

**Washington State
Department of Health**



Behavioral Risk Factor Surveillance System

**Questionnaire 2007
Form B**

CDC: December 7, 2006
Washington State: April 27, 2007

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

Supported in part by
Cooperative Agreement U58/CCU022819-04

(This page is intentionally blank)

**Washington State
Behavioral Risk Factor Surveillance System
2007 Questionnaire, Form B**

Table of Contents

Interviewer's Script	v
Core Sections	1
Section 1: Health Status	1
Section 2: Healthy Days — Health-Related Quality of Life	1
Section 3: Health Care Access	2
Section 4: Exercise	3
Section 5: Diabetes	3
Section 6: Hypertension Awareness	6
Section 7: Cholesterol Awareness	7
Section 8: Cardiovascular Disease Prevalence	7
Section 9: Asthma	8
Section 10: Immunization	8
Section 11: Tobacco Use	10
Section 12: Demographics	10
Section 13: Alcohol Consumption	18
Section 14: Disability	20
Section 15: Arthritis Burden	20
Section 16: Fruits and Vegetables	21
Section 17: Physical Activity	23
Section 18: HIV/AIDS	25
Section 19: Emotional Support and Life Satisfaction	26
Section 20: Gastrointestinal Illness	27
State-Added Questions	28
Section 21: Childhood Asthma	28
Section 22: Sexual Orientation	28
Section 23: Adult Cigarette History	29
Section 24: Adult Smokeless History	29
Section 25: Adult Past Cigarette Smoking	31
Section 26: Adult Past Motivations to Quit	32
Section 27: Adult Source for Tobacco	33
Section 28: Adult Recent Motivations to Quit	33
Section 29: Adult Current Motivations to Quit	35
Section 30: Adult Home ETS	36
Section 31: Adult Workplace ETS	37
Section 32: Adult Knowledge ETS	38
Section 33: Adult perception of Community Activities	39
Section 34: Adult Tobacco Knowledge	40
Section 35: Adult Recognition of State DOH Campaign Activities	40
Section 36: Adult Pro-Tobacco Influences	42
Section 37: Adult Child Interactions	42
Section 38: Oral & Pharyngeal Cancer Screening	43

Section 39: Dental Insurance Coverage43
Section 40: Home Heating.....44
Section 41: Food Security45
Section 42a: Nutrition Labeling (King County, May & June only)47
Section 42: Nearest Intersection (King County only).....47
Section 43: Adult Survey Transition Questions.....48
Section 44: Youth Survey Transition Section.....48
Closing statement50

Interviewer's Script

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 adults in household.
___	Number of women	

[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>>

Core Sections

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? **[If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" If respondent says pre-diabetes or borderline diabetes, use response code 4.]** (85)

- 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]**

5.2. How old were you when you were told you have diabetes? (244-245)

- _ _ 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? (246)

- 1 Yes
- 2 No
- 9 Refused

5.4. Are you now taking diabetes pills? (247)

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

Error! Bookmark not defined.**5.5.** About how often do you check your blood for glucose or sugar? Include times

- 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. (251-253)

- 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? (254)

- 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? (255-256)

- — 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"? (257-258)

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

CATI Note: If Q5.6 = 555 (No feet), go to Q5.11.

5.10. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (259-260)

- — 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. (261)

Read only if necessary:

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

5.12. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (262)

- 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? (263)

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

<<TIME: Section 5..

Section 6: Hypertension Awareness

6.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? **[If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"]** (86)

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

6.2 Are you currently taking medicine for your high blood pressure? (87)

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

<<TIME: Section 6>>

Section 7: Cholesterol Awareness

7.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

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

7.2 About how long has it been since you last had your blood cholesterol checked? (89)

Read only if necessary:

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

Do not read:

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

7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

<<TIME: Section 6>>

Section 8: 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."

8.1 (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

8.2 (Ever told) you had angina or coronary heart disease? (92)

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

8.3 (Ever told) you had a stroke? (93)

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

<< Time: Section 8 >>

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

9.2 Do you still have asthma? (95)

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

<<TIME: Section 9

Section 10: Immunization

10.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)

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

10.2 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™. (97)

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

10.3 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?(98)

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

10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given **[INTERVIEWER NOTE: Response is "Yes" only if respondent has received the entire series of three shots.]** (99)

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

The next question is about behaviors related to Hepatitis B.

