

Washington State
Department of Health



Behavioral Risk Factor Surveillance System
Questionnaire 2006, Form A

Based on CDC Version December 6, 2005

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Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

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Washington State
Department of Health
Behavioral Risk Factor Surveillance System
2006 Questionnaire^a

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Introduction

HELLO, I'm _____ (name) _____ calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. Your phone number has been chosen scientifically, and I'd like to ask some questions about health and safety practices that may affect your health.

Is this _____ (phone number) _____ ? **If "no"** Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence in Washington State?
If "no" Thank you very much, but we are only interviewing private residences. **Stop**

Is this a cellular telephone? **Read only if necessary:** By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

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

We need to scientifically select one adult who lives in your household to be interviewed. In order to make this selection, can you please tell me how many members of your household, including yourself, are 18 years of age or older?

Number of Adults _____ (-)

IF NEEDED, SAY: For this study, households are first scientifically selected in the state, and then one adult is selected in each household to be interviewed. It is important to the accuracy of the study that those selected for the study participate, because this is what ensures that the results will represent the state as a whole.

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to "All Respondents."**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with [fill in (him/her) from previous question]? **Go to "Correct Respondent."**

If more than one, ask "How many of these adults are men and how many are women?"

____ Number of men **Sum must equal number of**
____ Number of women **adults in household.**

[CATI system chooses one adult by random selection process]



The person in your household that I need to speak with is _____. If "you," go to "All Respondents"

To correct respondent:

HELLO, I'm (name) calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. You have been chosen scientifically to be interviewed, and we'd like to ask some questions about health and safety practices of Washington residents.

All Respondents:

The interview may be monitored for quality assurance, but all information obtained in this study will be confidential. Some of the questions might not apply to you or your life. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview usually takes between 15 to 20 minutes. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

IF NEEDED:

- If you have any questions about this study, you can call the study director at the Washington State Department of Health, Katrina Simmons. You can call her toll-free at 1-866-871-5405.
- Your phone number will be erased from the data in one year.

If Respondent refuses, ask:

It would *really* help us with future studies to know the reasons why people choose not to participate. Would you be willing to tell me your reasons? **[WHY1]**

- 01 Record comments
- 98 Don't know/Not sure
- 99 Refused

<<TIME: Introduction>>



CDC Core Questions

Section 1: Health Status

1.1 Would you say that in general your health is— (73)

Please read:

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

Or

- 5 Poor
- Do not read:
- 7 Don't know / Not sure
 - 9 Refused

<<TIME: Section 1 >>

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

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

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



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

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

<<TIME: Section 2 >>

Section 3: Health Care Access

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

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

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

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

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

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



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

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

<<TIME: Section 3 >>

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

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

<<TIME: Section 4 >>

Section 5: Diabetes

5.1 Have you ever been told by a doctor that you have diabetes? **[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.]** (85)

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

**If response to core Q5.1 is "Yes." (code=1), continue.
Otherwise go to next section.**



5.2. How old were you when you were told you have diabetes? (226-227)

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

5.3. Are you now taking insulin? (228)

- 1 Yes
2 No
9 Refused

5.4. Are you now taking diabetes pills? (229)

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

5.5. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (230–232)

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

5.6. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (233-235)

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



5.7. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (236)

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

5.8. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (237-238)

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

5.9. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (239-240)

- ___ ___ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 8 Never heard of "A 1 C" test
- 9 9 Refused

If R has no feet (Q5.6 = 555) then go to Q5.11. Otherwise, continue.

5.10. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (241-242)

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

5.11. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (243)

Read **only** if necessary:

- 1 Within the past month (anytime less than 1 month ago)
 - 2 Within the past year (1 month but less than 12 months ago)
 - 3 Within the past 2 years (1 year but less than 2 years ago)
 - 4 2 or more years ago
 - 8 Never
- Do not read:



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

5.12. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (244)

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

5.13. Have you ever taken a course or class in how to manage your diabetes yourself? (245)

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

<<TIME: Section 5 >>

Section 6: Oral Health

6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. **[Read 1-4 only if necessary.]** (86)

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

6.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. **[NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.]** (87)

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



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

6.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (88)

Read only if necessary:

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

Do not read:

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

<<TIME: Section 6 >>

Section 7: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

7.1 (Ever told) you had a heart attack, also called a myocardial infarction? (89)

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

7.2 (Ever told) you had angina or coronary heart disease? (90)

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

7.3 (Ever told) you had a stroke? (91)

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

<<TIME: Section 7 >>



Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)

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

8.2 Do you still have asthma? (93)

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

<<TIME: Section 8 >>

Section 9: Disability

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

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (94)

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

9.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **[NOTE: Include occasional use or use in certain circumstances.]** (95)

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

<<TIME: Section 9 >>



Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life? **[NOTE: 5 packs = 100 cigarettes]** (96)

