



**2009**

**Utah BRFSS  
Questionnaire**

# Behavioral Risk Factor Surveillance System 2009 Utah Questionnaire

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# Interviewer's Script

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

Is this  (phone number)  ?

**If "no,"**

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

Is this a private residence in  (state)  ?

**If "no,"**

Thank you very much, but we are only interviewing private residences **in (state)** . **STOP**

Is this a cellular telephone?

**[Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood."]**

**If "yes,"**

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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

\_\_\_ Number of adults

**If "1,"**

Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

**If "no,"**

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

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

\_\_\_ Number of men

\_\_\_ Number of women

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

If "you," go to page 4

To the correct respondent:

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

## Core Sections

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

### Section 1: Health Status

---

- 1.1            Would you say that in general your health is— (73)
- Please read:**
- 1            Excellent
  - 2            Very good
  - 3            Good
  - 4            Fair
- Or**
- 5            Poor
- Do not read:**
- 7            Don't know / Not sure
  - 9            Refused

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

---

- 2.1            Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- —        Number of days
  - 8 8        None
  - 7 7        Don't know / Not sure
  - 9 9        Refused
- 2.2            Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)
- —        Number of days

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

**2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

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

### Section 3: Health Care Access

---

**3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

**3.2** Do you have one person you think of as your personal doctor or health care provider?  
**If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”** (81)

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

**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

**3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

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

## Section 4: Sleep

---

The next question is about getting enough rest or sleep.

- 4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

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

## Section 5: Exercise

---

- 5.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (86)

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

## Section 6: Diabetes

---

- 6.1** Have you ever been told by a doctor that you have diabetes?  
**If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**  
**If respondent says pre-diabetes or borderline diabetes, use response code 4.** (87)

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



9 Refused

## Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.1 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years?

(245)

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

**CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).**

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

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

(246)

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

## Module 2: Diabetes

---

**To be asked following Core Q6.1; if response is "Yes" (code = 1)**

1. How old were you when you were told you have diabetes?

(247-248)

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

2. Are you now taking insulin?

(249)

- 1 Yes
- 2 No
- 9 Refused

**STD0M3.** Are you now taking diabetes pills?

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

**3.** About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(250-252)

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**4.** About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(253-255)

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**STD0M6:** Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

**5.** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(256-257)

- \_ \_ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
- (258-259)

— — Number of times [76 = 76 or more]  
8 8 None  
9 8 Never heard of "A one C" test  
7 7 Don't know / Not sure  
9 9 Refused

**CATI note: If Q4 = 555 (No feet), go to Q8.**

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- (260-261)

— — Number of times [76 = 76 or more]  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- (262)

**Read only if necessary:**

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

**Do not read:**

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

- STDCAM.** New equipment is available that uses a special camera to test your eyes for diabetic retinopathy without having to dilate them. When was the last time you had an eye exam in which a camera was used to test your eyes for retinopathy?

**Read only if necessary:**

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

**Do not read:**

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

**9.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

**10.** Have you ever taken a course or class in how to manage your diabetes yourself? (264)

- 1 Yes **[Go to STDM1]**
- 2 No **[Go to STDM2]**
- 7 Don't know / Not sure **[Go to STDM2]**
- 9 Refused **[Go to STDM2]**

**STDM1.** Please think only about the courses or classes you took that were taught by a nurse, dietician or pharmacist who is a diabetes educator.

When was the last time you took a course or class in how to manage your diabetes yourself from one of the diabetes educators I mentioned?

- 1 Within the past 6 months (anytime less than 6 months ago)
- 2 Within the past year (6 months but less than 1 year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Two to less than 5 years ago (2 years to less than 5 years ago)
- 5 Five to less than 10 years ago (5 years to less than 10 years ago)
- 6 Ten to less than 15 years ago (10 years to less than 15 years ago)
- 7 Fifteen to less than 20 years ago (15 years to less than 20 years ago)
- 8 Twenty or more years ago
- 10 Never
- 77 Don't know/Not sure
- 99 Refused

**STDM2.** Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

Have you EVER been told by an eye doctor or other health care professional that you had macular degeneration?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 8 Not applicable (Blind)
- 9 Refused

## Section 7: Hypertension Awareness

---

- 7.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (88)

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

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

- 7.2 Are you currently taking medicine for your high blood pressure? (89)

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

## Section 8: Cholesterol Awareness

---

- 8.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

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

- 8.2 About how long has it been since you last had your blood cholesterol checked? (91)

**Read only if necessary:**

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

**Do not read:**

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

- 8.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (92)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 9: Cardiovascular Disease Prevalence

---

Now I would like to ask you some questions about cardiovascular disease.

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

- 9.1** (Ever told) you had a heart attack, also called a myocardial infarction? (93)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 9.2** (Ever told) you had angina or coronary heart disease? (94)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 9.3** (Ever told) you had a stroke? (95)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 10: Asthma

---

- 10.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)
- 1 Yes
  - 2 No **[Go to next section]**
  - 7 Don't know / Not sure **[Go to next section]**

9 Refused [Go to next section]

10.2 Do you still have asthma? (97)

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

## Section 11: Tobacco Use

---

11.1 Have you smoked at least 100 cigarettes in your entire life? (98)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

11.2 Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes [Go to Q11.5]
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

**CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.**

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)

- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

**11.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

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

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

**Do not read:**

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

## Section 12: Demographics

---

**12.1** What is your age? (104-105)

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

**12.2** Are you Hispanic or Latino? (106)

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

**12.3** Which one or more of the following would you say is your race? (107-112)

**(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 or Alaska Native

**Or**

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

**Do not read:**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.**

**12.4** Which one of these groups would you say best represents your race? (113)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] \_\_\_\_\_

**Do not read:**

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

**12.5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (114)

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 7 Don't know / Not sure
- 9 Refused

**12.6** Are you...? (115)

**Please read:**

- 1 Married
- 2 Divorced

- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

**12.7** How many children less than 18 years of age live in your household? (116-117)

- — Number of children
- 8 8 None
- 9 9 Refused

**12.8** What is the highest grade or year of school you completed? (118)

**Read only if necessary:**

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

**Do not read:**

- 9 Refused

**12.9** Are you currently...? (119)

**Please read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

**Or**

- 8 Unable to work

**Do not read:**

9 Refused

**12.10** Is your annual household income from all sources— (120-121)

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

**Read only if necessary:**

0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 **If "no," code 02**

0 5 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 **If "no," code 08**  
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

**Do not read:**

7 7 Don't know / Not sure

9 9 Refused

**12.11** About how much do you weigh without shoes? (122-125)

**Note: If respondent answers in metrics, put "9" in column 122.**

**Round fractions up**

— — — — Weight  
(pounds/kilograms)  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

**CATI note: If Q12.11 = 7777 (Don't Know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14.**

**12.12** About how tall are you without shoes? (126-129)

**Note: If respondent answers in metrics, put “9” in column 126.**

**Round fractions down**

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

**12.13** How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <46.**

(130-133)

**Note: If respondent answers in metrics, put "9" in column 130.**

**Round fractions up**

— — — —	Weight	
(pounds/kilograms)		
7 7 7 7	Don't know / Not sure	<b>[Go to Q12.15]</b>
9 9 9 9	Refused	<b>[Go to Q12.15]</b>

**CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.**

**12.14** Was the change between your current weight and your weight a year ago intentional?

(134)

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

**12.15** What county do you live in?

(135-137)

— — —	FIPS county code
7 7 7	Don't know / Not sure
9 9 9	Refused

**12.16** What is your ZIP Code where you live?

(138-142)

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

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

(143)

1	Yes	
2	No	<b>[Go to Q12.19]</b>
7	Don't know / Not sure	<b>[Go to Q12.19]</b>
9	Refused	<b>[Go to Q12.19]</b>

**12.18** How many of these telephone numbers are residential numbers? (144)

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

**12.19** During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

**[CELL PHONE QUESTIONS to be inserted in Demographics Section following Q12.19]**

**12.19a** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (232)

1 Yes **[Go to Q12.19c]**  
 2 No  
 7 Don't know / Not sure  
 9 Refused

**12.19b** Do you share a cell phone for personal use (at least one-third of the time) with other adults? (233)

1 Yes **[Go to Q12.19d]**  
 2 No **[Go to Q12.20]**  
 7 Don't know / Not sure **[Go to Q12.20]**  
 9 Refused **[Go to Q12.20]**

