



**2020**

# **Behavioral Risk Factor Surveillance System Questionnaire**

***FINAL***

*Utah: July 31, 2020  
CDC: December 4, 2019*

**NOTES:**

- (1) CAPITALIZED response options replace “DO NOT READ” text for all questions.**
- (2) Pink highlights indicate that these notes/instructions should be included in Ci3 code.**
- (3) SAQ core and optional module insertions are shown in blue font.**

# Behavioral Risk Factor Surveillance System 2020 Questionnaire

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## OMB Header

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Form Approved  
OMB No. 0920-1061  
Exp. Date 3/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at [ivk7@cdc.gov](mailto:ivk7@cdc.gov).

## Landline Introduction

---

HELLO, I am calling for the Utah Department of Health. My name is           (name)          . We are gathering information about the health of Utah residents. This project is conducted by the Utah Department of Health 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.

**LL01** Is this           (phone number)           ?

(63)

- |   |     |              |
|---|-----|--------------|
| 1 | YES | [GO TO LL02] |
| 2 | NO  | [TERMINATE]  |

**[CATI /NOTE: IF LL01 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT’S POSSIBLE THAT YOUR NUMBER MAY BE CALLED LATER.’]**

### **Private Residence**

**LL02** Is this a private residence? (64)

**READ ONLY IF NECESSARY:** By private residence, we mean some place like a house or an apartment.

- |   |                              |              |
|---|------------------------------|--------------|
| 1 | YES                          | [GO TO LL04] |
| 2 | NO                           | [GO TO LL03] |
| 3 | NO, THIS IS A BUSINESS PHONE | [TERMINATE]  |

**[CATI/INTERVIEWER NOTE: IF LL02 = 3 (NO, THIS IS A BUSINESS PHONE), SAY ‘THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONE LINES AT THIS TIME.’]**

**[CATI/INTERVIEWER NOTE: BUSINESS NUMBERS WHICH ARE ALSO USED FOR PERSONAL COMMUNICATION ARE ELIGIBLE.]**

### **College Housing**

**LL03** Do you live in college housing? (65)

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

- |   |     |              |
|---|-----|--------------|
| 1 | YES | [GO TO LL04] |
| 2 | NO  | [TERMINATE]  |

**[CATI/INTERVIEWER NOTE: IF LL03 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME.’]**

### **State of Residence**

**LL04** Do you currently live in Utah? (66)

**NOTE:** State of residence is the state in which the respondent resides at least 30 consecutive days during which the survey for which they are being called is being conducted.

- |   |     |              |
|---|-----|--------------|
| 1 | YES | [GO TO LL05] |
| 2 | NO  | [TERMINATE]  |

**[CATI/INTERVIEWER NOTE: IF LL04 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE STATE OF UTAH AT THIS TIME.’]**

**Cellular Phone**

**LL05** Is this a cell phone? (67)

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

**READ ONLY IF NECESSARY:** By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.

1 YES, IT IS A CELL PHONE [TERMINATE]

**[INTERVIEWER NOTE: YOU INDICATED THIS NUMBER REACHES A CELL PHONE. IF THIS NUMBER IS A LANDLINE, PRESS ‘4’ TO RETURN TO THE PREVIOUS QUESTION.]**

**[CATI/INTERVIEWER NOTE: IF LL05 = 1 (YES), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LANDLINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING’.]**

2 NO, IT IS NOT A CELL PHONE [GO TO LL06]

**[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES), CONTINUE; OTHERWISE, GO TO ADULT RANDOM SELECTION.]**

**Adult**

**LL06** Are you 18 years of age or older? (68)

1 YES [GO TO LL07]  
2 NO [TERMINATE IF LL03 =1, OTHERWISE GO TO LL07]

**[CATI/INTERVIEWER NOTE: IF LL03 =1 (YES) AND LL06 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME.’]**

**[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES), CONTINUE; OTHERWISE, GO TO ADULT RANDOM SELECTION.]**

**Sex of Adult**

**LL07** Are you male or female? (69)

1 MALE  
2 FEMALE

- 7 DON'T KNOW / NOT SURE [TERMINATE]
- 9 REFUSED [TERMINATE]

**[CATI/INTERVIEWER NOTE: IF LL07 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']**

**Adults**

**LL08** I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

\_\_ NUMBER OF ADULTS (70-71)

If '1,' ask: Are you the adult?

If 'Yes,' say: Then you are the person I need to speak with. **[GO TO LL09]**

If 'No,' ask: May I speak with the adult in the household?

If 2-6 or more, **GO TO LL10.**

**LL09** Are you male or female? (72)

- 1 MALE [GO TO 'CORRECT RESPONDENT']
- 2 FEMALE [GO TO 'CORRECT RESPONDENT']

- 7 DON'T KNOW / NOT SURE [TERMINATE]
- 9 REFUSED [TERMINATE]

**[CATI/INTERVIEWER NOTE: IF LL09 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']**

**LL10** How many of these adults are men? (73-74)

\_\_ NUMBER OF MEN

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**LL11** So the number of women in the household is \_\_\_\_? (75-76)

\_\_\_ NUMBER OF WOMEN

Is that correct?

**DO NOT READ:** Confirm number of adult women or clarify that total number of adults in the household.

**LL12** The person in your household that I need to speak with is [oldest/youngest/middle/male/female]. Are you the [oldest/youngest/middle/male/female] in this household?

(77)

**NOTE:** If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12.

- |   |                       |                              |
|---|-----------------------|------------------------------|
| 1 | MALE                  | [GO TO 'CORRECT RESPONDENT'] |
| 2 | FEMALE                | [GO TO 'CORRECT RESPONDENT'] |
| 7 | DON'T KNOW / NOT SURE | [TERMINATE]                  |
| 9 | REFUSED               | [TERMINATE]                  |

**[CATI/INTERVIEWER NOTE: IF LL12 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']**

## Cell Phone Introduction

---

HELLO, I am calling for the Utah Department of Health. My name is       (name)      . We are gathering information about the health of Utah residents. This project is conducted by the Utah Department of Health 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.

**CP01** Is this a safe time to talk with you or are you driving? (78)

- |   |     |              |
|---|-----|--------------|
| 1 | YES | [GO TO CP02] |
| 2 | NO  | [TERMINATE]  |

**[CATI/INTERVIEWER NOTE: IF CP01 = 2 (NO), SAY 'THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME.' (SET APPOINTMENT IF POSSIBLE.)]**

### Phone

**CP02** Is this       (phone number)       ? (79)

- |   |     |              |
|---|-----|--------------|
| 1 | YES | [GO TO CP03] |
| 2 | NO  | [TERMINATE]  |

**[CATI/INTERVIEWER NOTE: 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.]**

**Cellular Phone**

**CP03** Is this a cell phone?

(80)

**READ ONLY IF NECESSARY:** By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.

- |   |                         |                     |
|---|-------------------------|---------------------|
| 1 | YES, IT IS A CELL PHONE | <b>[GO TO CP04]</b> |
| 2 | NO, NOT A CELL PHONE    | <b>[TERMINATE]</b>  |

**[CATI/INTERVIEWER NOTE: IF CP03 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WITH CELL TELEPHONES AT THIS TIME.']**

**Adult**

**CP04** Are you 18 years of age or older?

(81)

- |   |     |                     |
|---|-----|---------------------|
| 1 | YES | <b>[GO TO CP05]</b> |
| 2 | NO  | <b>[TERMINATE]</b>  |

**[CATI/INTERVIEWER NOTE: IF CP04 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME.']**

**Sex of Adult**

**CP05** Are you male or female?

(82)

- |   |                       |                    |
|---|-----------------------|--------------------|
| 1 | MALE                  |                    |
| 2 | FEMALE                |                    |
| 7 | DON'T KNOW / NOT SURE | <b>[TERMINATE]</b> |
| 9 | REFUSED               | <b>[TERMINATE]</b> |

**[CATI/INTERVIEWER NOTE: IF CP05 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']**

**Private Residence**

**CP06** Do you live in a private residence?

(83)

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

- |   |     |              |
|---|-----|--------------|
| 1 | YES | [GO TO CP08] |
| 2 | NO  | [GO TO CP07] |

### College Housing

**CP07** Do you live in college housing?

(84)

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

- |   |     |              |
|---|-----|--------------|
| 1 | YES | [GO TO CP08] |
| 2 | NO  | [TERMINATE]  |

**[CATI/INTERVIEWER NOTE: IF CP07 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME.’]**

### State of Residence

**CP08** Do you currently live in Utah?

(85)

**NOTE:** State of residence is the state in which the respondent resides for at least 30 consecutive days during which the survey for which they are being called is being conducted.

- |   |     |              |
|---|-----|--------------|
| 1 | YES | [GO TO CP10] |
| 2 | NO  | [GO TO CP09] |

### State

**CP09** In what state do you currently live?

(86-87)

\_\_\_\_\_ ENTER STATE CODE

### Landline

**CP10** Do you also have a landline telephone in your home that is used to make and receive calls?

(88)

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

**READ ONLY IF NECESSARY:** By landline telephone, we mean a 'regular' telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

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

**[CATI/INTERVIEWER NOTE: IF CP07 = 1 (YES), DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE. IF CP07 = 1 (YES), THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]**

**NUMADULT**

**CP11** How many members of your household, including yourself, are 18 years of age or older?

(89-90)

- NUMBER OF ADULTS
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**TRANSITION TO 'CORRECT RESPONDENT.'**

## Core Sections

---

**[CATI/INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ.]**

### To Correct Respondent:

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 1-888-222-2542.

### Section 1: Health Status

---

- C01.01** Would you say that in general your health is excellent, very good, good, fair, or poor? (101)
- 1 EXCELLENT
  - 2 VERY GOOD
  - 3 GOOD
  - 4 FAIR
  - 5 POOR
  
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

### Section 2: Healthy Days

---

- C02.01** 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? (102-103)
- NUMBER OF DAYS **[RANGE: 01-30]**
- 88 NONE
  - 77 DON'T KNOW / NOT SURE
  - 99 REFUSED

- C02.02** 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? (104-105)
- NUMBER OF DAYS **[RANGE: 01-30]**
- 88 NONE

77 DON'T KNOW / NOT SURE  
 99 REFUSED

**[CATI NOTE: IF C02.01 AND C02.02 = 88 (NONE), GO TO NEXT SECTION.]**

**C02.03** 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?

(106-107)

-- NUMBER OF DAYS **[RANGE: 01-30]**

88 NONE  
 77 DON'T KNOW / NOT SURE  
 99 REFUSED

### Section 3: Health Care Access

---

**C03.01** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

(108)

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

**C03.02** Do you have one person you think of as your personal doctor or health care provider?

(109)

**NOTE:** 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?

1 YES, ONLY ONE  
 2 MORE THAN ONE  
 3 NO  
 7 DON'T KNOW / NOT SURE  
 9 REFUSED

**C03.03** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(110)

1 YES  
 2 NO

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C03.04** About how long has it been since you last visited a doctor for a routine checkup? (111)

**NOTE:** A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

**READ 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
- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

## Section 4: Exercise

---

**C04.01** 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? (112)

**NOTE:** If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

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

**[CATI NOTE: ASK STAB05 ON BOTH QUESTIONNAIRE PATHS.]**

**STAB05** 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. (901-902)

\_\_ DAYS IN THE LAST 30 **[RANGE: 01-30]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Section 5: Inadequate Sleep

---

**C05.01** On average, how many hours of sleep do you get in a 24-hour period? (113-114)

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

**Example:** Round 6 hours 30 minutes to 07 hours. 8 hours 15 minutes rounds to 08 hours.

- NUMBER OF HOURS [RANGE: 01-24]
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Section 6: Chronic Health Conditions

---

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

**C06.01** (Ever told) you that you had a heart attack also called a myocardial infarction? (115)

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

**C06.02** (Ever told) you had angina or coronary heart disease? (116)

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

**C06.03** (Ever told) you had a stroke? (117)

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

**C06.04** (Ever told) you had asthma? (118)

- 1 YES
- 2 NO [GO TO C06.06]
- 7 DON'T KNOW / NOT SURE [GO TO C06.06]
- 9 REFUSED [GO TO C06.06]