10.5 Please 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:

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

Are any of these statements true for you? (100)

- 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 10 >>

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (101)

NOTE: 5 packs = 100 cigarettes

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

11.2 Do you now smoke cigarettes every day, some days, or not at all? (102)

- 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]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)

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

<<TIME: Section 11>>

Section 12: Demographics

12.1 What is your age? (104-105)

_ _	Code age in years[Go to Q12.2]
0 7	Don't know / Not sure
0 9	Refused

12.1b In which of these age categories do you belong? [Code in separate state-added field. Do Not fill into reported age Q12.1.] [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

12.2 Are you Hispanic or Latino? (106)

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

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

(Check all that apply)

Please read:

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

Or

6	Other [specify]_____
---	----------------------

Do not read:

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

If one of the answers to Q12.3a-f is 3 (Asian) or 4 (Native Hawaiian or other Pacific Islander), continue. Otherwise, go to Q12.4

12.3a 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

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

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

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

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

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

12.6 Are you...?

(115)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

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

(116-117)

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

12.7a What is that child's age/What are their ages? [Up to ten children. CATI present choices for number of children in Q12.7.]

(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

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

(118)

Read only if necessary:

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

Do not read:

- 9 Refused

12.9 Are you currently...?

(119)

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

12.9a What kind of business or industry do you work in?

(SAQ)

[Record answer] _____

99 Refused

12.9b 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

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

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

Read only if necessary:

- | | | |
|-----|--|------------------------------------|
| 0 4 | Less than \$25,000
(\$20,000 to less than \$25,000) | If “no,” ask 05; if “yes,” ask 03 |
| 0 3 | Less than \$20,000
(\$15,000 to less than \$20,000) | If “no,” code 04; if “yes,” ask 02 |
| 0 2 | Less than \$15,000
(\$10,000 to less than \$15,000) | If “no,” code 03; if “yes,” ask 01 |
| 0 1 | Less than \$10,000 | If “no,” code 02 |
| 0 5 | Less than \$35,000
(\$25,000 to less than \$35,000) | If “no,” ask 06 |
| 0 6 | Less than \$50,000
(\$35,000 to less than \$50,000) | If “no,” ask 07 |
| 0 7 | Less than \$75,000
(\$50,000 to less than \$75,000) | If “no,” code 08 |
| 0 8 | \$75,000 or more | |

Do not read:

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

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

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

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

12.12 About how tall are you without shoes?

(126-129)

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

Round fractions down

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

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

12.13 How much did you weigh a year ago? [Female respondent: If you were pregnant a year ago, how much did you weigh before your pregnancy?] (130-133)

Note: If respondent answers in metrics, put “9” in column 130.

Round fractions up

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

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

12.14 Was the change between your current weight and your weight a year ago intentional?(134)

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

12.15 What county do you live in? (135-137)

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

12.16 What is your ZIP Code where you live? (138-142)

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

12.17 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (143)

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

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

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

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

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

12.19a 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

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

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

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

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

<<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? (148)

- 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? (149-151)

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

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (152-153)

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

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (154-155)

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

If R is female and had 4 or more drinks on one occasion in the past month, or doesn't know (Q13.4 < 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?(156-157)

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

<<TIME: Section 13

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (158)

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

14.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (159)

Include occasional use or use in certain circumstances.

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

<<Time: Section 14>>

Section 15: Arthritis Burden

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (160)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]

15.2 Did your joint symptoms first begin more than 3 months ago? (161)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]

- 15.3** Have you ever seen a doctor or other health professional for these joint symptoms? (162)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 15.4** Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (163)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

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

**CATI Note: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue.
Otherwise, go to next section.**

- 15.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (164)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER NOTE: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

Section 16: Fruits and Vegetables

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

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (165-167)

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

16.2 Not counting juice, how often do you eat fruit? (168-170)

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

16.3 How often do you eat green salad? (171-173)

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

16.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (174-176)

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

16.5 How often do you eat carrots?

(177-179)

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

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

(180-182)

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

<<TIME: Section 16>>

Section 17: Physical Activity

CATI note: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.