**12.19c.** Do you usually share this cell phone (at least one-third of the time) with any other adults? (234)

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

**12.19d.** Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone? (235-237)

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

**12.20** Indicate sex of respondent. Ask only if necessary. (146)

1 Male [Go to next section]  
2 Female [If respondent is 45 years old or older, go to next section]

**12.21** To your knowledge, are you now pregnant? (147)

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

## Section 13: Caregiver Status

---

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

**13.1** During the past month, did you provide any such care or assistance to a friend or family member? (148)

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

## Section 14: Disability

---

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

**14.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (149)

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

**14.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?  
(150)

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

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

## Section 15: Alcohol Consumption

---

**15.1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?  
(151)

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

**15.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?  
(152-154)

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

**15.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?  
(155-156)

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

- \_ \_ Number of drinks
- 7 7 Don't know / Not sure



9 9 Refused

**15.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?  
(157-158)

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

**15.5** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(159-160)

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

## Module 31: Novel H1N1 Adult Immunization

---

### **Ask October - December**

**M31.1.** There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu?

(932)

1 Yes  
2 No **[Go to Q16.1]**  
7 Don't Know / Not Sure **[Go to Q16.1]**  
9 Refused **[Go to Q16.1]**

**M31.2** During what month did you receive your H1N1 flu vaccine?

(933-934)

-- Month  
77 Don't Know / Not Sure  
99 Refused

**CATI note:** [If M31.2\_Month in (7, 8, 9, 10, 11, 12) then M31.2\_Year=2009; else if M31.2\_Month in (1, 2, 3, 4, 5, 6) then M31.2\_Year=2010]

**Interviewer verify response** - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**M31.3** Was this a shot or was it a vaccine sprayed in the nose?

(935)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don't Know / Not Sure
9. Refused

## H1N1 Vaccination During Pregnancy

---

**Ask on all 3 questionnaires in November and December of women of childbearing age.**

**STVACC0** [if respondent is female and currently pregnant (yes to C12Q21), go to STVACC2.]  
 [If respondent is female and <45 years old and not currently pregnant, go to STVACC1.]  
 [If respondent is female >45 years old or male, go to next section.]

**STVACC1** Earlier you said you are not currently pregnant. Have you been pregnant at any time since September 1, 2009?

- 1 Yes
- 2 No **[Go to 14.1]**
- 7 Don't Know / Not Sure **[Go to 14.1]**
- 9 Refused **[Go to 14.1]**

**STVACC2** [If woman answered Yes to C12Q21, show text "Earlier you said that you are currently pregnant."] Were your reasons for not getting the H1N1 vaccination related to your pregnancy?

- 1 Yes
- 2 No **[Go to 14.1]**
- 7 Don't Know / Not Sure **[Go to 14.1]**
- 9 Refused **[Go to 14.1]**

**STVACC3** What were your reasons for not getting the H1N1 vaccination?.....Anything else?  
**(Read only if necessary; Check all that apply)**

- 1 Your doctor did not mention anything about a flu shot during your pregnancy
- 2 Your doctor recommended against getting a flu shot
- 3 Your doctor did not have the vaccine/vaccine wasn't available
- 4 You wanted to avoid medications during your pregnancy
- 5 You were worried about side effects of the flu shot for you
- 6 You were worried that the flu shot might harm your baby
- 7 You don't normally get a flu shot
- 8 Other (Please specify)
- 77 Don't know/not sure
- 99 Refused

## Section 16: Immunization

---

**16.1** Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot? (161)

- 1 Yes
- 2 No [Go to Q16.3]
- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

**16.2** During what month and year did you receive your most recent flu shot? (162-167)

- / -- Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

**16.3** During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (168)

- 1 Yes
- 2 No [Go to Q16.5]
- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

**16.4** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (169-174)

- / -- Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

**16.5** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (175)

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

## Seasonal Flu Vaccination During Pregnancy

---

**Ask on all 3 questionnaires in November and December of women of childbearing age.**

**STVACC4** [If female >45 yrs old or male, skip to next section.]  
[If female said yes to 16.1 OR 16.3, skip to next section.]  
[If female said no to BOTH 16.1 and 16.3 and is pregnant, continue to STVACC6.]

[If female said no to BOTH 16.1 and 16.3 and is NOT currently pregnant and answered YES to STVACC1, go to STVACC6.]

[If female said NO to BOTH 16.1 and 16.3 and is NOT currently pregnant and did not get asked STVACC1, go to STVACC5.]

**STVACC5** Earlier you said you are not currently pregnant. Have you been pregnant at any time since September 1, 2009?

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

**STVACC6** [if woman answered YES to STVACC1, show text "Earlier you said you were pregnant at some point since September 1, 2009."] Were your reasons for not getting the seasonal flu vaccination related to your pregnancy?

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

**STVACC7** What were your reasons for not getting the seasonal flu vaccination?.....Anything else? **(Read only if necessary; Check all that apply)**

- 1 Your doctor did not mention anything about a flu shot during your pregnancy
- 2 Your doctor recommended against getting a flu shot
- 3 Your doctor did not have the vaccine/vaccine wasn't available
- 4 You wanted to avoid medications during your pregnancy
- 5 You were worried about side effects of the flu shot for you
- 6 You were worried that the flu shot might harm your baby
- 7 You don't normally get a flu shot
- 8 Other (Please specify)
  
- 77 Don't know/not sure
- 99 Refused

## Pandemic Influenza Questions

---

**Ask in January and February only.**

1 What do you think is the most effective ONE thing you can do to prevent getting sick from the flu? (751)

**Please read:**

- 1 Avoiding touching your eyes, nose or mouth as much as possible during the flu season
- 2 Avoiding close contact with others who may have the flu
- 3 Getting the flu vaccination
- 4 Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

**Do not read:**

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

- 2 What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick? (752)

**Please read:**

- 1 Frequent hand washing
  - 2 Covering your mouth and nose when coughing or sneezing
  - 3 Staying home when you are sick with the flu
  - 4 Getting the flu vaccination
- OR
- 5 Something else

**Do not read:**

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

**Please read: "Pandemic Influenza" or "Pan Flu" is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is not a pandemic flu outbreak occurring.**

- 3 If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu? (753)

**Interviewer Note:** Please read both the subjective label and the percentage range.

- 1 Very high (90-100%)
- 2 High (70-89%)
- 3 Average (50-69%)
- 4 Low (20-49%)
- 5 Very low (0-19%)

**Do not read:**

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

- 4 If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you? (754)

**Please read:**

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get one
- 4 Definitely not get a pandemic flu vaccination

**Do not read:**

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

- 5 If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you... (755)

**Please read:**

- 1 Definitely go
- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

**Do not read:**

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

- 6** Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know?

(756-757)

**Please read:**

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flu
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu
- 0 5 Cities where cases of the flu have been identified
- 0 6 Information about the flu vaccine
- 0 7 Something else

**Do not read:**

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

- 7** During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.

(758-759)

**Do not read:**

- 0 1 Newspapers
- 0 2 Television
- 0 3 Radio
- 0 4 Internet websites
- 0 5 Your doctor
- 0 6 The CDC (Centers for Disease Control and Prevention)
- 0 7 State or local public health departments
- 0 8 Other government agencies
- 0 9 Family or friends
- 1 0 Religious leaders
- 1 1 Some other source
- 7 7 Don't know / Not sure
- 9 9 Refused

- 8** Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list?

(760-761)

**Please read:**

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor

- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

**SAY:** I will repeat the question and answer choices to assist your recall.

**Do not read:**

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

**9** If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month? (762)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely to stay at home for a month
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If Q12.9 = 1 (Employed for wages) or 2 (Self-employed) continue, otherwise skip to next section.**

**10** I'm going to read you a list of job types. Please tell me if you currently work in any of these fields. (763)

Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.  
Public health, healthcare provider, home health, or in a nursing home.  
Homeland or national security as one who would be deployed during a flu pandemic.