**C06.05** Do you still have asthma? (119)

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

**C06.06** (Ever told) you had skin cancer? (120)

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

**C06.07** (Ever told) you had any other types of cancer? (121)

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

**C06.08** (Ever told) you had Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (122)

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

**C06.09** (Ever told) you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (123)

**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)

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

**C06.10** (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (124)

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

**C06.11** Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease? (125)

**READ IF NECESSARY:** Incontinence is not being able to control urine flow.

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

**C06.12** (Ever told) you had diabetes? (126)

**NOTE:** If 'Yes' and respondent is FEMALE, ask: Was this only when you were pregnant?

**NOTE:** If respondent says 'pre-diabetes or borderline diabetes,' use response code '4.'

- 1 YES
- 2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY  
[GO TO NEXT SECTION]
- 3 NO [GO TO NEXT SECTION]
- 4 NO, PRE-DIABETES OR BORDERLINE DIABETES [GO TO NEXT SECTION]
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

**[CATI NOTE: IF C06.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO C06.12, GO TO PRE-DIABETES OPTIONAL MODULE, IF USED. OTHERWISE, GO TO NEXT SECTION.]**

- C06.13** How old were you when you were told you had diabetes? (127-128)
- CODE AGE IN YEARS [NOTE: 97 = 97 AND OLDER]  
[GO TO NEXT SECTION]
- 98 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
  - 99 REFUSED [GO TO NEXT SECTION]

**[CATI NOTE: GO TO DIABETES OPTIONAL MODULE, IF USED. OTHERWISE, GO TO NEXT SECTION.]**

## Module 1: Pre-Diabetes

---

**[CATI NOTE: ASK MODULE 1, PRE-DIABETES, QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING 'YES' (CODE = 1) TO C06.12 (DIABETES AWARENESS QUESTION).]**

- M01.01** Have you had a test for high blood sugar or diabetes within the past three years? (250)
- 1 YES
  - 2 NO
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

**[CATI NOTE: IF C06.12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES), ANSWER M01.02 = 1 (YES).]**

- M01.02** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

(251)

**NOTE:** If 'Yes' and respondent is FEMALE, ask: 'Was this only when you were pregnant?'

- 1 YES
- 2 YES, DURING PREGNANCY
- 3 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 7: Oral Health

---

**C07.01** Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

(129)

**READ 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
  
- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

**C07.02** Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

(130)

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

**READ IF NECESSARY:**

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 8: Demographics

---

**READ IF NECESSARY:** I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

**C08.01** What is your age? (131-132)

-- ENTER AGE IN YEARS **[RANGE: 18-99]**

07 DON'T KNOW / NOT SURE

09 REFUSED

**C08.02** Are you Hispanic, Latino/a, or Spanish origin? (133-136)

1 YES

2 NO

7 DON'T KNOW / NOT SURE

9 REFUSED

If 'Yes,' ask: Are you:

**NOTE:** One or more categories may be selected.

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin **[GO TO UT8.2c]**

5 NO

7 DON'T KNOW / NOT SURE **[GO TO C08.03]**

9 REFUSED **[GO TO C08.03]**

**[CATI NOTE: ASK UT8.2c ON BOTH QUESTIONNAIRE PATHS.]**

**UT8.2c** You identified yourself as being of 'Another Hispanic, Latino/a, or Spanish origin.' Are you:

(903-906)

**NOTE:** One or more categories may be selected.

**PLEASE READ:**

1 Dominican

2 Central American

3 South American

4 Another Hispanic, Latino/a, or Spanish origin

7 DON'T KNOW / NOT SURE

9 REFUSED

**C08.03** Which one or more of the following would you say is your race?

Would you say: White, Black or African American, American Indian or Alaska Native, Asian or Pacific Islander?

(137-164)

If Asian, ask: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.

If Pacific Islander, ask: Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.

**NOTE: One or more categories may be selected.**

- 10 WHITE
- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER **[GO TO UT8.3c]**
- 60 OTHER (SPECIFY)
- 77 DON'T KNOW / NOT SURE **[GO TO M19.01]**
- 99 REFUSED **[GO TO M19.01]**

**[CATI NOTE: ASK UT8.3c ON BOTH QUESTIONNAIRE PATHS.]**

**UT8.3c** You identified yourself as being 'Other Pacific Islander.' Are you:

(907)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander
- 7 DON'T KNOW / NOT SURE

9 REFUSED

**[CATI NOTE: IF MORE THAN ONE RESPONSE TO C08.03, CONTINUE. OTHERWISE, GO TO MODULE 19, SEX AT BIRTH.]**

**C08.04** Which one of these groups would you say best represents your race? (165-166)

**NOTE:** If the respondent provides more than one category code as '99,' 'REFUSED.'

- 10 WHITE
- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER **[GO TO UT8.4c]**
- 60 OTHER (SPECIFY)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK UT8.4c ON BOTH QUESTIONNAIRE PATHS.]**

**UT8.4c** You identified yourself as being 'Other Pacific Islander.' Are you: (908)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 19: Sex at Birth

---

**[CATI NOTE: ASK MODULE 19, SEX AT BIRTH, ON BOTH QUESTIONNAIRE PATHS.]**

- M19.01** What was your sex at birth? Was it male or female? (550)
- 1 MALE
  - 2 FEMALE
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

## Module 20: Sexual Orientation and Gender Identity

---

**[CATI NOTE: ASK MODULE 20, SEXUAL ORIENTATION AND GENDER IDENTITY, ON BOTH QUESTIONNAIRE PATHS.]**

The next two questions are about sexual orientation and gender identity.

**[CATI NOTE: ASK M20.01a IF SEX = 1 (MALE).]**

- M20.01a** Which of the following best represents how you think of yourself: 1, Gay; 2, Straight, that is not gay; 3, Bisexual; or 4, Something else? (551)

**NOTE:** Please say the number before the text response. Respondent can answer with either the number or the text/word.

**READ IF NECESSARY:** We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

**NOTE:** If the respondent does not understand the question topic, code 7.

- 1 GAY
- 2 STRAIGHT, THAT IS, NOT GAY
- 3 BISEXUAL
- 4 SOMETHING ELSE
- 7 I DON'T KNOW THE ANSWER
- 9 REFUSED

**[CATI NOTE: ASK M20.01b IF SEX = 2 (FEMALE).]**

- M20.01b** Which of the following best represents how you think of yourself: 1, Lesbian or gay; 2, Straight, that is not gay; 3, Bisexual; or 4, Something else? (552)

**NOTE:** Please say the number before the text response. Respondent can answer with either the number or the text/word.

**READ IF NECESSARY:** We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

**NOTE:** If the respondent does not understand the question topic, code 7.

- 1 LESBIAN OR GAY
- 2 STRAIGHT, THAT IS, NOT GAY
- 3 BISEXUAL
- 4 SOMETHING ELSE
  
- 7 I DON'T KNOW THE ANSWER
- 9 REFUSED

**M20.02** Do you consider yourself to be transgender?

(553)

**READ IF NECESSARY:** Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation, straight, gay, lesbian, or bisexual.

If 'Yes,' ask: Do you consider yourself to be: 1, male-to-female; 2, female-to-male; or 3, gender nonconforming?

**NOTE:** If asked about the definition of gender nonconforming: some people think of themselves as gender nonconforming when they do not identify ONLY as a man or ONLY as a woman.

**NOTE:** Respondent can answer with either the number or the text/word.

- 1 (YES, TRANSGENDER,) MALE-TO-FEMALE
- 2 (YES, TRANSGENDER,) FEMALE-TO-MALE
- 3 (YES, TRANSGENDER,) GENDER NONCONFORMING
- 4 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 8: Demographics CONTINUED

---

**C08.05** Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

(167)

- 1 MARRIED

- 2 DIVORCED
- 3 WIDOWED
- 4 SEPARATED
- 5 NEVER MARRIED
- 6 A MEMBER OF AN UNMARRIED COUPLE
  
- 9 REFUSED

**C08.06**

What is the highest grade or year of school you completed?

(168)

**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)
  
- 9 REFUSED

**[CATI NOTE: ASK RELIGIOUS IDENTITY QUESTION ON BOTH QUESTIONNAIRE PATHS.]**

**RELIGID** Do you consider yourself to be...? (Select only one.)

(909-910)

**NOTE:** If respondent says 'Other,' ask: 'What religion are you?' then choose from the options below, if listed.

**PLEASE READ OPTIONS 1-6 ONLY:**

- 01 Protestant
- 02 Catholic
- 03 Jewish
- 04 LDS (Latter Day Saints)
- 05 Some other religion I have not mentioned
- 06 No Religion
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED
- 10 AGNOSTIC, ATHEIST
- 11 BAPTIST, SOUTHERN BAPTIST
- 12 BUDDHIST, HINDU, MUSLIM, ISLAM
- 13 CHRISTIAN, BORN AGAIN, CHURCH OF CHRIST, PENTACOSTAL
- 14 EPISCOPALIAN, LUTHERAN, METHODIST, PRESBYTERIAN
- 15 GREEK ORTHODOX, EASTERN ORTHODOX
- 16 JEHOVAH'S WITNESS
- 17 NATIVE AMERICAN RELIGION
- 18 NON-DENOMINATIONAL

19 UNITARIAN

**C08.07**

Do you own or rent your home?

(169)

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

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

**READ ONLY IF NECESSARY:** We ask this question in order to compare health indicators among people with different housing situations.

- 1 Own [GO TO SCNTMNY1]
- 2 Rent [GO TO SCNTMNY1]
- 3 Other arrangement
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: ASK HOUSING INSECURITY QUESTION QUESTIONNAIRE PATHS 12/22.]**

**[CATI NOTE: ASK IF C08.07 = 1 OR 2.]**

**SCNTMNY1** How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage? Would you say . . .

(911)

**PLEASE READ:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C08.08**

In what county do you currently live?

(170-172)

— — — ANSI COUNTY CODE

- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

**C08.09** What is the ZIP Code where you currently live?

(173-177)

\_\_ \_ \_ \_ \_ ENTER 5-DIGIT ZIP CODE

77777 DON'T KNOW / NOT SURE  
99999 REFUSED

**[CATI NOTE: IF CELL PHONE INTERVIEW, SKIP C08.10 AND C08.11 AND GO TO C08.12.]**

**C08.10** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? (178)

1 YES  
2 NO [GO TO C08.12]  
7 DON'T KNOW / NOT SURE [GO TO C08.12]  
9 REFUSED [GO TO C08.12]

**C08.11** How many of these telephone numbers are residential numbers? (179)

1 ONE  
2 TWO  
3 THREE  
4 FOUR  
5 FIVE  
6 SIX OR MORE  
8 NONE  
7 DON'T KNOW / NOT SURE  
9 REFUSED

**C08.12** How many cell phones do you have for personal use? (180)

**NOTE: Include cell phones used for both business and personal use.**

1 ONE  
2 TWO  
3 THREE  
4 FOUR  
5 FIVE  
6 SIX OR MORE  
7 DON'T KNOW / NOT SURE  
8 NONE  
9 REFUSED

**C08.13** 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? (181)

**READ IF NECESSARY:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

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

**C08.14** Are you currently employed for wages, self-employed, out of work for 1 year or more, out of work for less than 1 year, a homemaker, a student, retired, or unable to work? (182)

**NOTE:** If more than one category applies, say: 'Please select the category which best describes you.'

**NOTE:** Do not code 7 for 'Don't know' on this question.

- 1 EMPLOYED FOR WAGES
- 2 SELF-EMPLOYED
- 3 OUT OF WORK FOR 1 YEAR OR MORE
- 4 OUT OF WORK FOR LESS THAN 1 YEAR
- 5 A HOMEMAKER
- 6 A STUDENT
- 7 RETIRED
- 8 UNABLE TO WORK
- 9 REFUSED

**C08.15** How many children less than 18 years of age live in your household? (183-184)

-- NUMBER OF CHILDREN

- 88 NONE
- 99 REFUSED

**C08.16** Is your annual household income from all sources: (185-186)

**NOTE:** If respondent refuses at any income level, code '99' (refused).

- 4 Less than \$25,000 If 'No,' code 5; if 'Yes,' ask 3.  
(\$20,000 to less than \$25,000)

- 3 Less than \$20,000 If 'No,' code 4; if 'Yes,' ask 2.  
(\$15,000 to less than \$20,000)
- 2 Less than \$15,000 If 'No,' code 3; if 'Yes,' ask 1.  
(\$10,000 to less than \$15,000)
- 1 Less than \$10,000 If 'No,' code 2.
- 5 Less than \$35,000 If 'No,' ask 6.  
(\$25,000 to less than \$35,000)
- 6 Less than \$50,000 If 'No,' ask 7.  
(\$35,000 to less than \$50,000)
- 7 Less than \$75,000 If 'No,' code 8.  
(\$50,000 to less than \$75,000)
- 8 \$75,000 or more

