_\_\_\_

**Interviewer 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.

**Interviewer Note:** On subsequent people in the household, asking "who is the next oldest?" would be acceptable rather than reading the whole sentence word for word.

## **HOUSEHOLD MEMBER DEMOGRAPHIC CHARACTERISTICS**

PRE1: The next questions ask about some basic characteristics of [all household members/your household].

GENDER: (**Autocode respondent's ... Adults a-f = male, Adults g-l=female**) Is [name] a male or a female?

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

**Interviewer Note:** IF RESPONDENT HAS PROVIDED INFORMATION SUCH AS 'BRIAN' IS MY HUSBAND OR 'GLADYS' IS MY WIFE, OR 'CHARLES' IS MY SON, INTERVIEWER DOES NOT ASK THIS GENDER QUESTION. INSTEAD, MAKE A STATEMENT VERIFYING THIS INFORMATION, SUCH AS 'AND BRIAN IS A MALE?' ETC.

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

- 01..... SPOUSE OR PARTNER
- 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)

**Interviewer Note:** If respondent has provided information, such as 'Brian is my husband', or 'Brian is my son', or 'Daphne is my daughter', interviewer does not have to ask relationship, though shall make a verifying statement, such as 'and Brian is your husband?' If step-relationship is indicated, code the response as if there were no 'step' relationship (i.e. step-son would be coded as son, etc.)

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

**[READ]** ..... [This question will not be asked of single person households] 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 name] on [your/his/her] last birthday?

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

**Interviewer Note:** IF RESPONDENT HAS PROVIDED INFORMATION PREVIOUSLY SUCH AS, 'CHARLES IS MY 9 YEAR OLD SON', INTERVIEWER DOES NOT HAVE TO ASK AGE, BUT CAN MAKE A VERIFYING STATEMENT SUCH AS, 'AND CHARLES IS YOUR 9 YEAR OLD SON?'

CAGEm-x: How old is [name]?

ENTER # GIVEN, \_\_\_\_\_

98.....DK

99.....REFUSED

CAGE2m-x:

**Interviewer Probe:** Is that \_\_\_ years? Months? Weeks?

1.....WEEKS

2.....MONTHS

3.....YEARS

8..(DK)

9..(REFUSED)

**Interviewer Note:** IF RESPONDENT HAS PROVIDED INFORMATION PREVIOUSLY SUCH AS, 'CHARLES IS MY 9 YEAR OLD SON', INTERVIEWER DOES NOT HAVE TO ASK AGE, BUT CAN MAKE A VERIFYING STATEMENT SUCH AS, 'AND CHARLES IS YOUR 9 YEAR OLD SON?'

HEALTH. This next question is about your health now. In general, would you say [your/name's] health is excellent, very good, good, fair, or poor?

1.....EXCELLENT

2.....VERY GOOD

3.....GOOD

4.....FAIR

5.....POOR

6.....(DK)

7.....(REFUSED)

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

HEIGHT. About how tall [are you/is name] without shoes?

**Interviewer Note:** Round to the nearest inch, 1/4 rounds down; 1/2 or 3/4 round up

ENTER # GIVEN, \_\_\_\_\_ (FEET)

8.....(DK)

9.....(REFUSED)

HEIGHT2.

ENTER # GIVEN, \_\_\_\_\_ (INCHES)

98 (DK)

99 (REFUSED)

WEIGHT. About how much [do you/does name] weigh, without clothes and shoes?

ENTER # GIVEN, \_\_\_\_\_ (WEIGHT)

998.....(DK)

999.....(REFUSED)

EDUCAT. What is the highest year or grade of education [you have/ name has] completed?

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 . I am going to ask a few questions about work related activities. Last week, did [you/name] do any work for either pay or profit?

- 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-1, ask:)** How many hours per week [do you/does name] usually work at [your/his/her] main job?

**Interviewer Probe:** By main job I mean the one at which [you/he/she] usually [work/works] the most hours.

- ENTER # GIVEN, \_\_\_\_\_ (HOURS)
- 98.... (DK)
- 99.... (REFUSED)

EMPCSELF. **(If code "01" in S3a, ask:)** [Are you/Is name] self-employed?

