



2006

Behavioral Risk Factor Surveillance System

Utah Questionnaire

Behavioral Risk Factor Surveillance System 2006 Utah Questionnaire

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Interviewer's Script

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 health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

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

Is this a private residence?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

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

If "yes,"

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

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

If "no,"

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

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

___ Number of men

___ Number of women

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

If "you," go to page 4



To the correct respondent:

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

Core Sections

I will not ask for your 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, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

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

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

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

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

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

Section 3: Health Care Access

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

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

3.2 Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

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

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

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

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

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

Section 4: Exercise

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

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

Section 5: Diabetes

5.1 Have you ever been told by a doctor that you have diabetes?

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

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

Module 4: Diabetes

To be asked following Core Q5.1 if response is "Yes" (code = 1)

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

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

2. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills?

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

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

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

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

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

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

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

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

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

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

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

Note: If Q5 = 555 (No feet), go to Q10.

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

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

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

Read only if necessary:

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

Do not read:

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

12. Have you ever taken a course or class in how to manage your diabetes yourself?

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

State-added 1: Diabetes

UT1_1. What are your most trusted sources of diabetes information? You may mention more than one source?

[Flow instruction: Ask of all respondents with diabetes: Respondents who answered '1=Yes' to Section 5, Question 1.]

(Interviewer: Mark all mentioned, but do not probe. Maximum 12 responses allowed)

- 01 Nurse or nurse practitioner
- 02 Dietician or nutritionist
- 03 Diabetes educator

- 04 Diabetes classes or course
- 05 Doctor
- 06 Pharmacist
- 07 Family
- 08 Co-worker or friend
- 09 Health Department
- 10 Diabetes Organizations
- 11 Library
- 12 Television
- 13 Radio
- 14 Internet
- 15 Magazine, journal or book
- 16 Newspaper
- 17 Health insurance (mailings)
- 18 Telephone information number (800 number)
- 19 Other (write in) _____
- 77 Don't know/Not sure
- 99 Refused

UT1_2.

Please think only about the courses or classes you took that were taught by a **nurse, dietitian or pharmacist** who is a diabetes educator. When was the last time you took a course or class in how to manage your diabetes yourself from a one of the diabetes educators I mentioned?

[Flow instruction: Ask only of those respondents who answered "1=yes" to Module 4, Q.12.]

(Interviewer: Read only if necessary):

- 01 Within the past 6 months (anytime less than 6 months ago)
- 02 Within the past year (6 months but less than 1 year ago)
- 03 Within the past 2 years (1 year but less than 2 years ago)
- 04 Within the past 5 years (2 years but less than 5 years ago)
- 05 Within the past 10 years (5 years to less than 10 years ago)
- 06 Within the past 20 years (10 years to less than 20 years ago)
- 07 20 or more years ago.
- 88 Never
- 77 Don't know/Not sure
- 99 Refused

UT1_3.

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

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

Section 6: Oral Health

- 6.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Read only if necessary:

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

Do not read:

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

- 6.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

Note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next section.

- 6.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

Read only if necessary:

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

Do not read:

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

Section 7: Cardiovascular Disease Prevalence

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

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

7.1 (Ever told) you had a heart attack, also called a myocardial infarction?

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

7.2 (Ever told) you had angina or coronary heart disease?

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

7.3 (Ever told) you had a stroke?

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

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

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

[Go to next section]

[Go to next section]

[Go to next section]

8.2 Do you still have asthma?

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

Section 9: Disability

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

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

9.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Include occasional use or use in certain circumstances.