**[CATI NOTE: ASK UTINCOME ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: THESE RESPONSE CATEGORIES ARE INCORPORATED INTO C08.16. WE NEED TO BE ABLE TO REPORT THE C08.16 CATEGORIES TO THE CDC, BUT WE WANT TO LOOK AT THESE FINER CATEGORIES AT THE STATE LEVEL.]**

**UTIncome**

(912-913)

- 1 less than \$5,000
- 2 \$5,000 to less than \$10,000
- 3 \$10,000 to less than \$15,000
- 4 \$15,000 to less than \$20,000
- 5 \$20,000 to less than \$25,000
- 6 \$25,000 to less than \$30,000
- 7 \$30,000 to less than \$35,000
- 8 \$35,000 to less than \$40,000
- 9 \$40,000 to less than \$45,000
- 10 \$45,000 to less than \$50,000
- 11 \$50,000 to less than \$55,000
- 12 \$55,000 to less than \$60,000
- 13 \$60,000 to less than \$65,000
- 14 \$65,000 to less than \$70,000
- 15 \$70,000 to less than \$75,000
- 16 \$75,000 or more

**[CATI/INTERVIEWER NOTE: SKIP IF BIRTHSEX, IS CODED '1' (MALE); OR CP.05 = 1; OR LL.12 = 1; OR LL.09 =1; LL.07 = 1; OR C08.01 > 49 YEARS OLD.]**

**C08.17** To your knowledge, are you now pregnant? (187)

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

**C08.18** About how much do you weigh without shoes? (188-191)

**NOTE:** If respondent answers in metrics, put a '9' in the first position. Round fractions up.

\_\_ / \_\_ ENTER WEIGHT IN WHOLE POUNDS OR WHOLE KILOGRAMS

- 7777 DON'T KNOW / NOT SURE
- 9999 REFUSED

**C08.19** About how tall are you without shoes? (192-195)

**NOTE:** If respondent answers in metrics, put a '9' in the first position. Round fractions down.

\_\_ / \_\_ ENTER HEIGHT IN FEET/INCHES OR METERS/CENTIMETERS

- 77 / 77 DON'T KNOW / NOT SURE
- 99 / 99 REFUSED

## Section 9: Disability

---

**C09.01** Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? (196)

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

**C09.02** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (197)

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

**C09.03** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (198)

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

**C09.04** Do you have serious difficulty walking or climbing stairs? (199)

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

**C09.05** Do you have difficulty dressing or bathing? (200)

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

**C09.06** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (201)

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

## Section 10: Tobacco Use

---

**C10.01** Have you smoked at least 100 cigarettes in your entire life? (202)

**NOTE:** Do not include electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, blu, njoy, and bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

**NOTE:** 5 packs = 100 cigarettes.

- 1 YES
- 2 NO [GO TO C10.05]
- 7 DON'T KNOW / NOT SURE [GO TO C10.05]
- 9 REFUSED [GO TO C10.05]

**C10.02** Do you now smoke cigarettes every day, some days, or not at all? (203)

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL [GO TO C10.04]
- 7 DON'T KNOW / NOT SURE [GO TO C10.05]
- 9 REFUSED [GO TO C10.05]

**C10.03** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (204)

- 1 YES [GO TO QUIT30]
- 2 NO [GO TO C10.05]
- 7 DON'T KNOW / NOT SURE [GO TO C10.05]
- 9 REFUSED [GO TO C10.05]

**[CATI NOTE: ASK QUIT30 ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: ASK ONLY IF C10.03 = 1 (YES).]**

**QUIT30** During the past 30 days, have you stopped smoking for one day or longer because you were trying to quit smoking? (914)

- 1 YES [GO TO C10.05]
- 2 NO [GO TO C10.05]
- 7 DON'T KNOW / NOT SURE [GO TO C10.05]
- 9 REFUSED [GO TO C10.05]

**C10.04** How long has it been since you last smoked a cigarette, even one or two puffs? (205-206)

**READ ONLY IF NECESSARY:**

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)

- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**C10.05** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (207)

**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
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 8: E-Cigarettes

---

**[CATI NOTE: ASK E-CIGARETTE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**M08.01** Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? (311)

**NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

**READ IF NECESSARY:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include JUULs, vape pens, mods, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

- 1 YES
- 2 NO **[GO TO NEXT SECTION]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

**M08.02** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? (312)

**NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 11: Alcohol Consumption

---

**C11.01** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (208-210)

**NOTE:** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

- 1 \_\_ DAYS PER WEEK
- 2 \_\_ DAYS IN PAST 30 DAYS
  
- 888 NO DRINKS IN PAST 30 DAYS **[GO TO NEXT SECTION]**
- 777 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 999 REFUSED **[GO TO NEXT SECTION]**

**C11.02** 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? (211-212)

**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 **[NOTE: 76 = 76 OR MORE]**
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**C11.03** Considering all types of alcoholic beverages, how many times during the past 30 days did you have X **[CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN]** or more drinks on an occasion? (213-

- 214)
- \_\_ NUMBER OF TIMES **[RANGE: 1-30]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**C11.04** During the past 30 days, what is the largest number of drinks you had on any occasion? (215-216)

- NUMBER OF DRINKS **[NOTE: 76 = 76 OR MORE]**
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK BAC05 ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: ASK BAC05 IF C11.01 NE 777, 888, OR 999.]**

**BAC05** Since the Utah legal maximum blood alcohol concentration limit for driving was changed to .05 on December 31, 2018, which statement best describes your behavior when drinking alcohol at places other than your home: (915)

**PLEASE READ:**

- 1 I reduced the amount of alcohol I consume because of the law
- 2 I continued drinking the same amount of alcohol as before the law
- 3 I increased the amount of alcohol I consume because of the law
- 4 I didn't know the law changed
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 12: Immunization

---

**C12.01** During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? (217)

**READ IF NECESSARY:** A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 YES
- 2 NO **[GO TO C12.03]**
- 7 DON'T KNOW / NOT SURE **[GO TO C12.03]**
- 9 REFUSED **[GO TO C12.03]**

**C12.02** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? (218-223)

\_\_ / \_\_\_\_ ENTER MONTH / YEAR

77 / 7777 DON'T KNOW / NOT SURE  
99 / 9999 REFUSED

**[CATI NOTE: IF RESPONDENT IS 50 YEARS OR OLDER, ASK C12.03, OTHERWISE GO TO C12.04.]**

**C12.03** Have you ever had the shingles or zoster vaccine? (224)

**NOTE:** Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.

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

**C12.04** Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (225)

**READ IF NECESSARY:** There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

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

## Vaccine Hesitancy (Adult Only)

**[CATI NOTE: ASK VACCINE HESITANCY (ADULT ONLY) QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**AVH01** Are you up-to-date with all recommended vaccinations, excluding the yearly flu shot? (916)

1 YES [GO TO NEXT SECTION]  
2 NO  
  
7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]  
9 REFUSED [GO TO NEXT SECTION]

**AVH02** I am going to read you a list of reasons why people don't receive a recommended vaccine. When I am done, please tell me if any of the situations describe the main reason you have not received a recommended vaccine. (917-918)

**PLEASE READ:**

- 01 I don't believe vaccines are safe or effective
- 02 I don't believe I am at risk of contracting the disease
- 03 I believe it is better to get the disease rather than the vaccine
- 04 I am opposed to vaccination for philosophical or religious reasons
- 05 My health care provider has never discussed with me the reasons to get vaccinated
- 06 It is difficult for me to find the time or money to get vaccinations
- 07 I have previously had the disease and do not need the vaccine
- 08 OTHER (SPECIFY): (919-957)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

### Section 13: Falls

---

**[CATI NOTE: IF RESPONDENT IS 45 YEARS OR OLDER, CONTINUE, OTHERWISE GO TO NEXT SECTION.]**

**C13.01** In the past 12 months, how many times have you fallen? (226-227)

**READ IF NECESSARY:** By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

-- NUMBER OF TIMES **[NOTE: 76 = 76 OR MORE]**

- 88 NONE **[GO TO NEXT SECTION]**
- 77 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 99 REFUSED **[GO TO NEXT SECTION]**

**C13.02** How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor? (228-229)

**READ IF NECESSARY:** By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

-- NUMBER OF FALLS **[NOTE: 76 = 76 OR MORE]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Section 14: Seat Belt Use and Drinking and Driving

---

**C14.01** How often do you use seat belts when you drive or ride in a car? Would you say... (230)

**PLEASE READ:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 8 NEVER DRIVE OR RIDE IN A CAR [GO TO NEXT SECTION]
- 9 REFUSED

**[CATI NOTE: IF C11.01 = 888 (NO DRINKS IN THE PAST 30 DAYS), GO TO NEXT SECTION.]**

**C14.02** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (231-232)

-- NUMBER OF TIMES [RANGE: 01-30]

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Section 15: Breast and Cervical Cancer Screening

---

**[CATI NOTE: IF RESPONDENT IS MALE, GO TO THE NEXT SECTION.]**

The next questions are about breast and cervical cancer.

**C15.01** Have you ever had a mammogram? (233)

**NOTE:** A mammogram is an x-ray of each breast to look for breast cancer.

- 1 YES
- 2 NO [GO TO C15.03]
  
- 7 DON'T KNOW / NOT SURE [GO TO C15.03]
- 9 REFUSED [GO TO C15.03]

**C15.02** How long has it been since you had your last mammogram? (234)

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C15.03** Have you ever had a Pap test? (235)

**NOTE: A Pap test is a test for cancer of the cervix.**

- 1 YES
- 2 NO [GO TO C15.05]
  
- 7 DON'T KNOW / NOT SURE [GO TO C15.05]
- 9 REFUSED [GO TO C15.05]

**C15.04** How long has it been since you had your last Pap test? (236)

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C15.05** An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test? (237)

**NOTE: Human papillomavirus (pap-uh-loh-muh virus)**

- 1 YES
- 2 NO [GO TO C15.07]
  
- 7 DON'T KNOW / NOT SURE [GO TO C15.07]
- 9 REFUSED [GO TO C15.07]

**C15.06** How long has it been since you had your last H.P.V. test?

(238)

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: IF RESPONSE TO C08.17 = 1 (IS PREGNANT), GO TO NEXT SECTION.]**

**C15.07** Have you had a hysterectomy?

(239)

**READ IF NECESSARY:** A hysterectomy is an operation to remove the uterus (womb).

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

## Cancer Genomics

---

**[CATI NOTE: ASK CANCER GENOMICS QUESTIONS ON QUESTIONNAIRE 11/21.]**

**CANGEN1** How familiar are you with your family history of cancer among your blood relatives including your parents, grandparents, siblings, aunts, uncles, and children? Would you say...

(958)

**NOTE:** The purpose of the question is to gauge people's familiarity/knowledge of their family history of cancer and NOT to measure whether or not there is a family history of cancer.

**PLEASE READ:**

- 1 Not at all familiar
- 2 Somewhat familiar
- 3 Familiar
- 4 Very familiar
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

The following question asks about conversations you may have had with a healthcare provider.

**CANGEN2** Has a doctor, nurse, or other healthcare provider ever asked you about your family history of cancer?

(959)

**NOTE:** This question is asking about if a healthcare provider has talked with the respondent about cancer in his/her family.

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

The following questions relate to genetic testing for cancer risk. Testing usually involves a sample of blood or saliva. Genetic testing for cancer risk is most often done in people who have many relatives with cancer and/or have had cancer at a young age.

**CANGEN3** If you knew you were at increased risk for an inherited cancer from your family health history, how likely would you be to have genetic testing performed?

(960)

**PLEASE READ:**

- 1 Not at all likely
- 2 Somewhat likely
- 3 Most likely
- 4 Very likely
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**CANGEN4** Has a doctor, nurse, or other healthcare provider ever talked to you about genetic testing to determine if you or your family are at increased risk for developing breast, ovarian, colon, or uterine cancer?

(961)

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

**CANGEN5** Have you ever had a genetic test to determine if you or your family are at increased risk of developing breast, ovarian, colon, or uterine cancer?

(962)

- 1 YES

- 2 NO
- 3 I'VE NEVER HEARD OF THIS TYPE OF GENETIC TESTING
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: ASK CANGEN6 OF WOMEN ONLY.]**

A genetic counselor is a specially trained health professional who helps someone learn about their risk of an inherited medical condition. Genetic counseling can be done in an office or over the phone.