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

JOBSTATa-1. **(If code "2" in EMPLOYED, ask:)** Were [you/name] 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 name] currently **(read 1-5)**?

**Interviewer Note:** If respondent says, "DK" or "living as married", continue with probe

**Interviewer Probe:** What category do you think [you/he/she] fall/s into?

- 1..... Married
- 2..... Divorced
- 3..... Widowed
- 4..... Separated, OR
- 5..... Never married
- 8..... DK **(DO NOT READ)**
- 9 REFUSED **(DO NOT READ)**

**Interviewer Note:** If respondent has provided information, such as 'Brian is my husband, or 'Gladys' is my wife, interviewer does not have to ask STATUS, BUT CAN MAKE A VERIFYING STATEMENT SUCH AS, 'AND BRIAN IS YOUR HUSBAND?'

HOFH.....[This question will not be asked of single person households] Of the adults living in your house, who would you say is the head of the household?

**Interviewer Probe 1:** Whose job is most likely to provide health insurance?

**Interviewer Probe 2:** We just need to identify one of the persons who might be considered the head of the household.

- 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 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. [This question will not be asked of single person households] 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. [This question will not be asked of single person households] 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.

RACE..... Which one or more of the following would you say is your race? **(Check all that apply)**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

**OR**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

- 8 No Additional choices

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

**(If response ="1" to only one race category, skip to RACEALL or SF2;**  
**If response ="1" to MORE THAN one race category, continue)**

PRIRACE.... Which one of these groups would you say best represents [your/fill person's] race?

**Please read:**

- 1 BLACK OR AFRICAN AMERICAN
- 2 ASIAN
- 2 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 3 AMERICAN INDIAN OR ALASKA NATIVE
- 4 WHITE, OR
- 5 ANOTHER RACE [SPECIFY]\_\_\_\_\_

**Do not read:**

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

**If code "08-09" in all of RACE, Skip to SF2;**  
**Otherwise, Continue)**

RACEALL.... [This question will not be asked of single person households] Is everyone else in the household [response in RACE]?

**Interviewer Note:** If no race is listed for this question, select "8/Don't Know".

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

**(if code "2" in RACEALL go to RACE and PRIRACE if necessary (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.*

**[READ]** Now I am going to read a list of activities that you might do during a typical day. As I read each of them, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

SF2. ... moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? Does your health now limit you a lot, limit you a little, or not limit you at all?

(READ RESPONSE CATEGORIES 1-3 ONLY IF NECESSARY)

**Interviewer Note:** If respondent says s/he does not do activity, **Probe:** Is that because of your health?  
(Circle one number)

- 1..... Yes, Limited a lot
- 2..... Yes, Limited a little
- 3..... or No, not limited at all
- 8..... (DK) **DO NOT READ**
- 9..... (REFUSED) **DO NOT READ**

SF3. ... climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?

(READ RESPONSE CATEGORIES 1-3 ONLY IF NECESSARY)

**Interviewer Note:** If respondent says s/he does not do activity, **Probe:** Is that because of your health?  
(Circle one number)

- 1..... Yes, Limited a lot
- 2..... Yes, Limited a little
- 3..... or No, not limited at all
- 8..... (DK) **DO NOT READ**
- 9..... (REFUSED) **DO NOT READ**

**[READ]** The following two questions ask you about your physical health and your daily activities.

SF4. During the past four weeks, how much of the time have you accomplished less than you would like as a result of your physical health?

(READ RESPONSE CATEGORIES 1-5 ONLY IF NECESSARY)

- 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. During the past four weeks, how much of the time were you limited in the kind of work or other activities you could do as a result of your physical health?

(READ RESPONSE CATEGORIES 1-5 ONLY IF NECESSARY)

- 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**

**[READ]** The following three questions ask about your emotions your daily activities.

SF6. During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

(READ RESPONSE CATEGORIES 1-5 ONLY IF NECESSARY)

- 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. During the past 4 weeks, how much of the time did you do work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious?

(READ RESPONSE CATEGORIES 1-5 ONLY IF NECESSARY)

- 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 RESPONSE CATEGORIES 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**

**[READ]** The next three questions ask about how you feel and how things have been with you during the past four weeks. As I read each statement, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, some of the time, a little of the time, or none of the time?