17.1 When you are at work, which of the following best describes what you do? Would you say—

(183)

If respondent has multiple jobs, include all jobs.

Please read:

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

Do not read:

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

Please read:

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

17.2 Now, thinking about the moderate activities you do **[fill in “when you are not working” if “employed” or self-employed”]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (184)

- 1 Yes
- 2 No [Go to Q17.5]
- 7 Don't know / Not sure **[Go to Q17.5]**
- 9 Refused [Go to Q17.5]

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (185-186)

- __ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **[Go to Q17.5]**
- 7 7 Don't know / Not sure **[Go to Q17.5]**
- 9 9 Refused **[Go to Q17.5]**

17.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (187-189)

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

17.5 Now, thinking about the vigorous activities you do **[fill in “when you are not working” if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (190)

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

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (191-192)

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

17.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (193-195)

- | | |
|-------|---------------------------|
| ._ | Hours and minutes per day |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

<<TIME: Section 17>>

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

Section 18: HIV/AIDS

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.

18.1 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. (196)

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

18.2 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."** (197-202)

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

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

18.3 Where did you have your last HIV test — at a private doctor or HMO office, at 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? (203-204)

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

CATI note: Ask Q18.4 if Q18.2 = within last 12 months. Otherwise, go to next section.

18.4 Was it a rapid test where you could get your results within a couple of hours? (205)

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

<<Time: Section 18>>

Section 19: Emotional Support and Life Satisfaction

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

19.1 How often do you get the social and emotional support you need? **[IF NEEDED: If asked, say “please include support from any source.”]**. (206)

Please read:

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

Do not read:

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

19.2 In general, how satisfied are you with your life? (207)

Please read:

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

<<Time: Section 19>>

Section 20: Gastrointestinal Illness

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea is defined as 3 or more loose stools in a 24-hour period.* (208)

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

20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?
Note: Do not answer "Yes" if you just had telephone contact with a health professional. (209)

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

20.3 When you visited your health care professional, did you provide a stool sample for testing? (210)

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

<<Time: Section 20>>

State-Added Questions

CATI note: If response to Core Q12.6 = 88 (None) or 99 (Refused), go to next module.

Section 21: Childhood Asthma

21.1. Earlier you said there were [fill in number from core Q12.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

__ = Number of children

8 8 = None **[Go to next section]**

7 7 = Don't know **[Go to next section]**

9 9 = Refused **[Go to next section]**

21.2. **[Fill in (Does this child/How many of these children) from Q1]** still have asthma? [If only one child from Q1 and response is "yes," code Q2 as "01". If response is "no" code "88".]

__ = Number of children

8 8 = None

7 7 = Don't know

9 9 = Refused

<<TIME: Section 21 >>

Section 22: Sexual Orientation

- 22.1. 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 <hotl>.

(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 22 >>

If R smoked 100 cigarettes in lifetime (11.1=1), continue. Otherwise go to next section.

Section 23: Adult Cigarette History

(ACH) – Adult History of Cigarette Use

Now I would like to ask you some more questions about your personal history of cigarette use.

ACH2: On how many of the past 30 days did you smoke cigarettes? (SAQ)

- __ Number of days
- 88 None, I did not smoke in the past 30 days **[Go to next section]**
- 77 Don't know/Not Sure
- 99 Refused

ACH3: On average, about how many cigarettes per day do you smoke, on the days that you do smoke? (Note: 1 pack = 20 cigarettes) (SAQ)

- __ Number of cigarettes
- 77 Don't know/Not Sure
- 99 Refused

<<TIME: Section 23 >>

Section 24: Adult Smokeless History

(ASH) – History of Smokeless Tobacco Use Among Adults

[All respondents] The next questions ask about smokeless tobacco.

