

**Washington State
Department of Health**



Behavioral Risk Factor Surveillance System

**Questionnaire 2007
Form A**

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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
Behavioral Risk Factor Surveillance System
2007 Questionnaire, Form A**

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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. **I will not ask for your last name, address, or other personal information that can identify you.** 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

[If R is selected from Clark County, continue. Otherwise go to Q 3.3.]

3.2a. When you are sick or need advice about your health, to which of the following places do you usually go? Would you say...

- 1 A doctor's office or HMO
- 2 A public health clinic or community health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 An urgent care center
- 6 Some other kind of place (specify: _____)
- 8 Or no usual place
- 7 Don't know/not sure (DO NOT READ)
- 9 Refused (DO NOT READ)

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

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. (248-250)

- 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 If "no," ask 05; if "yes," ask 03
 (\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02
 (\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01
 (\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If "no," code 02
- 0 5 Less than \$35,000 If "no," ask 06
 (\$25,000 to less than \$35,000)

0 6 Less than \$50,000 If “no,” ask 07
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)

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

_ _ _ _	Weight
(pounds/kilograms)	
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

_ _ _ _	Weight
(pounds/kilograms)	
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

_ _ _ _	Weight
(pounds/kilograms)	
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	Don't know / Not sure
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 [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? (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>>

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

State-Added Questions

Section 21: Childhood Asthma

21.1. Earlier you said there were **[fill in number from core Q12.7]** 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 Q21.2 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: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

**CATI note: If Core Q8.1 = 1 (Yes), ask Q22.1.
If Core Q8.1 = 2, 7, or 9, skip Q22.1. Go to Q22.2**

22.1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This sometimes called "rehab." (285)

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

**CATI note: If Core Q8.3 = 1 (Yes), ask Q22.2.
If Core Q8.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q22.2. Go to Q22.3**

22.2. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This sometimes called "rehab." (286)

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

Question 22.3 is asked of all respondents.]

22.3. Do you take aspirin daily or every other day? (287)

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

22.4. Do you have a health problem or condition that makes taking aspirin unsafe for you? If "Yes," ask **"Is this a stomach condition?"** Code upset stomach as stomach problems. (288)

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

<<Time; Section 22>>

CATI note: If Core Q6.1 = 1 (Yes); continue. Otherwise, go to next module.

Section 23: Actions to Control High Blood Pressure

Are you now doing any of the following to help lower or control your high blood pressure?

23.1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (289)

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

23.2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (290)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

23.3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (291)

- 1 Yes
- 2 No
- 3 Do not drink (alcohol)
- 7 Don't know / Not sure
- 9 Refused

23.4. (Are you) exercising (to help lower or control your high blood pressure)? (292)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

23.5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (293)

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

23.6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (294)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

23.7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (295)

- 1 Yes
- 2 No
- 3 Do not drink (alcohol)
- 7 Don't know / Not sure
- 9 Refused

23.8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (296)

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

23.9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (297)

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

23.10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? **If “Yes” and respondent is female, ask:** “Was this only when you were pregnant?” (298)

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

<<Time: Section 23>>

CATI note: If respondent is \leq 49 years of age, go to next module.

Section 24: Colorectal Cancer Screening

24.1. 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? (324)

- 1 Yes
- 2 No [Go to Q24.3]
- 7 Don't know / Not sure [Go to Q24.3]
- 9 Refused [Go to Q24.3]

24.2. How long has it been since you had your last blood stool test using a home kit? (325)

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

24.3. 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? (326)

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

24.4. For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT examination called a sigmoidoscopy or a colonoscopy? (327)

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

24.5. How long has it been since you had your last sigmoidoscopy or colonoscopy? (328)

Read only if necessary:

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

Do not read:

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

<<Time: Section 24>>

Section 25: Mental Illness & Stigma

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

25.1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (358)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

25.2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (359)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

25.3. During the past 30 days, about how often did you feel restless or fidgety ? **[If necessary: all, most, some, a little, or none of the time?]** (360)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

25.4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up? **[If necessary: all, most, some, a little, or none of the time?]** (361)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

25.5. During the past 30 days, about how often did you feel that **everything was an effort?** **[If necessary: all, most, some, a little, or none of the time?]** (362)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

25.6. During the past 30 days, about how often did you feel **worthless**? [If necessary: **all, most, some, a little, or none of the time?**]

(363)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

25.7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

[INTERVIEWER NOTE: If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.]