SF9. How much of the time during the past four weeks... have you felt calm and peaceful?

(READ RESPONSE CATEGORIES 1-5 ONLY IF NECESSARY)

- 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?

(READ RESPONSE CATEGORIES 1-5 ONLY IF NECESSARY)

- 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 depressed?

(READ RESPONSE CATEGORIES 1-5 ONLY IF NECESSARY)

- 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.)?

(READ RESPONSE CATEGORIES 1-5 ONLY IF NECESSARY)

- 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**

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 "3-5" in SF9 OR If code "4-6" in SF10 OR  
If code "1-3" in SF11 OR If code "1-3" 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..... 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/you] that [they/you] have ANY KIND OF DIABETES?

**Interviewer Note:** If respondent indicates diabetes while pregnant (gestational), code as "Yes".

- 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?

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

**Interviewer 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)          |

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

DIAB3. .... Did [your/name's] diabetes occur only during pregnancy, or [have you/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. .... [Has anyone currently living in your household/Have you] ever been told by a doctor, nurse, or other health professional that [they/you] had 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 who have ever been told that they had asthma starting with the oldest?

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

**Interviewer Probe:** Any others? Who is the next oldest household member? (Open ended and code)

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| 01 ..... <u>(RESPONSE IN S6-A)</u> | 02..... <u>(RESPONSE IN S6-B)</u> |
|------------------------------------|-----------------------------------|

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

ASAGE. .... How old [were you/was name] when [you/he/she] were first told by a doctor, nurse, or other health professional that [you/he/she] had asthma?

- |     |  |
|-----|--|
| ___ | Age in years 11 or older [96 = 96 and older] |
| 9 7 | Age 10 or younger                            |
| 9 8 | Don't know/Not sure                          |
| 9 9 | Refused                                      |

ASTH3. .... [Do you/Does name] still have ASTHMA?

- |        |           |                            |
|--------|-----------|----------------------------|
| 1..... | YES ..    | <b>(CONTINUE TO ASFU1)</b> |
| 2..... | NO.....   | <b>(SKIP TO OPD1)</b>      |
| 8..... | (DK)..    | (Skip to OPD1)             |
| 9..... | (REFUSED) | (Skip to OPD1)             |

## Asthma Follow-up

**(IF YES TO ASTH3 CONTINUE;**  
**IF NO , SKIP TO OPD1)**

ASFU1... During the past 12 months, [have you/has name] had an episode of asthma or an asthma attack?

- |   |                     |
|---|---------------------|
| 1 | YES                 |
| 2 | NO                  |
| 8 | DON'T KNOW/NOT SURE |
| 9 | REFUSED             |

ASFU2... During the past 12 months, how many times did [you/name] visit an emergency room or urgent care center because of [your/their] asthma?

- |     |                                    |
|-----|------------------------------------|
| ___ | NUMBER OF VISITS [87 = 87 OR MORE] |
| 0 0 | NONE                               |
| 8 8 | DON'T KNOW/NOT SURE                |
| 9 9 | REFUSED                            |

ASFU3... **(If one or more visits to ASFU2)**

Besides those emergency room visits, during the past 12 months, how many times did [you/name] see a doctor or other health professional for urgent treatment of worsening asthma symptoms?

**(If NO visits to ASFU2)**

During the past 12 months, how many times did [you/name] see a doctor or other health professional for urgent treatment of worsening asthma symptoms?

- |     |                                    |
|-----|------------------------------------|
| ___ | NUMBER OF VISITS [87 = 87 OR MORE] |
| 0 0 | NONE                               |

8 8 DON'T KNOW/NOT SURE  
 9 9 REFUSED

ASFU4... During the past 12 months, how many times did [you/name] see a doctor or other health professional for a routine checkup for [your/their] asthma?

NUMBER OF VISITS [87 = 87 OR MORE]  
 0 0 NONE  
 8 8 DON'T KNOW/NOT SURE  
 9 9 REFUSED

ASFU5... During the past 12 months, how many days [were you/was name] unable to work or carry out [your/their] usual activities because of [your/their] asthma?

