**Description: Behavioral Risk Factor Surveillance System Logo**

**2023**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

***D R A F T***

***Utah: March 1, 2023***

***CDC: January 4, 2023***

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.

Behavioral Risk Factor Surveillance System

**2023 Questionnaire**

Table of Contents

[Landline Introduction 4](#_Toc128556260)

[Cell Phone Introduction 7](#_Toc128556261)

[Core Sections 12](#_Toc128556262)

[**Section 1: Health Status** 12](#_Toc128556263)

[**Section 2: Healthy Days** 12](#_Toc128556264)

[**Section 3: Health Care Access** 13](#_Toc128556265)

[**Discrimination and Healthcare Utilization** 15](#_Toc128556266)

[**Section 4: Exercise (Physical Activity)** 16](#_Toc128556267)

[**Active Transportation** 18](#_Toc128556268)

[**Section 5: Hypertension Awareness** 19](#_Toc128556269)

[**Home/Self-Measured Blood Pressure** 19](#_Toc128556270)

[**Section 6: Cholesterol Awareness** 20](#_Toc128556271)

[**Section 7: Chronic Health Conditions** 21](#_Toc128556272)

[**Module 1: Pre-Diabetes** 24](#_Toc128556273)

[**Section 8: Demographics** 25](#_Toc128556274)

[**Module 21: Sex at Birth** 27](#_Toc128556275)

[**Module 22: Sexual Orientation and Gender Identity** 28](#_Toc128556276)

[**Section 8: Demographics CONTINUED** 29](#_Toc128556277)

[**Section 9: Disability** 35](#_Toc128556278)

[**Section 10: Falls** 37](#_Toc128556279)

[**Section 11: Tobacco Use** 37](#_Toc128556280)

[**Section 12: Alcohol Consumption** 39](#_Toc128556281)

[**Section 13: Immunization (with shingles)** 40](#_Toc128556282)

[**Vaccine Hesitancy (Adult Only)** 41](#_Toc128556283)

[**Section 14: HIV/AIDS** 41](#_Toc128556284)

[**Section 15: Seat Belt Use and Drinking and Driving** 42](#_Toc128556285)

[**Emerging Core: Long-term COVID Effects** 43](#_Toc128556286)

[Optional Modules 44](#_Toc128556287)

[**Module 15: Tobacco Cessation** 44](#_Toc128556288)

[**Module 16: Other Tobacco Use** 44](#_Toc128556289)

[**Utah Tobacco Use** 45](#_Toc128556290)

[**Module 29: Social Determinants and Health Equity** 48](#_Toc128556291)

[**Access to Transportation** 50](#_Toc128556292)

[**Food Insecurity** 51](#_Toc128556293)

[**Module 31: Random Child Selection** 51](#_Toc128556294)

[**Module 32: Childhood Asthma Prevalence** 55](#_Toc128556295)

[State-Added Questions 56](#_Toc128556296)

[**Vaccine Hesitancy (Child Only)** 56](#_Toc128556297)

[**Insurance and Access** 56](#_Toc128556298)

[**COVID-19** 60](#_Toc128556299)

[**Substance Misuse/Abuse Stigma** 62](#_Toc128556300)

[**Traumatic Brain Injury** 63](#_Toc128556301)

[**Family Meals** 65](#_Toc128556302)

[**Telehealth/Telemedicine** 66](#_Toc128556303)

[**Routine Preventive Care** 67](#_Toc128556304)

[**Access to Family Planning** 67](#_Toc128556305)

[**Alcohol Use in Pregnancy** 69](#_Toc128556306)

[**Arthritis Management** 70](#_Toc128556307)

[**Parkinson’s Disease** 71](#_Toc128556308)

[Asthma Call-Back Permission Script 72](#_Toc128556309)

[Asthma Call-Back Selection 72](#_Toc128556310)

[Closing Statement 72](#_Toc128556311)

**OMB Header**

Form Approved

OMB No. 0920-1061

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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 Marquisette Glass Lewis at [grp2@cdc.gov](mailto:grp2@cdc.gov). |

# Landline Introduction

HELLO, I am calling for the Utah Department of Health and Human Services. 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.

**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 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’.]***

1. NO, IT IS NOT A CELL PHONE **[GO TO LL06]**

**Adult**

***[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES) AND LL06 = 1 (YES), GO TO LL09. IF LL03 = 1 (YES) AND LL06 = 2 (NO), TERMINATE AND SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME.’]***

***[CATI/INTERVIEWER NOTE: IF LL02 = 1 (YES) AND LL06 = 1 (YES) OR 2 (NO), GO TO ADULT RANDOM SELECTION.]***

**LL06** Are you 18 years of age or older?

(68)

1 YES

2  NO

**Adults**

**LL07** 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

(69-70)

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 LL08**.

**LL08** The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?

**NOTE: If person indicates that they are not the selected respondent , ask for**

**correct respondent and re-ask LL08.**

(71)

**LL09** Are you male, female, unspecified or another gender identity?

**NOTE:** We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.

(72)

1 MALE **[GO TO TRANSITION TO SECTION 1]**

2  FEMALE **[GO TO TRANSITION TO SECTION 1]**

3 UNSPECIFIED OR ANOTHER GENDER IDENTITY **[GO TO LL10]**

7 DON’T KNOW / NOT SURE **[GO TO LL10]**

9 REFUSED **[GO TO LL10]**

**LL10** What was your sex at birth? Was it male or was it female?

(73)

1 MALE **[GO TO C01.01]**

2  FEMALE **[GO TO C01.01]**

7 DON’T KNOW / NOT SURE **[TERMINATE]**

9 REFUSED **[TERMINATE]**

***[CATI/INTERVIEWER NOTE: IF LL10 = 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 and Human Services. 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.

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

(74)

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)** ?

(75)

1. YES **[GO TO CP03]**
2. NO **[TERMINATE]**

***[CATI/INTERVIWER 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?

(76)

**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 **[GO TO CP04]**
2. NO, NOT A CELL PHONE **[TERMINATE]**

***[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?

(77)

1 YES **[GO TO CP05]**

2 NO **[TERMINATE]**

***[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, female, unspecified or another gender identity?

(78)

1 MALE **[GO TO CP07]**

2  FEMALE **[GO TO CP07]**

3 UNSPECIFIED OR ANOTHER GENDER IDENTITY **[GO TO CP06]**

7 DON’T KNOW / NOT SURE **[GO TO CP06]**

9 REFUSED **[GO TO CP06]**

**CP06** What was your sex at birth? Was it male or was it female?

**READ IF NECESSARY:** What sex were you assigned at birth on your original birth certificate?

**IF THEY SELECT** ‘7’ OR ‘9’, SAY, “Thank you for your time, your number may be selected for another survey in the future.”