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

## Section 17: Arthritis Burden

---

Next I will ask you about arthritis.

**17.1** Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (176)

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

**INTERVIEWER NOTE: Arthritis diagnoses include:**

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

Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

**17.2** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (177)

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

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

**INTERVIEWER NOTE: Q17.3 should be asked of all respondents regardless of employment status.**

**17.3** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (178)

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

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**



17.4 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (179)

**Please read [1-3]:**

- 1 A lot
- 2 A little
- 3 Not at all

**Do not read:**

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

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

17.5 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.* (180-181)

- \_ \_ Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 18: Fruits and Vegetables

---

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

18.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (182-184)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 4 \_ \_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.2 Not counting juice, how often do you eat fruit? (185-187)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**18.3** How often do you eat green salad? (188-190)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**18.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (191-193)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**18.5** How often do you eat carrots? (194-196)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**18.6** Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (197-199)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

## Section 19: Physical Activity

---

**CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2.**

**19.1** When you are at work, which of the following best describes what you do? Would you say— (200)

**If respondent has multiple jobs, include all jobs.**

**Please read:**

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

**Do not read:**

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

**Please read:**

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

**19.2** Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (201)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

**19.3** How many days per week do you do these moderate activities for at least 10 minutes at a time? (202-203)

- – Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? [Go to Q19.5]
- 7 7 Don't know / Not sure [Go to Q19.5]
- 9 9 Refused [Go to Q19.5]

**19.4** On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(204-206)

\_: \_ Hours and minutes per day  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**19.5** Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

(207)

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

**19.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(208-209)

\_ \_ Days per week  
8 8 Do not do any vigorous physical activity for at least 10 minutes  
at a time [Go to next section]  
7 7 Don't know / Not sure [Go to next section]  
9 9 Refused [Go to next section]

**19.7** On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(210-212)

\_: \_ Hours and minutes per day  
7 7 7 Don't know / Not sure  
9 9 9 Refused

## Section 20: HIV/AIDS

---

**CATI note: If respondent is 65 years old or older, go to next section.**

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

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

(213)

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q20.5] |
| 7 | Don't know / Not sure | [Go to Q20.5] |
| 9 | Refused               | [Go to Q20.5] |

**20.2** Not including blood donations, in what month and year was your last HIV test? (214-219)

**NOTE: If response is before January 1985, code "Don't know."**

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

- |         |                       |
|---------|-----------------------|
| --/     | Code month and year   |
| 77/7777 | Don't know / Not sure |
| 99/9999 | Refused               |

**20.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (220-221)

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

**CATI note: Ask Q20.4; if Q20.2 = within last 12 months. Otherwise, go to Q20.5.**

**20.4** Was it a rapid test where you could get your results within a couple of hours? (222)

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

**20.5** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.

- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(223)

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

## Section 21: Emotional Support and Life Satisfaction

---

The next two questions are about emotional support and your satisfaction with life.

**21.1** How often do you get the social and emotional support you need?

**INTERVIEWER NOTE:** If asked, say “please include support from any source.”

(224)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

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

**21.2** In general, how satisfied are you with your life?

(225)

**Please read:**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**Do not read:**

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

## Section 22: Cancer Survivors

---

Now I am going to ask you about cancer.

**22.1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

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

- 1 Yes
- 2 No [Go to Core closing Statement]
- 7 Don’t know / Not sure [Go to Core closing Statement]
- 9 Refused [Go to Core closing Statement]

**22.2** How many different types of cancer have you had?

(227)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don’t know / Not sure [Go to Core closing Statement]
- 9 Refused [Go to Core closing Statement]

**22.3** At what age were you told that you had cancer?

(228-229)

- Code age in years (97 = 97 and older)
- 9 8 Don’t know / Not sure
- 9 9 Refused

**CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”**

**INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.**

**22.4** What type of cancer was it?

(230-231)

**If Q22.2 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”**

**INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:**

**Breast**

- 0 1 Breast cancer

**Female reproductive (Gynecologic)**

- 0 2 Cervical cancer (cancer of the cervix)
- 0 3 Endometrial cancer (cancer of the uterus)
- 0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

- 0 5 Head and neck cancer
- 0 6 Oral cancer
- 0 7 Pharyngeal (throat) cancer
- 0 8 Thyroid

**Gastrointestinal**

- 0 9 Colon (intestine) cancer
- 1 0 Esophageal (esophagus)
- 1 1 Liver cancer
- 1 2 Pancreatic (pancreas) cancer
- 1 3 Rectal (rectum) cancer
- 1 4 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

- 1 5 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 6 Leukemia (blood) cancer
- 1 7 Non-Hodgkin's Lymphoma

**Male reproductive**

- 1 8 Prostate cancer
- 1 9 Testicular cancer

**Skin**

- 2 0 Melanoma
- 2 1 Other skin cancer

**Thoracic**

- 2 2 Heart
- 2 3 Lung

**Urinary cancer:**

- 2 4 Bladder cancer
- 2 5 Renal (kidney) cancer

**Others**

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

**Do not read:**

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

## E01: Adult Influenza-like Illness Questions

---

**Ask September – December only.**

We would like to ask you some questions about recent respiratory illnesses.

**E01.1** During the past month, were you ill with a fever?

(918)



- 1 Yes
- 2 No – **[Go to Q8]**
- 7 Don't know – **[Go to Q8]**
- 9 Refused – **[Go to Q8]**

**E01.2** Did you also have a cough and/or sore throat? (919)

- 1 Yes
- 2 No – **[Go to Q8]**
- 7 Don't know – **[Go to Q8]**
- 9 Refused – **[Go to Q8]**

**E01.3** When did you first become ill with fever, cough or sore throat? **[Interviewer: read off choices; choose the most specific]** (920)

- 1 Within the past 2 weeks [Interviewer, if asked: past 1-14 days]
- 2 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]
- 7 Don't know
- 9 Refused

**E01.4** Did you visit a doctor, nurse, or other health professional for this illness? (921)

- 1 Yes
- 2 No – **[Go to Q8]**
- 7 Don't know – **[Go to Q8]**
- 9 Refused – **[Go to Q8]**

**E01.5** What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices] (922)

- 1 You had regular influenza or the flu,
- 2 You had swine flu, also known as H1N1 or novel H1N1
- 3 You had some other illness, but not the flu– **[If a one adult household and no children, Go to next section, Else Go to Q8]**
- 7 Don't know/not sure
- 9 Refused

**E01.6** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...[Interviewer: read off choices] (923)

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done
- 7 Don't know
- 9 Refused

**E01.7** Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness? (924)

- 1 Yes
- 2 No
- 7 Don't know

9 Refused

**CATI Note: Apply prior to Q8; [(For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section); (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)]**

**E01.8** Did any other members of your household have a fever with cough or sore throat during the past month? (925)

1 Yes  
2 No – **[If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]**  
7 Don't know  
9 Refused

**E01.9** How many household members, **[CATI note: Fill in “including you,” If Q1=1(Yes) and Q2=1 (Yes)]** were ill during the past month? (926-927)

\_\_ \_\_ # persons  
8 8 None  
7 7 Don't know/Not Sure  
9 9 Refused

**CATI note: Apply prior to Q10; If (Q1 = 1(Yes) and Q2 = 1 (Yes)) or Q8 = 1 (Yes) continue to Q10; otherwise, skip to next section.**

**E01.10** How many people in your household, including you, were hospitalized for flu during the past month? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.] (928-929)

\_\_ \_\_ # persons  
8 8 None  
7 7 Don't know/Not Sure  
9 9 Refused

## Module 32: High Risk /Health Care Worker

---

**Ask September - December only.**

1. The next few questions ask about health care work and chronic illness. Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. (936)

**INTERVIEWER NOTE: If necessary say:** “This includes non-health care professionals, such as administrative staff, who work in a health-care facility.”