**Interviewer Guide:** 1 Month= 30 days, 2 Months= 60 days

NUMBER OF DAYS  
 0 0 0 NONE  
 8 8 8 DON'T KNOW/NOT SURE  
 9 9 9 REFUSED

(ASFU6r is worded for the respondent only. ASFU6hh is worded for the other household members with Asthma and will automatically come up in the computer for the correct person).

ASFU6r... Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say:

**Please Read**

0 Not at any time (SKIP TO ASFU8)  
 1 Less than once a week (Continue)  
 2 Once or twice a week (Continue)  
 3 More than 2 times a week, but not every day (Continue)  
 4 Every day, but not all the time (Continue)  
 or  
 5 Every day, all the time (Continue)  
 8 DON'T KNOW/NOT SURE [DO NOT READ] (CONTINUE)  
 9 REFUSED [DO NOT READ] (CONTINUE)

ASFU6hh... During the past 30 days, how often did [name] have any symptoms of asthma? Would you say:

**Please Read**

0 Not at any time (SKIP TO ASFU8)  
 1 Less than once a week (Continue)  
 2 Once or twice a week (Continue)  
 3 More than 2 times a week, but not every day (Continue)  
 4 Every day, but not all the time (Continue)  
 5 Every day, all the time (Continue)  
 or  
 8 You Do Not Know (Continue)  
 9 REFUSED [DO NOT READ] (Continue)

(ASFU7r is worded for the respondent only. ASFU7hh is worded for the other household members with Asthma and will automatically come up in the computer for the correct person).

ASFU7r... During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep?

- Would you say: **Please Read**
- 0 None
  - 1 One or two
  - 2 Three to five
  - 3 Six to ten
  - or
  - 4 More than ten
  - 8 DON'T KNOW/NOT SURE [DO NOT READ]
  - 9 REFUSED [DO NOT READ]

ASFU7hh... During the past 30 days, how many days did symptoms of asthma make it difficult for [name] to stay asleep?

- Would you say: **Please Read**
- 0 None
  - 1 One or two
  - 2 Three to five
  - 3 Six to ten
  - 4 More than ten
  - or
  - 8 You Do Not Know
  - 9 REFUSED [DO NOT READ]

ASFU8... During the past 30 days how often did [you/name] take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler.

- Would you say: **Please Read**
- 0 Didn't take any
  - 1 Less than once a week
  - 2 Once or twice a week
  - 3 More than 2 times a week, but not every day
  - 4 Once every day
  - or
  - 5 2 or more times every day
  - 8 DON'T KNOW/NOT SURE [DO NOT READ]
  - 9 REFUSED [DO NOT READ]

### Chronic Obstructive Pulmonary Disease

OPD1 ..... [Is anyone living in your household/are you] 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?

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

**Interviewer Probe:** Any others? Who is the next oldest household member? (Open ended and code)

- 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 S6-G)
- 08..... (RESPONSE IN S6-H)
- 09..... (RESPONSE IN S6-I)
- 10..... (RESPONSE IN S6-J)
- 11..... (RESPONSE IN S6-K)
- 12..... (RESPONSE IN S6-L)

- 13.....(RESPONSE IN S6-M)
- 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)

**Arthritis**

ARTH1 ..... [Has anyone living in your household/have you] ever been told by a doctor that [they/you] 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?

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

**Interviewer Probe:** Any others? Who is the next oldest household member? (Open ended and code)

- 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 S6-G)
- 08.....(RESPONSE IN S6-H)
- 09.....(RESPONSE IN S6-I)
- 10.....(RESPONSE IN S6-J)
- 11.....(RESPONSE IN S6-K)

- 12.....(RESPONSE IN S6-L)
- 13.....(RESPONSE IN S6-M)
- 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)

**HEALTH INSURANCE STATUS**

**Coverage Status**

COV1. The next few questions ask about health insurance. This information will help to develop strategies to improve health insurance coverage and benefits in Utah. 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/you] 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 many not have considered, are **[any]** of the members of your household/you] currently covered by...

[Read through COV2x1-10]

COV2. Please tell me if [anyone in your household has/you have] any of the following, ...