(79)

1 MALE

2  FEMALE

7 DON’T KNOW / NOT SURE **[END SURVEY]**

9 REFUSED **[END SURVEY]**

**Private Residence**

**CP07** Do you live in a private residence?

(80)

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

1. YES **[GO TO CP09]**
2. NO **[GO TO CP08]**

**College Housing**

**CP08** Do you live in college housing?

(81)

**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 PRIVATE RESIDENCES OR COLLEGE HOUSING AT THIS TIME.’]***

**State of Residence**

**CP09** Do you currently live in Utah?

(82)

**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**

**CP10** In what state do you currently live?

(83-84)

ENTER STATE FIPS CODE

77 LIVE OUTSIDE U.S. AND PARTICIPATING TERRITORIES

99 REFUSED

***[CATI/INTERVIEWER NOTE: IF CP09 = 77 OR 99, SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE UNITED STATES.’]***

**Landline**

**CP11** Do you also have a landline telephone in your home that is used to make and receive calls?

(85)

**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 CP08 = 1 (YES), THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]***

**NUMADULT**

**CP12** How many members of your household, including yourself, are 18 years of age or older?

(86-87)

\_ \_ NUMBER OF ADULTS

77 DON’T KNOW / NOT SURE

99 REFUSED

**TRANSITION TO SECTION 1.**

# Core Sections

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

**Transition to Section 1:**

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 **1-801-538-6008**.

## **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)

**NOTE:** 88 may be coded if respondent says ‘never’ or ‘none’ It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

\_ \_ 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)

**NOTE:** 88 may be coded if respondent says ‘never’ or ‘none’ It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

\_ \_ 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)

**NOTE:** 88 may be coded if respondent says ‘never’ or ‘none’ It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

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

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 3: Health Care Access**

**C03.01** What is the current source of your primary health insurance? (108-109)

**NOTE:** If respondent has multiple sources of insurance, ask for the one used most often. If respondent gives the name of a health plan rather than the type of coverage,

ask if insurance is purchased independently, through their employer, or through Medicaid or CHIP.

01 A plan purchased through an employer or union (including plans purchased through another person's employer)

02 A private nongovernmental plan that you or another family member buys on your own **[GO TO HLTHEX]**

03 Medicare

04 Medigap

05 Medicaid

06 Children's Health Insurance Program (CHIP)

07 Military-related health care (TRICARE (CHAMPUS), VA healthcare, CHAMP-VA)

08 Indian Health Service

09 State-sponsored health plan

10 Other government program **[GO TO HLTHEX]**

88 No coverage of any type

77 DON’T KNOW / NOT SURE

99 REFUSED

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

(901)

1. YES
2. NO

7 DON’T KNOW/NOT SURE

9 REFUSED

**C03.02** Do you have one person or a group of doctors that you think of as your personal health care provider?

(110)

**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?

**NOTE**: If the respondent had multiple doctor groups, then it would be more than one, but if they had more than one doctor in the same group it would be one.

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 you could not afford it? (111)

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?

(112)

**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

## **Discrimination and Healthcare Utilization**

***[CATI NOTE: ASK DISCRIMINATION AND HEALTHCARE UTILIZATION QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]***

**STDIS01A** In the past two years when accessing health care in Utah, have you been treated with less respect or received lower quality services because of your personal characteristics or because you belong to a specific group?

(902)

**NOTE:** Medical care refers to care received at a clinic, hospital, mental health provider, dentist, telehealth appointment, or any other care received for physical or mental health.

**PLEASE READ:**

1. Yes
2. No **[GO TO STDIS03A]**
3. I have not accessed medical care in Utah in the past two years **[GO TO STDIS03A]**

7 DON’T KNOW / NOT SURE **[GO TO STDIS03A]**

9 REFUSED **[GO TO STDIS03A]**

**STDIS02B** In the past two years when you felt you were treated with less respect or received lower quality care when accessing medical care in Utah, was it for any of the following reasons? Select all that apply.

(903-922)

**PLEASE READ:**

1. Race, ethnicity, or skin color
2. Ability to speak English
3. Sex
4. Sexual orientation
5. Gender identity or expression
6. Financial or socio-economic status
7. Insurance status
8. Disability status
9. Age
10. Some other reasons (SPECIFY)

77 DON’T KNOW / NOT SURE

99 REFUSED

**STDIS03A** In the past two years, have you delayed accessing routine or emergency medical care in Utah because of fear of being treated with less respect or receiving lower quality services because of your personal characteristics or belonging to a specific group? Would you say you…

(923)

**NOTE:** Routine medical care could include annual health checkups or health screenings.

**PLEASE READ:**

1. Delayed accessing routine medical care only
2. Delayed accessing emergency medical care only
3. Delayed accessing both routine AND emergency medical care
4. Did not delay accessing any medical care

8 HAVEN’T ACCESSED MEDICAL CARE IN UTAH IN THE PAST TWO YEARS

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 4: Exercise (Physical Activity)**

**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? (113)

**NOTE:** If respondent does not have a ‘regular job duty’ or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

1 YES

2 NO **[GO TO C04.08]**

7 DON’T KNOW / NOT SURE **[GO TO C04.08]**

9 REFUSED **[GO TO C04.08]**

**C04.02** What type of physical activity or exercise did you spend the most time doing during the past month?

(114-115)

**NOTE:** If the respondent’s activity is not included in the physical activity coding list, choose the option listed as ‘Other.’

\_ \_ (SPECIFY)

1. WALKING
2. RUNNING OR JOGGING
3. BICYCLING OR BICYCLING MACHINE EXERCISE
4. AEROBICS VIDEO OR CLASS
5. CALISTHENICS
6. ELLIPTICAL/EFX MACHINE EXERCISES
7. HOUSEHOLD ACTIVITIES
8. WEIGHT LIFTING
9. YOGA, PILATES, OR TAI CHI
10. OTHER

77 DON’T KNOW / NOT SURE **[GO TO C04.08]**

99 REFUSED **[GO TO C04.08]**

**C04.03** How many times per week or per month did you take part in this activity during the past month?

**NOTE:** If respondent confused, probe by explaining, “This is not asking for days per week or per month, but times per week or per month.”’

(116-118)

1\_ \_ TIMES PER WEEK

2\_ \_ TIMES PER MONTH

777 DON’T KNOW / NOT SURE

999 REFUSED

**C04.04** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(119-121)

\_:\_ \_ HOURS AND MINUTES

777 DON’T KNOW / NOT SURE

999 REFUSED

**C04.05** What other type of physical activity gave you the next most exercise during the past month?

(122-123)

**NOTE:** If the respondent’s activity is not included in the physical activity coding list, choose the option listed as ‘Other.’

\_ \_ (SPECIFY)

1. WALKING
2. RUNNING OR JOGGING
3. GARDENING OR YARD WORK
4. BICYCLING OR BICYCLING MACHINE EXERCISE
5. AEROBICS VIDEO OR CLASS
6. CALISTHENICS
7. ELLIPTICAL/EFX MACHINE EXERCISE
8. HOUSEHOLD ACTIVITIES
9. WEIGHT LIFTING
10. YOGA, PILATES, OR TAI CHI
11. OTHER

88 NO OTHER ACTIVITY **[GO TO C04.08]**

77 DON’T KNOW / NOT SURE **[GO TO C04.08]**

99 REFUSED **[GO TO C04.08]**

**C04.06** How many times per week or per month did you take part in this activity during the past month?

**NOTE:** If respondent confused, probe by explaining, “This is not asking for days per week or per month, but times per week or per month.”’