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

2. Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (937)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure (*Probe by repeating question*)
  - 9 Refused

3. Has a doctor, nurse, or other health professional ever said that you have...

**Read all items listed below before waiting for an answer:**

Lung problems, other than asthma

Kidney problems

Anemia, including Sickle Cell

**Or** A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

**[See Attached Health Problems List, if necessary]**

(938)

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

4. Do you still have (this/any of these) problem(s)? (939)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## List of Health Problems to Accompany Module 32, Question 3

**[DO NOT READ]**

### **Lung Problems**

Acute Respiratory Distress Syndrome (ARDS)  
Bronchiectasis  
Bronchopulmonary Dysplasia  
Chronic Obstructive Pulmonary Disease (COPD)  
Cystic Fibrosis  
Emphysema  
Lymphangioleiomyomatosis (LAM)  
Pulmonary Arterial Hypertension  
Sarcoidosis

### **Kidney Problems**

Chronic Kidney Disease  
Cystitis  
Cystocele (Fallen Bladder)  
Cysts  
Ectopic Kidney  
End-Stage Renal Disease (ESRD)  
Glomerular Diseases  
Interstitial Cystitis  
Kidney Failure  
Kidney Stones  
Nephrotic Syndrome  
Polycystic Kidney Disease  
Pyelonephritis (Kidney Infection)  
Renal Artery Stenosis  
Renal Osteodystrophy  
Renal Tubular Acidosis

### **Anemia**

Anemia  
Aplastic Anemia  
Fanconi Anemia  
Iron Deficiency Anemia  
Pernicious Anemia  
Sickle Cell Anemia  
Thalassemia

## Optional Modules

### Module 6: Cardiovascular Health

---

**Ask on Questionnaire 2 and 3 only.**

I would like to ask you a few more questions about your cardiovascular or heart health.

**CATI note: If Core Q9.1 = 1 (Yes), ask Q1. If Core Q9.1 = 2, 7, or 9, skip Q1.**

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (291)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI note: If Core Q9.3 = 1 (Yes), ask Q2. If Core Q9.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.**

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (292)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**[Question 3 is asked of all respondents.]**

3. Do you take aspirin daily or every other day? (293)
- 1 Yes **[Go to next module]**
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (294)

**If "Yes", ask "Is this a stomach condition?" Code upset stomach as stomach problems.**

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

## Module 7: Actions to Control High Blood Pressure

---

**Ask on Questionnaire 2 and 3 only.**

**CATI note: If Core Q7.1 = 1 (Yes); continue. Otherwise, go to next module.**

Are you now doing any of the following to help lower or control your high blood pressure?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (295)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (296)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (297)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (298)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (299)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (300)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (301)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (302)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (303)

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

9 Refused

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (304)

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

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

## Module 8: Heart Attack and Stroke

---

**Ask on Questionnaire 2 only.**

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me “yes,” “no,” or you’re “not sure.”

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (305)

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

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (306)

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

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (307)

- 1 Yes
- 2 No



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

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (308)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (309)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (310)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (311)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (312)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (313)
- 1 Yes

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

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (314)

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

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (315)

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

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (316)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (317)

**Please read:**

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

**Or**

- 5 Do something else

**Do not read:**

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

## Module 14: Arthritis Management

---

**Ask on Questionnaire 2 and 3 only.**

**CATI note: If Core Q17.1 = 1 (Yes), continue. Otherwise, go to next module.**

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (362)

**Please read:**

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

**Do not read:**

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (363)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (364)

**NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.**

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (365)

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

## Module 21: Mental Illness and Stigma

---

### **Ask on Questionnaire 3 only.**

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (410)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (411)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?  
**[If necessary: all, most, some, a little, or none of the time?]** (412)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?  
**[If necessary: all, most, some, a little, or none of the time?]** (413)

- 1 All
- 2 Most
- 3 Some

- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**?

**[If necessary: all, most, some, a little, or none of the time?]**

(414)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**?

**[If necessary: all, most, some, a little, or none of the time?]**

(415)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(416-417)

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

**INTERVIEWER NOTE:** If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(418)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

9. Treatment can help people with mental illness lead normal lives. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

(419)

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

10. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

(420)

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

**INTERVIEWER NOTE:** If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

## Module 25: Random Child Selection

---

**Ask on all 3 legs of Questionnaire.**



**[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

**CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.**

5. Which one of these groups would you say best represents the child's race? (479)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

6. How are you related to the child? (480)

**Please read:**

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

**Do not read:**

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



## Module 26: Childhood Asthma Prevalence

---

**Ask on all 3 legs of Questionnaire.**

**CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.**

Now, I would like to ask you about the “Xth” [CATI: please fill in correct number] child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (481)

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

2. Does the child still have asthma? (482)

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

## Module 33: Novel H1N1 Childhood Immunization

---

**Ask from October – December on all 3 legs.**

**CATI note: If selected child's age is  $\geq 6$  months, continue. Otherwise, go to next module.**

The next questions are about this child's immunizations.

**M33.1.** I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu?

(940)

- 1 Yes
- 2 No [Go to M27.1]
- 7 Don't Know / Not Sure [Go to M27.1]
- 9 Refused [Go to M27.1]

**CATI note: If Child age is 10 years or older, Go to M33.3.**

**M33.2.** Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?

(941)

- 1 One vaccination or dose
- 2 Two or more vaccination doses

- 7 Don't Know / Not Sure **[Go to M27.1]**
- 9 Refused **[Go to M27.1]**

**M33.3.** During what month did [Fill: he/she] receive [Fill: his/her] (CATI note: if child age < 10, "first H1N1 flu vaccine?"; otherwise, "H1N1 flu vaccine?") (942-943)

- Month
- 77 Don't Know / Not Sure
- 99 Refused

**CATI note:** [If M33.3\_Month in (7, 8, 9, 10, 11, 12) then M33.3\_Year=2009; else if M33.3\_Month in (1, 2, 3, 4, 5, 6) then M33.3\_Year=2010]

**Interviewer verify response** - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**M33.4** Was this a shot or was it a vaccine sprayed in the nose? (944)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't Know / Not Sure
- 9 Refused

**CATI note:** If Child age ≥ 10 Go to next module. If M33.2 = 2, THEN ASK M33.5, otherwise Go to next module.

**M33.5.** During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (945-946)

- Month
- 77 Don't Know / Not Sure
- 99 Refused

**CATI note:** [If M33.5\_Month in (7, 8, 9, 10, 11, 12) then M33.5\_Year=2009; else if M33.5\_Month in (1, 2, 3, 4, 5, 6) then M33.5\_Year=2010]

[If Date (M33.5\_Month, M33.5\_Year) < Date(M33.3\_Month, M33.3\_year), interviewer verify responses]

**Interviewer verify response** That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**M33.6** Was this a shot or was it a vaccine sprayed in the nose? (947)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't Know / Not Sure
- 9 Refused

## Module 27: Childhood Immunization

---

**Ask on all 3 legs of Questionnaire, in January and February ONLY.**

**CATI note:** If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

**CATI note: If selected child's age is  $\geq 6$  months, continue. Otherwise, go to next module.**

1. During the past 12 months, has [Fill: he/she] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose.

(483)

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

2. During what month and year did [Fill: he/she] receive their most recent flu vaccination? The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose.

(484-489)

- |   |                       |
|---|-----------------------|
| <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u> | Month / Year          |
| 77 / 7777   | Don't know / Not sure |
| 99 / 9999   | Refused               |

## State-Added Questions

### Childhood Diabetes Prevalence

*Ask on all 3 Questionnaires*

- CHPREV:** Earlier you said there were [fill in number] children age 17 or younger living in your household. How many of these children have ever been diagnosed with diabetes?

      Number of children

88. None  
77. don't know/Not sure  
99. Refused

### Insurance and Access

*Ask on Questionnaire 1 only, after child diabetes prevalence. All question names beginning with a K will be asked of the randomly selected child, if applicable, and if the respondent is the parent or guardian.*

*If BRFSS C03Q01=1 and C12Q07  $\geq$  88, then COV reads as follows:*

**COV0** Previously you said that you have some type of health insurance coverage. Please tell me if you have any of the following, ...

*[continue to COV1]*

*If BRFSS C03Q01=1 and C12Q07 < 88*

**COV0** Previously you said that **YOU** have some type of health insurance coverage. We would like to ask a few questions about health coverage for you and your child. Please tell me if you have any of the following, ...