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

10.2 Do you now smoke cigarettes every day, some days, or not at all? (97)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to next section]
- 7 Don't know/Not sure **[Go to next section]**
- 9 Refused [Go to next section]

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (98)

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

<<TIME: Section 10 >>

Section 11: Demographics

11.1 What is your age? (99-100)

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

11.1b In which of these age categories do you belong? [SAQ]

- 21 18 to 24
- 30 25 to 34
- 40 35 to 44
- 50 45 to 54
- 60 55 to 65
- 70 65 to 74
- 80 75 or older
- 9 Refused



11.2 Are you Hispanic or Latino? (101)

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

11.3 Which one or more of the following would you say is your race? **[NOTE: Check all that apply.]** (102-107)

Please read:

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

Do not read:

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

If one of the answers to Q13.3a-f is 3 (Asian) or 4 (Native Hawaiian or other Pacific Islander), continue. Otherwise, go to Q13.4

11.3a Which one or more of the following best describes your Asian or Pacific Islander heritage? **[INTERVIEWER NOTE: If the respondent cuts you off, please finish reading the choices by saying, "So you're not...."]** (SAQ)

- 01 Native Hawaiian (NH./PI)
- 02 Chinese
- 03 Japanese
- 04 Korean
- 05 Filipino (NH./PI)
- 06 Vietnamese
- 07 Laotian
- 08 Cambodian
- 09 Asian Indian
- 10 Samoan (NH./PI)
- 11 Guamanian (NH./PI) or Chamorro (NH./PI)
- 88 Or something else (specify: _____)

DO NOT READ

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



**If more than one response to Q11.3 or to 11.3a, ask Q11.4.
Otherwise, go to Q11.5**

11.4 Which one of these groups would you say best represents your race? (108)

- 1 White
 - 2 Black or African American
 - 3 Asian
 - 4 Native Hawaiian or Other Pacific Islander
 - 5 American Indian or Alaska Native
 - 6 Other [specify] _____
- Do not read:
- 7 Don't know / Not sure
 - 9 Refused

11.5 Are you...? (109)

Please read:

- 1 Married
 - 2 Divorced
 - 3 Widowed
 - 4 Separated
 - 5 Never married, or
 - 6 A member of an unmarried couple
- Do not read:
- 9 Refused

11.6 How many children less than 18 years of age live in your household? (110-111)

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

11.6a What is that child's age/What are their ages? **[Up to ten children. CATI present choices for number of children in Q11.6.]** (SAQ)

- Age of oldest child
- Age of 2nd oldest child
- Age of 3rd oldest child
- Age of 4th oldest child
- Age of 5th oldest child
- Age of 6th oldest child
- Age of 7th oldest child
- Age of 8th oldest child
- Age of 9th oldest child
- Age of 10th oldest child



11.7 What is the highest grade or year of school you completed? (112)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- Do not read:
- 9 Refused

11.8 Are you currently...? **[Please read 1-8]** (113)

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work
- Do not read:
- 9 Refused

11.8a What kind of business or industry do you work in? (SAQ)

[Record answer] _____
99 Refused

11.8b What is your job title? If no job title, ask "What kind of work do you do?" (SAQ)

[Record answer] _____
88 Owner, Proprietor or Self-employed
99 Refused



11.9 Is your annual household income from all sources— **[Note: If respondent refuses at ANY income level, code '99' (Refused)]** Read only if necessary:(114-115)

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

Do not read:

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

11.10 About how much do you weigh without shoes? (116-119)

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

Round fractions up

- | | |
|---------|---------------------------|
| _ _ _ _ | Weight (pounds/kilograms) |
| 7 7 7 7 | Don't know / Not sure |
| 9 9 9 9 | Refused |

11.11 About how tall are you without shoes? **[Note: If respondent answers in metrics, put “9” in column 120.]** (120-123)

Round fractions down

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



11.12 What county do you live in? (124-126)

001	Adams	027	Grays Harbor	053	Pierce
003	Asotin	029	Island	055	San Juan
005	Benton	031	Jefferson	057	Skagit
007	Chelan	033	King	059	Skamania
009	Clallam	035	Kitsap	061	Snohomish
011	Clark	037	Kittitas	063	Spokane
013	Columbia	039	Klickitat	065	Stevens
015	Cowlitz	041	Lewis	067	Thurston
017	Douglas	043	Lincoln	069	Wahkiakum
019	Ferry	045	Mason	071	Walla Walla
021	Franklin	047	Okanogan	073	Whatcom
023	Garfield	049	Pacific	075	Whitman
025	Grant	051	Pend Oreille	077	Yakima

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

11.13 What is your ZIP Code where you live? (127-131)

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

11.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (132)

1 Yes
 2 No [Go to Q11.16]
 7 Don't know / Not sure **[Go to Q11.16]**
 9 Refused [Go to Q11.16]

11.15 How many of these telephone numbers are residential numbers? (133)

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



11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (134)

- 1 Yes [Continue]
- 2 No [Go to Q11.17]
- 7 Don't know / Not sure [Go to Q11.17]
- 9 Refused [Go to Q11.17]

11.16a In the past 12 months, about how many months in total were you without a working home telephone?" [SAQ]

- ___ ___ Number of months
- 6 6 Less than one month
 - 8 8 None
 - 7 7 Don't know/Not sure
 - 9 9 Refused

11.17 Indicate sex of respondent. **Ask only if necessary.** (135)

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

11.18 To your knowledge, are you now pregnant? (136)

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

<<TIME: Section 11 >>

Section 12: Veteran's Status

The next question relates to military service.