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

Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 packs = 100 cigarettes

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

[Go to next section]
[Go to next section]
[Go to next section]

10.2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

[Go to next section]
[Go to next section]
[Go to next section]

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

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

9 Refused

Section 11: Demographics

11.1 What is your age?

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

11.2 Are you Hispanic or Latino?

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

11.3 Which one or more of the following would you say is your race?

(Check all that apply)

Please read:

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

Or

6 Other [specify] _____

Do not read:

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

Note: If more than one response to Q11.3; continue. Otherwise, go to Q11.5

11.4 Which one of these groups would you say best represents your race?

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

Do not read:

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

11.5 Are you...?

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

11.6 How many children less than 18 years of age live in your household?

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

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

Read only if necessary:

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

Do not read:

- 9 Refused

11.8 Are you currently...?

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

11.9 Is your annual household income from all sources—

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

Read only if necessary:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

11.10 About how much do you weigh without shoes?

Note: If respondent answers in metrics, put "9" in column 116.

Round fractions up

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

11.11 About how tall are you without shoes?

Note: If respondent answers in metrics, put "9" in column 120.

Round fractions down

— — / — —	Height (<i>ft / inches/meters/centimeters</i>)
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

11.12 What county do you live in?

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

11.13 What is your ZIP Code where you live?

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

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

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

[Go to Q11.16]
[Go to Q11.16]
[Go to Q11.16]

11.15 How many of these telephone numbers are residential numbers?

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

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

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

11.17 Indicate sex of respondent. Ask only if necessary.

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

11.18 To your knowledge, are you now pregnant?

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

Section 12: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

12.1 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?

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

Section 13: Alcohol Consumption

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

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1_ _ _ Days per week
- 2_ _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

[Go to next section]

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

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

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

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion?

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

Section 14: Immunization/Adult Influenza Supplement

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

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

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

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

Note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.

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

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

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

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

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You are a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

- 1 Yes, at least one statement is true
- 2 No, none of these statements are true
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

15.1 In the past 3 months, how many times have you fallen?

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

[76 = 76 or more]
[Go to next section]
[Go to next section]
[Go to next section]

15.2 How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

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

[76 = 76 or more]
 [Go to next section]
 [Go to next section]
 [Go to next section]

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say—

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 17: Drinking and Driving

Note: If Q13.1 = 2 (No); go to next section.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

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

Section 18: Women's Health

Note: If respondent is male, go to the next section.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

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

[if age ≥ 40 then go to UT2_1]
 [Go to Q18.3]
 [Go to Q18.3]

18.2 How long has it been since you had your last mammogram?

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) [if age \geq 40 then go to UT2_2]
- 4 Within the past 5 years (3 years but less than 5 years ago) [if age \geq 40 then go to UT2_2]
- 5 5 or more years ago [if age \geq 40 then go to UT2_2]

Do not read:

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

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.4 How long has it been since your last breast exam?

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

Do not read:

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No [Go to Q18.7]
- 7 Don't know / Not Sure [Go to Q18.7]
- 9 Refused [Go to Q18.7]

18.6 How long has it been since you had your last Pap test?

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

Do not read:

7 Don't know / Not sure
9 Refused

Note: If response to Core Q11.18 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy?

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

State-added 2: Mammography

UT2_1. What is the most important reason you have never had a mammogram?

[Flow instruction: To be asked after Core Q18.1 if respondent answers 2="no" to Q.18.1. and is 40+ years old

(Interviewer: Do not read. Mark only ONE)

01 Not recommended by Doctor/Doctor never said it was needed.
02 Not needed/No breast problems/No family history of breast cancer.
03 Cost/Not covered by insurance.
04 Too old.
05 Too young.
06 No time.
07 Services not available/Not convenient/Lack of Transportation.
08 Fear/Uncomfortable/painful.
09 Embarrassing.
10 Afraid of what they might find.
11 Other **(write in)**

77 Don't know/Not sure.
99 Refused

UT2_2. What is the most important reason you have not had a mammogram in the last two years?

[Flow instruction: To be asked after Core Q18.2 if respondent answers 1="yes" to Q.18.1 and 3,4 or 5 to Q.18.2, and is 40+ years old]

(Interviewer: Do not read. Mark only ONE):

01 Not recommended by Doctor/Doctor never said it was needed.
02 Not needed/No breast problems/No family history of breast cancer.