*[continue to COV1]*

*If BRFSS C03Q01=2 and C12Q07 >= 88, then COV reads as follows:*

**COV0** Previously you said that you do not have health insurance coverage. There are some types of plans you many not have considered, are you currently covered by...

*[continue to COV1]*

*If BRFSS C03Q01=2 and C12Q07 < 88, then COV reads as follows:*

**COV0** Previously you said that you do not have health insurance coverage. We would like to ask a few questions about health coverage for you and your child. There are some types of plans you many not have considered, are you currently covered by...

*[continue to COV1]*

**COV1** ...healthcare coverage that is provided through a current or former employer or union?

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

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

**KCOV1** Does the child have this type of coverage?

**Read if necessary:** healthcare coverage that is provided through a current or former employer or union?

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

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

**COV2** Are you covered by a health insurance plan that you purchase directly from an insurance company and not through an employer or union?

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

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

**KCOV2** Is the child covered by this type of plan?

**Read if necessary:** A health insurance plan that you purchase directly from an insurance company and not through an employer or union?

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

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

**COV3** Are you covered by the health plan of someone who does not live in the household?

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

**KCOV3** Is the child covered by this type of plan?

**Read if necessary:** the health plan of someone who does not live in the household?

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

**COV4** Are you covered by Medicare, that is, the government plan for persons age 65 or older or those with disabilities?

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

**KCOV4** Is the child covered by Medicare?

**Read if necessary:** Medicare, that is, the government plan for persons age 65 or older or those with disabilities?

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

**COV5** Are you covered by Medicaid?

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

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

**KCOV5** Is the child covered by Medicaid?

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

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

**COV6** (Ask only of 18 year old respondents.) 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. Do you have coverage through CHIP?

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

**KCOV6** 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 the child have coverage through CHIP?

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

**COV7** Are you covered by another government plan, such as Military, Tri-Care or the V.A.?

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

**KCOV7** Is the child covered by this type of plan?

**Read if necessary:** Another government plan, such as Military, Tri-Care or the V.A.?

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

**COV8** Do you have health insurance that covers ONLY certain specific medical conditions, such as for diabetes or breast cancer?

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

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

**KCOV8** Does the child have health insurance that covers ONLY certain specific medical conditions, such as for diabetes or breast cancer?

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

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

**COV9** Do you have coverage through some other source that I have not already mentioned?

- 1 Yes **[go to COV9open]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**COV9open** What source is this coverage from?

[SPECIFY – OPEN ENDED RESPONSE]

**\*\*At this point CATI determines the insurance status of the adult. 1=insured, 2=uninsured. Insured adults go on to COV11, uninsured adults go on to COV10.**

**KCOV9** Does the child have coverage through some other source that I have not already mentioned?

- 1 Yes **[go to KCOV9open]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**KCOV9open** What source is this coverage from?

[SPECIFY – OPEN ENDED RESPONSE]

**\*\*At this point, CATI determines the insurance status of the child. 1=insured, 2=uninsured. Insured kids will go to KCOV11, uninsured kids will go to KCOV10.**

**COV10** Are you without health insurance coverage?

- 1 Yes, respondent is uninsured **(SKIP to UNINS)**
- 2 No, respondent is insured **(skip to COV10op)**
- 7 Don't know/Not sure **(go to COV11)**
- 9 Refused **(go to COV11)**

**COV10op** What is the source of this coverage?

[SPECIFY – OPEN ENDED RESPONSE]

**KCOV10** Is the child without health insurance coverage?

- 1 Yes child is uninsured (**child should get KUNINS**)
- 2 No, child is insured (**child should get KCOV10op**)
- 7 Don't know/Not sure (**child should go to KCOV11**)
- 9 Refused (**child should go to KCOV11**)

**KCOV10op** What is the source of this coverage?

[SPECIFY – OPEN ENDED RESPONSE]

**UNINS** For how many months have you been uninsured?

- 00 Less than 4 weeks (**Skip to WHY1**)
- 01-60 enter # of months (**Skip to WHY1**)
- 61 More than 5 years (**Skip to WHY1**)
- 77 Don't know/Not sure (**Skip to WHY1**)
- 99 Refused (**Skip to WHY1**)

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

- 00 Less than 4 weeks (**Skip to KWHY1**)
- 01-60 enter # of months (**Skip to KWHY1**)
- 61 More than 5 years (**Skip to KWHY1**)
- 77 Don't know/Not sure (**Skip to KWHY1**)
- 99 Refused (**Skip to KWHY1**)

**COV11** Thinking about any health insurance, did you have coverage for all of the last 12 months?

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

**KCOV11** Thinking about any health insurance, did the child have coverage for all of the last 12 months?

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

**CARDSIZE** When thinking about your 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)
- 7 Don't know/Not sure
- 9 Refused

**KCARDSIZ** When thinking about your child'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)
- 7 Don't know/Not sure
- 9 Refused

**CARDNEW** Do you 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)
- 7 Don't know/Not sure
- 9 Refused

**KCARDNEW** Does the child 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)
- 7 Don't know/Not sure
- 9 Refused

**If adult is uninsured they will be asked WHY questions; uninsured children are asked KWHY questions.**

**If adult is insured, they will not get WHY questions and will next be asked INSDELY. If child is insured, they will not get KWHY questions but will next be asked KINSDELY.**

**WHY1** *(The wording of this question changes depending on whether or not both adult and child are uninsured and whether or not adult is the only adult of HH. If the adult is the only adult and he/she is unemployed, skip this question.)*

The next few question ask about reasons you ["and your child", if both adult and child are uninsured] may be uninsured. Are you uninsured because your employer/the employer of someone in the household does not offer, or no longer offers health insurance coverage to you?

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

**KWHY1** [If only the child is uninsured read: The next few question ask about reasons your child may be uninsured.]

Is the child uninsured  
(if *WHY1* was read, then read) for this reason?  
(if adult did not get *WHY1*, then read) because the employer of someone in the household does not offer, or no longer offers health insurance coverage to the child?

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

**WHY2** Are you uninsured because you or someone in the household lost a job or changed employers?

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

**KWHY2** Is the child uninsured  
(if *WHY2* was read then read) for this reason?  
(if adult did not get *WHY2*, then read) because you or someone in the household lost a job or changed employers?

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

**WHY3** Are you uninsured because you are or someone in the household is a part time or temporary employee?

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

**KWHY3** Is the child uninsured because you are or someone in the household is a part time or temporary employee?

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

**WHY4** Are you uninsured because the premiums cost too much?

- 1 Yes (**Continue to WHY4a**)
- 2 No (**Skip to WHY5 or KWHY4 if uninsured child**)
- 7 Don't know/Not sure

9 Refused

**WHY4A** Did an existing health condition make the premium cost too much?

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

**KWHY4** Is the child uninsured because the premiums cost too much?

- 1 Yes (**Continue to KWHY4a**)
- 2 No (**Skip to WHY5 or KWHY5 if no uninsured adult**)
- 7 Don't know/Not sure
- 9 Refused

**KWHY4A** Did an existing health condition make the premium cost too much?

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

**WHY5** Are you uninsured because you are healthy and decided it would be safe for you to go without insurance?

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

**KWHY5** Is the child uninsured because he/she is healthy and it was considered safe for him/her to go without insurance?