12.1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (137)

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

<<TIME: Section 12 >>



Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (138)

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (139-141)

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

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (142-143)

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

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI insert X = 5 for men, X = 4 for women]** or more drinks on an occasion? (144-145)

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

**If female and had 4 or more drinks on one occasion in the past month or doesn't know (13.4 <88), continue.
Otherwise go to Q13.5.**



13.4a Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (SAQ)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (146-147)

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

<<TIME: Section 13 >>

Section 14: Immunization/Hepatitis

Questions followed by “s” are Influenza Supplement questions. They are not currently included in the survey. If funding becomes available, they may be activated.

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (148)

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

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (149)

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

NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.

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



14.3s During what month and year did you receive your most recent flu vaccination?
 The most recent flu vaccination may have been either the flu shot or the flu
 spray. (150-155)

_ _ / _ _ _ _	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure (Probe: "Was it before September 2005?" Code approximate month and year)
9 9 / 9 9 9 9	Refused

CATI note: If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue. Otherwise, go to Q14.5s.

14.4s What is the MAIN reason you have NOT received a flu vaccination for this
 current flu season? **[NOTE: The current flu season = Sept. '05 – Mar .'06. Do
 not read answer choices below. Select category that best matches
 response.]** (156-157)

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (Probe: "What was the main reason?")
- 9 9 Refused

14.5s Has a doctor, nurse, or other health professional ever said that you have any of
 the following health problems? **[Read each problem listed below:]** (158)

- Lung problems, including asthma
- Heart problems
- Diabetes
- Kidney problems
- Weakened immune system caused by a chronic illness, such as cancer or
HIV/AIDS, or medicines, such as steroids, or
- Sickle Cell Anemia or other anemia

- 1 Yes
- 2 No [Go to Q14.8s]
- 7 Don't know / Not sure **[Go to Q14.8s]**
- 9 Refused [Go to Q14.8s]



14.6s Do you still have (this/any of these) problem(s)? (159)

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

14.7s Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work. (160)

- 1 Yes
- 2 No [Go to Q14.9]
- 7 Don't know / Not sure [Go to Q14.9]
- 9 Refused [Go to Q14.9]

14.8s Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? (161)

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

End of Flu Supplement Questions

14.9 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (162)

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

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (163)

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



The next question is about behaviors related to Hepatitis B.

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are: (164)

Men
Women

- A. A. You have hemophilia and have received clotting factor concentrate
- [NOTE: if female, do not read this response]**
- B. B. You are a man who has had sex with other men, even just one time
- C. C. You have taken street drugs by needle, even just one time
- D. D. You traded sex for money or drugs, even just one time
- E. E. You have tested positive for HIV
- F. F. You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- G. G. You had more than two sex partners in the past year

Are any of these statements true for you?

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

<<TIME: Section 14 >>

Section 15: Falls

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

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

15.1 In the past 3 months, how many times have you fallen? (165-166)

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

15.2 **[CATI fill in]** "Did this fall" / "Did any of these falls" cause in an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. **[If only one fall from Q15.1 and response is "Yes" to Q15.2, code 01. If response is "no," code 88.]** (167-168)

- — Number of falls **[76 = 76 or more]**
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused [Go to next section]



<<TIME: Section 15 >>

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— **[Please read 1-5]: [If “Never drive or ride in a car, go to section 18]** (169)

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- Do not read:
- 7 Don't know / Not sure
- 8 Never drive or ride in a car **[Go to Section 18]**
- 9 Refused

<<TIME: Section 16 >>

Section 17: Drinking and Driving

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

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)

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

<<TIME: Section 17 >>

Section 18: Women's Health

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



The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (172)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 How long has it been since you had your last mammogram? [Read only if necessary.] (173)

- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 3 years (2 years but less than 3 years ago)
 - 4 Within the past 5 years (3 years but less than 5 years ago)
 - 5 5 or more years ago
- Do not read:
- 7 Don't know / Not sure
 - 9 Refused

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (174)

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

18.4 How long has it been since your last breast exam? [Read 1-5 only if necessary.] (175)

:

- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 3 years (2 years but less than 3 years ago)
 - 4 Within the past 5 years (3 years but less than 5 years ago)
 - 5 5 or more years ago
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused



18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (176)

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

18.6 How long has it been since you had your last Pap test? [Read 1-5 only if necessary.] (177)

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

Do not read:

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

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

18.7 Have you had a hysterectomy? [Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).] (178)

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

<<TIME: Section 18 >>

Section 19: Prostate Cancer Screening

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

Now, I will ask you some questions about prostate cancer screening.