(124-126)

1\_ \_ TIMES PER WEEK

2\_ \_ TIMES PER MONTH

777 DON’T KNOW / NOT SURE

999 REFUSED

**C04.07** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(127-129)

\_:\_ \_ HOURS AND MINUTES

777 DON’T KNOW / NOT SURE

999 REFUSED

**C04.08** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles?

(130-132)

**NOTE:** Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1\_ \_ TIMES PER WEEK

2\_ \_ TIMES PER MONTH

888 NEVER

777 DON’T KNOW / NOT SURE

999 REFUSED

## **Active Transportation**

***[CATI NOTE: ASK ACTIVE TRANSPORTATION 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.

(924-925)

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

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

## **Section 5: Hypertension Awareness**

**C05.01** Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (133)

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

**READ ONLY IF NECESSARY:** By ‘other health professional,’ we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

1 YES

2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **[GO TO NEXT SECTION]**

3 NO **[GO TO NEXT SECTION]**

4 TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE OR ELEVATED BLOOD PRESSURE **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**C05.02** Are you currently taking prescription medicine for your high blood pressure?

(134)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Home/Self-Measured Blood Pressure**

***[CATI NOTE: ASK SELF-MEASURED BLOOD PRESSURE ON BOTH QUESTIONNAIRE PATHS TO PEOPLE WHO SAID ‘YES’ ON C05.01.]***

**STBP.01** Has your doctor, nurse, or other health professional recommended you check your blood pressure outside of the office or at home?

(926)

**NOTE:** By ‘other health professional,’ we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STBP.02** Do you regularly check your blood pressure outside of your health professional’s office or at home?  
 (927)  
1 YES

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**STBP.03** Do you take it mostly at home or on a machine at a pharmacy, grocery, or similar location?  
 (928)  
1 AT HOME

2 ON A MACHINE AT A PHARMACY, GROCERY, OR SIMILAR LOCATION

3 DO NOT CHECK IT

7 DON’T KNOW / NOT SURE

9 REFUSED

**STBP.04** How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone; by other methods such as email, internet portal, or fax; or in person?  
 (929)  
1 BY TELEPHONE

2 OTHER METHODS SUCH AS EMAIL, INTERNET PORTAL, OR FAX

3 IN PERSON

4 DO NOT SHARE INFORMATION

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 6: Cholesterol Awareness**

**C06.01**  Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

(135)

1 Never

2 Within the past year (anytime less than one year ago)

3 Within the past 2 years (1 year but less than 2 years ago)

4 Within the past 3 years (2 years but less than 3 years ago)

5 Within the past 4 years (3 years but less than 4 years ago)

6 Within the past 5 years (4 years but less than 5 years ago)

8 5 or more years ago

7 DON’T KNOW / NOT SURE

9 REFUSED

**C06.02** Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

(136)

**NOTE:** By ‘other health professional,’ we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 YES

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**C06.03** Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

(137)

**NOTE:** If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 7: 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.’

**C07.01** (Ever told) you that you had a heart attack also called a myocardial infarction? (138)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.02** (Ever told) you had angina or coronary heart disease?

(139)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.03** (Ever told) you had a stroke? (140)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.04** (Ever told) you had asthma? (141)

1 YES

2 NO  **[GO TO C07.06]**

7 DON’T KNOW / NOT SURE **[GO TO C07.06]**

9 REFUSED **[GO TO C07.06]**

**C07.05** Do you still have asthma? (142)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.06** (Ever told) you had skin cancer that is not melanoma? (143)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.07** (Ever told) you had melanoma or other types of cancer? (144)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.08** (Ever told) you had C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? (145)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.09** (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (146)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.10** Not including kidney stones, bladder infection, or incontinence, were you ever told you have kidney disease? (147)

**NOTE:** Incontinence is not being able to control urine flow.

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C07.11** (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(148)

**DO NOT READ:** Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, 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

**C07.12** (Ever told) you had diabetes?

(149)

**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]**

## **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 C07.12 (DIABETES AWARENESS QUESTION).]***

**M01.01** When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

(260)

1 Within the past year (anytime less than 12 months ago)

2 Within the last 2 years (1 year but less than 2 years ago)

3 Within the last 3 years (2 years but less than 3 years ago)

4 Within the last 5 years (3 to 4 years but less than 5 years ago)

5 Within the last 10 years (5 to 9 years but less than 10 years ago)

6 10 years ago or more

8 Never

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF C07.12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES), ANSWER M01.02 =1 (YES).]***

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

(261)

**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

**C07.13** How old were you when you were told you had diabetes? (150-151)

**\_ \_** CODE AGE IN YEARS ***[CATI 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]**

## **Section 8: Demographics**

**C08.01** What is your age? (152-153)

\_ \_ 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?

(154-157)

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:

(930-933)

**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?

(158-185)

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

88 NO ADDITIONAL CHOICES

77 DON’T KNOW / NOT SURE **[GO TO M21.01]**

99 REFUSED **[GO TO M21.01]**

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

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

(934)

**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 27, SEX AT BIRTH.]***

## **Module 21: Sex at Birth**

***[CATI NOTE: ASK MODULE 21, SEX AT BIRTH, ON BOTH QUESTIONNAIRE PATHS.]***

**M21.01** What was your sex at birth?   Was it male or female?

(579)

**NOTE:** This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.

1 MALE

2 FEMALE

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 22: Sexual Orientation and Gender Identity**

***[CATI NOTE: ASK MODULE 22, SEXUAL ORIENTATION AND GENDER IDENTITY, ON BOTH QUESTIONNAIRE PATHS.]***

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

***[CATI NOTE: ASK M22.01a IF SEX = 1 (MALE).]***

**M22.01** 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?

(580)

**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.

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 M22.01b IF SEX = 2 (FEMALE).]***

**M22.02** 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?

(581)

**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

**M22.03** Do you consider yourself to be transgender?

(582)

**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: Would you say transgender: 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:** Please say the number before the text response. 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**

**C08.04** Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

(186)

1 MARRIED

2 DIVORCED

3 WIDOWED

4 SEPARATED

5 NEVER MARRIED

6 A MEMBER OF AN UNMARRIED COUPLE

9 REFUSED

**C08.05** What is the highest grade or year of school you completed?

(187)

**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.

(935-936)

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

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

1. Protestant
2. Catholic
3. Jewish
4. Church of Jesus Christ of Latter Day Saints (LDS)
5. Some other religion I have not mentioned

66 Consider yourself to be spiritual but no formal religion

06 No religion

1. DON'T KNOW / NOT SURE
2. REFUSED
3. AGNOSTIC, ATHEIST
4. BAPTIST, SOUTHERN BAPTIST
5. BUDDHIST, HINDU, MUSLIM, ISLAM
6. CHRISTIAN, BORN AGAIN, CHURCH OF CHRIST, PENTACOSTAL
7. EPISCOPALIAN, LUTHERAN, METHODIST, PRESBYTERIAN
8. GREEK ORTHODOX, EASTERN ORTHODOX
9. JEHOVAH’S WITNESS
10. NATIVE AMERICAN RELIGION
11. NON-DENOMINATIONAL
12. UNITARIAN

**C08.06** Do you own or rent your home?

(188)

**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

2 Rent

3 Other arrangement

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.07** In what county do you currently live?