**CANGEN6** Have you ever met with a genetic counselor to discuss your risk of breast and ovarian cancer? Would you say... (963)

**NOTE:** If the respondent tells you they have no/low risk, code that as a '3.'

**PLEASE READ:**

- 1 Yes, in office
- 2 Yes, over the phone
- 3 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 16: Prostate Cancer Screening

---

**[CATI NOTE: IF RESPONDENT IS ≤39 YEARS OF AGE OR IS FEMALE, GO TO NEXT SECTION.]**

**C16.01** Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test? (240)

**READ IF NECESSARY:** A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

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

**C16.02** Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test? (241)

- 1 YES

- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C16.03** Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test? (242)

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

**C16.04** Have you ever had a P.S.A. test? (243)

- 1 YES
- 2 NO [GO TO NEXT SECTION]
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

**C16.05** How long has it been since you had your last P.S.A. test? (244)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C16.06** What was the main reason you had this P.S.A. test? Was it ...? (245)

**PLEASE READ:**

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason
- 7 DON'T KNOW / NOT SURE

9 REFUSED

## Section 17: Colorectal Cancer Screening

**[CATI NOTE: IF RESPONDENT IS < 45 YEARS OF AGE, GO TO NEXT SECTION.]**

The next questions are about the five different types of tests for colorectal cancer screening.

**C17.01** A colonoscopy checks the entire colon. 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. Have you ever had a colonoscopy?

(246)

**NOTE:** Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.

- 1 YES
- 2 NO [GO TO C17.03]
- 7 DON'T KNOW / NOT SURE [GO TO C17.03]
- 9 REFUSED [GO TO C17.03]

**C17.02** How long has it been since you had this test?

(247)

**READ 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

**C17.03** A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

(248)

- 1 YES
- 2 NO [GO TO C17.05]
- 7 DON'T KNOW / NOT SURE [GO TO C17.05]
- 9 REFUSED [GO TO C17.05]

**C17.04** How long has it been since you had this test?

(249)

**READ 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

**C17.05** Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit? (250)

**NOTE:** This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

- 1 YES
- 2 NO [GO TO C17.07]
  
- 7 DON'T KNOW / NOT SURE [GO TO C17.07]
- 9 REFUSED [GO TO C17.07]

**C17.06** How long has it been since you had this test? (251)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C17.07** Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test? (252)

**NOTE:** This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

- 1 YES
- 2 NO [GO TO C17.09]

- 7 DON'T KNOW / NOT SURE [GO TO C17.09]
- 9 REFUSED [GO TO C17.09]

**C17.08** How long has it been since you had this test? (253)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C17.09** For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy? (254)

**NOTE:** Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.

- 1 YES
- 2 NO [GO TO NEXT SECTION]
  
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

**C17.10** How long has it been since you had this test? (255)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 18: HIV/AIDS

---

**C18.01** Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for HIV? (256)

**READ IF NECESSARY:** 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.

- 1 YES
- 2 NO [GO TO C18.03]
- 7 DON'T KNOW / NOT SURE [GO TO C18.03]
- 9 REFUSED [GO TO C18.03]

**C18.02** Not including blood donations, in what month and year was your last HIV test? (257-262)

**NOTE:** If response is before January 1985, code '7777777' or 'DON'T KNOW / NOT SURE'

**NOTE:** 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. Example: 772010.

\_\_\_ / \_\_\_\_ ENTER MONTH AND YEAR  
(FOR EXAMPLE, JUNE OF 2019 = 062019)

- 77 / 7777 DON'T KNOW / NOT SURE
- 99 / 9999 REFUSED

**C18.03** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. (263)

- You have injected any drug other than those prescribed for you in the past year.
- You have been treated for a sexually transmitted disease or STD 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.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

## Optional Modules

### Module 6: Cognitive Decline

---

**[CATI NOTE: ASK MODULE 6 COGNITIVE DECLINE, ON QUESTIONNAIRE PATHS 12/22.]**

**[CATI NOTE: IF RESPONDENT IS 45 YEARS OF AGE OR OLDER CONTINUE, ELSE GO TO NEXT MODULE.]**

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

**M06.01** During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (293)

- |   |                       |                             |
|---|-----------------------|-----------------------------|
| 1 | YES                   | <b>[GO TO M06.02]</b>       |
| 2 | NO                    | <b>[GO TO NEXT SECTION]</b> |
| 7 | DON'T KNOW / NOT SURE | <b>[GO TO M06.02]</b>       |
| 9 | REFUSED               | <b>[GO TO NEXT SECTION]</b> |

**M06.02** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say... (294)

**PLEASE READ:**

- |   |                       |
|---|-----------------------|
| 1 | Always                |
| 2 | Usually               |
| 3 | Sometimes             |
| 4 | Rarely                |
| 5 | Never                 |
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED               |

**M06.03** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say... (295)

**PLEASE READ:**

- |   |        |
|---|--------|
| 1 | Always |
|---|--------|

- 2 Usually
- 3 Sometimes
- 4 Rarely [GO TO M06.05]
- 5 Never [GO TO M06.05]
  
- 7 DON'T KNOW / NOT SURE [GO TO M06.05]
- 9 REFUSED [GO TO M06.05]

**M06.04** When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is... (296)

**PLEASE READ:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M06.05** During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is... (297)

**PLEASE READ:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M06.06** Have you or anyone else discussed your confusion or memory loss with a health care professional? (298)

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

## Module 7: Caregiver

**[CATI NOTE: ASK MODULE 7, CAREGIVER, ON QUESTIONNAIRE PATHS 12/22.]**

**M07.01** During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (299)

**NOTE:** If caregiving recipient has died in the past 30 days, say 'I'm so sorry to hear of your loss.' and code 8.

- |   |   |                |
|---|---|----------------|
| 1 | YES                                       |                |
| 2 | NO  | [GO TO M07.09] |
| 7 | DON'T KNOW / NOT SURE                     | [GO TO M07.09] |
| 8 | CAREGIVING RECIPIENT DIED IN PAST 30 DAYS | [GO TO M07.09] |
| 9 | REFUSED                                   | [GO TO M07.09] |

**M07.02** What is his or her relationship to you? (300-301)

**NOTE:** If more than one person, say: 'Please refer to the person to whom you are giving the most care.'

- |    |                            |
|----|----------------------------|
| 01 | MOTHER                     |
| 02 | FATHER                     |
| 03 | MOTHER-IN-LAW              |
| 04 | FATHER-IN-LAW              |
| 05 | CHILD                      |
| 06 | HUSBAND                    |
| 07 | WIFE                       |
| 08 | LIVE-IN PARTNER            |
| 09 | BROTHER OR BROTHER-IN-LAW  |
| 10 | SISTER OR SISTER-IN-LAW    |
| 11 | GRANDMOTHER                |
| 12 | GRANDFATHER                |
| 13 | GRANDCHILD                 |
| 14 | OTHER RELATIVE             |
| 15 | NON-RELATIVE/FAMILY FRIEND |
| 77 | DON'T KNOW / NOT SURE      |
| 99 | REFUSED                    |

**M07.03** For how long have you provided care for that person? Would you say...

(302)

**PLEASE READ:**

- |   |                               |
|---|-------------------------------|
| 1 | Less than 30 days             |
| 2 | 1 month to less than 6 months |

- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 5 or more years
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M07.04** In an average week, how many hours do you provide care or assistance? Would you say... (303)

**PLEASE READ:**

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M07.05** What is the main health problem, long-term illness, or disability that the person you care for has? (304-305)

- 1 ARTHRITIS/RHEUMATISM
- 2 ASTHMA
- 3 CANCER
- 4 CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD
- 5 DEMENTIA AND OTHER COGNITIVE IMPAIRMENT DISORDERS SUCH AS ALZHEIMER'S DISEASE **[GO TO M07.07]**
- 6 DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN'S SYNDROME, AND SPINA BIFIDA
- 7 DIABETES
- 8 HEART DISEASE, HYPERTENSION, STROKE
- 9 HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)
- 10 MENTAL ILLNESSES, SUCH AS ANXIETY, DEPRESSION, OR SCHIZOPHRENIA
- 11 OTHER ORGAN FAILURE OR DISEASES SUCH AS KIDNEY OR LIVER PROBLEMS
- 12 SUBSTANCE ABUSE OR ADDICTION DISORDERS
- 13 INJURIES, INCLUDING BROKEN BONES
- 14 OLD AGE/INFIRMITY/FRAILITY
- 15 OTHER
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**M07.06** Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder? (306)

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

**M07.07** In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing? (307)

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

**M07.08** In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals? (308)

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

**M07.09** In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (309)

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

## Utah Marijuana Use

---

**[CATI NOTE: ASK UTAH MARIJUANA USE QUESTIONS ON QUESTIONNAIRE PATH 11/21.]**

**STMM1** Are you aware that Utah passed a law that provides a way for you to get medical marijuana or cannabis if you have a qualifying condition and a doctor recommends it? (964)

**NOTE:** Medical marijuana or cannabis does not include 100% CBD products.

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

**STMM2** How comfortable would you be talking to your doctor, nurse, or other healthcare professional about medical marijuana or cannabis? Would you say...

(965)

**NOTE:** Medical marijuana or cannabis does not include 100% CBD products.

**PLEASE READ:**

- 1 Very uncomfortable
- 2 Uncomfortable
- 3 Comfortable
- 4 Very comfortable
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STMM3** In the past 12 months, where did you get information about medical marijuana or cannabis? Select all that apply.

(966-983)

**NOTE:** Medical marijuana or cannabis does not include 100% CBD products.

**PLEASE READ:**

- 01 Doctor, nurse, or other healthcare professional
- 02 Friend or family member
- 03 Internet
- 04 Radio or TV
- 05 Utah state cannabis program
- 06 Religious leader
- 07 Book, magazine, or other publication
- 08 Scholarly article or research article
- 09 Some other source (SPECIFY): (984-1019)
  
- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Module 9: Marijuana Use

**[CATI NOTE: ASK MODULE 9, MARIJUANA USE, ON BOTH QUESTIONNAIRE PATHS.]**

**M09.01** During the past 30 days, on how many days did you use marijuana or cannabis? (312-313)

**NOTE:** Marijuana and cannabis include both CBD and THC products.

-- NUMBER OF DAYS **[RANGE: 1 -30]**

|    |                       |                          |
|----|-----------------------|--------------------------|
| 88 | NONE                  | <b>[GO TO MODULE 11]</b> |
| 77 | DON'T KNOW / NOT SURE | <b>[GO TO MODULE 11]</b> |
| 99 | REFUSED               | <b>[GO TO MODULE 11]</b> |

**M09.02** During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually... (314)

**NOTE:** Select one. If the respondent provides more than one, say: 'Which way did you use it most often?'

**PLEASE READ:**

- 1 Smoke it (e.g., in a joint, bong, pipe, or blunt)
- 2 Eat it (e.g., in brownies, cakes, cookies, or candy)
- 3 Drink it (e.g., in tea, cola, or alcohol)
- 4 Vaporize it (e.g., in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates)
- 6 Use it in some other way
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M09.03** When you used marijuana during the past 30 days, was it usually... (315)

**PLEASE READ:**

- |   |  |                      |
|---|--|----------------------|
| 1 | For medical reasons (like to treat or decrease symptoms of a health condition) |                      |
| 2 | For non-medical purposes (like to have fun or fit in)                          | <b>[GO TO STMM5]</b> |
| 3 | For both medical and non-medical reasons                                       |                      |
| 7 | DON'T KNOW / NOT SURE  | <b>[GO TO STMM5]</b> |
| 9 | REFUSED  | <b>[GO TO STMM5]</b> |

## Utah Marijuana Use CONTINUED

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**[CATI NOTE: ASK UTAH MARIJUANA USE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**STMM4** During the past 12 months, for what health conditions did you take medical marijuana or cannabis? Select up to four health conditions. (1020-1027)

**NOTE:** Medical marijuana or cannabis does not include 100% CBD products.

**PLEASE READ:**

- 01 Pain
- 02 Sleep problems
- 03 Cancer
- 04 Nausea
- 05 Glaucoma
- 06 Epilepsy or seizures
- 07 Anxiety
- 08 Depression
- 09 Inflammatory bowel disease
- 10 PTSD
- 11 Muscle spasm
- 12 Multiple Sclerosis
- 13 Appetite loss
- 14 Wasting syndrome
- 15 OTHER (SPECIFY): (1028-1063)
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**STMM5** When you used marijuana or cannabis in the last 30 days, either for recreational or medical purposes, how did you most often obtain it? (1064)

**NOTE:** Marijuana or cannabis does not include 100% CBD products.

**PLEASE READ:**

- 1 Medical cannabis pharmacy in Utah
- 2 Marijuana or cannabis dispensary in another state
- 3 Internet
- 4 On the street
- 5 OTHER SOURCE
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 11: Cancer Survivors, Type of Cancer

**[CATI NOTE: ASK MODULE 11, CANCER SURVIVORS, TYPE OF CANCER, ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C06.06 = 1 OR C06.07 = 1 OR C16.06 = 4, CONTINUE, ELSE GO TO MODULE 21, ACES.]**

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

**M11.01** How many different types of cancer have you had? (326)

- 1 ONE
- 2 TWO
- 3 THREE OR MORE
- 7 DON'T KNOW / NOT SURE [GO TO NEXT MODULE]
- 9 REFUSED [GO TO NEXT MODULE]

**M11.02** **IF CSRNUM = 1:** At what age were you told that you had cancer?  
**IF CSRNUM = 2, 3:** At what age were you first diagnosed with cancer? (327-328)

**READ IF NECESSARY:** This question refers to the first time they were told about their first cancer.

-- AGE IN YEARS [NOTE: 97 = 97 AND OLDER.]

- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

**M11.03** **IF CSRNUM = 1:** What type of cancer was it?  
**IF CSRNUM = 2, 3:** With your most recent diagnoses of cancer, what type of cancer was it? (329-330)

**NOTE:** Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-29].

**NOTE:** Record only 1 cancer type, this question is referring to the respondent's most recent cancer diagnosis.

Breast:

- 01 Breast cancer

Female Reproductive (gynecologic):

- 02 Cervical cancer (cancer of the cervix)
- 03 Endometrial cancer (cancer of the uterus)

04 Ovarian cancer (cancer of the ovary)

Head/Neck:

- 05 Head and neck cancer
- 06 Oral cancer
- 07 Pharyngeal (throat) cancer
- 08 Thyroid
- 09 Larynx

Gastrointestinal:

- 10 Colon (intestine) cancer
- 11 Esophageal (esophagus)
- 12 Liver cancer
- 13 Pancreatic (pancreas) cancer
- 14 Rectal (rectum) cancer
- 15 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow):

- 16 Hodgkin's Lymphoma (Hodgkin's disease)
- 17 Leukemia (blood) cancer
- 18 Non-Hodgkin's Lymphoma

Male Reproductive:

- 19 Prostate cancer
- 20 Testicular cancer

Skin:

- 21 Melanoma
- 22 Other skin cancer

Thoracic:

- 23 Heart
- 24 Lung

Urinary:

- 25 Bladder cancer
- 26 Renal (kidney) cancer

Others:

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Module 12: Cancer Survivors, Course of Treatment

---

**[CATI NOTE: ASK MODULE 12, CANCER SURVIVORS, COURSE OF TREATMENT, ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C06.06 = 1 OR C06.07 = 1 OR C16.06 = 4, CONTINUE, ELSE GO TO MODULE 21, ACES.]**

**M12.01** Are you currently receiving treatment for cancer? (331)

**READ IF NECESSARY:** By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

**PLEASE READ:**

- |   |                                 |                     |
|---|---------------------------------|---------------------|
| 1 | Yes                             | [GO TO NEXT MODULE] |
| 2 | No, I've completed treatment    |                     |
| 3 | No, I've refused treatment      | [GO TO NEXT MODULE] |
| 4 | No, I haven't started treatment | [GO TO NEXT MODULE] |
| 5 | Treatment was not necessary     | [GO TO NEXT MODULE] |
| 7 | DON'T KNOW / NOT SURE           | [GO TO NEXT MODULE] |
| 9 | REFUSED                         | [GO TO NEXT MODULE] |

**M12.02** What type of doctor provides the majority of your health care? Is it a... (332-333)

**NOTE:** If respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (e.g., annual exams and/or physicals, treatment of colds, etc.).

**READ IF NECESSARY:** An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.

**PLEASE READ:**

- |    |   |
|----|---|
| 01 | Cancer surgeon                          |
| 02 | Family practitioner                     |
| 03 | General surgeon                         |
| 04 | Gynecologic oncologist                  |
| 05 | General practitioner, internist         |
| 06 | Plastic surgeon, reconstructive surgeon |
| 07 | Medical oncologist                      |
| 08 | Radiation oncologist                    |
| 09 | Urologist                               |
| 10 | Other                                   |
| 77 | DON'T KNOW / NOT SURE                   |
| 99 | REFUSED                                 |

**M12.03** Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? (334)

**READ IF NECESSARY:** By 'other healthcare professional,' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

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

**M12.04** Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer? (335)

- 1 YES, RECEIVED INSTRUCTIONS
- 2 NO, DID NOT RECEIVE INSTRUCTIONS **[GO TO M12.06]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO M12.06]**
- 9 REFUSED **[GO TO M12.06]**

**M12.05** Were these instructions written down or printed on paper for you? (336)

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

**M12.06** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (337)

**NOTE:** 'Health insurance' also includes Medicare, Medicaid, or other types of state health programs.

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

**M12.07** Were you ever denied health insurance or life insurance coverage because of your cancer? (338)

**NOTE:** 'Health insurance' also includes Medicare, Medicaid, or other types of state health programs.

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

**M12.08** Did you participate in a clinical trial as part of your cancer treatment? (339)

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

## Module 13: Cancer Survivors, Pain Management

---

**[CATI NOTE: ASK MODULE 13, CANCER SURVIVORS, PAIN MANAGEMENT, ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C06.06 = 1 OR C06.07 = 1 OR C16.06 = 4, CONTINUE, ELSE GO TO MODULE 21, ACES.]**

**M13.01** Do you currently have physical pain caused by your cancer or cancer treatment? (340)

- 1 YES
- 2 NO **[GO TO NEXT SECTION]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

**M13.02** Is your pain currently under control? Would you say... (341)

**PLEASE READ:**

- 1 Yes, with medication (or treatment)
- 2 Yes, without medication (or treatment)
- 3 Not under control, with medication (or treatment)
- 4 Not under control, without medication (or treatment)
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 21: Adverse Childhood Experiences (ACEs)

---

**[CATI NOTE: ASK MODULE 21, ADVERSE CHILDHOOD EXPERIENCES, ON BOTH QUESTIONNAIRE PATHS.]**

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period BEFORE YOU WERE 18 YEARS OF AGE. Now, looking back before you were 18 years of age...

- M21.01** Did you live with anyone who was mentally ill, depressed, or suicidal? (554)
- 1 YES
  - 2 NO
  
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

- M21.02** Did you live with anyone who was a problem drinker or alcoholic? (555)
- 1 YES
  - 2 NO
  
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

- M21.03** Did you live with anyone who used illegal street drugs or who abused prescription medications? (556)
- 1 YES
  - 2 NO
  
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

- M21.04** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (557)
- 1 YES
  - 2 NO

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M21.05** Were your parents separated or divorced? (558)

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

**M21.06** Not including spanking, (before age 18), how often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Would you say... (559)

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than once
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M21.07** Not including spanking (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Would you say... (560)

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than once
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M21.08** How often did a parent or adult in your home ever swear at you, insult you, or put you down? Would you say... (561)

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than once
  
- 7 DON'T KNOW / NOT SURE

9 REFUSED

**M21.09** How often did anyone at least 5 years older than you or an adult ever touch you sexually? Would you say...

(562)

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than once
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M21.10** How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? Would you say...

(563)

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than once
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M21.11** How often did anyone at least 5 years older than you or an adult force you to have sex? Would you say...

(564)

**NOTE:** 'Sex' refers to both oral sex and intercourse.

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than once
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**ACECLOSE** As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number?

(1347)

**NOTE:** If 'Yes,' say 'You can dial 1-800-422-4453 for information or referrals about these issues.'

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

## Module 22: Random Child Selection

---

**[CATI NOTE: ASK MODULE 22, RANDOM CHILD SELECTION, ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C08.15 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]**

**[CATI NOTE: IF C08.15 = 1, INTERVIEWER PLEASE READ: 'PREVIOUSLY, YOU INDICATED THERE WAS ONE CHILD AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THAT CHILD.' GO TO M22.01.]**

**[CATI NOTE: IF C08.15 IS >1 AND C08.15 DOES NOT EQUAL 88 OR 99, INTERVIEWER PLEASE READ: 'PREVIOUSLY, YOU INDICATED THERE WERE [NUMBER] CHILDREN AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. THINK ABOUT THOSE [NUMBER] CHILDREN IN ORDER OF THEIR BIRTH, FROM OLDEST TO YOUNGEST. THE OLDEST CHILD IS THE FIRST CHILD AND THE YOUNGEST CHILD IS THE LAST. PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS, IN THE ORDER OF THEIR BIRTH.']**

**[CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE 'XTH' CHILD. PLEASE SUBSTITUTE 'XTH' CHILD'S NUMBER IN ALL QUESTIONS BELOW.]**

I have some additional questions about one specific child. The child I will be referring to is the 'Xth' child. **[CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE 'XTH' [CATI NOTE: PLEASE FILL IN] CHILD.]**

**M22.01** What is the birth month and year of the 'Xth' child?

(565-570)

\_\_ / \_\_\_\_ ENTER MONTH AND YEAR

77/7777 DON'T KNOW / NOT SURE  
99/9999 REFUSED

**[CATI NOTE: CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).]**

- M22.02** Is the child a boy or a girl? (571)
- 1 BOY
  - 2 GIRL
  - 9 REFUSED

- M22.03** Is the child Hispanic, Latino/a, or Spanish origin? (572-575)
- If 'Yes,' ask: Are they...

**NOTE: One or more categories may be selected.**

**PLEASE READ:**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin **[GO TO UT22.3c]**
- 5 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: ASK UT22.3c ON BOTH QUESTIONNAIRE PATHS.]**

- UT22.3c** You identified your child as being of 'Another Hispanic, Latino/a, or Spanish origin.' Is the child: (1065-1068)

**NOTE: One or more categories may be selected.**

**PLEASE READ:**

- 1 Dominican
- 2 Central American
- 3 South American
- 4 Another Hispanic or Latino origin
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

- M22.04** Which one or more of the following would you say is the race of the child?

Would you say: White, Black or African American, American Indian or Alaska Native, Asian or Pacific Islander?

(576-603)

If 'Asian,' ask: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.

If 'Pacific Islander,' ask: Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.

**NOTE:** One or more categories may be selected.

- 10 WHITE
- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER **[GO TO UT22.4c]**
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK UT22.4c ON BOTH QUESTIONNAIRE PATHS.]**

**UT22.4c** You identified your child as being 'Other Pacific Islander.' Is the child: (1069)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M22.05** Which one of these groups would you say best represents the child's race? (604-605)

**NOTE:** If the respondent provides more than one category code as '99,' 'REFUSED.'

- 10 WHITE
- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER **[GO TO UT22.5c]**
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK UT22.5c ON BOTH QUESTIONNAIRE PATHS.]**

**UT22.5c** You identified your child as being 'Other Pacific Islander.' Is the child: (1070)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M22.06** How are you related to the child? Would you say... (606)

**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
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 23: Childhood Asthma Prevalence

---

**[CATI NOTE: ASK MODULE 23, CHILDHOOD ASTHMA PREVALENCE, ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF RESPONSE TO C08.15 = 88 (NONE) OR 99 (REFUSED), GO TO STATE-ADDED QUESTIONS.]**

The next two questions are about the 'Xth' **[CATI NOTE: PLEASE FILL IN CORRECT NUMBER]** child.

**M23.01** Has a doctor, nurse, or other health professional EVER said that the child has asthma? (607)

- 1 YES
- 2 NO **[GO TO STATE-ADDED QUESTIONS]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO STATE-ADDED QUESTIONS]**
- 9 REFUSED **[GO TO STATE-ADDED QUESTIONS]**

**M23.02** Does the child still have asthma? (608)

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

## State-Added Questions

### Physical Discipline

---

**[CATI NOTE: ASK PHYSICAL DISCIPLINE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

The following question(s) will ask about the physical discipline of children. Physical discipline includes the use of pain as a teaching tool or to get attention. Examples of physical discipline may include, but are not limited to, spanking, ear pulling or twisting, slapping on the hand, hitting with an object (paddle, belt, whip, or stick), or the use of unpleasant substances like soap or hot sauce.