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (179)

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



19.2 How long has it been since you had your last PSA test? **[Read only if necessary]** (180)

- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years)
 - 3 Within the past 3 years (2 years but less than 3 years)
 - 4 Within the past 5 years (3 years but less than 5 years)
 - 5 5 or more years ago
- Do not read:
- 7 Don't know
 - 9 Refused

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (181)

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

19.4 How long has it been since your last digital rectal exam? **[Read 1-5 only if necessary.]** (182)

- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years)
 - 3 Within the past 3 years (2 years but less than 3 years)
 - 4 Within the past 5 years (3 years but less than 5 years)
 - 5 5 or more years ago
- Do not read:
- 7 Don't know / Not sure
 - 9 Refused

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (183)

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

If respondent is less than 40 years of age, or is female, go to next section.



19.6. Has your health care provider ever talked to you about prostate cancer screening tests? (SAQ)

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

19.7. Have you ever discussed with your physician or other health care provider the risks or benefits of PSA screening for early detection of prostate cancer? (SAQ)

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

**If R has had a PSA test (Q19.1=1) and
If HCP has talked to R about prostate cancer screening (Q19.6 = 1), continue.
Otherwise go to next section**

19.8. Before you had your PSA test, did your doctor discuss with you what treatments you could get if prostate cancer was found? (SAQ)

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

<<TIME: Section 19 >>

Section 20: Colorectal Cancer Screening

CATI note: If respondent is < 49 years of age, go to next section.

20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (184)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]



20.2 How long has it been since you had your last blood stool test using a home kit?
[Read 1-4 only if necessary] (185)

- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 5 years (2 years but less than 5 years ago)
 - 4 5 or more years ago
- Do not read:
- 7 Don't know / Not sure
 - 9 Refused

20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (186)

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

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy?
[Read 1-5 only if necessary] (187)

- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 5 years (2 years but less than 5 years ago)
 - 4 Within the past 10 years (5 years but less than 10 years ago)
 - 5 10 or more years ago
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

CATI note: If respondent is <49 years of age, go to next section.

20.5. You said that you have had either a colonoscopy or sigmoidoscopy. Which test have you had most recently? **[IF NEEDED: “For a colonoscopy you get complete sedation so that you are almost or completely asleep and you need to have someone else drive you home afterward. Did you receive sedation and have someone else drive you home?” IF STILL UNSURE ASK “Were you told you needed to have someone drive you home after the test?” If sedation was given/had to be driven home after the test, R had a colonoscopy.]** (SAQ)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know/Not sure
- 9 Refused



20.6. Have you ever talked about colorectal cancer screening tests with a health care provider? (SAQ)

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

20.7. In the last 12 months, have you seen or heard colorectal cancer or colorectal cancer screening tests mentioned in the mass media? **[If needed: Mass media includes film, television, radio, newspapers, magazines, the internet, and direct mailings.]** (SAQ)

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

Ask 20.8a (never) if response to Q20.1 is "No" (2).

20.8a Earlier, you said that you have never had a blood stool test. What is the most important reason that you have not had a blood stool test? (SAQ)

Ask Q20.8b (past year) if response to Q20.1 is "Yes" (1) and Q20.2 is 2, 3, or 4 (>1 year ago).

20.8b Earlier, you said that you have not had a blood stool test in the past year. What is the most important reason that you did not have a blood stool test in the past year? (SAQ)

DO NOT READ THESE RESPONSES

- 1 Not recommended by doctor/never suggested
- 2 Not needed/Not necessary
- 3 Never heard of a blood stool test
- 4 Don't know enough about the test/Need more information, etc.
- 5 Cost/Not covered by insurance/Have no insurance
- 6 Lazy, procrastinating—just didn't get around to it
- 7 Too busy, don't have time, no time
- 8 I'm anxious/afraid to get one
- 9 I'm embarrassed/ashamed/it's private
- 10 It's messy/I don't want to do the preparation/It's too much trouble.
- 11 I don't think about colorectal cancer—focus on other diseases/cancers (breast, prostate, etc)
- 12 I only go to a doctor when I'm sick/never go to doctors
- 13 Colorectal cancer is not relevant to me (I'm too old, too young, only men get it, I feel fine, etc.)
- 88 Other (SPECIFY:_____)
- 77 Don't know/Not sure
- 99 Refused



Ask 20.9a (never) if response to Q20.3 is “No” (2).

20.9a Earlier, you said that you have never had a sigmoidoscopy or colonoscopy. What is the most important reason that you have never had a sigmoidoscopy or colonoscopy? (SAQ)

Ask 20.9b (last 5 years) if response to Q20.3 is “Yes” (1) and Q20.4 is 4 or 5 (>5 years ago).