[continue to COV2x1-COV2x10]

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

- 1. YES

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

**COV2x1 Interviewer Note:** This type of insurance includes 'COBRA'

COV2x2. [Is anyone in the household/Are you] 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)

**COV2x2 Interviewer Note:** For example, someone who is self-employed or not employed.

COV2x3. (READ ONLY IF NECESSARY: [Is anyone in the household/Are you] covered by ...)

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

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

COV2x4. (READ ONLY IF NECESSARY: [Is anyone in the household/Are you] covered by ...)

Medicare, that is, the government plan for persons age 65 or older or those with disabilities?

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

COV2x5. (READ ONLY IF NECESSARY: [Is anyone in the household/Are you] covered by ...)

Medicaid?

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

**COV2x5 Interviewer Note:** Medicaid includes the newly implemented PCN, or Primary Care Network for adults.

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/Do you] have coverage through CHIP?

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

COV2x7: [Is anyone in the household/Are you] covered by ... An other government plan, such as Military, CHAMPUS, Tri-care or the V.A?

1. YES
2. NO

8. (DK)
9. (REFUSED)

COV2x8. [Does anyone/Do you] 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)

**COV2x8 Interviewer Note:** This insurance would not cover ANYTHING ELSE, just the specific condition.

COV2x9. (READ ONLY IF NECESSARY: [Does anyone in the household/Do you] have ...)

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/Do you have] no health insurance coverage?

1. YES, SOMEONE IN HH IS UNINSURED
2. NO, ALL HH MEMBERS ARE INSURED
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 continue)**

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

**Interviewer Note:** If only one person in the household, just mark ‘Yes’ and move to the next question.

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-l.)**

**COV4a-l. It is important to understand coverage for different age groups, so I need to ask about coverage for each person in your household. Starting with [name #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 [name #2]? .....

**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**

COV11. Thinking about any health insurance, did [you/name] have coverage for all of the last 12 months?

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

**If all of COV2Fx1-9 = ‘1’, and age<=18, ask of respondent only**

**If any of COV2Fx1-9 = ‘2’, and age<=18, ask for every person in household**

PCN. There is a new Medicaid plan which provides adults with Primary Care insurance only. The name of this new Medicaid plan is the Primary Care Network. Is [your/name's] insurance through the Primary Care Network?

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

**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 [your/name'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 name] 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 [have you/has name] 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 EMPC1)**

WHY1. .... The next few questions ask about those household members who do not have insurance coverage. Is anyone in your household uninsured because ....

[The next few question ask about reasons you may be uninsured. Are you uninsured because ...]

WHY2..... [An/Your] employer does not offer, or no longer offers health insurance coverage to [its employees/you]?

- 1. YES (CONTINUE TO WHY2A-L)
- 2. NO (SKIP TO WHY3)
- 3. NOT EMPLOYED
- 8. (DK)
- 9. (REFUSED)

WHY2a-l ..... Which household members?

**(list all household members)**

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

WHY3..... [Is anyone in your household/Are you] uninsured because... [a household member/you] lost a job or changed employers?

- 1. YES (CONTINUE TO WHY3A-L)
- 2. NO (SKIP TO WHY4)
- 8. (DK)
- 9. (REFUSED)

WHY3a-l ..... Which household members are uninsured for this reason?

**(list all household members)**

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

WHY4.....[Is anyone in your household/Are you] uninsured because... [a household member is/you are] a part time or temporary employee?

- 1. YES (CONTINUE TO WHY4A-L)
- 2. NO (SKIP TO WHY5)
- 8. (DK)
- 9. (REFUSED)

WHY4a-l ..... Which household members?

**(list all household members)**

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

WHY5..... (READ ONLY IF NECESSARY: [Is anyone in your household/Are you] uninsured because)

...the premiums cost too much?

1. YES (CONTINUE TO WHY5A-L)
2. NO (SKIP TO WHY6)
8. (DK)
9. (REFUSED)

WHY5a-1 ..... Which household members?

**(list all household members)**

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

**(If WHY5a-1=1, Continue to WHY5b;**  
**If not, Skip to WHY6)**

WHY5b.a-1. Did an existing health condition make the premium cost too much?