- 03 Cost/Not covered by insurance.
- 04 Too old.
- 05 Too young.
- 06 No time.
- 07 Services not available/Not convenient/Lack of Transportation.
- 08 Fear/Uncomfortable/painful.
- 09 Embarrassing.
- 10 Afraid of what they might find.
- 11 Other (**write in**)

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

Section 19: Prostate Cancer Screening

Note: If respondent is \leq 39 years of age, or is female, go to next section.

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- 1 Yes
- 2 No **[Go to Q19.3]**
- 7 Don't Know / Not Sure **[Go to Q19.3]**
- 9 Refused **[Go to Q19.3]**

19.2 How long has it been since you had your last PSA test?

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)
- 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

Do not read:

- 7 Don't know
- 9 Refused

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

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

19.4 How long has it been since your last digital rectal exam?

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)
- 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

Do not read:

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

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

Section 20: Colorectal Cancer Screening

Note: If respondent is \leq 49 years of age, go to next section.

20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

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

[Go to Q20.3]

[Go to Q20.3]

[Go to Q20.3]

20.2 How long has it been since you had your last blood stool test using a home kit?

Read only if necessary:

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

Do not read:

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

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

- 1 Yes

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

[Go to next section]
 [Go to next section]
 [Go to next section]

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

Section 21: HIV/AIDS

Note: If respondent is 65 years old or older, go to next section.

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

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

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

[Go to next section]
 [Go to next section]
 [Go to next section]

21.2 Not including blood donations, in what month and year was your last HIV test?

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

- __ / __ - __ - __ Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

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

- 01 Private doctor or HMO office
- 02 Counseling and testing site

- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

Note: Ask Q.21.4; if Q.21.2 = within last 12 months. Otherwise, go to next section.

21.4 Was it a rapid test where you could get your results within a couple of hours?

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

Section 22: Emotional Support and Life Satisfaction

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

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

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

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life?

Please read:

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

Do not read:

- 7 Don't know / Not sure

Optional Modules and State Added Questions

Module 1: Random Child Selection

If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.

If Core Q11.6 = 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 Q1]**

If Core Q11.6 is >1 and Core Q11.6 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.

RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” child in your household. All following questions about children will be about the “Xth” child.”

1. What is the birth month and year of the “Xth” child?

_ / _ _ _	Code month and year
7 7 / 7 7 7 7	Don’t know / Not sure
9 9 / 9 9 9 9	Refused

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).

2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino?

1	Yes
2	No

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

4. Which one or more of the following would you say is the race of the child?

[Check all that apply]

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

Note: If more than one response to Q4, continue. Otherwise, go to Q6.

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

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

6. How are you related to the child?

Parent, Grandparent, Foster parent or guardian, Sibling, Other relative, or Not related in any way?

Please read:

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

Do not read:

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

Module 3: Childhood Asthma Prevalence

Note: If response to Core Q11.6 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

[Go to next module]
[Go to next module]
[Go to next module]

2. Does the child still have asthma?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 7: Adult Asthma History

Note: If "Yes" to Core Q8.1, continue. Otherwise, go to next module.

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?
 - – Age in years 11 or older **[96 = 96 and older]**
 - 9 7 Age 10 or younger
 - 9 8 Don't know / Not sure
 - 9 9 Refused

Note: If "Yes" to Core Q8.2, continue. Otherwise, go to next module.

2. During the past 12 months, have you had an episode of asthma or an asthma attack?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?
 - – Number of visits **[87 = 87 or more]**
 - 8 8 None

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

4. [If one or more visits to Q3, fill in “Besides those emergency room visits,”] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

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

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

Please read:

- 8 Not at any time
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time

[Go to Q9]

Or

- 5 Every day, all the time

Do not read:

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

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

Please read:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

Or

- 5 More than ten

Do not read:

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

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

Do not read:

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

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?

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

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

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

State-added 3: Occupational Asthma

UT3_1. Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had?

(Interviewer note: If “no” ask: “Have you ever held a job outside the home?”)