(189-191)

\_ \_ \_ ANSI COUNTY CODE

888 COUNTY IN ANOTHER STATE

777 DON’T KNOW / NOT SURE

999 REFUSED

**C08.08** What is the ZIP Code where you currently live? (192-196)

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

77777 DON’T KNOW / NOT SURE

99999 REFUSED

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

**C08.09** 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? (197)

1 YES

2 NO **[GO TO C08.11]**

7 DON’T KNOW / NOT SURE **[GO TO C08.11]**

9 REFUSED **[GO TO C08.11]**

**C08.10** How many of these telephone numbers are residential numbers?

(198)

1 ONE

2 TWO

3 THREE

4 FOUR

5 FIVE

6 SIX OR MORE

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.11** How many cell phones do you have for personal use?

(199)

**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

***[CATI NOTE: ASK INTERNET ACCESS QUESTION ON BOTH QUESTIONNAIRE PATHS.]***

**STINT1** What type of Internet access do you or members of your household have at home?

(937)

**NOTE:** Response option 1 refers to access through a smartphone, personal hotspot device, LTE WiFi gateway, or other device which uses cellular data. Response option 2 refers to access through a broadband, cable, fiber optic, DSL, satellite, or dial-up connection.

**READ IF NECESSARY:** Internet access can impact health because individuals without reliable access to the internet may have more difficulty accessing resources such as health information, and scheduling or attending virtual doctor’s appointments.

**PLEASE READ:**

1. Access through a cell phone company or mobile data plan
2. Access through an Internet Service Provider
3. Access through both a cell phone company and an Internet Service Provider
4. I have access but am not sure whether it is through cell phone service or an Internet Service Provider

8 NO ACCESS TO INTERNET AT HOME

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.12** 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?

(200)

**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

**C08.13** 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? (201)

**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

***[CATI NOTE: ASK SOCIAL DETERMINANTS OF HEALTH EMPLOYMENT BENEFITS QUESTION ON BOTH QUESTIONNAIRE PATHS. ASK ONLY IF C08.14 = 1.]***

**STEMPBEN** Which of the following benefits are you eligible for from your employer? Include all benefits you are eligible for, even if you are not currently using them. Select all that apply.

(938-953)

**PLEASE READ:**

01 Health insurance

02 Paid sick leave

03 Paid maternity or paternity leave

04 Flexible work hours

05 Teleworking or working from home

06 Workers Compensation

07 On-site childcare

08 Wellness programs (addressing tobacco cessation, weight loss, stress management

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**C08.14** How many children less than 18 years of age live in your household?

(202-203)

**\_ \_** NUMBER OF CHILDREN

88 NONE

99 REFUSED

**C08.15** Is your annual household income from all sources:

(204-205) **NOTE:** If respondent refuses at any income level, code ‘99’ (refused).

5 Less than $35,000 **If ‘No,’ ask 6; if ‘Yes,’ ask 4.**

($25,000 to less than $35,000)

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; if ‘Yes,’ ask UTIncome=01.**

6 Less than $50,000 **If ‘No,’ ask 7.**

($35,000 to less than $50,000)

7 Less than $75,000 **If ‘No,’ ask 8.**

($50,000 to less than $75,000)

8 Less than $100,000 **If ‘No,’ ask 9.**

($75,000 to less than $100,000)

9 Less than $150,000 **If ‘No,’ ask 10.**

($100,000 to less than $150,000)

10 Less than $200,000 **If ‘No,’ ask 11.**

($150,000 to less than $200,000)

11 $200,000 or more

***[CATI NOTE: ASK ‘UTIncome’ ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: THESE RESPONSE CATEGORIES ARE INCORPORATED INTO C09.15. WE NEED TO BE ABLE TO REPORT THE C09.16 CATEGORIES TO THE CDC, BUT WE WANT TO LOOK AT THESE FINER CATEGORIES AT THE STATE LEVEL.]***

**UTIncome** (1169-1170)

1. LESS THAN $5,000
2. $5,000 TO LESS THAN $10,000

03 $10,000 TO LESS THAN $15,000

04 $15,000 TO LESS THAN $20,000

05 $20,000 TO LESS THAN $25,000

06 $25,000 TO LESS THAN $30,000

07 $30,000 TO LESS THAN $35,000

08 $35,000 TO LESS THAN $40,000

09 $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 TO LESS THAN $100,000

17 $100,000 TO LESS THAN $150,000

18 $150,000 TO LESS THAN $200,000

19 $200,000 OR MORE

***[CATI/INTERVIEWER NOTE: SKIP IF MALE (MSAB.01, BIRTHSEX, IS CODED ‘1’; IF MSAB.02=MISSING AND CP.05 = 1; OR LL.12 = 1; OR LL.09 =1; LL.07 = 1; OR C08.01 < 1972 (>49 YEARS OLD).]***

**C08.16** To your knowledge, are you now pregnant?

(206)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**C08.17** About how much do you weigh without shoes?

(207-210)

**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

**C08.18** About how tall are you without shoes?

(211-214)

**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?

(215)

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?

(216)

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?

(217)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(218)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(219)

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?

(220)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 10: Falls**

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

.

**C10.01** In the past 12 months, how many times have you fallen?

(221-222)

**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]**

**C10.02** How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?

(223-224)

**READ IF NECESSARY:** 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 ***[NOTE: 76 = 76 OR MORE]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 11: Tobacco Use**

**C11.01** Have you smoked at least 100 cigarettes in your entire life?

(225)

**NOTE:** Do not include electronic cigarettes (e-cigarettes, NJOY, Bluetip, JUUL), 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 C11.03]**

7 DON’T KNOW / NOT SURE **[GO TO C11.03]**

9 REFUSED **[GO TO C11.03]**

**C11.02** Do you now smoke cigarettes every day, some days, or not at all?

(226)

1 EVERY DAY

2 SOME DAYS

3 NOT AT ALL

7 DON’T KNOW / NOT SURE

9 REFUSED

**C11.03** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

(227)

**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

**C11.04** Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

(228)

**READ IF NECESSARY:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

**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.

1 NEVER USED E-CIGARETTES IN YOUR ENTIRE LIFE

2 USE THEM EVERY DAY

3 USE THEM SOME DAYS

4 NOT AT ALL (RIGHT NOW)

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Section 12: Alcohol Consumption**

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

CALC.01, ALCDAY5

**C12.01** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(229-231)

**READ IF NECESSARY:** A 40-ounce beer would count as three drinks, or a cocktail drink with two shots would count as two drinks.