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

WHY6..... (READ ONLY IF NECESSARY: [Is anyone in your household/Are you] uninsured because)

... [they/you] are healthy and decided it would be safe [for them] to go without insurance?

1. YES (CONTINUE TO WHY6A-L)
2. NO (SKIP TO WHY7)
8. (DK)
9. (REFUSED)

WHY6a-1 ..... Which household members?

**(list all household members)**

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

WHY7..... (READ ONLY IF NECESSARY: [Is anyone in your household/Are you] uninsured because)

... The insurance company refused to cover [them/you]?

1. YES (CONTINUE TO WHY7A-L)
2. NO (SKIP TO WHY8)
8. (DK)
9. (REFUSED)

WHY7a-1 ..... Which household members?

**(list all household members)**

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

**(If WHY7a-1=1, Continue to WHY7b;**  
**If not, Skip to WHY8)**

WHY7b. a-1.....Did the insurance company refuse to cover [name] 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..... (READ ONLY IF NECESSARY: [Is anyone in your household/Are you] uninsured because)

... they lost Medicaid or CHIP eligibility?

1. YES (CONTINUE TO WHY8A-L)
2. NO (SKIP TO WHY9)
8. (DK)
9. (REFUSED)

WHY8a-1 ..... Which household members?

**(list all household members)**

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

**(If WHY8a-1= 1, Continue to WHY8b;)**

**(If not, Skip to WHY9a-1)**

WHY8b.a-1.....Did [name/you] lose eligibility because... (READ 1-6)

- 1 Your family income increased,
- 2 You/they went off welfare,
- 3 Paperwork to complete eligibility was not completed,
- 4 A 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 don't have coverage, could any of them/Could you] currently be covered by a plan that is available through an employer?

1. YES (CONTINUE TO WHY9A-L)
2. NO (SKIP TO WHY10)
8. (DK)
9. (REFUSED)

WHY9a-1 ..... Which household members?

**(list all household members)**

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

WHY10a-1.....Was there any other reason that [anyone in your household was/you 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**)

**Interviewer Guide:** 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?

**Interviewer Note:** 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)

## USUAL SOURCE OF CARE

**[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 [you go/name goes] when [you/he/she] is sick or needs advice about [your/his/her] 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 For Respondent. For all Other Household Members, Read Only if Necessary)**

- 1..... Private clinic/Doctor's office (HMO or through insurance)
- 2..... Public clinic, comm hlth cen or hlth dept clin (Free or sliding scale)
- 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-x ..... During the last 12 months, including all types of visits, how many times did [you/name] see or talk to a medical doctor? Please do not count an overnight stay in a hospital.

**Interviewer 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-x ..... Did [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-x ..... During the past 12 months, that is since **(DATE)**, [were you/was name] 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

**[READ]** The Health Department is working on ways to improve access to health care, especially for persons who are currently not getting health care when they need it. The next few questions ask about some reasons people might **delay or have problems** getting **medical, dental, mental health or other care** for themselves.

**INSDELY** In the past 12 months, did [you/name] have problems or delay seeking care for [yourself/name] because the service was not covered by [your/their] 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 (continue to INSTYPE)
- 2 NO (skip to SERVDELY)
- 3 PERSON UNINSURED ALL 12 MONTHS (skip to SERVDELY)
- 8 DK/NOT SURE (skip to SERVDELY)
- 9 REFUSED (skip to SERVDELY)

**Interviewer Note:** If respondent says that all answers to these questions for all HH members will be NO, say that you are required to read each statement, but you can mark NO without requiring a response. Inform them if while reading they realize a response should be changed to YES, they can tell you.

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

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

**INSTYPE2** ... a dentist?

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

**INSTYPE3** ... 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/name] could not find the services in [your/name's] area?

- 1 YES (continue to SERVTYPE)
- 2 NO (skip to COSTDELY)
- 8 DK/NOT SURE (skip to COSTDELY)
- 9 REFUSED (skip to COSTDELY)

**Interviewer Note:** If respondent says that all answers to these questions for all HH members will be NO, say that you are required to read each statement, but you can mark NO without requiring a response. Inform them if while reading they realize a response should be changed to YES, they can tell you.