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

**WHY6** Are you uninsured because the insurance company refused to cover you?

- 1 Yes (**Continue to WHY6a**)
- 2 No (**Skip to WHY7**)
- 7 Don't know/Not sure
- 9 Refused

**WHY6A** Did the insurance company refuse to cover you because

**Read:**

- 1 Of a pre-existing condition
- 2 They exceeded lifetime benefits limits, or
- 3 of some other reason (**specify in WHY6A1**)

**Do not read:**

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

**WHY6A1** What is the other reason? Interviewer record response verbatim.

**KWHY6** Is the child uninsured because the insurance company refused to cover him/her?

- 1 Yes (**Continue to KWHY6a**)
- 2 No (**Skip to WHY7 or KWHY7 if no uninsured adult**)
- 7 Don't know/Not sure
- 9 Refused

**KWHY6A** Did the insurance company refuse to cover the child because

**Read:**

- 1 Of a pre-existing condition
- 2 They exceeded lifetime benefits limits, or
- 3 of some other reason (**specify in KWHY6A1**)

**Do not read:**

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

**KWHY6A1** What is the other reason? Interviewer record response verbatim.

**WHY7** Are you uninsured because you lost Medicaid or CHIP eligibility?

- 1 Yes (**Continue to WHY7a**)
- 2 No (**Skip to WHY8 or KWHY7 if uninsured child**)
- 7 Don't know/Not sure
- 9 Refused

**WHY7A** Did you lose eligibility because

**Please read:**

- 1 Your family income increased,
- 2 You 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 in WHY7opn**)

**Do not read**

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

**WHY7opn** What is the other reason? Interviewer record response verbatim.

**KWHY7** Is the child uninsured because he/she lost Medicaid or CHIP eligibility?

- 1 Yes (**Continue to KWHY7a**)
- 2 No (**Skip to WHY8 or KWHY8 if no uninsured adult**)
- 7 Don't know/Not sure
- 9 Refused

**KWHY7A** Did the child lose eligibility because

**Please read:**

- 1 Your family income increased,
- 2 You 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 in KWHY7opn**)

**Do not read**

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

**KWHY7opn** What is the other reason? Interviewer record response verbatim.

**WHY8** *if adult is only adult of HH and is unemployed, skip this question.*

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

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

**KWHY8** *{if no uninsured adult read: We're interested in knowing whether there are some people who COULD currently get health insurance through an employer, but decided not to enroll.}*

Could the child currently be covered by a plan that is available through an employer?

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

**WHY9** Was there any other reason that you were without health insurance coverage, other than what I have already mentioned?

- 1 Yes (**specify in WHY9opn**)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**WHY9opn** What is the other reason? Interviewer record response verbatim.

**KWHY9** Was there any other reason that the child was without health insurance coverage, other than what I have already mentioned?

- 1 Yes (**specify in WHY9opn**)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**KWHY9opn** What is the other reason? Interviewer record response verbatim.

**Return to asking questions of all respondents, K questions for selected child, regardless of insurance status, unless otherwise specified.**

**INSDELY** (*Skip if adult has been uninsured for more than 12 months. If this question is skipped, insert the intro below before next question asked.*)

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.

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

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

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

**KINSDELY** In the past 12 months, did the child have problems or was there a delay in seeking care for the child because the service was not covered by his/her insurance?

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

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

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

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

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

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

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

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

**HOURSWKD** *(skip if adult is unemployed)*  
How many hours per week do you **usually** work at your main job?

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

- \_\_\_\_\_ Hours (Enter # given)
- 77 Don't know/Not sure
- 99 Refused

**NUMEMPS** *(skip if adult is unemployed)*  
Thinking about the company you work for, approximately how many employees work for this organization?

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

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

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

**Read if necessary:** Own means that you own it outright, or that you have a mortgage.

- 1 Own
- 2 Renting
- 7 Don't know/Not sure
- 9 Refused

## HEAT

*Ask on Questionnaire 1 only, after Insurance and Access Questions. Ask only of people at or below 200% Federal Poverty Level.*

**HEAT1:** During the past 12 months, how many months did you purchase LESS food, medication, or other necessities in order to pay your home energy bill such as gas or electricity?

\_\_ \_ Number of months

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

**HEAT2:** In the past 12 months, did the power or gas company shut off your service because you could not afford to pay your bill?

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

**HEAT3:** In the past 12 months, do you feel that your health or the health of another household member was harmed because you couldn't afford to heat or cool your home adequately? Please specify 'heat' or 'cool' or both.

- 1 Yes-heat only
- 2 Yes-cool only
- 3 Yes-both.
- 4 No.
- 7 Don't know / Not sure
- 9 Refused

**HEAT4:** In the past 12 months, have you received help paying your gas or light bill through the HEAT Program?

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

## Child Obesity-related

*Ask on Questionnaires 2 and 3, after Child Diabetes Prevalence. Ask children ages 5-17 only.*

**STCHILD1** On a typical SCHOOL DAY, how many hours does your child usually spend watching television or videos? Include DVD and video movies. Do not count video or computer games.

- 1 Less than 1 hour



- 2 1-2 hours (1 hour to less than 2 hours)
- 3 2-3 hours (2 hours to less than 3 hours)
- 4 3-4 hours (3 hours to less than 4 hours)
- 5 4-5 hours (4 hours to less than 5 hours)
- 6 5 hours or more
- 7 Don't know/Not sure
- 8 None
- 9 Refused

**STCHILD2** On a typical SCHOOL DAY, how many hours does your child usually spend playing video or computer games?

- 1 Less than 1 hour
- 2 1-2 hours (1 hour to less than 2 hours)
- 3 2-3 hours (2 hours to less than 3 hours)
- 4 3-4 hours (3 hours to less than 4 hours)
- 5 4-5 hours (4 hours to less than 5 hours)
- 6 5 hours or more
- 7 Don't know/Not sure
- 8 None
- 9 Refused

**STCHILD3** On a typical WEEKEND DAY, how many hours does your child usually spend watching television or videos? Include DVD and video movies. Do not count video or computer games.

- 1 Less than 1 hour
- 2 1-2 hours (1 hour to less than 2 hours)
- 3 2-3 hours (2 hours to less than 3 hours)
- 4 3-4 hours (3 hours to less than 4 hours)
- 5 4-5 hours (4 hours to less than 5 hours)
- 6 5 hours or more
- 7 Don't know/Not sure
- 8 None
- 9 Refused

**STCHILD4** On a typical WEEKEND DAY, how many hours does your child usually spend playing video or computer games?

- 1 Less than 1 hour
- 2 1-2 hours (1 hour to less than 2 hours)
- 3 2-3 hours (2 hours to less than 3 hours)
- 4 3-4 hours (3 hours to less than 4 hours)
- 5 4-5 hours (4 hours to less than 5 hours)
- 6 5 hours or more
- 7 Don't know/Not sure
- 8 None
- 9 Refused

**STCHILD5** In a typical week, on how many days does your child spend at least one hour being physically active? This includes active play, walking to school, P.E., sports, riding a bike, skateboarding, etc.

\_\_ \_ Number of days (0-7)

88. None

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

**STCHILD6** How often does your child have soft drinks? One drink is a tall glass or 12 ounce can. Do not count diet drinks.

**Interviewer note:** This also includes any drinks with added sugar, such as sunny delight, iced tea drinks, Tampico, Hawaiian Punch, sugar cane juice, cranberry cocktail, Hi-C, Snapple, Gatorade, sweetened water drinks, and energy drinks.

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

888 Never  
777 Don't know/Not sure  
999 Refused

## Adult Obesity-related

*Ask on Questionnaire 2 only, after Child Obesity-Related.*

**STAOB1** How often do you drink a glass or can of soda such as coke, or other sweetened drinks such as fruit punch or sports drinks? Do not count diet drinks.

**Interviewer note:** This also includes any drinks with added sugar, such as sunny delight, iced tea drinks, Tampico, Hawaiian Punch, sugar cane juice, cranberry cocktail, Hi-C, Snapple, Gatorade, sweetened water drinks, and energy drinks.

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

888 Never  
777 Don't know/Not sure  
999 Refused

**STAOB2** On a typical WEEKDAY, how many hours do you usually spend watching television or videos? Include DVD and video movies. Do not count video or computer games.

1 Less than 1 hour  
2 1-2 hours (1 hour to less than 2 hours)  
3 2-3 hours (2 hours to less than 3 hours)  
4 3-4 hours (3 hours to less than 4 hours)  
5 4-5 hours (4 hours to less than 5 hours)  
6 5 hours or more  
7 Don't know/Not sure  
8 None  
9 Refused

**STAOB3** On a typical WEEKEND, how many hours do you usually spend watching television or videos? Include DVD and video movies. Do not count video or computer games.