20.9b You said that you have not had a sigmoidoscopy or colonoscopy in the last 5 years. What is the most important reason that you did not have a sigmoidoscopy or colonoscopy in the past 5 years? (SAQ)

DO NOT READ THESE RESPONSES

- 1 Not recommended by doctor/never suggested
- 2 Not needed/Not necessary
- 3 Never heard of a blood stool test
- 4 Don't know enough about the test/Need more information, etc.
- 5 Cost/Not covered by insurance/Have no insurance
- 6 Lazy, procrastinating—just didn't get around to it
- 7 Too busy, don't have time, no time
- 8 I'm anxious/afraid to get one
- 9 I'm embarrassed/ashamed/it's private
- 10 It's messy/I don't want to do the preparation/It's too much trouble.
- 11 I don't think about colorectal cancer—focus on other diseases/cancers (breast, prostate, etc)
- 12 I only go to a doctor when I'm sick/never go to doctors
- 13 Colorectal cancer is not relevant to me (I'm too old, too young, only men get it, I feel fine, etc.)
- 88 Other (SPECIFY:_____)
- 77 Don't know/Not sure
- 99 Refused

<<TIME: Section 20 >>

Section 21: HIV/AIDS

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

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



21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (188)

- 1 Yes
- 2 No [Go to Q21.4]
- 7 Don't know / Not Sure [Go to Q21.4]
- 9 Refused [Go to Q21.4]

21.2 Not including blood donations, in what month and year was your last HIV test? [NOTE: If response is before January 1985, code "Don't know."] (189-194)

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

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (195-196)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

**ASK Q21.4 only if Q21.2 is within the last 12 months ;
Otherwise go to next section.**

21.4 Was it a rapid test where you could get your results within a couple of hours? (197)

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

<<TIME: Section 21 >>



Section 22: Emotional Support and Life Satisfaction

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

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

22.1 How often do you get the social and emotional support you need? **[Please read 1-5]** (198)

- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

22.2 In general, how satisfied are you with your life? **[Please read 1-4]** (199)

- 1 Very satisfied
 - 2 Satisfied
 - 3 Dissatisfied
 - 4 Very dissatisfied
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

<<TIME: Section 22 >>

State-Added Questions

Section 23: Social Trust

23.1. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people? (SAQ)

- 1 Most people can be trusted
 - 2 Can't be too careful in dealing with people
 - 3 Depends (only if respondent volunteers this)
- Do not read**
- 7 Don't know
 - 9 Refused

<<TIME: Section 23 >>



Section 24: Anxiety and Depression

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

24.1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (325-326)

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

24.2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (327-328)

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

CATI set flag for Q24.11 if Q24.1 OR Q24.2 = 1-14.

24.3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (329-330)

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

24.4. Over the last 2 weeks, how many days have you felt tired or had little energy? (331-332)

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

24.5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (333-334)

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



24.6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (335-336)

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

24.7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (337-338)

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

24.8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (339-340)

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

24.9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (341)

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

24.10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (342)

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



If Respondent answered one or more days to Q24.1 or Q24.2 (Q24.1 or Q 24.2 = 1-14), continue. Otherwise go to next section.

24.11 You mentioned that there **[CATI insert: has been a day/have been some days]** when you have had little interest in things or have felt down or depressed. There is a hotline service near you if you would like to talk with someone. If you would like to write this number down, it is _____.”

<u>County – Regional Support Network</u>	<u>Telephone Number</u>
Adams County - North Central WA RSN	(collect): 509-488-5611
Asotin County - Greater Columbia Behavioral Health RSN	(888) 475-5665
Benton County - Greater Columbia Behavioral Health RSN	1-800-783-0544
Chelan County - Chelan-Douglas RSN	1-800-852-2923
Clallam County - Peninsula RSN East County: (360) 452-4500/West County: (360) 374-5011	
Clark County - Clark County RSN	1-800-626-8137
Columbia County - Greater Columbia Behavioral Health RSN	1-(866)-382-1164
Cowlitz County - Southwest RSN	1-800-803-8833
Douglas County - Chelan-Douglas RSN	1-800-852-2923
Ferry County - Northeast WA RSN	1-800-767-6081
Franklin County - Greater Columbia Behavioral Health RSN	1-800-783-0544
Garfield County - Greater Columbia Behavioral Health RSN	(888) 475-5665
Grant County - North Central WA RSN	collect (509) 765-1717 or 1-877-467-4303
Grays Harbor County - Grays Harbor RSN	1-800-685-6556
Island County - North Sound RSN	1-800-584-3578
Jefferson County - Peninsula RSN East County:	(360) 385-0321/(800) 659-0321
Peninsula RSN West County:	(360) 374-5011
	(Non-Business hours): (360) 374-6271
King County - King County RSN	1-866-427-4747
Kitsap County - Peninsula RSN	(360) 479-3033/(800) 843-4793
Kittitas County - Greater Columbia Behavioral Health RSN	1-(800)-572-8122 or 1-(509) 925-9861
Klickitat County - Greater Columbia Behavioral Health RSN	(509) 733-5801 or 1-800-572-8122
Lewis County - Timberlands RSN	1-800-559-6696



