

2005-2006 Utah Health Status Survey Questionnaire
Office of Public Health Assessment
Utah Department of Health

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INTRODUCTION

Hello, this is _____ calling from the Utah Department of Health. Your telephone number was randomly chosen 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.

NEW ISCELL. Is this a cellular telephone? By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not be confused with a cordless phone which is simply a wireless extension of your home phone.

- 1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. (CONTINUE)
- 2. YES, A CELLULAR TELEPHONE (THANK AND TERMINATE)

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. How many of these adults are men?

Enter the number of men in household.

WOMEN. 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
- 02. Box Elder
- 17. Rich
- 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 | (SKIP TO TOWN) |
| 15. Morgan | 99. Refused | (THANK AND TERMINATE) |
| 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 2: 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.)

[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

8..... (DK)

9..... (REFUSED)

(ONLY asked of respondent)

NEW MENTL Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

___ Number of days

0 0 None

8 8 Don't know / Not sure

9 9 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 "1" in EMPLOYEDa-1, ask:)** [Are you/Is name] self-employed?

1 YES

2 NO

8 (DK)

9 (REFUSED)

NEW **MOVED:** EMPC1a. **(If code "1" in EMPLOYEDa-1, AND AAGE 18-65 ask:)** How long [have you /has name] 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)

NEW NUMEMPS. **(If code "1" in EMPLOYEDa-1, AND AAGE 18-65 ask:)** Thinking about the company [you/name] work[s] for, approximately how many employees work for this organization?

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

- 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)

NEW TYPEWORK. **(If code "1" in EMPLOYEDA-1, AND AAGE 18-65 ask:)** What kind of work is this company primarily engaged in?

- 01 . . . Agriculture/Forestry/Fishing
- 02 . . . Mining/Extraction (Coal, Oil, Natural Gas, etc.)
- 03 . . . Construction/Special Trades (Electrician, Plumber, etc.)
- 04 . . . Manufacturing (Food, Publishing, Chemicals, Machinery, Glass, etc.)
- 05 . . . Transportation (Rail, Trucking, Air, Pipeline, etc.)
- 06 . . . Public Utilities (phone, electric, gas, sanitary services)
- 07 . . . Wholesale or Retail trade (except restaurants)
- 08 . . . Insurance/Real estate/Banking/Finance
- 09 . . . Hospitality/Hotels/Resaurants/Bars
- 10 . . . Services (Auto Repair, Business Services, Hair Dresser)
- 11 . . . Medical and Health Services
- 12 . . . Public or Private Education
- 13 . . . Other Professional Services (Legal Services, Engineering, Architectural, Accounting, etc.)
- 14 . . . Military
- 15 . . . Other Government (Public Administration, Post Office, Etc.)
- 16 . . . Other_____.
- 88 . . . (DK)
- 99 . . . (REFUSED)

TYPEB. **(IF CODE "16" IN TYPEWORK ASK:)** PLEASE SPECIFY OTHER KIND OF WORK.

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?'

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

NEW KNOW Thinking about ALL the adults in your household who are age 18 or older, who would know the MOST about the children(s) health in your household? Would that be you, or some other household member?

- 1.....RESPONDENT
- 2 RESPONDENT AND SOMEONE ELSE EQUALLY
- 3 SOME OTHER HOUSEHOLD MEMEBER
- 8 (DK)
- 9 (REFUSED)

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

Interviewer Probe: We just need to identify one of the adults who might be the head of household.

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

- 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)

(If age NOT between 6 and 11, skip to HOFH; Otherwise, Continue)

NEW CHWT How would you describe ___'s weight?

Would you say: **Please Read**

1. Very underweight
2. Slightly underweight
3. About the right weight
4. Slightly overweight, or
5. Very overweight
- 8 (DK)
- 9 (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 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 you?

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)

- 1..... [FILL PERSON 1]
- 2..... [FILL PERSON 2]
- 3..... [FILL PERSON 3]
- 4..... [FILL PERSON 4]
- 5..... ETC
- 21 (DK)
- 22 (REFUSED)

(If code "1" in DIAB1 and if code "1" in DIAB2 and if GENDER "2" [FEMALE] AND AAGE => 18 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 you?