- 1 Less than 1 hour
- 2 1-2 hours (1 hour to less than 2 hours)
- 3 2-3 hours (2 hours to less than 3 hours)
- 4 3-4 hours (3 hours to less than 4 hours)
- 5 4-5 hours (4 hours to less than 5 hours)
- 6 5 hours or more
- 7 Don't know/Not sure
- 8 None
- 9 Refused

**STAOB4** The next two questions are about biking and walking as a means of transportation.

During the past 30 days, on how many days did you bicycle to and from work, to do errands, or to go from place to place? Only include days that you bicycled for at least 10 minutes and do not include biking for recreation or exercise.

\_\_ days in the last 30

- 77. Don't know
- 88. None
- 99. Refused

**STAOB5** During the last 30 days, on how many days did you walk to and from work, to do errands, or to go from place to place? Only include days that you walked for at least 10 minutes and do not include walking for recreation or exercise.

\_\_ days in the last 30

- 77. Don't know
- 88. None
- 99. Refused

## Fast Food

*Ask on Questionnaire 3 only, after Child-Obesity Related.*

**STFF1** How often do you eat food purchased from a fast-food restaurant?

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

- 888 Never
- 777 Don't know / Not sure
- 999 Refused

**STFF2** How often do you eat breakfast, lunch, or dinner at a restaurant or cafeteria?

**(Interviewer note: eat-in or take-out, but not fast food.)**

- 1\_\_ per day

- 2\_\_ per week
- 3\_\_ per month
- 4\_\_ per year

- 888 Never
- 777 Don't know / Not sure
- 999 Refused

## Hypertension and Cholesterol Control

*Ask on Questionnaire 2 after Adult Obesity-related, and on Questionnaire 3 after Fast Food.*

*[STHCC1 asked of those who answered Yes to Core 7.1, otherwise skip this question]*

**STHCC1** Earlier you said that you have been told you have high blood pressure. Are you currently under a physician's care to treat your high blood pressure?

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

*[STHCC2 and STHCC3 asked of those who answered Yes to Core 8.3, otherwise skip to next section.]*

**STHCC2** Earlier you said that you have been told that your blood cholesterol is high. Are you currently under a physician's care to treat your high cholesterol?

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

**STHCC3** Are you taking any medicine prescribed by a doctor for your high cholesterol?

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

## Quality of Life

*Ask on Questionnaires 2 and 3 after Hypertension and Cholesterol Control.*

*[STQOL1 – STQOL3 asked only of those who answered "Yes" to either Core 14.1 or Core 14.2.]*

**STQOL1** Earlier you said that you are limited in activities or use special equipment due to a health problem.

What is your major impairment or health problem?

\_\_\_ Reason Code

### **Read Only if Necessary**

- 01 Arthritis/rheumatism

- 02 Back or neck problem
- 03 Fractures, bone/joint injury
- 04 Walking problem
- 05 Lung/breathing problem
- 06 Hearing problem
- 07 Eye/vision problem
- 08 Heart problem
- 09 Stroke problem
- 10 Hypertension/high blood pressure
- 11 Diabetes
- 12 Cancer
- 13 Depression/Anxiety/emotional problem
- 14 Other impairment/problem
- 15 Neurological problem
- 16 Digestive system problem
- 17 Overweight/obese
- 18 Old age/age-related
- 19 Kidney/Renal problem
- 20 Other (specify)
  
- 77 Don't know/Not sure
- 99 Refused

**STQOL2** For how long have your activities been limited because of your major impairment or health problem?

- 1 \_\_\_ Days
- 2 \_\_\_ Weeks
- 3 \_\_\_ Months
- 4 \_\_\_ Years

777. Don't know/Not sure  
999. Refused

**STQOL3** Because of a physical, mental, or emotional problem, do you need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside your home?

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

*[STQOL4 asked of ALL respondents]*

**STQOL4** During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work or recreation?

\_\_\_ Number of days

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

## Tobacco

*Ask on Questionnaires 2 and 3 after Quality of Life.*

*[STSMK1 – STSMK3 asked of those who said “everyday” or “some days” (1 or 2) to Core 11.2.  
Go to STSMK4 if Core 11.2 = “not at all” (3).  
If Core 11.1 was no (2) then go to STSMK9]*

**STSMK1** Previously you said that you currently smoke cigarettes. On the average, about how many cigarettes a day do you now smoke?

\_\_\_ \_\_\_ Number of cigarettes  
777 Don't Know / Not Sure  
999 Refused

**STSMK2** Are you seriously considering stopping smoking within the next six months?

1 Yes  
2 No (**go to STSMK5**)  
  
7 Don't know / Not sure  
9 Refused

**STSMK3** Are you planning to stop smoking within the next 30 days?

1 Yes (**go to STSMK5**)  
2 No (**go to STSMK5**)  
7 Don't know / Not sure (**go to STSMK5**)  
9 Refused (**go to STSMK5**)

*[ask STSMK4 of those who said “not at all” (3) to Core 11.2]*

**STSMK4** Previously you said you have smoked cigarettes.

About how long has it been since you last smoked cigarettes?

**Read only if necessary:**

01 Within the past month (anytime less than 1 month ago) [**Go to STSMK5**]  
02 Within the past 3 months (1 month but less than 3 months ago) [**Go to STSMK5**]  
03 Within the past 6 months (3 months but less than 6 months ago) [**Go to STSMK5**]  
04 Within the past year (6 months but less than 1 year ago) [**Go to STSMK5**]  
05 Within the past 5 years (1 year but less than 5 years ago) [**Go to STSMK9**]  
06 Within the past 10 years (5 years but less than 10 years ago) [**Go to STSMK9**]  
07 10 or more years ago [**Go to STSMK9**]  
  
77 Don't know / Not sure  
99 Refused

*[STSMK5 – STSMK8 asked of former smokers (STSMK4 = 01, 02, 03, or 04 and Core 11.2 = 3) OR of current smokers (Core 11.2 = 1 or 2)]*

**STSMK5** The next questions are about interactions with a doctor, nurse, or other health professional.

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

- 1 Yes
- 2 No (**go to STSMK9**)
  
- 7 Don't know / Not sure
- 9 Refused

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

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

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

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

**STSMK8** Did your doctor or health provider recommend or discuss a smoking cessation class or program, a telephone quitline, or one-on-one counseling from a health-care provider to assist you with quitting smoking?

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

*[ask of all respondents]*

**STSMK9** In the past twelve months, how often have you seen or heard anti-smoking messages on TV or the radio?

- 1 At least once a week
- 2 At least once a month
- 3 Less than once a month
- 4 Never
  
- 7 Don't know/Not sure
- 9 Refused

*[ask of all respondents]*

**STSMK10** In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

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

## Colon Cancer Screening

**Ask on questionnaires 2 and 3 after Tobacco. Ask only those aged 50+.**

**STCC1** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you EVER had either of these exams?

- 1 Yes **[Go to STCC3]**
- 2 No **[Go to STCC2]**
  
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

**STCC2** What is the most important reason you have never had a sigmoidoscopy or colonoscopy?

**(Interviewer: Do not read. Mark only ONE)**

- 01 Not recommended by Doctor/Doctor never said it was needed.
- 02 Not needed/No symptoms/No family history of cancer.
- 03 Cost/Not covered by insurance.
- 04 Too old.
- 05 Too young
- 06 No time
- 07 Services not available/Not convenient/Lack of transportation
- 08 Fear/Uncomfortable/Painful
- 09 Embarrassing
- 10 Afraid of that they might find
- 11 Put off/Lazy
- 12 Hasn't thought about it
- 13 Test doesn't work/Effectiveness of test/Cause Cancer
- 14 Doesn't want to have one
- 15 No regular doctor/don't got to doctor
- 16 Other (write in)
  
- 77 Don't know/Not sure
- 99 Refused.