Lincoln County - Northeast WA RSN	1-800-767-6081
Mason County - Thurston-Mason RSN	1-800-627-2211
Okanogan County - North Central WA RSN	1-866-826-6191
Pacific County - Timberland RSN	1-800-884-2298
Pend Oreille County - Northeast WA RSN	1-800-767-6081
Pierce County - Pierce County RSN	1-800-576-7764
San Juan County - North Sound RSN	1-800-584-3578
Skagit County - North Sound RSN	1-800-584-3578
Skamania County - Greater Columbia Behavioral Health RSN	1- (509) 427-9488 or 911
Snohomish County - North Sound RSN	1-800-584-3578
Spokane County - Spokane County RSN	1-877-678-4428
Stevens County - Northeast WA RSN	1-800-767-6081
Thurston County - Thurston-Mason RSN	1-800-627-2211
Wahkiakum County - Timberlands RSN	1-800-635-5989
Walla Walla County - Greater Columbia Behavioral Health RSN	(509) 522-4278
Whatcom County - North Sound RSN	1-800-584-3578
Whitman County - Greater Columbia Behavioral Health RSN	1-(866)-871-6385
Yakima County - Greater Columbia Behavioral Health RSN	(509) 575-4200 or 1-800-572-8122

<<TIME: Section 24 >>

Section 25: Reading To Children

**If there is only one child in the age range 2-5, this is the target child.
If there is more than one child in the age range 2-5, CATI select a child randomly.
If there are no children age 2-5, Go to the next section.**

**If the randomly selected child is 4 or 5 years old, ask Q25.1.
Otherwise go to Q25.2.**



25.1. [If more than one child in HH, say “Now I’d like to ask about the <selected> ___ year old child.] Is this child enrolled in kindergarten? (SAQ)

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

25.2. Now I’d like to talk with you about the (age)-year-old child’s activities with family members in the past week. **[If more than one child of this age, "Now I’d like to ask about the {CATI select "oldest," "second oldest," "youngest" and so on} (age)-year-old child"]**. How many times have you or someone in your family read to this child in the past week? Would you say... (SAQ)

- 1 Not at all
- 2 Once or twice
- 3 3 or more times, but not every day
- 4 Every day
- 7 Don’t know/Not sure
- 9 Refused

25.3. How many times have you or someone in your family told a story to this child in the past week? Would you say... (SAQ)

- 1 Not at all
- 2 Once or twice
- 3 3 or more times, but not every day
- 4 Every day
- 7 Don’t know/Not sure
- 9 Refused

<<TIME: Section 25 >>

Section 26: Varicella Zoster Virus

The next few questions are about varicella zoster virus, the virus that causes chickenpox and shingles.

26.1 In the past 12 months, [CATI insert “have you” if only one person in HH or “how many members of your household” if more than one person in HH] had chickenpox? (SAQ)

- | | | | |
|-----|-----|---------------------|----------------------|
| ___ | ___ | Number | |
| 8 | 8 | None | [Go to Q26.3] |
| 7 | 7 | Don’t know/Not sure | [Go to Q26.3] |
| 9 | 9 | Refused | [Go to Q26.3] |



26.2. How old were [CATI insert “you” if only one person in HH or “they” if more than one person in HH] when [you/they] got chickenpox? [Up to 6 people.] (SAQ)

- — — Age (years) of oldest person (1st person)
- — — Age (years) of next oldest person (2nd person)
- — — Age (years) of next oldest person (3rd person)
- — — Age (years) of next oldest person (4th person)
- — — Age (years) of next oldest person (5th person)
- — — Age (years) of next oldest person (6th person)
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

The next question asks about shingles, which is a recurring form of the chicken pox virus in which an area of the skin is covered with blisters which may be painful.

26.3. In the past 12 months, [have you/how many members of your household] had shingles? (SAQ)

- — Number
- 8 8 None [Go to next section]
- 7 7 Don't know/Not sure **[Go to next section]**
- 9 9 Refused [Go to next section]

26.4. How old were (**CATI insert “you” if only one person in HH, or “they” if more than one person in HH**) when (you/they) developed shingles? [Up to 6 people] (SAQ)

- — — Age (years) of oldest person (1st person)
- — — Age (years) of next oldest person (2nd person)
- — — Age (years) of next oldest person (3rd person)
- — — Age (years) of next oldest person (4th person)
- — — Age (years) of next oldest person (5th person)
- — — Age (years) of next oldest person (6th person)
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

<<TIME: Section 26 >>

Section 27: Sexual Orientation

- 27.1. Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be ...
- A. Heterosexual or straight **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.**
 - B. Homosexual, gay, or lesbian **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.**



- C. Bisexual **IF NEEDED: A person who has sex with and/or is attracted to people of either sex.**
- D. Or something else?