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)

- 1..... [FILL PERSON 1]
- 2..... [FILL PERSON 2]
- 3..... [FILL PERSON 3]
- 4..... [FILL PERSON 4]
- 5..... ETC
- 21 (DK)
- 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 .. (CONTINUE TO ASFU1)
- 2..... NO..... (SKIP TO OPD1)
- 8..... (DK).. (Skip to OPD1)
- 9..... (REFUSED) (Skip to OPD1)

Asthma Follow-up

(if YES to ASTH3 continue;
if NO , SKIP to LUP1)

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]

NEW ASFU8 During the past 30 days how often did [you/name] take a prescription asthma medication **to prevent** an asthma attack from occurring?

Would you say:	Please Read
1.	Everyday
2.	A few times a week
3.	Less often,
4.	Never
8.	Don't know / Unsure
9.	Refused

NEW ASFU9 During the past 30 days how often did [you/name] use a prescription asthma inhaler **during an asthma attack** to stop it?

Interviewer Note: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

0. Never (include no attack in past 30 days here)
1. One to four times (in the past 30 days)
2. Five to fifteen times (in past 30 days)
3. Fifteen to twenty-nine times (in past 30 days)
4. Thirty to fifty-nine times (in past 30 days)
5. Sixty to ninety-nine times (in past 30 days)
6. More than 100 times (in past 30 days)
7. Don't Know / Unsure
9. Refused

NEW Lupus

NEW LUP1 . [Has anyone living in your household/have you] ever been told by a doctor or other health professional that [they/you] have systemic lupus?

Interviewer Note: KPM is working on this with Richard B.

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

Interviewer Note: Systemic Lupus (LOO-pus): A rheumatic disease affecting skin and body tissue. Additionally, some people experience involvement of organs such as kidneys, lungs, or heart. Lupus is generally diagnosed between age 18 and 45. Symptoms include skin rashes, abnormal sun sensitivity, and joint pain, inflammation, and stiffness. Lupus is treatable, but can be a very serious impairment.

NEW LUP2 . (If code "1" in ARTH1, ask:) I need to list all household members who have ever been told by a doctor or other health professional that they have lupus starting with you?

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)

- 1..... [FILL PERSON 1]
2..... [FILL PERSON 2]
3..... [FILL PERSON 3]
4..... [FILL PERSON 4]
5..... ETC
..... 21 (DK)
..... 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/you]** currently covered by health insurance?

1. YES
2. NO
8. (DK)

9. (REFUSED)

INTERVIEWER NOTE: IF RESPONDENT ASKS WHY THIS IS BEING ASKED
ANSWER: 'THIS INFORMATION WILL HELP DEVELOP STRATEGIES TO
IMPROVE HEALTH INSURANCE COVERAGE AND BENEFITS IN UTAH.'

**(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)

COV2x1Interviewer 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)

NEW COV2x7: [Is anyone in the household/Are you] covered by ... An other government plan, such as Military, 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-I.)

COV4a-I. 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)

NEW 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’, 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. ID card valid for longer than once a month
2. 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-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.

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-1 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-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.

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)

NEW WHY9a-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.

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)

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" "UUHC")
- 5.....Military or V.A. Health care facility
- 6.....Other (LIST)
- 8.....(DK)
- 9.....(REFUSED)

NEW 01 = THIS INCLUDES PRIVATE DOCTOR CLINICS WITHIN HOSPITALS

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 IMM1)**
8..... (DK).. **(SKIP TO IMM1)**
9..... (REFUSED) **(SKIP TO IMM1)**

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)

NEW IMMUNIZATIONS

(IMM3 ONLY asked of respondent and children age 11 to 17)

IMM3. [Have you/has name] had a tetanus shot in the last 10 years?

Interviewer Note: If respondent asks, DTP (Diphtheria, Tetanus, Pertussis) does count as a Tetanus shot.

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

(ONLY asked of respondent and children age 1 to 17)

IMM1. [Have you/has name] ever had chickenpox?