**PHYD1** Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statement: Physical discipline of a child is a necessary part of parenting. (1071)

- 1 STRONGLY AGREE
- 2 AGREE
- 3 NEITHER AGREE OR DISAGREE
- 4 DISAGREE
- 5 STRONGLY DISAGREE
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: IF C08.15 = 88 OR 99, GO TO NEXT SECTION.]**

**PHYD2** In the past year, how often have you used physical discipline with your child? (1072)

**PLEASE READ:**

- 1 Daily or almost daily
- 2 Weekly
- 3 Monthly
- 4 Less than monthly
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Vaccine Hesitancy (Child Only)

---

**[CATI NOTE: ASK VACCINE HESITANCY (CHILD ONLY) QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C08.15 = 88 OR 99, GO TO NEXT SECTION.]**

**CVH01** Is your child [Are your children] up-to-date with all recommended vaccinations, excluding the yearly flu shot)? (1073)

- 1 YES [GO TO NEXT SECTION]
- 2 NO
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

**CVH02** I am going to read you a list of reasons why children don't receive a recommended vaccine. When I am done, please tell me if any of the situations describe the main reason your child has not received a recommended vaccine. (1074-1075)

- 01 I don't believe vaccines are safe or effective
- 02 I don't believe my child is at risk of contracting the disease
- 03 I believe it is better to get the disease rather than the vaccine
- 04 I am opposed to vaccination for philosophical or religious reasons
- 05 My health care provider has never discussed with me the reasons to vaccinate my child
- 06 It is difficult for me to find the time or money to get vaccinations
- 07 My child has previously had the disease and does not need the vaccine
- 08 OTHER (SPECIFY): (1076-1115)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Child Autism

---

**[CATI NOTE: ASK CHILD AUTISM QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C08.15 INDICATES THERE ARE CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, THEN RESPONSES FROM THE RANDOM CHILD SELECTION MODULE WILL BE USED TO DETERMINE WHICH CHILD THE RESPONDENT WILL BE ASKED ABOUT. IF C08.16 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD OR REFUSED), GO TO NEXT SECTION.]**

**[CATI NOTE: PLEASE SUBSTITUTE 'X<sup>TH</sup>' CHILD'S NUMBER IN ALL QUESTIONS BELOW.]**

The next few questions are about your X<sup>th</sup> child.

**NOTE: 'X<sup>th</sup>' child refers to the child about whom the respondent answered the 'Random Child Selection' module.**

**CHDAUT1** Has a doctor or other healthcare provider ever told you that your X<sup>th</sup> child had Autism, Asperger’s Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder? (1116)

- 1 YES
- 2 NO [GO TO CHDAUT8]
- 7 DON’T KNOW / NOT SURE [GO TO CHDAUT8]
- 9 REFUSED [GO TO CHDAUT8]

**CHDAUT3** Would you describe [his/her] condition as mild, moderate, or severe? (1117)

- 1 MILD
- 2 MODERATE
- 3 SEVERE
- 7 DON’T KNOW / NOT SURE
- 9 REFUSED

**CHDAUT4** In what setting were you first told that your X<sup>th</sup> child had Autism or Autism Spectrum Disorder? Was it school, healthcare, or some other setting? (1118)

**NOTE:** This question is asking the setting where the child was first DIAGNOSED with autism.

- 1 SCHOOL
- 2 HEALTHCARE (INCLUDES HEALTH DEPARTMENT)
- 3 OTHER (SPECIFY): \_\_\_\_\_ (1119-1143)
- 7 DON’T KNOW / NOT SURE
- 9 REFUSED

**CHDAUT5** What type of doctor or other provider first provided this diagnosis? (1144-1145)

- 01 GENERAL PEDIATRICIAN
- 02 DEVELOPMENTAL PEDIATRICIAN
- 03 CHILD PSYCHIATRIST
- 04 CHILD PSYCHOLOGIST
- 05 SCHOOL ASSESSMENT TEAM
- 06 SPEECH THERAPIST
- 07 NEUROLOGIST
- 08 OTHER (SPECIFY): \_\_\_\_\_ (1146-1170)
- 77 DON’T KNOW / NOT SURE
- 99 REFUSED

**CHDAUT6** How old was your child when you were first told that he/she had Autism or ASD? (1171-1172)

-- AGE IN YEARS **[RANGE: 1-17]**

- 88 LESS THAN 1 YEAR OLD
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**CHDAUT7** Does the child's health insurance offer benefits or cover autism services or therapies to meet his/her needs? (1173)

- 1 YES
- 2 NO
- 3 DO NOT HAVE CURRENT INSURANCE
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: ASK 'CHDAUT8' IF THE RANDOMLY SELECTED CHILD IS 48 MONTHS OF AGE AND UNDER.]**

**CHDAUT8** During the past 12 months, was your X<sup>th</sup> child screened for autism risk using a parent-reported autism screening questionnaire, such as the M-CHAT, during a healthcare or other professional visit? (1174)

**NOTE:** If SR inquires about autism, refer him or her to 1-800-829-8200.

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

## Family Planning

---

**[CATI NOTE: ASK FAMILY PLANNING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE OR IF RESPONDENT IS MALE, GO TO THE NEXT SECTION.]**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

**STFP1** The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant? (1175)

- |   |                                |                      |
|---|--------------------------------|----------------------|
| 1 | YES                            |                      |
| 2 | NO                             | [GO TO STFP3]        |
| 3 | NO PARTNER/NOT SEXUALLY ACTIVE | [GO TO NEXT SECTION] |
| 4 | SAME SEX PARTNER               | [GO TO NEXT SECTION] |
| 7 | DON'T KNOW / NOT SURE          | [GO TO NEXT SECTION] |
| 9 | REFUSED                        | [GO TO NEXT SECTION] |

**STFP2** The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

(1176-1177)

**NOTE:** If respondent reports using more than one method, please code the method that occurs first on the list.

**NOTE:** If respondent reports using 'condoms,' probe to determine if 'female condoms' or male condoms.'

**NOTE:** If respondent reports using an 'IUD' probe to determine if 'Levonorgestrel IUD' or 'copper-bearing IUD.'

**NOTE:** If respondent reports 'other method,' ask respondent to 'please be specific' and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

- 01 Female sterilization (ex. tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena, Skyla, Liletta, Kylena)
- 05 IUD Copper-bearing (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho, Evra, Xulane)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: GO TO NEXT SECTION AFTER STFP2.]**

**STFP3** Some reasons for not doing anything to keep you from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

(1178-1179)

**NOTE:** If respondent reports 'other reason,' ask respondent to 'Specify' and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Access to Family Planning

---

**[CATI NOTE: ASK ACCESS TO FAMILY PLANNING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY (STFP3 = 13), OR IF RESPONDENT IS MALE, GO TO THE NEXT MODULE.]**

The next few questions ask about your recent experiences in accessing birth control. Some women use birth control for health reasons not related to pregnancy, regardless of whether they are sexually active.

**STAFP1** In the past 12 months, have you ever had a time where you needed birth control but couldn't get it? (1180)

**NOTE:** If respondent experienced ANY problems getting birth control in the last 12 months, code as 'Yes.'

- 1 YES
- 2 NO [GO TO STAFP3]
- 7 DON'T KNOW / NOT SURE [GO TO STAFP3]
- 9 REFUSED [GO TO STAFP3]

**STAFP2** What is the main reason that delayed or stopped you from being able to access birth control when you needed it? (1181-1182)

**READ ONLY IF NECESSARY:**

- 01 The clinic, pharmacy or store wasn't open when I needed to go
- 02 The clinic, pharmacy or store was too far away
- 03 I didn't have health insurance
- 04 It was too expensive
- 05 I didn't know enough about the methods available to me
- 06 The clinic, pharmacy or store didn't have the specific birth control method I wanted
- 07 The clinic, pharmacy or store doesn't provide birth control at all
- 08 My prescription ran out and I didn't get it renewed
- 09 I didn't have a doctor and so couldn't get a prescription
- 10 I didn't know where to go to get birth control
- 11 My partner didn't want me to use birth control
- 12 I was thinking about becoming pregnant
- 13 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**STAFP3** In the last 12 months, when you saw a doctor (or other health care provider), did you have a conversation about your desire to avoid pregnancy or become pregnant? Please select the answer that best represents your most recent experience. (1183)

**READ IF NECESSARY:** Going to the doctor could include visits like an annual check-up or going for a specific health condition not necessarily related to reproductive health.

**PLEASE READ:**

- 1 Yes, I brought it up with my provider
- 2 Yes, my provider brought it up with me
- 3 No
- 4 I haven't seen a doctor in the last 12 months
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STAFP4** The last time you got birth control, how did you pay for it?

(1184-1185)

**READ ONLY IF NECESSARY:**

- 1 My insurance covered the entire cost
- 2 My insurance covered most of it, I paid a copay
- 3 I paid for all of it out-of-pocket
- 4 The clinic helped me pay for it
- 5 Someone else (friend, family, partner) helped me pay for it
- 6 I enrolled in a clinical trial in order to get it
  
- 88 DOESN'T APPLY—MY METHOD DOESN'T REQUIRE ME TO PAY ANYTHING
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Characteristics of the Tattooed Population in Utah

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**[CATI NOTE: ASK CHARACTERISTICS OF THE TATTOOED POPULATION IN UTAH QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

I'm going to ask you about your experience with tattooing. Please include every tattoo you've ever gotten using a tattoo machine, even if it is faded, covered up, or has been removed.

**TAT1** What is the total number of tattooing sessions you have had?

(1186-1187)

**READ ONLY IF NECESSARY:** Tattooing does not include permanent makeup, microblading, or stick and poke tattoos. Large tattoos sometimes require multiple sessions. A person may have a single tattoo that required multiple sessions.

\_\_ NUMBER OF SESSIONS **[RANGE: 01-50]**

- 55 MORE THAN 50 SESSIONS
- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[GO TO NEXT SECTION]**

**TAT2** How many of your tattoos are bigger than your palm? (1188-1189)

\_\_ NUMBER OF TATTOOS [**RANGE: 01-50**]

- 55 MORE THAN 50 TATTOOS
- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**TAT3** How old were you when you got your first tattoo? (1190-1192)

\_\_\_ AGE IN YEARS [**RANGE: 10-100**]

- 555 YOUNGER THAN 10 YEARS OLD
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

## Insurance and Access

---

**[CATI NOTE: ASK INSURANCE AND ACCESS QUESTIONS ON QUESTIONNAIRE 11/21.]**

**[CATI NOTE: ALL QUESTION NAMES BEGINNING WITH A 'K' WILL BE ASKED ABOUT THE RANDOMLY SELECTED CHILD. IF C03.01 = 1, 7, OR 9, ASK COVTYPE. OTHERWISE, GO TO KCOVTYPE.]**

**NOTE:** The introduction to 'Insurance and Access' questions changes depending on how the respondent answered the core health insurance question and whether or not they have a child in the household.

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

**[CATI/INTERVIEWER NOTE: IF C03.01 = 1, READ: 'EARLIER, YOU SAID YOU DID HAVE HEALTH CARE COVERAGE.']**

**[CATI/INTERVIEWER NOTE: IF C03.01 = 2, READ: 'EARLIER, YOU SAID YOU DID NOT HAVE ANY HEALTH CARE COVERAGE. THERE ARE SOME TYPES OF PLANS YOU MAY NOT HAVE CONSIDERED.']**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

**COVtype** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (1193-1206)

**NOTE:** If the respondent says 'through the Federal Health Exchange healthcare.gov,' ask if insurance was privately purchased ('02') or through Medicaid ('04').

**NOTE:** Select all that apply.

**PLEASE READ:**

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- 07 Some other source
- 08 NONE (NO COVERAGE)
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK ONLY OF 18-YEAR-OLD RESPONDENTS.]**

**CHIP** 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?

(1207)

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

**[CATI NOTE: IF NO SELECTED CHILD, GO TO INSTRUCTIONS BEFORE HLTHEX.]**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

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

(1208-1223)

**NOTE:** If the respondent says 'through the Federal Health Exchange healthcare.gov,' ask if insurance was privately purchased ('02') or through Medicaid ('04').