- | | | |
|---|--------------------------------|-------------------------------|
| 1 | Yes | |
| 2 | No | |
| 3 | Never worked outside the home. | (Skip to next section) |
| 7 | Don't know/Not sure | |
| 9 | Refused | |

UT3_2. Did you ever tell a doctor or other medical person that your asthma was related to any job you ever had?

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

UT3_3. When you first developed symptoms of asthma, what kind of work were you doing? For example, registered nurse, supervisor of order department, auto mechanic, accountant.

[Flow instruction: ask only of those respondents who were >=15 years when first told they had asthma]

- | | | |
|---|--|-----------------------------|
| 1 | Specific Occupation | [write in] |
| 2 | Didn't have a job when asthma started. | [Go to next section] |
| 7 | Don't know/Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

UT3_4. What kind of business or industry was that job in? For example, hospital, newspaper publishing, mail order house, auto repair shop, bank.

- | | | |
|---|-------------------------------|-------------------|
| 1 | Specific Business or Industry | [write in] |
| 7 | Don't know/Not Sure | |
| 9 | Refused | |

State-added 4: Folic Acid

UT4_1. Do you currently take any vitamin pills or supplements?

(Interviewer instruction: Include liquid supplements.)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | (Go to UT4_5) |
| 7 | Don't know/Not sure | (Go to UT4_5) |
| 9 | Refused | (Go to UT4_5) |

UT4_2. Are any of these a multivitamin?

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | (Go to UT4_4) |
| 2 | No | |
| 7 | Don't know/Not sure | |
| 9 | Refused | |

UT4_3. Do any of the vitamin pills or supplements you take contain folic acid?

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | (Go to UT4_5) |
| 7 | Don't know/Not sure | (Go to UT4_5) |
| 9 | Refused | (Go to UT4_5) |

UT4_4. How often do you take this vitamin pill or supplement?

Enter times per Day, per Week or per Month

- | | | |
|-----|-----|---------------------|
| 1 | ___ | Times per day |
| 2 | ___ | Times per week |
| 3 | ___ | Times per month |
| 777 | | Don't know/Not sure |
| 999 | | Refused |

UT4_5. Have you ever heard of the B vitamin folic acid?

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | (Go to UT4_7) |
| 7 | Don't know/Not sure | (Go to UT4_7) |
| 9 | Refused | (Go to UT4_7) |

UT4_6. [Flow instruction: only ask of those who answered “yes” to UT4_5]
Where did you hear or read about it?

(Interviewer note: Do not probe. Mark all mentioned)

- 01 Physician/OB/GYN/GP/FP
- 02 Nurse/nurse practitioner
- 03 Other Health Clinic Staff
- 04 Brochures/literature at health care provider’s office
- 05 Friend or relative/co-worker
- 06 Label on consumer product (i.e. food, vitamins)
- 07 Magazine or newspaper
- 08 Radio or Television
- 09 Other (**Allow ‘other’ responses to be written in**)

- 77 Don’t know/Not sure
- 99 Refused

UT4_7. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons....

To make strong bones, To prevent birth defects, To prevent high blood pressure or Some other reason.

Please Read

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure
- or
- 4 Some other reason

Do not read these responses

- 7 Don’t know/Not sure
- 9 Refused

State-added 5: Tobacco

UT5_1. Previously you said that you currently smoke cigarettes. On the average, about how many cigarettes a day do you now smoke?

[Flow instruction: If “1=everyday” or “2=some days” to core Q10.2, continue. If “3=Not at all” to core Q10.2 go to UT5_3. If “9=refused” to core Q10.2 go to UT5_8.]

___ Number of cigarettes

- 77 Don’t know/Not sure
- 99 Refused

UT5_2. Would you like to stop smoking?

- | | | |
|---|---------------------|---------------|
| 1 | Yes | (go to UT5_4) |
| 2 | No | (go to UT5_4) |
| 7 | Don't know/Not sure | (go to UT5_4) |
| 9 | Refused | (go to UT5_4) |

UT5_3. Previously you said you have smoked cigarettes. About how long has it been since you last smoked cigarettes?