**[Those who answer STCC2 go to next section.]**

**STCC3** For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT examination called a sigmoidoscopy or a colonoscopy?

- 1 Sigmoidoscopy **(Go to STCC4)**
- 2 Colonoscopy **(Go to STCC4)**



- 3      Something else **[Go to next section]**
- 7      Don't know/Not sure **[Go to next section]**
- 9      Refused **[Go to next section]**

**STCC4**      How long has it been since you had your last sigmoidoscopy or colonoscopy?

**(Interviewer: Read only if necessary):**

- 1      Within the past year (anytime less than 12 months ago)
- 2      Within the past 2 years (1 year but less than 2 years ago)
- 3      Within the past 5 years (2 years but less than 5 years ago)
- 4      Within the past 10 years (5 years but less than 10 years ago)
- 5      10 or more years ago
  
- 7      Don't know / Not sure
- 9      Refused

## Genomics

**Ask on Questionnaire 3 only, after Colon Cancer Screening.**

**GENOM1**      Several companies (such as 23andMe, deCODEme, and Navigenics) are advertising genetic tests that scan a person's entire genetic makeup for health risks. You can order these tests directly, without the involvement of a healthcare provider. Have you heard or read about these tests?

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

**GENOM2**      Where did you hear about or read about these tests?

Anywhere else?

**Read only if necessary:** I am referring to genetic tests that scan a person's entire genetic makeup for health risks. You can order these tests directly from companies, such as 23andMe, deCODEme and Navigenics, without the involvement of a healthcare provider)

**Check all that apply:**

- 1      Newspaper
- 2      Magazine
- 3      TV or radio
- 4      Health professional (e.g. doctor)
- 5      Internet
- 6      Family member
- 7      Friend
- 8      Another source (please specify)
  
- 77     Don't know/Not sure
- 99     Refused

**GENOM3** Have you ever had one of these tests?

**Read only if necessary:** I am referring to genetic tests that scan a person's entire genetic makeup for health risks. You can order these tests directly from companies, such as 23andMe, deCODEme and Navigenics, without the involvement of a healthcare provider)

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

**GENOM4** Did you discuss the results with your health care provider?

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

## Cell Phones

**Ask on Questionnaire 3 only, after Genomics.**

**CELL1** Next, I am going to ask you two questions about things you might do while driving. The first question is about talking on a cell phone and the second is about texting or otherwise using a hand-held electronic device.

Thinking about all the time you spent driving during the past week, which of the following best describes the total time you spent talking on a cell phone, including hands-free or blue tooth, while you were driving?

**Please read:**

- 1 Less than 3 minutes per day
- 2 Three to 20 minutes per day
- 3 More than 20 minutes but less than 60 minutes per day
- 4 More than an hour per day
- 5 You never talk on a cell phone while driving

**Do not read:**

- 6 Doesn't have a cell phone
- 7 Don't know/Not sure (**Go to next section**)
- 8 Doesn't drive (**Go to next section**)
- 9 Refused (**Go to next section**)

**CELL2** Thinking about all the time you spent driving during the past week, about how much time did you spend texting or otherwise using a hand-held electronic device while you were driving?

**Interviewer Note:** This includes any hand-held electronic device like an ipod, mp3 player, blackberry, etc.

**Please read:**

- 1 Less than 3 minutes per day
- 2 Three to 20 minutes per day
- 3 More than 20 minutes but less than 60 minutes per day
- 4 More than an hour per day
- 5 You never text or use hand-held devices while driving

**Do not read:**

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

## Library

**Asked on all 3 Questionnaires from April – December.**

**STLIB1** In the past 12 months, did you visit a public library to look for health information?

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

**STLIB2** In the past 12 months, did you use a computer to look for health information?

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

## Stroke

**Asked during June only. STR1 and STR2 are asked on questionnaires 1 and 3. STR3 – STR6 asked on questionnaire 2.**

**STR1** Now, on a different topic, I'd like to ask you about the signs and symptoms of stroke.

From anything you might have heard or read, what do you believe are the signs or symptoms of a stroke? What else... what else....?

(RECORD AS MANY AS 5 RESPONSES. WHEN RESPONDENT REPORTS "Don't know/not sure" MOVE TO NEXT QUESTION)

- 01 Sudden confusion or difficulty speaking
- 02 Numbness or weakness on the face, arm, or leg, especially on one side.
- 03 Trouble seeing in one or both eyes/blurry vision
- 04 Sudden severe headache
- 05 Sudden dizziness/loss of balance or coordination
- 06 Fainting/loss of consciousness
- 07 Vomiting
- 08 Other (record response) \_\_\_\_\_

- 77 Don't know/not sure
- 99 Refuse to answer

**STR2**

If you witnessed a family member, friend, or loved one having a stroke, what action would you take?

(RECORD ALL THAT APPLY. IF PERSON SAYS "Get them to the hospital," ASK, "HOW WOULD YOU GET THEM TO THE HOSPITAL?")

- 01 Call 911/ambulance
- 02 Take the to the hospital
- 03 Get them to the hospital
- 04 Call their doctor
- 05 Wait and see if they get better
- 06 Wait and see if they get worse or if more symptoms occur
- 07 Have them take aspirin
- 08 Have them take a medication other than aspirin (includes nitroglycerin, painkillers, etc)
- 09 Check for consciousness/airway/pulse
- 10 Other (record response)
  
- 77 Don't know/not sure
- 99 Refuse

**STR3**

Now, on a different topic, I'd like to ask you about some TV commercials you may have seen about stroke.

Do you recall seeing a TV commercial about stroke?

- 1 Yes
- 2 No **(Skip to next section)**
- 3 Do not own/watch TV **(Skip to next section)**
  
- 7 Don't know/Not sure **(Skip to next section)**
- 9 Refused **(Skip to next section)**

**STR4**

How many different TV commercials about stroke did you see?

- 01 One
- 02 Two
- 03 Three
- 04 Four
- 05 Five
- 06 More than 5
- 07 None
  
- 77 Don't know/not sure
- 99 Refuse

**STR5**

What sign(s) or symptom(s) of stroke was(were) shown in the commercial(s)?

Record all that apply:

- 01 Sudden confusion or difficulty speaking
- 02 Numbness or weakness on the face, arm, or leg, especially on one side.
- 03 Trouble seeing in one or both eyes/blurry vision

- 04 Sudden severe headache
- 05 Sudden dizziness/loss of balance or coordination
- 06 Fainting/loss of consciousness
- 07 Vomiting
- 08 Other (record response) \_\_\_\_\_
  
- 77 Don't know/not sure
- 99 Refuse to answer

**STR6** According to the commercial, what ONE specific action should people take if they think someone is having a stroke?

- 01 Call 911/ambulance
- 02 Take the to the hospital
- 03 Get them to the hospital
- 04 Call their doctor
- 05 Wait and see if they get better
- 06 Wait and see if they get worse or if more symptoms occur
- 07 Have them take aspirin
- 08 Have them take a medication other than aspirin (includes nitroglycerin, painkillers, etc)
- 09 Check for consciousness/airway/pulse
- 10 Other (record response)
  
- 77 Don't know/not sure
- 99 Refuse

## State Follow-up Question

*Ask all respondents on all 3 Questionnaires who do not have asthma.*

**STFU1** Occasionally programs at the Department of Health or researchers at Utah universities would like to conduct follow-up surveys. Would you be willing to be contacted at sometime in the future to participate in a follow-up survey?

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

- 1 Yes (**Go to STFU2**)
- 2 No (**Closing statement**)
- 7 Don't know/Not sure (**Closing statement**)
- 9 Refused (**Closing statement**)

**STFU2** (**Only ask if answer to STFU1 is 1="Yes"**) May I please get your first name so they'll know whom to ask for? (Can you spell that for me, please?)

Type in respondent's first name only.

\_\_\_\_\_

## Asthma Follow-up Adult

**Ask on all 3 Questionnaires of those respondents who indicated they have asthma or that their child has asthma.**

AFU1: We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1. Yes **(SKIP to AFU2)**
2. No **(Skip to closing)**

AFU2: Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

Type in respondent's first name only.

\_\_\_\_\_

## Asthma Follow-up Child

CFU1: We would like to call you again within the next 2 weeks to talk in more detail about your child's experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?"

1. Yes **(Skip to CFU2)**
2. No **(Skip to closing)**

CFU2: Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

Type in respondent's first name only.

\_\_\_\_\_

CFU3: Can I please have your child's first name, initials or nickname so we can ask about that child's asthma history?

Type in respondent's first name only.

\_\_\_\_\_

## **Closing Statement**

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.