ASH1 Have you ever tried using smokeless tobacco, like chew, dip, or snuff? **[IF NEEDED Such as Copenhagen, Kodiak, Redman, or Beechnut?]** (SAQ)

- 1 Yes
- 2 No Go to ATH2
- 7 Don't know/Not Sure **Go to ATH2**
- 9 Refused **Go to ATH2**

ASH2 On how many of the past 30 days did you use smokeless tobacco products? (SAQ)

- Number of days
- 88 None
- 77 Don't know/Not Sure
- 99 Refused

ATH2 In the past month, have you smoked a cigar, even just a puff? (SAQ)

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

ATH3 In the past month, have you smoked bidis (BEEDIES)[IF NEEDED: A bidi is a type of flavored tobacco cigarette]?

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

<<TIME: Section 24 >>

If R smoked 100 cigarettes (Q11.1=1) and has not smoked cigarettes in the past 30 days (ACH2=88) continue. Otherwise, Go to next section.

Section 25: Adult Past Cigarette Smoking

(APC) [Former smokers]

APC1 About how long has it been since you last smoked cigarettes regularly, that is, daily? (SAQ)

- 01 Within the past month (<1 month ago)
- 02 Within the past 3 months (1-3 months ago)
- 03 Within the past 6 months (3-6 months ago)
- 04 Within the past year (6-12 months ago)
- 05 Within the past 5 years (1-5 years ago)
- 06 Within the past 15 years (5-15 years ago)
- 07 Or More than 15 years ago
- 88 Never used regularly Go to next section
- 77 Don't know/not sure
- 99 Refused

Current Adult Tobacco Use Status (ATU):

- 1 **Current Daily Tobacco User** – respondent currently uses CIGARETTES OR SMOKELESS product on a daily basis [ACH2=30 or ASH2=30]
- 2 **Current Occasional Tobacco User**– respondent has used cigarettes or smokeless in the past 30 days [ACH2=1-29 or ASH2=1-29]
- 3 **Current Non-Tobacco User** – respondent has not used cigarettes or smokeless tobacco product within the past 30 days [(Q11.1=2 or ACH2=88) and ASH1=2]

Current Adult Cigarette Use (ACU):

- 1 **Current Daily Smoker** – respondent has smoked at least 100 cigarettes in lifetime and currently smokes cigarettes every day [Q11.1=1 and Q11.2=1]
- 2 **Current Occasional Smoker**– respondent has smoked at least 100 cigarettes in lifetime and reports currently smoking on “some days” [Q11.1=1 and Q11.2=2]
- 3 **Ex- Smoker** – respondent has smoked at least 100 cigarettes in lifetime, but now reports not smoking at all [Q11.1=1 and Q11.2=3]
- 4 **Never-Smoker** – respondent has not smoked at least 100 cigarettes in lifetime [Q11.1=2]

<<TIME: Section 25 >>

Ask for 18-29 year olds only not coded as every day/some day smokers

If current smoker (ACU=1 or 2) or former smoker (ACU=3 or 4) who quit within past year (APC<=4), continue with Section 27. Otherwise go to next section.

Section 26: Adult Past Motivations to Quit

(APM) [Current and former tobacco users]

The next questions ask about things that might make a person want to quit using tobacco.

APM3 When was the last time a DOCTOR or other healthcare provider advised you to quit, if ever? (SAQ)

- 1 Within the past year (1-12 months)
- 2 Within the past 3 years (1-3 years)
- 3 Or more than 3 years ago
- 4 They never advised me to quit
- 7 Don't know/Not sure
- 9 Refused

APM4 When was the last time a DENTIST advised you to quit, if ever? (SAQ)

- 1 Within the past year (1-12 months)
- 2 Within the past 3 years (1-3 years)
- 3 Or more than 3 years ago
- 4 They never advised me to quit
- 7 Don't know/Not sure
- 9 Refused

**If APM3 or APM4 = 1, 2 or 3 continue.
Otherwise, go to next section (if APM3 & APM4 = 4, 7, or 9)**

APM7 Did the health care professional who advised you to quit offer you any help or refer you to a source of help to quit tobacco use?

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

<<TIME: Section 26 >>

If R has not smoked 100 cigarettes (Q11.1=2) or has not smoked cigarettes in the past 30 days (ACH2=88), Go to next section.