Remember, your answers are confidential.

[IF NEEDED: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Washington. You don't have to answer any question if you don't want.]

[IF NEEDED: If you would like to talk with someone about these issues, you may call <hotline>.] (SAQ)

- 1 A. Heterosexual, that is, straight
- 2 B. Homosexual, that is gay or lesbian
- 3 C. Bisexual
- 4 D. Other (Specify: _____)
- 7 Don't know/Not sure
- 9 Refused

<<TIME: Section 27 >>

Section 28: Drinking Water

The next questions ask about drinking water in your household.

- 28.1 Where does the water for your household come from? Is it from ... **[Please read Responses 1-3.]** (SAQ)

- 1 A private well serving just your household
- 2 A community well or other small water system that serves fewer than 15 homes
- 3 A city or municipal water supply
- Do Not Read**
- 4 Other
- 7 Don't know
- 9 Refused

**Ask Questions 28.2-28.4 if response to Q28.1 is private well (1).
Otherwise go to Question 28.5**

- 28.2. Has your well water ever been tested?

- 1 Yes
- 2 No **[Go to Q28.4]**
- 7 Don't know **[Go to Q28.4]**
- 9 Refused **[Go to Q28.4]**



**Ask Questions 28.3 and 28.4 if response to Q28.2 is Yes (1).
Otherwise go to Question 28.7**

28.3. About how long has it been since it was tested? Would you say: within the last 3 years, 4 to 5 years ago, over 5 years ago, don't know/not sure?

- 1 Within the last 3 years
- 2 4 to 5 years ago
- 3 Over 5 years ago
- 7 Don't know **[Go to Q28.5]**
- 9 Refused

28.4. Did the results from well testing indicate the presence of any contaminants?

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

**Ask Q28.5 if response to Q28.1 is NOT private well (Q28.1≠1).
Otherwise skip to Q28.7.**

28.5. Within the last year, have you seen any information from your water utility about the quality of your drinking water?

- 1 Yes
- 2 No **[Go to Q28.7]**
- 7 Don't know **[Go to Q28.7]**
- 9 Refused **[Go to Q28.7]**

**Ask Q28.6 if response to Q28.5 is Yes (Q28.5= 1).
Otherwise skip to Q28.7.**

28.6 Did you read it? **[If needed: the information from your water utility about the quality of your drinking water]**

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



28.7 Where do you usually get the water that you drink at home? **[READ Responses 1-3.]** (SAQ)

- 1 From the tap
 - 2 Bottled water or water from a water cooler
 - 3 Water dispenser on the door of the refrigerator
 - 3 Some other source
- Do Not Read**
- 7 Don't know
 - 9 Refused

28.8 Do you use a water filter for your household drinking water?

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

**Ask Question 28.9 if response to Question 28.8 is Yes (Q28.8= 1).
Otherwise go to next section.**

28.9 What is the main reason that you use a water filter or bottled water for your drinking water at home? Is it because... **[Please read 1-4]**

- 1 You don't like the way the water looks, tastes or smells
 - 2 You are concerned that the water is not safe to drink
 - 3 Both of these reasons, or because of
 - 4 Some other reason
- DO NOT READ**
- 7 Don't know
 - 9 Refused

<<TIME: Section 28 >>

Section 29: Radon

29.1 Have you heard of radon, which is a radioactive gas that occurs in nature? (SAQ)

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



29.2 Please indicate whether you agree or disagree with the following statement:
"Prolonged exposure to radon gas can be harmful to your health." Do you agree
or disagree? (SAQ)

- 1 Agree
- 2 Disagree
- 7 Don't know
- 9 Refused

29.3 Has your household air been tested for the presence of radon gas? (SAQ)

- 1 Yes (if yes, skip to Q29.5)
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

29.4 Do you, or does anyone in your home, plan to have your household air tested for
radon within the next year? (SAQ)

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

29.5 Which of the following best describes your residence? (SAQ)

- 1 Single family home, duplex or townhouse
- 2 Apartment or condominium at basement level or on the 1st or 2nd floor
- 3 Apartment or condominium above the 2nd floor
- 4 Trailer or motor home
- 5 Other
- 7 Don't know/Not Sure
- 9 Refused

<<TIME: Section 29 >>



Section 30: Carbon Monoxide Exposure Risk

The next set of questions is about using gas-powered generators.

30.1. Has a gas-powered generator ever been used to provide electric power to your home during a power outage?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

If a gas-powered generator has been used to provide electric power (Q30.1=1), continue. Otherwise, go to Q30.6.

30.2. Was this generator used to provide power for your home during a power outage in the past year?

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

If generator was used to provide power for the home during a power outage in the past year (Q30.2 = 1), continue. Otherwise, go to Q30.4.