[Flow instruction: If "3=Not at all" to core Q10.2, continue]

(Interviewer note: Read Only if Necessary)

- | | | |
|----|---|---------------|
| 01 | Within the past month (anytime 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) | (Go to UT5_8) |
| 06 | Within the past 10 years(5 years but less than 10 years ago) | (Go to UT5_8) |
| 07 | 10 or more years ago | (Go to UT5_8) |
| 77 | Don't know/Not sure | (Go to UT5_8) |
| 99 | Refused | (Go to UT5_8) |

UT5_4. The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

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

[Flow instruction: If ("1=everyday" or "2=some days" to core Q10.2) or ("3=Not at all" to core Q10.2 and "01", "02", "03" or "04" to UT5_3) continue]

___ Number of times

- | | | |
|----|-----------------------|---------------|
| 88 | None | (Go to UT5_8) |
| 77 | Don't know / Not sure | (Go to UT5_8) |
| 99 | Refused | (Go to UT5_8) |

UT5_5. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

___ Number of visits

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

UT5_6. On how many visits 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? (Pronunciation: Well BYOU trin / ZEYE ban / byou PRO pee on)

__ __ Number of visits

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

UT5_7. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

__ __ Number of visits

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

UT5_8. Which statement best describes the rules about smoking inside your home?

[Flow instruction: Ask of all respondents]

(Interviewer: Please Read)

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home
or
- 4 There are no rules about smoking inside the home

(Do Not Read These Responses)

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

UT5_9. In the past twelve months, how often have you seen or heard anti-smoking messages on the TV or radio?

[Flow instruction: Ask of all respondents]

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

UT5_10. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

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

UT5_11. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

State-added 6: Osteoporosis

UT6_1. Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is **not** the same condition as osteoarthritis, a joint disease.

Have you ever been told by a doctor, nurse, or other health professional how to prevent osteoporosis?

[Flow instruction: Ask of all respondents]

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

UT6_2. A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test?

(Interviewer note: Bone density tests can include ultrasound, x-ray, or DEXA and can be performed on the heel, finger, forearm/wrist, hip, or spine. Bone density tests take about 15 minutes to perform and are not the same as bone scans which can take hours to perform and use injections.)

[Flow instruction: only ask of respondents aged 50+]

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

UT6_3. Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?

(Interviewer note: Do not include osteopenia, or low bone mass)

[Flow instruction: only ask of respondents aged 50+]

- 1 Yes
- 2 No **(Skip to UT6_5)**
- 7 Don't know/Not sure **(Skip to UT6_5)**
- 9 Refused **(Skip to UT6_5)**

UT6_4. Are you currently taking prescription medicine for your osteoporosis other than calcium supplements and multivitamins?

(Interviewer note: Osteoporosis medications include:

Actonel (Risedronate)
Boniva (ibandronate)
Cholecalciferol
Ergocalciferol
Estrogen
Evista (Raloxifene)
Forteo (Teriparatide, Parathyroid Hormone)
Fosamax (Alendronate)
Miacalcin (Nasal spray calcitonin)
Rocaltrol
Testosterone
Vitamin D by prescription)

[Flow instruction: only ask of respondents aged 50+ who answered '1=Yes' to UT6_3]

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

UT6_5. Are you currently taking calcium supplements, or antacids containing calcium for bone health?

(Interviewer note: Antacids containing calcium include Roloids and Tums. Calcium supplements include the following:

Calcium Carbonate:

- 1 Calcium Carbonate Generic Form
- 2 Caltrate
- 3 Os-Cal
- 4 Tums Ultra
- 5 Viactiv

Calcium Citrate:

- 1 Citracal
- 2 Calcium Citrate generic form

Calcium Complex:

- 1 Calcet

Calcium Phosphate:

- 1 Posture D

[Flow instruction: Ask of all respondents]

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

UT6_6. How often do you do physical activities specifically designed to **strengthen** your muscles such as lifting weights, push-ups or pull-ups?