- 1..... YES (SKIP TO IMM2)
- 2..... NO (CONTINUE TO IMM1B)
- 8..... (DK) (SKIP TO IMM2)
- 9..... (REFUSED) (SKIP TO IMM2)

**(if NO to IMM1 continue;
if YES , SKIP to IMM2)**

IMM1b. [Have you/has name] ever had the chickenpox (varicella) vaccine?

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

(IMM2 ONLY asked of respondent and children age 0 to 17)

IMM2. [Have you/has name] ever had a complete Hepatitis B vaccine series, which includes 3 shots?

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

(IMM4 ONLY asked of respondent and children age 0 to 17)

IMM4. The last time [you/name] had immunizations, where did [you/he/she] get them from?

_____ (OPEN-ENDED. RECORD RESPONSE EXACTLY AS GIVEN)

Interviewer Probe: Typical places would include your usual Dr.s office, a public health clinic, Care-A-Van, and at school.

Interviewer Note: This would include flu shots, pnemonia shots, or any type of booster such as tetanus.

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.

SERVTYPE1 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)

SERVTYPE2 ... a dentist?
1. YES
2. NO
8. (DK)
9. (REFUSED)

SERVTYPE3 ... 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/name] have problems or delay getting care for [yourself/himself/herself] because the services cost too much?

- | | |
|---------------|------------------------|
| 1 YES | (continue to COSTTYPE) |
| 2 NO | (skip to STATDELY) |
| 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)
- 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..... (DK)
- 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..... (DK)
- 9..... (REFUSED)

NEW CHILDREN'S HEALTH

(If age NOT between 0 and 5, skip to S7Q15;

Otherwise, Continue)

NEW S6Q28 During the past 12 months [IF CHILD IS UNDER 12 MONTHS "Since name's birth"], did [name]'s doctors or other health care professionals ask if you have concerns about [his/her] learning, development, or behavior?

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

NEW S6Q62 During the past week, how many days did you or other family members read stories to [name]?

Interviewer Note: Stories include books with words or pictures but not books read by or with the assistance of an audio tape, record, CD, or computer.

- ____ NUMBER OF DAYS [RANGE CHECK: 0-7]
- 8..... (DK)
 - 9..... (REFUSED)

To be asked for children 6 to 12

NEW S7Q15 Sometimes children spend time caring for themselves, either at home or somewhere else, without an adult or child age 13 or older responsible for them. During the past week, did [name] spend time caring for [himself/herself] for even a small amount of time?

Interviewer Note: ‘Even a small amount of time’ is defined as 30 minutes or more at a time.

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

LIFESTYLE

Exposure to Second Hand Smoke

NEW RULES. The next few questions ask about cigarette smoking. Which statement best describes the rules about smoking inside your home?

Please read:

- 1 There are no rules about smoking inside your home
- 2 Smoking is allowed anywhere inside your home
- 3 Smoking is allowed in some places or at some times, OR

Or

- 4 Smoking is not allowed anywhere inside your home

Do not read:

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

SMOKED. 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 BRTHPLCE)**
- 8..... (DK).. **(SKIP TO BRTHPLCE)**
- 9..... (REFUSED) **(SKIP TO BRTHPLCE)**

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)

HOUSEHOLD DEMOGRAPHIC CHARACTERISTICS

INCOME. The last few questions ask about characteristics of your household. I'd like to ask about your **total** combined **household** income during the last 12 months. 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 the last 12 months more or less than \$35,000?

(Interviewer: If "Under", ask:)

Was it over or under \$25,000?

Was it over or under \$15,000?

Was it over or under \$5,000?

(Interviewer: 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 TO CHANGES)

8. (DK)

9. (REFUSED)

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

(Interviewer: If "Under", ask:)

Was it over or under \$2,000?

Was it over or under \$1,000?

Was it over or under \$500?

(Interviewer: 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)

SAVINGS Now thinking about your total household savings, such as checking or savings accounts or bonds, do you currently have two months or more of your annual household income saved, which would be about [\[response from INCOME /12\]](#) or more saved?

- 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)

INTERVIEWER NOTE: IF RESPONDENT IS ADULT CHILD, LIVING WITH PARENT(S) ASK WHETHER THEIR HOME IS RENTED OR OWNED.

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.