**NOTE:** 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.

**NOTE:** Select all that apply.

**PLEASE READ:**

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 Utah Children's Health Insurance Program or CHIP
- 06 TRICARE (formerly CHAMPUS), VA, or Military
- 07 Alaska Native, Indian Health Service, Tribal Health Services
- 08 Some other source
- 09 NONE (NO COVERAGE)
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE CHILD IS NOW DETERMINED. 0 = UNDETERMINED, 1 = INSURED, 2 = UNINSURED. THE CHILD IS INSURED IF 'KCOVTYPE' = 01-08. THE CHILD IS UNINSURED IF 'KCOVTYPE' = 09. THE CHILD'S INSURANCE STATUS IS UNDETERMINED IF 'KCOVTYPE' =77 OR 99. CHILDREN WITH INSURANCE STATUS = 1 (INSURED) WILL SKIP TO 'KHLTHEX'; CHILDREN WITH INSURANCE STATUS = 2 (UNINSURED) WILL SKIP TO 'KUNINS'; AND CHILDREN WITH INSURANCE STATUS = 0 (UNDETERMINED) WILL SKIP TO NEXT SECTION.]**

**[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE ADULT IS NOW DETERMINED. 0 = UNDETERMINED, 1 = INSURED, 2 = UNINSURED. THE ADULT IS INSURED IF 'COVTYPE' = 01-07. THE ADULT IS UNINSURED IF 'COVTYPE' = 08 AND C03.1 = 1 OR 2. THE ADULT'S INSURANCE STATUS IS UNDETERMINED IF 'COVTYPE' =77 OR 99 OR ('COVTYPE' = 08 AND C03.1 = 7 OR 9). ADULTS WITH INSURANCE STATUS = 1 (INSURED) WILL SKIP TO 'HLTHEX' (THEN ASK 'KHLTHEX,' IF IT APPLIES); ADULTS WITH INSURANCE STATUS = 2 (UNINSURED) WILL SKIP TO 'UNINS' (AFTER BEING ASKED THE NEXT 'K' QUESTIONS, IF APPLICABLE); AND ADULTS WITH INSURANCE STATUS = 0 (UNDETERMINED) WILL SKIP TO 'EMPLOYED,' IF IT APPLIES.]**

**HLTHEX** Is your coverage through the Federal Health Exchange healthcare.gov?  
(1224)

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

**KHLTHEX** Is the child's coverage through the Federal Health Exchange healthcare.gov?  
(1225)

- 1 YES
- 2 NO

7 DON'T KNOW / NOT SURE  
 9 REFUSED

**[CATI/INTERVIEWER NOTE: UNINSURED ADULTS WILL BE ASKED 'UNINS' AND 'WHY' QUESTIONS; UNINSURED CHILDREN ARE ASKED 'KUNINS' AND 'KWHY' QUESTIONS. INSURED ADULTS WILL SKIP TO 'KUNINS,' IF APPLICABLE, AND NOT BE ASKED 'UNINS' AND 'WHY' QUESTIONS. INSURED CHILDREN WILL NOT BE ASKED 'KUNINS' AND 'KWHY' QUESTIONS.]**

**UNINS** For how many months have you been uninsured? (1226-1227)

|       |                       |             |
|-------|-----------------------|-------------|
| 00    | Less than 4 weeks     | [GO TO WHY] |
| 01-60 | ENTER # OF MONTHS     | [GO TO WHY] |
| 61    | More than 5 years     | [GO TO WHY] |
| 77    | DON'T KNOW / NOT SURE | [GO TO WHY] |
| 99    | REFUSED               | [GO TO WHY] |

**KUNINS** For how many months has the child been uninsured? (1228-1229)

|       |                       |              |
|-------|-----------------------|--------------|
| 00    | Less than 4 weeks     | [GO TO KWHY] |
| 01-60 | ENTER # OF MONTHS     | [GO TO KWHY] |
| 61    | More than 5 years     | [GO TO KWHY] |
| 77    | DON'T KNOW / NOT SURE | [GO TO KWHY] |
| 99    | REFUSED               | [GO TO KWHY] |

**[CATI NOTE: DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

**WHY** I am going to read a list of reasons why you might be uninsured. Please tell me which reasons apply to you. Are you uninsured because... (1230-1247)

**NOTE:** Select all that apply.

**PLEASE READ:**

- 01 Your [or someone else's] employer does not or no longer offers insurance coverage to you
- 02 You [or someone else in the household] lost a job or changed employers
- 03 You [or someone else in the household] is a temporary employee
- 04 You [or someone else in the household] is self-employed
- 05 The premiums cost too much
- 06 You are healthy and decided it would be safe to go without insurance

- 07 The insurance company refused to cover you
- 08 You lost Medicaid or CHIP eligibility
- 66 Some other reason
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: IF NO CHILDREN OR CHILD IS INSURED, GO TO 'EMPLOYED.']**

**[CATI NOTE: DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

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

(1248-1265)

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

- 01 Your *[or someone else's]* employer does not or no longer offers insurance coverage to the child
- 02 You *[or someone else in the household]* lost a job or changed employers
- 03 You *[or someone else in the household]* is a temporary employee
- 04 You *[or someone else in the household]* is self-employed
- 05 The premiums cost too much
- 06 The child is healthy and it was considered safe for [him/her] to go without insurance
- 07 The insurance company refused to cover [him/her]
- 08 The child lost Medicaid or CHIP eligibility
- 66 Some other reason
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: IF 'UNINS' > 12 MONTHS (THE ADULT HAS BEEN UNINSURED FOR MORE THAN 12 MONTHS), GO TO 'EMPLOYED.']**

**[CATI NOTE: If C08.14 = 3, 4, 5, 6, 7, 8, or 9, go to 'EMPLOYED.' If C08.14 = 1 or 2, go to 'HOURSWKD.']**

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

(1266)

**NOTE:** If respondent asks why we are asking about employment, say: 'By asking about employment, the health department is trying to understand more about companies that offer health insurance.'

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

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | YES                   | [GO TO HOURSWKD]     |
| 2 | NO                    | [GO TO NEXT SECTION] |
| 7 | DON'T KNOW / NOT SURE | [GO TO HOURSWKD]     |
| 9 | REFUSED               | [GO TO HOURSWKD]     |

**[CATI NOTE: IF 'EMPLOYED' = 1, 7, OR 9, GO TO 'HOURSWKD.' IF 'EMPLOYED' = 2, GO TO NEXT SECTION.]**

**[CATI NOTE: IF C08.14 = 1 OR 2, SHOW 'EARLIER YOU SAID YOU ARE [FILL IN WITH EITHER 'EMPLOYED FOR WAGES' OR 'SELF-EMPLOYED']']**

**HOURSWKD** How many hours per week do you USUALLY work at your main job? (1267-1268)

**READ IF NECESSARY:** By 'main job,' I mean the one at which you usually work the most hours.

- |    |                                     |
|----|-------------------------------------|
| -- | Hours [NOTE: 70 = 70 HOURS OR MORE] |
| 77 | DON'T KNOW / NOT SURE               |
| 99 | REFUSED                             |

## **Social Distancing ADDED July 20, 2020**

---

**[CATI NOTE: ASK SOCIAL DISTANCING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

The next several questions are about your experiences with and opinions about COVID-19.

**CVDQ01** Social distancing is defined as staying at least 6 feet (or 2 meters) away from other people who don't live in your household when you are in public. How often do you stay at least 6 feet (or 2 meters) away from others in public? Would you say...

**PLEASE READ:**

- |   |                       |
|---|-----------------------|
| 1 | Always                |
| 2 | Usually               |
| 3 | Sometimes             |
| 4 | Rarely                |
| 5 | Never                 |
| 7 | DON'T KNOW / NOT SURE |

9 REFUSED

**[CATI NOTE: IF C08Q14 = 3 (OUT OF WORK FOR ONE YEAR OR MORE) OR 4 (OUT OF WORK FOR LESS THAN ONE YEAR), GO TO CVDQ03.]**

**CVDQ02** Sometimes practicing social distancing is not possible. Which of the following reasons prevent you from social distancing in your JOB? Would you say...

**NOTE: PLEASE READ 1 THROUGH 5. SELECT ALL THAT APPLY.**

- 1 I don't have a job right now
- 2 I cannot work from home or practice social distancing in my kind of job
- 3 I think I could work from home but my employer won't let me
- 4 My employer has not provided a way for me to socially distance at my work
- 5 Other reason
  
- 8 NONE OF THESE REASONS
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**CVDQ03** Which of the following reasons prevent you from social distancing AT HOME? Would you say...

**NOTE: PLEASE READ 1 THROUGH 4, SELECT ALL THAT APPLY.**

- 1 I have roommates or family members who invite people to my home
- 2 Visitors come to my home uninvited
- 3 Other people who live in my home do not practice social distancing
- 4 Other reason
  
- 8 NONE OF THESE REASONS
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**CVDQ04** What other reasons prevent you from social distancing in PUBLIC? Would you say...

**NOTE: PLEASE READ 01 THROUGH 08, SELECT ALL THAT APPLY.**

- 01 Other people do not stay away from me when I go to public places
- 02 Other people do not wear masks when I go to public places
- 03 I want to do things with people who do not live in my home
- 04 I am feeling lonely and need to get out of my home
- 05 I carpool or use public transportation to get around
- 06 I am not sure what I need to do to practice social distancing
- 07 I have to attend group gatherings

- 08 Other reason
- 88 NONE OF THESE REASONS
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**CVDQ05** How often do you wear a mask or face covering in public or when social distancing is not possible? Would you say...

**PLEASE READ:**

- 1 Always [GO TO CVDQ07]
- 2 Usually [GO TO CVDQ07]
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**CVDQ06** What prevents you from wearing a mask or face covering in public or when social distancing is not possible? Would you say...

**NOTE:** Please read 01 through 09, select all that apply.

- 01 I feel uncomfortable wearing a mask
- 02 I don't have a mask to wear
- 03 I forget my mask when I go out in public
- 04 I don't believe wearing a mask will slow the spread of COVID-19
- 05 I believe being required to wear a mask takes away my personal freedom
- 06 I feel healthy
- 07 I believe I am immune to COVID-19
- 08 I have been advised not to wear a mask due to a medical condition
- 09 Other reason
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**CVDQ07** How likely are you to receive the COVID-19 vaccine as soon as it is approved and made available to the public? Would you say very likely, somewhat likely, not very likely, or very unlikely?

- 1 VERY LIKELY [GO TO NEXT SECTION]
- 2 SOMEWHAT LIKELY [GO TO CVDQ08]
- 3 NOT VERY LIKELY [GO TO CVDQ08]
- 4 VERY UNLIKELY [GO TO CVDQ08]

- 7 DON'T KNOW/ NOT SURE [GO TO CVDQ08]
- 9 REFUSED [GO TO NEXT SECTION]

**CVDQ08** What are the reasons you are hesitant to receive a COVID-19 vaccine?  
You may select more than one reason. Would you say...

**NOTE:** Please read 01 through 08, select all that apply.

- 01 I am concerned the COVID-19 vaccine will not protect me from the disease
- 02 I am concerned COVID-19 vaccine development is moving too fast
- 03 I am concerned about the cost of a COVID-19 vaccination
- 04 I am concerned the COVID-19 vaccine will cause unintended side effects
- 05 I do not believe COVID-19 is a serious problem
- 06 I do not believe my community is at risk for COVID-19
- 07 I am generally opposed to vaccination
- 08 Other reason
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Food Insecurity/Food Stamps

---

**[CATI NOTE: ASK FOOD INSECURITY AND FOOD STAMP QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**STFS2** How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say...

(1269)

**PLEASE READ:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 8 NOT APPLICABLE
- 7 DON'T KNOW /NOT SURE
- 9 REFUSED

**STFS1** In the past 12 months, how many months did anyone in your household receive benefits from a FEDERAL food assistance program such as SNAP (food stamps), WIC, or the Free and Reduced Lunch program? Do not include 'Meals on Wheels,' or food pantries, food banks, soup kitchens, church welfare, backpack programs, or any other charitable food resources. Would you say...

(1270)

**NOTE:** Examples of federal food assistance programs are Commodity Supplemental Food Program, Food Distribution Program on Indian Reservations, Emergency Food Assistance Program, Child and Adult Care Feeding Program, School Breakfast Program, Special Milk Program, and Summer Food Service Program.

**PLEASE READ:**

- 1 All months
- 2 Some months
- 3 Less than a month
- 4 No months
  
- 8 NOT APPLICABLE
- 7 DON'T KNOW /NOT SURE
- 9 REFUSED

**STFS3** In the past 12 months, how many months did anyone in your household receive benefits from any NON FEDERAL food source such 'Meals on Wheels,' food pantries, food banks, soup kitchens, church welfare, backpack programs, or any other charitable food resources. Would you say...