[Flow instruction: Ask of all respondents]

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

UT6_7. How often do you eat foods that are high in calcium such as milk, yogurt, cheese or calcium-fortified food?

[Flow instruction: Ask of all respondents]

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

State-added 7: Skin Cancer Prevention

UT7_1. The next questions are about what you do to protect your skin when you go outside.

When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock?

(Interviewer note: Summer means June, July and August. Sunny is what the respondent considers sunny.)

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 8 Don't stay out more than one hour
- 7 Don't know/Not sure
- 9 Refused

(go to UT7_3)
(Go to next section)
(Go to UT7_3)
(Go to UT7_3)

UT7_2. What is the Sun Protection Factor or SPF of the sunscreen you use most often?

- __ __ Number
- 77 Don't know/Not sure
- 99 Refused

UT7_3. When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

UT7_4. When you go outside on a sunny summer day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
7. Don't know/Not sure
9. Refused

UT7_5. When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
7. Don't know/Not sure
9. Refused

State-added 8: Genomics

Ask the First Half Year only

UT8_1. Now think about your immediate family including your grandparents, parents, brothers, sisters and children, both living and deceased. To the best of your knowledge, does one or more chronic disease, such as heart disease, stroke, diabetes, or cancer tend to run in your family?

(Interviewer Note: Includes blood relatives only. Does not include spouse.)

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

(Skip to UT8_7)

UT8_2. Have any of your immediate family members ever been told by a doctor, nurse, or other health professional that they had asthma?

(Interviewer Note: Immediate family members include grandparents, parents, brothers, sisters and children, both living and deceased. Only blood relatives.)

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

UT8_3. The next questions are about your family medical history.

Has a doctor or other health care professional ever discussed with you your risk for certain diseases or other health problems based on your family medical history?

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

UT8_4. Has a doctor or other health care professional ever made any recommendations to you based on your family medical history?

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

UT8_5. In the past year, have you read or heard about the importance of knowing your family's health history?

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

UT8_6. Have you ever actively collected health information from your relatives for the purpose of developing a family health history?

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

(Skip to UT8_9)

UT8_7. Have you shared the information you collected on your family's health history with a doctor, nurse, or other health care professional?

- 1 Yes **(Skip to UT8_9)**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

UT8_8. Why have you not shared your family's health history with a medical professional?

Mark all that apply. Do not read:

- 11 Do not have a family history
- 12 It's not important
- 13 Confidential, not to be shared outside the family
- 14 Not yet, but I plan to in the future
- 15 Worried it may **affect my job**
- 16 Worried it may affect my **ability to get health insurance**
- 17 Worried it may affect my **ability to get life insurance**
- 18 Other (write in)
- 77 Don't know/Not sure
- 99 Refused

UT8_9. Some companies are offering genetic tests of your DNA that are advertised to improve your health and prevent disease. You can order these tests directly, without the involvement of a healthcare provider. Have you heard about these tests?

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

State-added 9: Diabetes Awareness

To be asked of people without diabetes only.

Ask the 3rd quarter only

UT9_1. Now I am going to ask you some general questions about diabetes.

When was the last time you had a blood test to see if you had diabetes?

- 1 Within the past 6 months (anytime less than 6 months ago)
- 2 Within the past year (6 months but less than 1 year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 Five years but less than 10 years ago
- 6 10 plus years ago
- 8 Never **(Go to UT9_3)**
- 7 Don't know/Not sure **(Go to UT9_3)**
- 9 Refused **(Go to UT9_3)**

UT9_2. Why were you tested?