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]**

**C12.02** During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(232-233)

**READ IF NECESSARY:** A 40-ounce beer would count as three drinks, or a cocktail drink with two shots would count as two drinks.

**\_ \_** NUMBER OF DRINKS ***[NOTE: 76 = 76 OR MORE.]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**C12.03** 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?

(234-235)

**\_ \_** NUMBER OF TIMES

88 NO DAYS

77 DON’T KNOW / NOT SURE

99 REFUSED

**C12.04** During the past 30 days, what is the largest number of drinks you had on any occasion?

(236-237)

**\_ \_** NUMBER OF DRINKS ***[NOTE: 76 = 76 OR MORE.]***

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 13: Immunization (with shingles)**

**C13.01** 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?

(238)

**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 C13.03]**

7 DON’T KNOW / NOT SURE **[GO TO C13.03]**

9 REFUSED **[GO TO C13.03]**

**C13.02** 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?

(239-244)

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

77 / 7777 DON’T KNOW / NOT SURE

99 / 9999 REFUSED

**C13.03** Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (245)

**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

***CATI NOTE: IF AGE<50, GO TO NEXT SECTION.***

**C13.04** Have you ever had the shingles or zoster vaccine? (246)

**READ IF NECESSARY:** 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

## **Vaccine Hesitancy (Adult Only)**

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

**AVH01A** Have you received all vaccinations that were recommended to you or that you knew you were overdue for, excluding the yearly flu shot and any vaccinations for COVID-19?

(954)

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.

(955-956)

**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):

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 14: HIV/AIDS**

**C14.01** Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for HIV?

(247)

**NOTE**: 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 NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**C14.02** Not including blood donations, in what month and year was your last HIV test?

(248-253)

**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 2020 = 062020)

777777 DON’T KNOW / NOT SURE

999999 REFUSED

## **Section 15: Seat Belt Use and Drinking and Driving**

**C15.01** How often do you use seat belts when you drive or ride in a car? Would you say… (254)

**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 C12.01 = 888 (NO DRINKS IN THE PAST 30 DAYS), GO TO NEXT SECTION.]***

**C15.02** During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?

(255-256)

**\_ \_** NUMBER OF TIMES

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Section 16: Long-term COVID Effects**

**C16.01** Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health provider that you have or had COVID-19?

(257)

**NOTE:** Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.

1. YES

2 NO [**GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**C16.02** Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

(258)

**NOTE:** Long-term conditions may be an indirect effect of COVID-19. These long term conditions may not be related to the virus itself.

**READ IF NECESSARY:** Tiredness or fatigue, difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations) or chest pain, dizziness on standing, menstrual changes, symptoms that get worse after physical or mental activities, loss of taste or smell

1 YES

2 NO [**GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**C16.03** Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19 ?

(259)

1. Yes, a lot
2. Yes, a little
3. Not at all

7 DON’T KNOW / NOT SURE

9 REFUSED

# Optional Modules

## **Module 15: Tobacco Cessation**

***[CATI NOTE: ASK MODULE 15 ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: ASK M15.01 ONLY IF C11.01=1 (YES) AND C11.02=3 (NOT AT ALL).]***

**M15.01** How long has it been since you last smoked a cigarette, even one or two puffs? (356-357)

**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

***[CATI NOTE: ASK M15.02 ONLY IF C12.01 = 1 (YES) AND C12.02=1 (EVERY DAY) OR 2 (SOME DAYS).]***

**M15.02** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(358)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 16: Other Tobacco Use**

*[CATI NOTE: ASK OTHER TOBACCO USE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]*

*[CATI NOTE: ASK M16.02, IF C11.02=1,2]*

**M16.01** Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

(359)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: ASK M16.02, IF C11.04=2, 3]***

**M16.02** Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

(360)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**M16.03** The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse. Before today, have you heard of heated tobacco products?

(361)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Utah Tobacco Use**

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

***[CATI NOTE: ASK VAPEQ ON BOTH QUESTIONNAIRE PATHS. ASK VAPEQ ONLY IF C11.04 = 2 or 3 (EVERY DAY OR SOME DAYS).]***

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

(957)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF C12.02 = 1 OR 2 (‘EVERYDAY’ OR ‘SOME DAYS’), THEN RESPONDENT HAS A STATUS OF ‘CURRENT SMOKER’ AND CONTINUE. OTHERWISE, GO TO STSMK3.]***

***S*TSMK1** On the average, about how many cigarettes a day do you now smoke?

(958-960)

**\_ \_** NUMBER OF CIGARETTES

77 DON’T KNOW / NOT SURE

99 REFUSED

***S*TSMK2** 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…

(961)

**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 C12.02 = 1 OR 2 (‘EVERYDAY’ OR ‘SOME DAYS’) OR IF M15.01 < 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?

(962)

1. YES

2 NO **[GO TO STSMK7]**

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?

(963)

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/ZY-ban/byou PRO pee on)?

(964)

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?

(965)

1. YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

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

(966)

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?

(967-968)

\_ \_ NUMBER OF DAYS ***[RANGE: 1-7]***

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK STSMK10 AND STSMK 11 IF C12.02=1 OR 2 (CURRENT SMOKERS) OR IF C12.04=1 OR 2 (CURRENT VAPERS)]***

**STSMK10** Have you heard of 1-800-QUIT-NOW?

(969)

1. YES
2. NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STSMK11** Have you ever heard of the website www.waytoquit.org?

(970)

1. YES
2. NO

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 29: Social Determinants and Health Equity**

***[CATI NOTE: ASK MODULE 29, SOCIAL DETERMINANTS OF HEALTH, ON BOTH QUESTIONNAIRE PATHS]***

**M29.01** In general, how satisfied are you with your life? Are you very satisfied, satisfied, dissatisfied, or very dissatisfied?

(613)

1 VERY SATISFIED

2 SATISFIED

3 DISSATISFIED

4 VERY DISSATISFIED

7 DON’T KNOW / NOT SURE

9 REFUSED

**M29.02** How often do you get the social and emotional support that you need? Is that

always, usually, sometimes, rarely, or never?

(614)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

1. DON’T KNOW / NOT SURE

9 REFUSED

**M29.03** How often do you feel lonely? Is it always, usually, sometimes,

rarely, or never?

(615)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

**M29.04** In the past 12 months have you lost employment or had hours reduced?

(616)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M29.05** During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

(617)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M29.06** During the past 12 months how often did the food that you bought not last, and you didn’t have money to get more? Was that always, usually, sometimes, rarely, or never?

(618)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

**M29.07** During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

(619)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M29.08** During the last 12 months, was there a time when an electric, gas, oil, or water company threatened to shut off services?

(620)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M29.09** During the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

(621)

1 YES

2 NO

7 DON’ KNOW / NOT SURE

9 REFUSED

**M29.10** Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it always, usually, sometimes, rarely, or never?

(622)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Access to Transportation**

***[CATI NOTE: ASK ACCESS TO TRANSPORTATION QUESTIONS ON BOTH PATHS. ASK IF M29.09 = 1.]***

**STACT2** Earlier you mentioned that lack of transportation kept you from appointments, meetings, work, or from getting things done for daily living, what type of transportation were you most frequently trying to take?