(364-365)

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

25.8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(366)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

- 25.9.** Treatment can help people with mental illness lead normal lives. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? **[INTERVIEWER NOTE: If asked for the purpose of Q25.9 or Q25.10: say: “Health Planners will use answers to these questions to help understand what people think about mental illness and its treatment. The answers will help to guide health education programs.”]** (367)

Read only if necessary:

- 1 Agree strongly
 - 2 Agree slightly
 - 3 Neither agree nor disagree
 - 4 Disagree slightly
 - 5 Disagree strongly
- Do not read:
- 7 Don't know / Not sure
 - 9 Refused

- 25.10.** People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? **[INTERVIEWER NOTE: If asked for the purpose of Q25.9 or Q25.10: say: “Health Planners will use answers to these questions to help understand what people think about mental illness and its treatment. The answers will help to guide health education programs.”]** (368)

Read only if necessary:

- 1 Agree strongly
 - 2 Agree slightly
 - 3 Neither agree nor disagree
 - 4 Disagree slightly
 - 5 Disagree strongly
- Do not read:
- 7 Don't know / Not sure
 - 9 Refused

<<Time: Section 25>>

Section 26: Sexual Violence - Deleted

Section 27: Intimate Partner Violence - Deleted

Section 28: Food Security

The next few questions ask about having enough food. Please tell me if the statement is often true, sometimes true or never true for your household.

28.1 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

28.2 [The next state 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

28.3 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

28.4 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 28 >>

If there are children living in the home (12.7 ≠ 88, 77, 99), continue.

Otherwise go to next section.

Section 29: Children’s Health Insurance

29.1 What is your primary type of health care coverage? Would you say.. (Q7R3L)

ONE ANSWER ONLY! READ CHOICES

- 1 Employer or union provided plan
- 2 Medicare
- 3 Medicaid
- 4 Plan bought on your own
- 5 A DSHS medical assistance program, such as GAU, Healthy Options, Children's Health, ADATSA, or Alien Emergency Medical
- 6 Military health care such as CHAMPUS, CHAMP-VA, TRICARE, or VA
- 7 Indian Health Service
- 8 Washington State Basic Health Plan
- 9 Plan of someone outside the household
- 10 Any other kind of coverage
- 11 No health insurance
- Do not read
- 77 Don't know
- 99 Refused

If household has no children (Q 12.7 = 77, 88, 99) then go to next section

29.2 Do all of the children in your household currently have the exact same health plan(s) as you? That is, the child/children aged: **[CATI insert ages of children]**
 <chldage01> <chldage02> <chldage03> <chldage04> <chldage05>
 <chldage06> <chldage07> <chldage08> <chldage09> <chldage10>
 Do all of the children in your household also have this/these plans? (Q7R3Z)

WILL HAVE BLANKS - READ ONLY ONES LISTED

- 1 Yes **Go to Next Section**
- 2 No
- 7 Don't know Go to Next Section
- 9 Refused Go to Next Section

29.3 Do all of the children in your household currently have some health care plan? (Q7R3Za)

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

29.3a What is your relation to the child/children in the household? Are you the ...

Please read 1-3 if more than one child in HH. Read 1 & 3 only if only one child in HH.

- 1 Parent or guardian of the child/all of the children
 - 2 Parent or guardian of some of the children (**do not read if only one child in HH**)
 - 3 Not a parent or guardian of the child/any of the children
- DO NOT READ THESE RESPONSES
- 7 Don't know
 - 9 Refused

If all children have health care insurance, (Q29.3 = 1), then go to next section.

29.4 Which children in your household do not currently have any health care plan? (WHICH)

- 1 Child aged <chldage1>
- 2 Child aged <chldage2>
- 3 Child aged <chldage3>
- 4 Child aged <chldage4>
- 5 Child aged <chldage5>
- 6 Child aged <chldage6>
- 7 Child aged <chldage7>
- 8 Child aged <chldage8>
- 9 Child aged <chldage9>
- 10 Child aged <chldage10>
- 77 Don't know
- 88 None of the children have a health care plan
- 99 Refused

29.5 I've recorded that the <chldage1>-year old child is not covered by a health plan. Is this correct? (I112V) [CATI repeat for each child age in 29.4]

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

<<TIME: Section 29 >>

If household has no children age 2-5 (Q 12.7), then go to next section

Section 30: 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.**

(Ask only if the randomly selected child is 4 or 5 years old. Otherwise skip to Q30.3)

30.1 Is the (age) child in kindergarten?

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

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," "youngest"] (age)-year-old child"]**

30.2 How many times have you or someone in your family read to this child in the past week? Would you say...

- 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

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

- 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 30 >>

Section 31: Family Caregiver

31.1 People may provide regular care or assistance to someone who has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend?