(Interviewer: DO NOT PROMPT. Mark all answers given by respondent and specify 'Other'. Maximum of 8 responses allowed)

- 01 Routine physical exam
- 02 Physician recommended/requested that test be done
- 03 Tested at a health fair
- 04 Tested during pregnancy
- 05 Had signs/symptoms of diabetes
- 06 Heard messages about diabetes on TV, radio or written material, or other source
- 07 Have family history of diabetes
- 08 Am overweight
- 09 Am NOT physically active
- 10 Am member of high-risk minority group (i.e. Polynesian, Native American, Hispanic, Asian, etc)
- 11 Age
- 12 Other **[Allow 'other' responses to be written in]**
- 77 Don't know/Not sure
- 99 Refused

UT9_3. Do you think you are at risk for diabetes?

- 1 Yes
- 2 No **(Go to UT9_5)**
- 7 Don't Know/Not sure **(Go to UT9_5)**
- 9 Refused **(Go to UT9_5)**

UT9_4. Why do you think you are at risk?

(Interviewer: DO NOT PROMPT. Mark all answers given by respondent and specify 'Other'. Maximum 8 responses allowed)

- 01. Family history
- 02. Member of a high-risk ethnic group
- 03. Weight
- 04. Had gestational diabetes (diabetes during pregnancy)
- 05. Had a large baby
- 06. Was told borderline in the past
- 07. Getting older (Age)
- 08. Poor Diet
- 09. Little physical activity
- 10. Pre-diabetes
- 11. Other **[Allow 'other' responses to be written in]**
- 77. Don't know/Not sure
- 99. Refused

UT9_5. Can you name any warning signs of diabetes? Please tell me as many as you can think of.

(Interviewer: DO NOT PROMPT. Mark all answers given by respondent and specify 'Other'.)

- 01 Frequent urination
- 02 Frequent thirst
- 03 Hives
- 04 Infections that don't heal
- 05 Weight loss
- 06 Weight gain
- 07 Fever
- 08 Tingling or pain in hands, feet or legs
- 09 Blurred vision
- 10 Tiredness
- 11 Coma
- 12 Other vision problems
- 13 Dry skin
- 14 Insulin shock
- 15 High blood pressure
- 16 High blood cholesterol
- 17 Poor circulation
- 18 Other
- 77 Don't know/Not sure
- 99 Refused

[Allow 'other' responses to be written in]

UT9_6. In the past year, do you remember seeing any messages about diabetes. These can include slogans.

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

UT9_7. Please tell me where you saw, read or heard about diabetes in the past year?

(Interviewer: DO NOT PROMPT. Mark all answers given by respondent and specify 'Other'. Maximum 12 responses allowed)

- 01 Radio spot
- 02 Newspaper article
- 03 Doctor's Office
- 04 Busboard
- 05 Billboard
- 06 Magazine
- 07 Friends/family
- 08 Internet
- 09 TV
- 10 Bus shelter
- 11 Poster
- 12 Brochure
- 13 Health Fair
- 14 Health Plan (mailings)
- 15 Signs inside bus
- 16 Other:
- 77 Don't know/Not sure

[Allow 'other' responses to be written in]

99 Refused

UT9_8. What, if anything, did you do as a result of these diabetes messages? For example, call a phone number for more information, get checked for diabetes at a screening, or change your eating or exercise habits?

(Interviewer: DO NOT PROMPT. Mark all answers given by respondent and specify 'Other'.)

- 11 I didn't do anything as a result of these messages.
- 12 Called for more information.
- 13 Went to my doctor.
- 14 Went to a diabetes screening at a hospital/clinic.
- 15 Had blood sugar checked at diabetes screening at a health fair, mall or other community event.
- 16 Changed my lifestyle (eating better, exercising, losing weight)
- 17 Tried to find more information (reading, Internet)
- 18 Other **[Allow 'other' responses to be written in]**
- 77 Don't know/Not sure
- 99 Refused

UT9_9. How often do you eat food purchased from a fast-food restaurant?

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

Module 14: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

- __ 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

- __ 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?
- __ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused
4. Over the last 2 weeks, how many days have you felt tired or had little energy?
- __ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused
5. Over the last 2 weeks, how many days have you had a poor appetite or ate too much?
- __ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused
6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?
- __ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused
7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?
- __ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused
8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?
- __ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

State-added 10: Depression

UT10_1. Over the last 2 weeks, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

We realize that this topic may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free National Crisis Hotline you can call. The number is 1-800-784-2433. Do you want this number?