(971)

**NOTE:** Rideshare services refer to car services that allow a person to use a smartphone application to get a private or shared ride with other people in usually a privately owned vehicle.

**PLEASE READ:**

1 Car

2 Bus or train (TRAX, FRONTRUNNER)

3 Walking

4 Bike or scooter

5 Rideshare services (UBER, LYFT)

6 Other

7 DON’T KNOW/NOT SURE

9 REFUSED

## **Food Insecurity**

***[CATI NOTE: FOOD INSECURITY QUESTIONS, STFS5 ON QUESTIONNAIRE PATHS 12/22 AND STSF2 ON BOTH QUESTIONNAIRE PATHS.]***

**STFS5** During the past 12 months, how often did you worry whether your food would run out before you got money to buy more? Was that always, usually, sometimes, rarely, or never?

(972)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

**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 always, usually, sometimes, rarely, or never?

(973)

1 ALWAYS

2 USUALLY

3 SOMETIMES

4 RARELY

5 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Module 31: Random Child Selection**

***[CATI NOTE: ASK MODULE 31, RANDOM CHILD SELECTION, ON BOTH QUESTIONNAIRE PATHS. IF C08.14 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]***

***[CATI NOTE: IF C08.14 = 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 M31.01.]***

***[CATI NOTE: IF C08.14 IS >1 AND C08.14 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.]***

**M31.01** What is the birth month and year of the ‘Xth’ child?

(630-635)

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

***(FOR EXAMPLE: AUGUST OF 2004 = 082004)***

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).]***

**M31.02** Is the child a boy or a girl?

(636)

1 BOY

2 GIRL

3 NONBINARY/OTHER

9 REFUSED

**M31.03** What was the child’s sex on their original birth certificate?

(637)

1 BOY

2 GIRL

9 REFUSED

**M31.04** Is the child Hispanic, Latino/a, or Spanish origin?

(638-641)

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 UT31.3c]**

5 NO

1. DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: ASK UT31.3c ON BOTH QUESTIONNAIRE PATHS.]***

**UT31.3c** You identified your child as being of ‘Another Hispanic, Latino/a, or Spanish origin.’ Is the child:

(974-977)

**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

**M31.05** 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?

(642-669)

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

24 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 UT31.4c]**

60 OTHER

88 NO ADDITIONAL CHOICES

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASK UT31.4c ON BOTH QUESTIONNAIRE PATHS.]***

**UT31.4c** You identified your child as being ‘Other Pacific Islander.’ Is the child:

(978)

**PLEASE READ:**

1 Tongan

2 Another Pacific Islander

7 DON’T KNOW / NOT SURE

9 REFUSED

**M31.06** How are you related to the child? Would you say…

(670)

**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 32: Childhood Asthma Prevalence**

***[CATI NOTE: ASK MODULE 32, CHILDHOOD ASTHMA PREVALENCE, ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: IF RESPONSE TO C09.14 = 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.

**M32.01** Has a doctor, nurse, or other health professional EVER said that the child has asthma?

(671)

1 YES

2 NO **[GO TO STATE-ADDED QUESTIONS]**

7 DON’T KNOW / NOT SURE **[GO TO STATE-ADDED QUESTIONS]**

1. REFUSED **[GO TO STATE-ADDED QUESTIONS]**

**M32.02** Does the child still have asthma?

(672)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

# State-Added Questions

## **Vaccine Hesitancy (Child Only)**

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

***[CATI NOTE: IF C09.14 = 88 OR 99, GO TO NEXT SECTION.]***

**CVH01A** Has your child [have your children] received all vaccinations that were recommended for them or that you knew they were overdue for, excluding the yearly flu shot and any vaccinations for COVID-19?

(979)

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.

(980-981)

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): (1042-1081)

77 DON’T KNOW / NOT SURE

99 REFUSED

## **Insurance and Access**

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

***[CATI NOTE: ALL QUESTION NAMES BEGINNING WITH A ‘K’ WILL BE ASKED ABOUT THE RANDOMLY SELECTED CHILD. IF C03.01 = 88 (ADULT HAS NO COVERAGE OF ANY TYPE), GO TO UNINS, OTHERWISE, GO TO KCOVTYPE.]***

***[CATI/INTERVIEWER 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 and work-related activities.

***[CATI/INTERVIEWER NOTE: IF C03.01 = 88 (ADULT HAS NO COVERAGE OF ANY TYPE), READ: ‘EARLIER, YOU SAID YOU DID NOT HAVE ANY HEALTH CARE COVERAGE.’]***

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

(982-983)

00 LESS THAN 4 WEEKS

01-60 ENTER # OF MONTHS

61 MORE THAN 5 YEARS

77 DON’T KNOW / NOT SURE

99 REFUSED

***[CATI NOTE: ASKED IF C03.01 = 88 (ADULT HAS NO COVERAGE OF ANY TYPE). DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]***

**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…

(984-1001)

**READ RESPONSES, SELECT ALL THAT APPLY.**

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: ASKED OF SRs OF INSURED, UNINSURED, AND UNDETERMINED INSURANCE STATUS IF C09.14 = 3, 4, 5, 6, 7, 8, or 9, GO TO ‘EMPLOYED.’ IF C09.14 = 1 OR 2, GO TO ‘HOURSWKD.’]***

**EMPLOYED** Do you do any work for either pay or profit?

(1002)

**NOTE:** If respondent asks why we are asking about employment, say: ‘By asking about employment and where people work, 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

2 NO **[GO TO KCOVTYPE]**

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: IF C09.14 = 1 OR 2, SHOW ‘EARLIER YOU SAID YOU ARE [FILL IN WITH EITHER ‘EMPLOYED FOR WAGES’ OR ‘SELF-EMPLOYED.’ IF EMPLOYED = 1, 7, OR 9, ASK ‘HOURSWKD.’]***

**HOURSWKD** How many hours per week do you USUALLY work at your main job?

(1003-1004)

**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

***[CATI NOTE: IF C09.15 = 88 OR 99, GO TO NEXT SECTION.]***

***[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?

(1005-1020)

**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 Indian Health Service

08 Some other source

09        No coverage of any type   **[GO TO KUNINS]**

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.]***

**KHLTHEX** Is the child’s coverage through the Federal Health Exchange healthcare.gov?

(1021)

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]**

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

(1022-1023)

00 LESS THAN 4 WEEKS

01-60 ENTER # OF MONTHS

61 MORE THAN 5 YEARS

77 DON’T KNOW / NOT SURE

99 REFUSED

***[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 …

(1024-1041)

**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

## **COVID-19**

***[CATI NOTE: ASK COVID-19 QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]***

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

CVDINFQ1 Which of the following is the main place you would look to find current

information on COVID-19?