- 1 Yes
- 2 No
- 3 Yes, but family member or friend died in past 30 days
- 7 Don't know/Not sure
- 9 Refused

31.2. During the past month, have you been raising a child under age 19 whose parents are unable to take care of them? This does not refer to your own biological or adopted children.

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

If R answered "No," "family member or friend died" "Don't Know" or "Refused" to Q31.1 (31.1=2, 3, 7, 9) and "None," "Don't Know" or "Refused" to Q31.2 (31.2=77, 88, 99), Go to next section

31.3. What age is the person to whom you are/were giving care? IF CARING FOR MORE THAN ONE, ASK, "What is the age of the person to whom you are/were giving the most care?"

- __ __ Code age in years [0-115]
- 777 Don't know/Not sure
- 999 Refused

Ask Q31.4 if age of the person being cared for is 18 or older (Q31.3 >= 18).

31.4. Does/Did that person have a problem with memory loss or have a disorder like Alzheimer's Disease or a related dementia?

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

31.5. What is the gender of the person you are caring for?

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

9 Refused

31.6. What is [his/her/that person's] relationship to you? **[Code Gender]** [For example, is he your father or son/For example is she your mother or daughter]? **If more than one, ask "Which is the person you take care of the most often?"**

Do Not Read

- 1 Aunt
- 2 Brother
- 3 Daughter
- 4 Daughter-in-law
- 5 Father
- 6 Father-in-law
- 7 Friend
- 8 Granddaughter
- 9 Grandfather
- 10 Grandmother
- 11 Grandparent-in-law
- 12 Grandson
- 13 Husband
- 14 Mother
- 15 Mother-in-law
- 16 Neighbor
- 17 Nephew
- 18 Niece
- 19 Other Relative (SPECIFY: _____)
- 20 Client or patient
- 21 Partner
- 22 Sister
- 23 Son
- 24 Son-in-law
- 25 Uncle
- 26 Wife
- 27 Other non relative (SPECIFY: _____)
- 77 Don't Know or Not Sure
- 99 Refused

31.7. [Are/Were] you the primary person caring for this person?

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

The following questions will relate to [your (Code relationship reported above in Q31.6)/that person].

31.8. What do you think or what has a doctor said is the major health problem that **[your (Code relationship)/that person]** has? **CHECK ONE CONDITION ONLY.**

DO NOT READ

- 1 Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)
- 2 AIDS or HIV
- 3 Arthritis/rheumatism
- 4 Asthma
- 5 Cancer
- 6 Cerebral Palsy
- 7 Chromosomal anomaly
- 8 Dementia
- 9 Depression
- 10 Down's syndrome
- 11 Anxiety other emotional
- 12 Developmental delays
- 13 Diabetes
- 14 Eye/vision problem (blindness)
- 15 Hearing problems (deafness)
- 16 Heart disease
- 17 Hypertension/high blood pressure
- 18 Lung disease/emphysema
- 19 Multiple Sclerosis
- 20 Muscular Dystrophy
- 21 Osteoporosis
- 22 Parkinson's
- 23 Spinal Cord Injury (SCI)
- 24 Stroke
- 25 Traumatic Brain Injury (TBI)
- 26 Other (SPECIFY: _____)
- 27 Alzheimer's Disease
- 28 Obesity
- 88 No (other) problem or condition
- 77 Don't know/Not sure
- 99 Refused

31.9. Given this condition, with which TWO of the following areas **does/did [your (Code relationship)/that person]** most need your help? **READ 1-8 CHECK UP TO TWO RESPONSES**

- 01 Learning, remembering, & confusion
- 02 Seeing or hearing
- 03 Taking care of oneself, such as eating, dressing, bathing, or toileting
- 04 Communicating with others
- 05 Moving around
- 06 Getting along with people
- 07 Or feeling anxious or depressed
- 87 Minor child who needs care

- 08 Other (Specify: _____)
- 77 Don't Know
- 88 No (other) problem or condition
- 99 Refused

31.10. In addition to **[(Code condition from Q31.8)/the major health problem]**, does/did **[Code gender]** he/she/that person have any other health conditions that require/required your care, including those that may have resulted from **[Code gender]** his/her/their **[Code condition from Q31.8]**?