__ __ 01-14 days

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

9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

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

10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

Module 15: Sexual Violence

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

Are you in a safe place to answer these questions?

- 1 Yes

2 No

[Go to closing statement]

My first questions are about unwanted sexual experiences you may have had.

1. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

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

2. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

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

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[If female]**, anus, or mouth or making you do these things 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.

3. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

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

[Go to Q5]
[Go to Q5]
[Go to Q5]

4. Has this happened in the past 12 months?

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

5. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

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

[Go to Q7]
[Go to Q7]

9 Refused

[Go to Q7]

6. Has this happened in the past 12 months?

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

Note: If Q3 = 1 (Yes) or Q5 = 1 (Yes); continue. Otherwise, read closing statement.

7. Think about the time of the most recent incident involving a person who ***had sex with you*** –or- ***attempted to have sex with you*** after you said or showed that you didn't want to or without your consent? What was that person's relationship to you?

Do not read:

- 0 1 Current boyfriend/girlfriend
- 0 2 Former boyfriend/girlfriend
- 0 3 Fiancé
- 0 4 Spouse or live-in partner
- 0 5 Former spouse or former live-in partner
- 0 6 Someone you were dating
- 0 7 First Date
- 0 8 Friend
- 0 9 Acquaintance
- 1 0 A person known for less than 24 hours
- 1 1 Complete stranger
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Parent in-law
- 1 6 Other relative
- 1 7 Neighbor
- 1 8 Co-worker
- 1 9 Other non-relative
- 2 0 Multiple perpetrators
- 7 7 Don't know / Not sure
- 9 9 Refused

[Go to closing statement]

8. Was the person who did this male or female?

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

Closing Statement: 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 **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

State-added 11: Community Gardens

Ask in 4th Quarter only

My last few questions are about gardening.

- UT11_1.** Have you ever gardened?
- 1 Yes
 - 2 No **(skip to Question UT11_3)**
 - 7 Don't know/Not sure
 - 9 Refused **(skip to Question UT11_3)**

- UT11_2.** Have you gardened in the past 12 months?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

- UT11_3.** What do you feel are the greatest benefits of gardening?
(Interviewer note: Check all that apply. Ask 'anything else?' but do not read.)

- 1 Healthy diet/Improve diet
- 2 Having fresh fruits and vegetables and/or for canning & preserving
- 3 Physical activity
- 4 Being outside/sunshine/Vitamin D/fresh air
- 5 Social activity
- 6 Family bonding
- 7 Satisfaction of eating what you grow
- 8 Seeing things grow
- 9 Help with managing arthritis
- 10 Self-reliance
- 11 Self-gratification
- 12 Low-cost alternative to buying produce
- 13 Promote mental health/piece of mind/peaceful/relieve stress/relaxation
- 14 Keeping things looking nice
- 15 Other (specify)_____
- 77 Don't know/Not sure
- 88 There are no benefits
- 99 Refused

- UT11_4.** In the past 12 months have you seen or heard anything in the media about community gardens?
- 1. Yes
 - 2. No
 - 7. Don't know/Not sure
 - 9. Refused

State-added 12: Follow-up

UT12_1. **(Ask of all respondents)** Occasionally programs at the Department of Health or researchers at Utah universities would like to conduct follow-up surveys. Would you be willing to be contacted at sometime in the future to participate in a follow-up survey?

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

- | | | |
|----|---------------------|-----------------------|
| 1. | Yes | (Go to UT12_2) |
| 2. | No | (Skip Closing) |
| 7. | Don't know/Not sure | (Skip Closing) |
| 9. | Refused | (Skip Closing) |

UT12_2. **(Only ask if answer to STFU1 is 1="Yes")** May I please get your first name so they'll know whom to ask for? (Can you spell that for me, please?)

Type in respondent's first name only.

Closing Statement

Please read:

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.