(1042-1043)

**[READ OPTIONS 01 - 10 – SELECT ONLY ONE]**

1. Community health worker
2. Community organization, like a church or library
3. [coronavirus.utah.gov](http://coronavirus.utah.gov/)
4. COVID-19 phone line
5. Healthcare provider, like a doctor, health clinic, pharmacy, or health insurance

provider

1. Health department
2. Internet or Google search
3. News (TV, radio, or Internet)
4. Social media
5. Something else (please specify)

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**CVDTSTQ1** If you thought you might have COVID-19, or been exposed, where would you be

MOST LIKELY to get tested?

(1044)

**[READ OPTIONS 1 – 6 – SELECT ONLY ONE]**

1. At home using a home test kit
2. At a medical clinic (doctor’s office, urgent care, emergency room, etc)
3. At a pharmacy
4. At a testing site in your neighborhood

6 Someplace else (specify)

8 WOULDN’T GET TESTED

7 DON’T KNOW / NOT SURE

9 REFUSED

**CVDQ13** Have you used an at-home COVID-19 test?

(1045)

**[IF YES, ASK: was that... PLEASE READ]**

1 YES - within the past 2 weeks

2 YES - within the past month

3 YES - within the past 6 months

4 YES - more than 6 months ago

5 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**[If NO (5) to CVDQ13]**

**CVDQ13B** Which of the following is the main reason you have NOT used an at-home COVID-19 test?

(1046-1047)

**[READ OPTIONS 01 – 08 – SELECT ONLY ONE]**

Have not needed one because I have not been sick or been exposed

Do not want to buy an at-home test

Do not have access to an at-home test

Do not know how to use an at-home test

Do not think the result will be accurate or correct

Need an official result

Prefer to get tested by a doctor or at a healthcare facility

Do not want to get tested for COVID-19

Some other reason (SPECIFY)

DON’T KNOW/ NOT SURE

REFUSED

## **Substance Misuse/Abuse Stigma**

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

**STSUBAB** How would you respond to the following statement? I am generally caring and sympathetic towards people who abuse substances. Would you say you strongly agree, agree, disagree, or strongly disagree?

(1048)

**NOTE:** Substance abuse refers to using a legal or illegal substance that causes the user significant problems or distress.

1 STRONGLY AGREE

2 AGREE

3 DISAGREE

4 STRONGLY DISAGREE

7 DON’T KNOW / NOT SURE

9 REFUSED

***[CATI NOTE: ASK STCHRPN QUESTIONS ON QUESTIONNAIRE PATH 12/22.]***

**STCHRPN1** Do you suffer from any type of chronic pain, that is, pain that occurs constantly or flares up frequently?

(1049)

1 YES

2 NO  **[GO TO STCHRPN4]**

7 DON’T KNOW / NOT SURE  **[GO TO STCHRPN4]**

9 REFUSED  **[GO TO STCHRPN4]**

**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?

(1050)

1 YES

2 NO **[GO TO STCHRPN4]**

7 DON’T KNOW / NOT SURE **[GO TO STCHRPN4]**

9 REFUSED **[GO TO STCHRPN4]**

**STCHRPN3**  The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses?

(1051)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STCHRPN4**  In the last year, did you use prescription pain medication that was NOT prescribed to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter.

(1052)

1 YES

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**STCHRPN5**  Think of the last time you used prescription pain medication that was not prescribed to you, or was prescribed to you for something else. What were the reasons you used the prescription pain medicine?

(1053-1059)

1 To relieve pain

2 To relieve other physical symptoms

3 To relieve anxiety or depression

4 For fun, good feeling, getting high

5 To prevent or relieve withdrawal symptoms

6 To help fall asleep

8 Other (specify)

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Traumatic Brain Injury**

***[CATI NOTE: ASK ALL TRAUMATIC BRAIN INJURY QUESTIONS EXCEPT STTBI1 ON BOTH QUESTIONNAIRE PATHS. ASK STTBI1 ON QUESTIONNAIRE PATH 11/21 ONLY.]***

**STTBIQ1** How knowledgeable are you of traumatic brain injury or TBI? Would you say not very knowledgeable, somewhat knowledgeable, knowledgeable, very knowledgeable, or extremely knowledgeable?

(1060)

1. NOT VERY KNOWLEDGEABLE
2. SOMEWHAT KNOWLEDGEABLE
3. KNOWLEDGEABLE
4. VERY KNOWLEDGEABLE
5. EXTREMELY KNOWLEDGEABLE

7 DON’T KNOW / NOT SURE

9 REFUSED

**STTBIQ2** In your lifetime, have you ever experienced a bump, blow, or jolt to the head that caused you to feel dazed, confused, or lose consciousness?

(1061)

1. YES
2. NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**STTBIQ3** What symptoms did you experience from your MOST SERIOUS head injury? Select all that apply.

(1062-1079)

**PLEASE READ:**

1. Dizziness or loss of balance
2. Loss of consciousness
3. Memory loss
4. Headache or migraine
5. Vision, hearing, or speech problems
6. Nausea or vomiting
7. Fatigue or drowsiness
8. Seizures
9. Some other symptom

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STTBIQ4** I’m going to read you a list of ways you might experience an injury to your head. Which event, if any, led to your MOST SERIOUS head injury?

(1080-1081)

**PLEASE READ:**

1. Fall (FROM A BIKE, HORSE, SLIP, TRIP, OR JUMP)
2. Motorized vehicle crash
3. Assault (FIGHT, STRUCK BY SOMETHING OR SOMEONE, SHAKEN, GUNSHOT)
4. Sports-related event
5. Construction or farm machinery-related even
6. Military-related event
7. Other event

88 NONE

77 DON’T KNOW / NOT SURE

99 REFUSED

**STTBIQ5** Did your MOST SERIOUS head injury require any of the following actions? Select all that apply.

(1082-1087)

**PLEASE READ:**

1. Doctor’s outpatient visit
2. Urgent care visit
3. Emergency care visit
4. Inpatient hospitalization
5. Work or school absence for a day or more
6. Other action

8 NO ACTION

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Family Meals**

***[CATI NOTE: ASK FAMILY MEALS QUESTION ON 12/22.]***

**FAMDIN2** On average, about how many times do all or most of your family or members of your household eat a meal together? Please include only those who live with you in your household. You can respond with the number of times per day, OR number of times per week, OR number of times per month. (“If you live alone, please say so” will be shown only if we do not know the # of people in the household from previous questions.)

[INTERVIEWER NOTE: IF RESPONDENT TRIES TO GIVE YOU MULTIPLE ANSWERS (E.G. # OF TIMES PER WEEK AND # OF TIMES PER MONTH), READ: YOU ONLY NEED TO GIVE ONE RESPONSE, EITHER # OF TIMES PER DAY, PER WEEK, OR PER MONTH, WHICHEVER’S EASIEST FOR YOU TO ANSWER.] (1088)

(1171-1172 in days)

(1173-1174 in weeks)

(1175-1176 in months)

**NOTE:** This question is NOT asked of those we know to live alone (1 adult in HH with 0 children.

1\_ \_ times per Day

2\_ \_ times per Week

3\_ \_ times per Month

4 LESS THAN ONCE A MONTH

8 NEVER

6 I LIVE ALONE

7 DON’T KNOW / NOT SURE

9 REFUSED

**HHDIN** On average, about how many times do you eat a meal together with someone who is not a member of your household, such as a friend, other family members, or co-workers? You can respond with the number of times per day, OR number of times per week, OR number of times per month.