Section 27: Adult Source for Tobacco

(AST)

The next questions ask about where you buy your tobacco.

AST4 In the past month, did you buy tobacco outside the state to save money – not just because you were traveling? (SAQ)

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

<<TIME: Section 27 >>

Section 28: Adult Recent Motivations to Quit

(ARM)

If R has health insurance (Q2.1=1) continue. Otherwise go to ARM2a.

ARM6 What type of health coverage do you use to pay for most of your medical care?
Is it coverage through...**[Please read 1-9]**

- 1 Your employer
- 2 Someone else's employer
- 3 A plan that you or someone buys on your own
- 4 Medicare
- 5 Medicaid or Medical Assistance
- 9 Basic Health Plan
- 6 The military, TriCare or the VA [If needed: TriCare used to be CHAMPUS]
- 7 The Indian Health Service
- 8 Or some other source
- 77 Don't know/Not Sure
- 99 Refused

If R currently uses tobacco or has quit in the past year (APC1 = 1, 2, 3, or 4 and ACU = 1 or 2), continue. Otherwise, go to the next section.

ARM2a Within the past year, have you heard about any programs in your community to help you quit using tobacco, such as classes, support groups or counseling services? (SAQ)

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

ARM2b Within the past year, did you participate in any kind of program, class or group to help you quit using tobacco? (SAQ)

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

**If R has health insurance coverage (Q2.1=1), continue.
Otherwise Go to ARM4.**

ARM3 Does your health insurance coverage pay for the cost of any help to quit using tobacco, such as a stop-smoking program or nicotine patches, pills, or other medications? (SAQ)

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

ARM3A During the past year, did you use nicotine patches, pills or other medication to help you quit using tobacco? (SAQ)

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

ARM4 Have you heard about the Washington State "Quit Line" – a telephone support service to help people quit using tobacco? (SAQ)

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

ARM4b Would you ever call a telephone support service for help in quitting tobacco? (SAQ)

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No
- 7 Don't know/Not Sure
- 9 Refused

ARM5 Have you called the Washington Tobacco Quit Line? (SAQ)

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

<<TIME: Section 28 >>

Section 29: Adult Current Motivations to Quit

(ACM)

**If R uses tobacco daily or occasionally (ATU=1 or ATU=2), continue.
Otherwise go to next section.**

ACM1 Would you like to quit using tobacco? (SAQ)

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

ACM2 Are you seriously considering quitting tobacco use within the next 6 months? (SAQ)

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

ACM3 Are you planning to stop within the next 30 days? (SAQ)

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

<<TIME: Section 29 >>

Section 30: Adult Home ETS

(AHE) – Secondhand Smoke rules and exposure at home

Now I have some questions about smoking in your home.

AB5 Which one of the following statements best describes the rules about smoking in your home... (SAQ)

- 1 No one is allowed to smoke anywhere inside your home.
- 2 Smoking is allowed at some places or at some times.
- 3 Smoking is permitted anywhere inside your home.
- or
- 4 There are no rules about smoking in my home.
- 7 Don't know/not sure
- 9 Refused

AHE1 How many people, including you, who live in your household currently smoke cigarettes, cigars, or pipes? (SAQ)

- Number of current smokers in household
- 88 No current smokers in household
- 77 Don't know/Not sure
- 99 Refused

AHE2 On how many of the past 30 days has anyone, including you, smoked anywhere inside your home? (SAQ)

- Number of people who smoked inside home
- 88 None
- 77 Don't know/Not sure
- 99 Refused

AHE3 If it were just up to you, would you let people smoke inside your home? (SAQ)

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

<<TIME: Section 30 >>

Section 31: Adult Workplace ETS

(AWE) – Secondhand Smoke Exposure at work

If employed (Q14.8=1 or 2), continue. Otherwise go to next section

Next we are interested in smoking policies at your workplace.