30.3. How many times in the past year was a generator used to provide power to your home because of a power outage?

- ___ ___ Number of times used
- 88 None
- 77 Don't know / Not sure
- 99 Refused

30.4. Where was the generator usually placed when it is running? **[Please Read 1-4.]**

- 1 Outdoors
- 2 Inside an attached garage, shed or enclosed porch
- 3 In a detached garage, shed or out-building
- 4 In another location, Specify _____
- Do Not Read**
- 7 Don't know / Not sure
- 9 Refused



**If generator was placed outside (Q30.4 = 1), continue.
Otherwise, go to Q30.6.**

30.5. If it was raining or snowing outside, when the generator was running, where was the generator usually placed? **[Please Read 1-4.]** (SAQ)

- 1 Outdoors
- 2 Inside an attached garage, shed or enclosed porch
- 3 In a detached garage, shed or out-building
- 4 In another location, Specify _____

Do Not Read

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

30.6. Do you or anyone in your home own a gas-powered generator?

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

30.7. A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a carbon monoxide detector in your home?

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

If R has a CO detector (Q30.7 = 1), continue. Otherwise, go to next section.

30.8. Is your carbon monoxide detector battery powered or have a battery for back-up power?

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



30.9. When was the last time you checked the batteries? [Read 1-2 only if necessary.] (SAQ)

- 1 Within the past year
2 More than a year
7 Don't know / Not sure
9 Refused

<<TIME: Section 30 >>

If R lives in King County (Q13.12 = 33), continue. Otherwise, go to Closing Comment.

Section 31: Nearest Intersection (King County only)

31.1. In order to help us learn more about environmental factors in your area, we'd like to know what the nearest intersection to your home is. This information will never be released or analyzed individually and will be used to group your responses with others from your neighborhood. Please name the two cross-streets of this intersection. (SAQ)

(Be sure to confirm street spelling and directionals (N, S, E, W, NW, NE, SW, SE))

First street: _____
and Intersecting Street: _____

- 77 Don't know
99 Refused

<<TIME: Section 31 >>

Section 32: Adult Survey Transition Questions

AC1 May we call you in the future if we do more research on health-related topics? This means we might call you back within the next year, or invite you to some focus groups in your area. Of course, you can always refuse to participate in the future. (SAQ)

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



AC2 May I please have your first name, so that we know who to ask for? **[If needed: If you agree to be contacted again, we will keep your first name and telephone number with your answers for up to one year. They will be removed from the combined data files that are sent to the Department of Health.]**

(record response)
9 Refused

<<TIME: Section 32 >>

If there are children age 10-17 living in the home (11.6a), continue. Otherwise go to closing comment.

Section 33: Youth Survey Transition Section

You said before that there **[CATI insert is/are [number] ___children living in your home age 10 to 17 and that you are the parent or guardian of [CATI insert “some of the children” if more than one, or “the child” if only one child in the household.**

33.1 I would also like to interview **[CATI insert the child/one of the children]** aged 10 to 17 in your home. The interview will take about 15 minutes. We will ask about what is happening in school, his or her attitudes about tobacco, and whether the child and his or her friends have used tobacco products.

I can assure you that everything your child tells us will be held in the strictest confidence, and that he or she can refuse to participate at any time.

May we have your permission to talk to **[CATI insert your child/one of your children]** about this survey and invite his or her participation? **[If more than one child, CATI make random selection]** The child I'd like to speak with is the ___ year old. (SAQ)

1 Yes
2 No Go to closing statement

33.2 Are you the parent or guardian of the **[CATI insert age] ___ year old?** (SAQ)

1 Yes **[Go to Q33.5]**
2 No
9 Refused



33.3 May I speak to the [CATI insert age] ___ year-old's parent or guardian? (SAQ)

- 1 Yes
- 2 No Go to closing comment
- 9 Refused Go to closing comment

33.4 **Introductory paragraph for non-respondent parent or guardian:** Hello. I'm _____ calling for the Washington State Department of Health. I am doing a survey of children and their attitudes about tobacco. I would like to interview the **[CATI insert age]** ___ year-old child in your home. The interview will take about 15 minutes. We will ask about what is happening in school, his or her attitudes about tobacco, and whether the child and his or her friends have used tobacco products. I can assure you that everything your child tells us will be held in the strictest confidence, and that he or she can refuse to participate at any time. May we have your permission to talk to your **[CATI insert age]** ___ year old child about this survey and invite his or her participation?

- 1 Yes [If not available, make appointment for callback.]
- 2 No **[Go to closing comment]**

33.5 Is (he)/(she) available? (SAQ)

- 1 Yes Say next comment, then go to closing comment
- 2 No Schedule call-back. Then go to closing comment.

Please ensure that this child has a private place to answer the survey questions, so that (he)/(she) can be honest and open.

<<TIME: Section 33 >>

<<TIME: Whole questionnaire >>

Closing statement

Please read:

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