SERVTYP1 For what types of services did [you/name] have this problem in the last 12 months?  
With a medical doctor?

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

SERVTYP2 ... a dentist?

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

SERVTYP3 ... a mental health provider?

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

SERVTYP4 With some other type of health services?

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

COSTDELY Did [you/name] have problems or delay getting care for [yourself/himself/herself] because the services cost too much?

- |               |                               |
|---------------|-------------------------------|
| 1 YES         | <b>(continue to COSTTYPE)</b> |
| 2 NO          | <b>(skip to STATDELY)</b>     |
| 8 DK/NOT SURE | (skip to STATDELY)            |
| 9 REFUSED     | (skip to STATDELY)            |

**Interviewer Note:** If respondent says that all answers to these questions for all HH members will be NO, say that you are required to read each statement, but you can mark NO without requiring a response. Inform them if while reading they realize a response should be changed to YES, they can tell you.

COSTTYP1 For what types of services did [you/name] have this problem in the last 12 months?  
With a medical doctor?

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

COSTTYP2 ... a dentist?

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

COSTTYP3 ... a mental health provider?

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

COSTTYP4 With some other type of health services?

1. YES
2. NO

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

**STATDELY** How about because of concern about [your/his/her] VISA, citizenship, or residency status?

- 1 YES (continue to WHOSTAT)
- 2 NO (skip to PRESCRIP)
- 8 DK/NOT SURE(skip to PRESCRIP)
- 9 REFUSED (skip to PRESCRIP)

**Interviewer Note:** If respondent says that all answers to these questions for all HH members will be NO, say that you are required to read each statement, but you can mark NO without requiring a response. Inform them if while reading they realize a response should be changed to YES, they can tell you.

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

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

**WHOSTAT2** ... a dentist?

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

**WHOSTAT3** ... 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)

## Prescription Benefits

**PRESCRIP** Was there a time during the last 12 months when [you/name] needed to use **prescription medicine**, but could not because of the cost?

- 1 YES
- 2 NO
- 8 DK/NOT SURE
- 9 REFUSED

**RXSKIP**(Read only if necessary: Was there a time during the last 12 months when) [you/name] skipped a dose of a **prescription medicine** to make it last longer?

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

**RXLESS** (Read only if necessary: Was there a time during the last 12 months when,) after paying for [fill name's] **prescription medicine**, there was not enough money for food, heat, or other basic necessities?

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

## **INTERPERSONAL VIOLENCE**

VICTIMIV.... The next few questions ask whether household members were victims of interpersonal violence. This includes any time when a household member may have been intentionally hit, slapped, pushed, or kicked by someone, or had a weapon used against them, or was otherwise hurt by another person. And it includes being hurt by other household members, as well as other people outside your household.

Was there ever a time during the last 12 months that [an adult member of your household, that is a person age 18 or older, was/you were] a victim of interpersonal violence as I have just described it?

- 1.....YES.... (**CONTINUE**)
- 2.....NO.... (**SKIP TO BPCHECK**)
- 3.....(DK) .. (**SKIP TO BPCHECK**)
- 4.....(REF).. (**SKIP TO BPCHECK**)

IVFREQ..... (**If code "1" in VICTIMIV, ask:**) Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Thinking of all the incidents that may have happened to [an adult member of your household/you], how many times during the past year were [adult household members/you] a victim of interpersonal violence?

**Interviewer Probe:** What is your best guess?

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

- 01-96..ENTER # OF TIMES
- 97 .....97 OR MORE
- 98 .....(DK)
- 99 .....(REFUSED)

IVROSTER... In the past 12 months, who in the household has been a victim of physical violence?

**Interviewer Note:** If only one person in the household, just mark their name and continue to the next question.

**Interviewer Probe:** Any others? Who is the next oldest household member?

- 25 ..... NONE OF THESE
- 26 ..... (DK)
- 27 ..... (REFUSED)

IVOCCOUR . . . . . Thinking about the most recent incident, when [name was/you were] injured, where did it occur?