AWE2 When you are at work, do you spend most of your time in an ... (SAQ)

- 01 Office
- 02 Store
- 03 Restaurant
- 04 Warehouse or Factory
- 05 Home
- 06 Outdoors
- 07 Car or truck
- 08 Classroom
- 09 Hospital
- 10 Bar
- 88 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

AWE7 In a typical week, how many hours would you say that you are in a room or car with smoke from someone else's cigarettes, cigars, or pipe while you are at work? (SAQ)

- 01 One hour or less
- Number of hours
- 70 Seventy hours or more
- 88 None
- 77 Don't know/Not sure
- 99 Refused

<<TIME: Section 31>>

Section 32: Adult Knowledge ETS

(AKE) – Attitudes and Knowledge about Secondhand Smoke
[All respondents]

The next questions are about secondhand smoke. Secondhand smoke is the smoke from someone else's cigarettes, cigar, or pipe.

AKE1 In general, would you say that breathing secondhand smoke is... (SAQ)

- 1 Not at all annoying to you
- 2 A little bit annoying to you
- 3 Somewhat annoying to you
- 4 or Very annoying to you
- 7 Don't know/Not sure
- 9 Refused

AKE2 Would you say that breathing secondhand smoke is...

- 1 Not at all harmful
- 2 A little bit harmful
- 3 Somewhat harmful
- 4 or Very harmful
- 7 Don't know/Not sure
- 9 Refused

AKE9 Do you think that smoking should not be allowed at all in outdoor public areas where children may be present?

- 1 Yes, [Smoking should NOT be allowed at all]
- 2 No, [Smoking should be allowed]
- 7 Don't know/Not sure
- 9 Refused

AKE11 **In the past 12 months**, the **last** time you went to a restaurant or bar in Washington State, was anyone smoking cigarettes, cigars, or other tobacco products inside?

- 1 Yes
- 2 No
- 3 I did not go out to a bar or restaurant in Washington in the past 12 months
- 7 Don't know/Not sure
- 9 Refused

AKE12 Do you agree or disagree with the following statement: I go out to bars or restaurants more frequently now that smoking is not allowed.

- 1 Strongly Agree (I go out more often)
- 2 Somewhat Agree (I go out more often)
- 3 Somewhat Disagree (I don't go out more often)
- 4 Strongly Disagree (I don't go out more often)
- 5 I don't go to bars or restaurants
- 7 Don't know/Not sure
- 9 Refused

<<TIME: Section 32 >>

Section 33: Adult perception of Community Activities

(ACA) – Opinions about current activities and policies in local communities
[All respondents]

The next questions ask for your opinion about things that happen in your community.

ACA1b Local law enforcement officials should place a high priority on enforcing laws that ban the possession of tobacco products by minors. (children under 18). Do you agree or disagree? Somewhat or strongly? (SAQ)

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

ACA5 Have you seen or heard about any efforts or activities in your community or in schools to prevent or reduce tobacco use among youth? **[IF NEEDED: This could include part of your job.]**

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

If ACA5 = 2, go to ATK3. Otherwise, continue

ACA7 Some communities have organizations that specifically work on tobacco prevention activities. To your knowledge, has there been a local anti-tobacco or anti-smoking organization working in your community over the past few years?

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

<<TIME: Section 33 >>

Section 34: Adult Tobacco Knowledge

(ATK)

The next question asks for your opinion on a statement about the harm from tobacco use.

ATK3 There are so many things that cause cancer, tobacco use is not going to make any difference. Do you agree or disagree? Somewhat or strongly? (SAQ)

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

<<TIME: Section 34 >>

Section 35: Adult Recognition of State DOH Campaign Activities

(ASA)

Some organizations are conducting campaigns to convince youth not to start using tobacco, and motivate adults to quit.

ASA On an average weekday, how many hours do you watch TV? (SAQ)

- 8 I do not watch TV on an average week day
- 6 Less than 1 hour per day
- 1 1 hour per day
- 2 2 hours per day
- 3 3 hours per day
- 4 4 hours per day
- 5 5 or more hours per day
- 7 Don't know
- 9 Refused

ASA1 During the past 30 days, how often have you seen commercials on TV about the dangers of tobacco use, second hand smoke or about not smoking? (SAQ)

- 1 Every day
- 2 Couple times per week
- 3 Once per week
- 4 Couple times per month
- 5 Maybe once
- 6 Never Go to ASA2b
- 7 Don't know/Not sure **Go to ASA2b**
- 9 Refused **Go to ASA2b**

ASA1c Have you recently seen an anti-tobacco commercial on TV where a turkey is smoking a cigarette and they say "You can't rely on cold turkey alone."?