(1271)

**PLEASE READ:**

- 1 All months
- 2 Some months
- 3 Less than a month
- 4 No months
  
- 8 NOT APPLICABLE
- 7 DON'T KNOW /NOT SURE
- 9 REFUSED

## Mental Health

---

**[CATI NOTE: ASK MENTAL HEALTH QUESTIONS ON QUESTIONNAIRE PATHS 11/21.]**

**STMH1** If you were experiencing a problem with your mental health, do you believe you can seek help without fear of judgement or discrimination?

(1272)

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

**STMH2** I'm going to read a list of people and places where some people seek help when they are experiencing thoughts of suicide or having emotional problems. For each

one, please tell me whether this would be a person or place where you would go to for help if you were experiencing thoughts of suicide or some other kind of emotional problem.

(1273-1292)

**NOTE:** Check all that apply. Pause between each response option to allow respondents to answer 'Yes' or 'No.'

**PLEASE READ:**

- 01 Intimate partner or spouse
- 02 Friend or coworker
- 03 Family member
- 04 Clergy or faith leader
- 05 Mental health professional
- 06 Crisis services (phone, text, etc.)
- 07 Physician or health care provider
- 08 Social media
- 09 I would not seek help
- 10 OTHER
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Utah Tobacco Use Questions

---

**[CATI NOTE: ASK ALL UTAH TOBACCO USE QUESTIONS EXCEPT STSMK9 AND SMKAD2 ON BOTH QUESTIONNAIRE PATHS. ASK STSMK7, STSMK9, AND SMKAD2 ON QUESTIONNAIRE PATHS 12/22 ONLY.]**

**[CATI NOTE: IF C10.02 = 1 OR 2 ('EVERYDAY' OR 'SOME DAYS'), THEN RESPONDENT HAS A STATUS OF 'CURRENT SMOKER' AND CONTINUE. OTHERWISE, GO TO STSMK3.]**

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

(1293)

**NOTE:** Pause between each response option to allow respondents to answer 'Yes' or 'No.' Enter the response code for the first 'Yes' and then continue to the next question. If the respondent does not answer 'Yes' to any response option, enter 'Don't know / Not sure.'

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

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: IF C10.02 = 1 OR 2 ('EVERYDAY' OR 'SOME DAYS') OR IF C10.04 < 05 (RESPONDENT QUIT SMOKING IN THE PAST YEAR), CONTINUE TO STSMK3. OTHERWISE, GO TO STSMK7.]**

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

**STSMK3** In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (1294)

- 1 YES
- 2 NO **[GO TO STSMKQ]**
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STSMK4** During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking? (1295)

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

**STSMK5** 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)? (1296)

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

**STSMK6** 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? (1297)

- 1 YES
- 2 NO

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: IF STSMK3=2 (NO), CONTINUE, OTHERWISE GO TO STSMK7.]**

**STSMKQ** If you decided to quit smoking in the future, would you use any of the following methods or strategies to try to quit... (1298-1313)

**NOTE:** Check all that apply. Pause between each response category to allow respondents to answer 'Yes' or 'No' to each category.

- 1 Gradually cutting back
- 2 Switching to vape products
- 3 Quitting cigarettes all at once
- 4 Using medications like the nicotine patch, nicotine gum, Zyban, Chantix
- 5 Getting help from a health care provider
- 6 Getting help from a telephone quit line
- 7 Visiting an internet website on how to quit
- 8 Using a social networking site like Facebook or Twitter
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK STSMK7, STSMK9, AND SMKAD2 ON QUESTIONNAIRE PATHS 12/22 ONLY.]**

**STSMK7** In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (1314)

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

**STSMK9** The next question is about smoke you might have breathed because someone else was smoking, whether you were indoors, outdoors, in a vehicle, or anywhere else.

During the past 7 days, on how many days did you breathe smoke from someone other than you who was smoking a cigarette, cigar, pipe, or any other tobacco product?

- (1315-1316)
- NUMBER OF DAYS **[RANGE: 1-7]**
  
  - 88 NONE
  - 77 DON'T KNOW / NOT SURE

99 REFUSED

**SMKAD2** In the past 30 days, how often have you seen ads on TV or online encouraging cigarette smokers to quit or about the dangers of smoking? Would you say... (1317)

**NOTE:** Online includes internet use on desktop computers, tablets, and phones.

**PLEASE READ:**

- 1 Never
- 2 About once or twice in the past 30 days
- 3 About once a week
- 4 Several times a week
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Firearm Safety

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**[CATI NOTE: ASK FIREARM SAFETY QUESTIONS ON QUESTIONNAIRE PATHS 11/21.]**

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

**READ IF NECESSARY:** This data is gathered to inform suicide prevention activities only. Suicide is the leading cause of firearm death in Utah and safe firearm storage can help prevent suicide.

**FIRES1** Are any firearms now kept in or around your home? (1318)

- 1 YES
- 2 NO **[GO TO NEXT SECTION]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

**FIRES2** Are any of these firearms now loaded? (1319)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED **[GO TO NEXT SECTION]**

- FIRES4** **IF FIRE2 = 1:** Are any of these loaded firearms also unlocked? (1320)  
**IF FIRE2 = 2:** Are any of these unloaded firearms also unlocked? (1321)  
**IF FIRE2 = 7:** Are any of the firearms in your home unlocked? (1322)

**READ IF NECESSARY:** By 'unlocked,' we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. We don't count a safety as a lock.

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

## Sexual Violence

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**[CATI NOTE: ASK ON QUESTIONNAIRE PATHS 12/22 OF MEN AND WOMEN.]**

**STSV0i** I'd like to ask you some questions about unwanted sexual experiences. This information will allow us to better understand the problem of sexual violence and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for this issue. Please keep in mind that you can ask me to skip any question that you do not want to answer.

(1323)

Are you in a safe place to answer these questions?

- 1 YES
- 2 NO **[GO TO STSVCLOS]**

Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[if female]**, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

**STSV1** Has anyone EVER had sex with you or ATTEMPTED to have sex with you after you said or showed that you didn't want them to or without your consent?

(1324)

- 1 YES
- 2 NO **[GO TO STSVCLOS]**
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED **[GO TO STSVCLOS]**

**STSV2** In the past 12 months, has anyone HAD SEX with you or ATTEMPTED to have sex with you after you said or showed that you didn't want them to or without your consent?

(1325)

1 YES

2 NO

7 DON'T KNOW / NOT SURE

[GO TO STSVCLOS]

9 REFUSED

[GO TO STSVCLOS]

**[CATI/INTERVIEWER NOTE: IF STSV2 = 1 (YES) OR STSV2 = 2 (NO); CONTINUE. OTHERWISE, READ STSVCLOS.]**

**STSV3** At the time of the most recent incident, what was your relationship to the person who had sex, or attempted to have sex, with you after you said or showed that you didn't want to or without your consent?

(1326-1327)

01 CURRENT BOYFRIEND/GIRLFRIEND

02 FORMER BOYFRIEND/GIRLFRIEND

03 FIANCÉ

04 SPOUSE OR LIVE-IN PARTNER

05 FORMER SPOUSE OR FORMER LIVE-IN PARTNER

06 SOMEONE YOU WERE DATING

07 FIRST DATE

08 FRIEND

09 ACQUAINTANCE

10 A PERSON KNOWN FOR LESS THAN 24 HOURS

11 COMPLETE STRANGER

12 PARENT

13 STEP-PARENT

14 PARENT'S PARTNER

15 PARENT IN-LAW

16 OTHER RELATIVE

17 NEIGHBOR

18 CO-WORKER

19 OTHER NON-RELATIVE

20 MULTIPLE PERPETRATORS [GO TO STSVCLOS]

77 DON'T KNOW / NOT SURE

99 REFUSED

**STSV4** Was the person who did this male or female?

(1328)

**NOTE:** If the respondent indicates gender of the person, please complete question STSV4. If the respondent does not indicate the gender of the person, please ask question STSV4.

1 MALE

- 2 FEMALE
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STSVCL05** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-855-323-3237. This is a toll-free call. Would you like me to repeat this number?

(1329)

**NOTE:** If 'Yes,' say 1-855-323-3237.

- 1 YES
- 2 NO

## Chronic Pain

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**[CATI NOTE: ASK CHRONIC PAIN QUESTIONS BOTH QUESTIONNAIRE PATHS.]**

**STCHRPN1** Do you suffer from any type of chronic pain, that is, pain that occurs constantly or flares up frequently?

(1330)

- 1 YES
- 2 NO

**[GO TO NEXT SECTION]**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[GO TO NEXT SECTION]**

**[GO TO NEXT SECTION]**

**STCHRPN2** Opioids are medications that relieve pain. Some opioids such as hydrocodone and morphine can be prescribed by a health care provider. Other opioids like heroin cannot be prescribed. Do you use opioid medications prescribed to you by a doctor to treat your chronic pain?

(1331)

- 1 YES
- 2 NO

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Binge Drinking

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**[CATI NOTE: ASK BINGE DRINKING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C11.03 >= 1 AND <77, CONTINUE. OTHERWISE, GO TO THE NEXT SECTION.]**

Previously, you answered that you drank [5 or more for men, 4 or more for women] alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So a 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

**NOTE:** If asked, 'occasion' means in a row or within a few hours.

**DRNKBER1** During the most recent occasion when you had [5 or more for men, 4 or more for women] alcoholic beverages, about how many beers, including malt liquor, did you drink? (1332-1334)

-- NUMBER OF BEERS **[NOTE: 76 = 76 OR MORE]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**DRNKWIN1** During the same occasion, about how many glasses of wine did you drink? (1335-1337)

-- NUMBER OF GLASSES OF WINE **[NOTE: 76 = 76 OR MORE]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**DRNKLIQR** During the same occasion, about how many drinks of liquor, including cocktails, did you have? (1338-1340)

-- NUMBER OF DRINKS OF LIQUOR **[NOTE: 76 = 76 OR MORE]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**DRNKPMIX** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (1341-1343)

-- NUMBER OF PRE-MIXED DRINKS **[NOTE: 76 = 76 OR MORE]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**DRNKLOC1** During this most recent occasion, where were you when you did most of your drinking?

(1344)

**READ ONLY IF NECESSARY:**

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event
- 6 OTHER
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**BINGEDRV** Did you drive a motor vehicle, such as a car, truck, or motorcycle, during or within a couple of hours of this occasion?

(1345)

**NOTE:** For those with concerns about this question, answering 'Yes' is not meant to imply they were drunk driving or breaking the law.

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

**[CATI NOTE: ASK BINGEPAY ONLY IF RESPONSE TO DRNKLOC1 = 3 OR 4, OTHERWISE, GO TO NEXT SECTION.]**

**BINGEPAY** During this most recent occasion, approximately how much did you pay for the alcohol you drank?

(1346-1349)

**NOTE:** Enter amount in dollars only, rounding 50 cents or more up to the next whole dollar and dropping 49 or fewer cents.

**NOTE:** If anyone asks, they do not need to include the amount spent on tips.

\_\_\_ TOTAL AMOUNT PAID **[NOTE: 776 = 776 OR MORE]**

- 888 PAID NOTHING, DRINKS WERE FREE OR PAID FOR BY OTHERS
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

**Asthma Call-Back Permission Script**

We would like to call you again within the next 2 weeks to talk in more detail about your (your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah. The information you gave us today and anyone in your household will give us in the future will be kept confidential.

If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(609)

- 1 YES
- 2 NO

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

\_\_\_\_\_ Enter first name, initials, or nickname

**[NOTE: IF CHILD IS SELECTED FOR ASTHMA CALLBACK.]**

**MOSTKNOW** Are you the parent or guardian in the household who knows the most about (your child's) asthma?

- 1 YES [GO TO CBTIME]
- 2 NO [GO TO OTHNAME]
- 7 DON'T KNOW / NO SURE [GO TO CBTIME]
- 9 REFUSED [GO TO CBTIME]

**OTHNAME** You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know how to ask for when we call back regarding your child?

\_\_\_\_\_ Enter first name, initials, or nickname

**ASMAPHN** Is there a better number to call back this person for the asthma follow up survey?

- 1 YES [GO TO MKPAREA]
- 2 NO [GO TO CBTIME]
- 7 DON'T KNOW / NO SURE [GO TO CBTIME]
- 9 REFUSED [GO TO CBTIME]

**MKPAREA** What is the area code?

\_\_\_ [ENTER AREA CODE]

**MKPPHONE** What is the phone number?

----- [ENTER PHONE NUMBER]

**CBTIME** What is a good time to call you back? For example, evenings, days, or weekends?

\_\_\_\_\_

### **Asthma Call-Back Selection**

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

(610)

- 1 ADULT
- 2 CHILD

### **Closing Statement**

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That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.