- 1.....IN HOUSE
- 2.....IN THE YARD/ON PROPERTY
- 3.....FARM
- 4.....WORK PLACE AND PREMISES
- 5.....PLACE FOR RECREATION AND SPORT (OTHER THAN SCHOOL)
- 6.....SCHOOL GROUNDS
- 7.....STREET/HIGHWAY
- 8.....PUBLIC BUILDING (OTHER THAN SCHOOL)
- 9.....SOMEWHERE ELSE
- 88.....(DK)
- 99.....(REFUSED)

IVFAM ..... Which of the following best describes the person who hurt [name/you]?

- 1 ..... FATHER
- 2 ..... MOTHER
- 3 ..... STEP FATHER
- 4 ..... STEP MOTHER
- 5 ..... SPOUSE OR PARTNER
- 6 ..... EX-SPOUSE OR PARTNER
- 7 ..... BOYFRIEND/GIRLFRIEND
- 8 ..... EX BOYFRIEND/GIRLFRIEND
- 9 ..... SIBLING (BROTHER/SISTER)
- 10 ..... CHILD (NON-SIBLING)
- 11 ..... OTHER RELATIVE
- 12 ..... NON-RELATIVE (FRIEND/ACQUAINTANCE)
- 13 ..... STRANGER
- 14 ..... OTHER (LIST \_\_\_\_\_)
- 88 ..... (DK)
- 99 ..... (REFUSED)

IVWHO. .... Thinking about the person who hurt [name/you], which of the following best describes their age?  
Was the person **read 1-3**?

- 1 ..... A child under age 12
- 2 ..... An adolescent aged 13 to 17, OR
- 3 ..... An adult (SOMEONE AGED 18 OR OLDER)
- 4 ..... (DK)
- 5 ..... (REFUSED)

IVMF. Was this person male or female?

- 1 ..... MALE
- 2 ..... FEMALE
- 3 ..... (DK)
- 4 ..... (REFUSED)

**(If code = "13, Stranger" in IVFAM, SKIP to IVINJURY, otherwise, continue to IVMEMBER)**

IVMEMBER ..... Was this person a member of your household?

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

IVINJURY.... Again, thinking about the most recent occasion, did [you/fill person] sustain an injury, such as a bruise, broken bone or tooth, a cut or a scrape?

- 1 ..... YES .. ..... (CONTINUE)
- 2 ..... NO ..... (SKIP TO IVPOLICE)
- 3 ..... (DK) .. ..... (CONTINUE)
- 4 ..... (REFUSED) .... (CONTINUE)

IVEXAM. .... [Were you/was fill person] examined by a doctor or other health care provider?

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

IVPOLICE.... Was the incident reported to the police or other authorities?

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

## LIFESTYLE

### **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 INCOME)**
- 8..... (DK)..       **(SKIP TO INCOME)**
- 9..... (REFUSED)(SKIP TO INCOME)

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)

## MIGRATION

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

- 1..... U.S. ...       **(CONTINUE)**
- 2..... FOREIGN COUNTRY   **(CONTINUE)**
- 8..... (DK)..       **(SKIP TO INCOME)**
- 9..... (REFUSED)       **(SKIP TO INCOME)**

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)



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

ZIPCODE. .... What is your Utah zip code?

(Open ended **and code all three digits**)

- ENTER # GIVEN, 84 \_\_\_
- 99998. .... (DK)
- 99999. .... (REFUSED)

OWNRENT. . Do you own your home or are you renting?

**Interviewer Note: 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.)

**INTERVIEWER NOTE:** 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)

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**. Do **not** include cell phones

(Open ended and code.)

- 1..... ONE .. ..... (**SKIP TO LLCR**)
- 2..... TWO .. ..... (**CONTINUE**)
- 3..... THREE ..... (**CONTINUE**)
- 4..... FOUR . ..... (**CONTINUE**)
- 5 ..... FIVE 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)

LLCRa ..... How 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)

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? **Interviewer, 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)

FU2. **(If code "01" in FOLLOWUP, ask:)** May I please get your first name so they'll know whom to ask for? **Interviewer, If necessary, read:** Can you spell that for me please?

(Open ended. **Interviewer, Type in respondent's first name only.**)

**[READ]** ..... Those are all the questions I have. Thank you for your participation, and for contributing to public health in Utah.