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

ASA2b During the past 30 days, how often did you hear commercials on the radio about the dangers of tobacco use or about not smoking?

- 1 Every day
- 2 Couple times per week
- 3 Once per week
- 4 2-3 times per month
- 5 Maybe once
- 6 Never
- 7 Don't know/Not sure
- 9 Refused

ASA3 During the past 30 days, how often have you seen advertisements about the dangers of tobacco use or about not smoking on billboards, posters, or buses?

- 1 Every day
- 2 Couple times per week
- 3 Once per week
- 4 Couple times per month
- 5 Maybe once
- 6 Never
- 7 Don't know/Not sure
- 9 Refused

<<TIME: Section 35 >>

Section 36: Adult Pro-Tobacco Influences

(API)

Some tobacco companies make promotions items like clothing, hats, bags or other things with their brand on it.

API1 Would you ever use or wear something that has a tobacco company logo or picture on it?

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

API3 During the past year have you received a free sample or coupon for a free sample of cigarettes or tobacco products?

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

API4 During the past year have you been somewhere, such as a concert or special event, where tobacco companies were having a promotion – for example, giving away free samples or having a special give-away?

- 1 Yes → Specify where (up to 3 responses API4a,b,c)
- 2 No
- 7 Don't know/Not sure
- 9 Refused

<<TIME: Section 36 >>

If there are no children age 10-17 in the home, go to next section.

Section 37: Adult Child Interactions

(ACI)

Now I have a question about the expectations you have for your children around tobacco use. As you answer these questions, I want you to think of **[CATI choose 1 child from those age 10-17]** specific child, age).

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

- 1 Yes
- 2 No [Go to next section]
- 9 Refused [Go to next section]

Only ask QACI2 if respondent is a parent or guardian of a child age 10-17 in the home

ACI2 Have you told your child specifically that you do not want him or her to smoke or use tobacco? (SAQ)

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

<<TIME: Section 37 >>

Section 38: Oral & Pharyngeal Cancer Screening

38.1 Have you ever had a check-up or an exam in which the dentist or doctor pulls out your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks, or feels your neck.

- 1 Yes
- 2 No Go to next section
- 7 Do Not Know/Not Sure **Go to next section**
- 9 Refused Go to next section

38.2 - What type of medical provider examined you when you had your last check-up for oral cancer?

- 1 Doctor/Physician
- 2 Nurse/Nurse Practitioner
- 3 Dentist
- 4 Dental Hygienist
- 7 Don't Know/Not Sure
- 9 Refused

<<TIME: Section 38 >>

Section 39: Dental Insurance Coverage

38.1 Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

- 1 Yes
- 2 No
- 7 DK/Not Sure
- 9 Refused

<<TIME: Section 39>>

Section 40: Home Heating

40.1. Do you currently have a stove that you use for heating or for pleasure in your home, such as a wood-burning stove, a pellet stove or a wood-burning insert in a fireplace? [IF NEEDED: If respondent indicates they have more than one stove, the question should be directed to the stove used most often.]

- 1 Yes, wood burning stove
- 2 Yes, pellet stove
- 3 Yes WOOD-BURNING fireplace insert
- 4 No, no wood or pellet stove or WOOD-BURNING fireplace insert
- 7 Don't know/Not sure
- 9 Refused

If answer to Q40.1= 1, 2, or 3, continue. Otherwise go to Q40.4

40.2. How often do you use your <insert correct text depending on response from Question 1: wood burning stove, pellet stove, wood-burning fireplace insert> during the winter, that is, from November to March? [IF NEEDED: Ask R to consider their use during the last year.]