[INTERVIEWER NOTE: IF RESPONDENT TRIES TO GIVE YOU MULTIPLE ANSWERS (E.G. # OF TIMES PER WEEK AND # OF TIMES PER MONTH), READ: YOU ONLY NEED TO GIVE ONE RESPONSE, EITHER # OF TIMES PER DAY, PER WEEK, OR PER MONTH, WHICHEVER’S EASIEST FOR YOU TO ANSWER.]

(1089)

(1177-1178 in days)

(1179-1180 in weeks)

(1181-1182 in months)

1\_ \_ times per Day

2\_ \_ times per Week

3\_ \_ times per Month

4 LESS THAN ONCE A MONTH

8 NEVER

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Telehealth/Telemedicine**

***[CATI NOTE: ASK TELEHEALTH/TELEMEDICINE QUESTION ON BOTH QUESTIONNAIRE PATHS.]***

**STTELH1** In the past 12 months, have you used telehealth or telemedicine for any of the following medical services? Select all that apply.

(1090-1095)

**NOTE:** Telehealth or telemedicine refers to the remote delivery of health care services and clinical information using internet, wireless, satellite, and telephone media.

**NOTE:** Classes for prevention and/or self-management could be for conditions such as high blood pressure, prediabetes, diabetes, high cholesterol.

**PLEASE READ:**

1. Routine check-up
2. Urgent or acute health question or concern
3. Chronic condition management
4. Group classes for prevention or self-management of chronic conditions
5. Mental health services
6. Other services

8 HAVEN’T USED TELEHEALTH OR TELEMEDICINE

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Routine Preventive Care**

***[CATI NOTE: ASK ROUTINE PREVENTIVE CARE ON BOTH QUESTIONNAIRE PATHS TO WOMEN BETWEEN 18-45 WHO 2-8 ON CHCA04.]***

**PREVC1** You stated that you had not visited a doctor for a routine checkup within the past year. What is the primary reason you did not receive a check up?

(1123-1124)

**PLEASE READ:**

01 I did not know that I needed a yearly routine check-up

02 I could not get an appointment when I wanted one

03 I had no way to get to the clinic or doctor’s office

04 I could not take time off from work or school

05 I had no one to take care of my children

06 I put off seeing a doctor due to concerns about COVID-19

08 Other

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.]***

**STAFP5** Is the birth control method(s) you are currently using to prevent pregnancy the method(s) you want to be using?

(1125)

**PLEASE READ:**

1 Yes, my current method is what I want to use **[GO TO STAFP3]**

2 No, I’d rather be using a different method

3 No, I'm not currently using any method but would like to be doing something to prevent pregnancy

4 Not applicable - I'm trying to become pregnant **[GO TO STAFP3]**

5 Not applicable - I don't want to use anything to prevent pregnancy right now **[GO TO STAFP3]**

6 Not applicable - I’m not at risk of pregnancy (not sexually active, same sex partner, partner had vasectomy, had tubal ligation, experiences infertility) **[GO TO STAFP3]**

7 DON’T KNOW / NOT SURE **[GO TO STAFP3]**

9 REFUSED **[GO TO STAFP3]**

**STAFP6** What are the reasons you are not using your preferred birth control? (Select all that apply.)

(1126-1153)

**PLEASE READ:**

01 I can’t afford it/I don’t have insurance

02 My insurance doesn’t cover it

03 My doctor/clinic doesn’t offer it

04 My doctor advised against it

05 I don’t know where I can get it

06 I am currently breastfeeding

07 I am not having sex

08 My partner doesn’t want me to use it

09 My male partner doesn’t want to use the method

10 I am waiting for an appointment to get it

11 I don’t like ANY of the methods that I know currently exist

12 I’ve used this method in the past and didn’t like the way it made me feel

13 I don’t trust the effectiveness of the method I would prefer to be using

14 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.

(1154)

**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?

(1155)

**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

8 DOESN’T APPLY, MY METHOD DOESN’T REQUIRE ME TO PAY ANYTHING

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Alcohol Use in Pregnancy**

***[CATI NOTE: ASK ALCOHOL USE IN PREGNANCY QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]***

***[CATI NOTE: ASK THIS MODULE OF FEMALES BETWEEN THE AGES OF 18 AND 45, IF CURRENTLY PREGNANT, SKIP STPREG1***

The next few questions are about your pregnancy status and history.

**STPREG1** Which of the following describes your current pregnancy history or plans? Would you say . . .

(1156-1158)

1 You have been pregnant in the past three years

2 You are currently trying to become pregnant

3 You have plans to become pregnant in the next three years

8 NO TO ALL/NONE OF THE ABOVE

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPREG2** How much do you agree or disagree with the following statement? “Any drinking of alcohol during pregnancy can be harmful.” Would you say strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

(1159)

1 STRONGLY AGREE

2 AGREE

3 NEITHER AGREE NOR DISAGREE

4 DISAGREE

5 STRONGLY DISAGREE

7 DON’T KNOW / NOT SURE

9 REFUSED

**STPREG3** Do you think some alcohol use during pregnancy is OK . . .

(1160-1162)

**[NOTE:** Read options 1-3 and select all that are ‘yes’.]

1 Depending on the pregnancy trimester?

2 Depending on the type of alcohol?

3 Depending on the amount of alcohol?

8 NO TO ALL/NONE OF THE ABOVE

7 DON’T KNOW / NOT SURE

9 REFUSED

## **Arthritis Management**

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

***[CATI NOTE: IF C07Q11 = 1 (YES), CONTINUE. OTHERWISE, GO TO NEXT MODULE.]***

**STARTM1** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

(1163)

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

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STARTM2** Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(1164)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**STARTM3** Please think about the past 30 days, keeping in mind all of your joint pain

or aching and whether or not you have taken medication. During the past

30 days, how bad was your joint pain on average on a scale of 0 to 10

where 0 is no pain and 10 is pain or aching as bad as it can be?

(1165-1166)

\_\_ Enter number [00-10]

77 DON’T KNOW/NOT SURE

99 REFUSED

## **Parkinson’s Disease**

***[CATI NOTE: ASK PARKINSON’S DISEASE ON BOTH QUESTIONNAIRE PATHS.]***

**STPARK1** Has a doctor, nurse or other health care professional EVER told you that you had Parkinson’s Disease?

(1167)

1 YES

2 NO **[GO TO NEXT SECTION]**

7 DON’T KNOW / NOT SURE **[GO TO NEXT SECTION]**

9 REFUSED **[GO TO NEXT SECTION]**

**STPARK2** Have you seen a neurologist?

(1168)

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 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 any you 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?

(673)

   1          YES

   2          NO

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

1. DON’T KNOW / NOT SURE

9 REFUSED

What is a good time to call you back? For example, evenings, days, or weekends?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back?

(674)

1. ADULT
2. CHILD

# Closing Statement

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.