- 1 Every day
- 2 Every other day
- 3 Once or twice a week
- 4 Less than once a week, more than once a month
- 5 Once a month or less
- 6 Never
- 7 Don't know/Not sure
- 9 Refused

**if answer to Q40.1 is wood burning stove (1), continue.
Otherwise go to Q40.4**

40.3. Is the stove certified? **[IF NEEDED: If R does not know, ASK: Was it purchased new in 1992 or later?]**

- 1 Yes, know that it's certified
- 2 Don't know if certified, but it is new since 1992
- 3 No, not certified/not new since 1992
- 7 Don't know/Not sure
- 9 Refused

40.4. Do you currently have a wood-burning fireplace that you use in your home?

- 1 Yes
- 2 Only the one with insert (covered in previous questions) **Go to next section**
- 3 No fireplace, fireplace not useable **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

40.5. How often do you use your wood-burning fireplace during the winter, that is, from November to March? **[IF NEEDED: Ask R to consider use during the last year.]**

- 1 Every day (6 or 7 times a week)
- 2 Every other day (3-5 times a week)
- 3 Once or twice a week
- 4 Less than once a week, more than once a month
- 5 Once a month or less
- 6 Never
- 7 Don't know/Not sure
- 9 Refused

<<TIME: Section 40>>

Section 41: Food Security

The next few questions are about having enough food to eat. Please tell me how often the statements are true for your household.

41.1 The first statement is "The food that [CATI insert I/we] bought] just didn't last, and [CATI insert I/we] didn't have money to get more." Was that often, sometimes, or never true for [CATI insert you/your household] in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true
- Do not read these responses**
- 7 Don't know/Not sure
- 9 Refused

41.2 [The next statement is] “[CATI insert I/We] couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for [CATI insert you/your household] in the last 12 months?

- 1 Often true
- 2 Sometimes true
- 3 Never true

Do not read these responses

- 7 Don’t know/Not sure
- 9 Refused

41.3 In the last 12 months, since [CATI insert month 12 months ago] did [CATI insert you/you or other adults in your household] ever cut the size of your meals or skip meals because there wasn’t enough money for food?

- 1 Yes
- 2 No Go to next section

Do not read these responses

- 7 Don’t know/Not sure
- 9 Refused

41.4 How often did this happen – almost every month, some months but not every month, or only 1 or 2 months?

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months

Do not read these responses

- 7 Don’t know/Not sure
- 9 Refused

<<TIME: Section 41 >>

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

Section 42a: Nutrition Labeling (King County, May & June only)

- 36.a1 In the past 30 days, about how often have you eaten food from a fast food or chain restaurant, either "take-out" or at the restaurant, itself? Would you say...**[IF NEEDED: "FAST FOOD OR CHAIN RESTAURANTS ARE RESTAURANTS WITH MULTIPLE LOCATIONS AND A COMMON MENU."]**

Please Read

- 1 = None or no times
- 2 = At least one time, but less than once a week
- 3 = Once a week or more

Do not read these responses

- 7 = Don't Know / Not Sure
- 9 = Refused

- 36.a2 We would like to know your opinion on requiring fast food and chain restaurants to display nutrition information, such as calorie and fat content, on menus or menu boards. Would you say you oppose or support this, or that you neither oppose nor support? **[WAIT FOR R TO ANSWER.] [IF OPPOSE OR SUPPORT: ask] Would that be strongly or somewhat? [ONLY IF NEEDED: "ARE YOU UNDECIDED OR HAVE NO OPINION?"]**

- 1 = Strongly oppose
- 2 = Somewhat oppose
- 3 = Neither support nor oppose
- 4 = Somewhat support
- 5 = Strongly support
- 6 = Undecided or no opinion
- 9 = Refused

Section 42: Nearest Intersection (King County only)

- 42.1. 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 42 >>

Section 43: 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 43>>

If there are children age 10-17 living in the home (AD12<88), continue. Otherwise go to closing comment.

Section 44: 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.]**

44.1 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]

44.2 Just to confirm, Are you the parent or guardian of the **[CATI insert age]** ___ year old? (SAQ)

- 1 Yes [Go to Q44.5]
- 2 No
- 9 Refused

44.3 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]

44.4 **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 of randomly chosen child]** ___ 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]

44.5 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 44 >>

<<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.