DO NOT READ

- 1 ADD/ADHD
- 2 AIDS/HIV
- 3 Arthritis/rheumatism
- 4 Asthma
- 5 Cancer
- 6 Cerebral Palsy
- 7 Chromosomal anomaly
- 8 Dementia
- 9 Depression
- 10 Down's syndrome
- 11 Anxiety other emotional
- 12 Developmental delays
- 13 Diabetes
- 14 Eye/vision problem (blindness)
- 15 Hearing problems (deafness)
- 16 Heart disease
- 17 Hypertension/high blood pressure
- 18 Lung disease/emphysema
- 19 Multiple Sclerosis
- 20 Muscular Dystrophy
- 21 Osteoporosis
- 22 Parkinson's
- 23 Spinal Cord Injury (SCI)
- 24 Stroke
- 25 Traumatic Brain Injury (TBI)
- 26 Other (SPECIFY: _____)
- 27 Alzheimer's Disease
- 28 Obesity
- 77 Don't know/Not sure
- 88 No (other) problem or condition
- 99 Refuse

31.11. For how long have/did you provided/provide care for your [Code relationship] ___? **DO NOT READ. Code using respondent's unit of time**

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 4 __ Years
- 777 Don't know/Not sure
- 999 Refused

If person cared for is a child (Q31.3<18) without a disability (Q31.8 = 88), go to Q31.14. Otherwise, continue.

31.12. In an average week, how many hours do/did you provide care for your [Code relationship/that person] because of [CATI code gender] his/her/that person's long-term illness or disability? **Confirm that the person gave hours per WEEK, not hours per day.**

DO NOT READ

__ __ [multiply hours per day to get hours per week]

1 6 8 24 hours care/168 hours or more

7 7 7 Don't know/ Not sure

9 9 9 Refused

If R doesn't know or refuses Q31.12 (777 or 999) Go to 31.14

31.13. Approximately how many of the hours that you just mentioned in an average week were for helping [your (Code relationship)/that person] with activities such as eating, dressing, bathing, toileting or helping with their medication? **[Check: hours for Q31.13 must not be more than hours for Q31.12.] Confirm that the person gave hours per week.**

DO NOT READ

__ __ [multiply hours per day to hours per week]

1 6 8 24 hours care/168 hours or more

7 7 7 Don't know/ Not sure

9 9 9 Refused

31.14. I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which TWO of the following is the greatest difficulty you have faced in your caregiving: **READ 1-8. CHECK UP TO TWO RESPONSES**

- 01 Caregiving creates a financial burden
- 02 Caregiving doesn't leave enough time for yourself
- 03 Caregiving doesn't leave enough time for your family
- 04 Caregiving interferes with your work
- 05 Caregiving creates or aggravates health problems
- 06 Caregiving affects your family relationships
- 07 Caregiving creates stress
- 08 Or some other difficulty (SPECIFY: _____)
- 77 Don't know/Not sure
- 88 No (other) difficulties
- 99 Refused

31.15. In the past 12 months have you sustained an injury while helping [your (Code relationship)/that person]?

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

If person cared for has no disability (Q31.1 = 2) but is a child (Q31.2 =1), go to Q31.17. Otherwise continue.

31.16. How far away do/did you live from [your (Code relationship)/that person]?

- 1 In the same house
- 2 Less than 20 minutes away
- 3 Between 20 & 60 minutes away
- 4 Between 1 & 2 hours away
- 5 Or more than two hours away
- 7 Don't know/Not sure
- 9 Refuse

31.17. If you need help with the caregiving you provide/provided, which TWO of the following services could help you most?

Please Read

- 1 Education about caregiving skills or health conditions
- 2 Family Consultation or counseling to address stress or family dynamics
- 3 Breaks from caregiving (e.g. Respite Care)
- 4 Money to pay for additional resources (i.e. supplies, equipment, etc.)
- 5 Information about local programs or services
- 6 Or some other service (SPECIFY: _____)

Do not read these choices

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

31.18. Are/Were you paid for the care you provide/provided? [If needed: Do not include financial assistance payments from programs such as TANF, SSI, SSDI, or Foster Parent payments.]

- 1 Yes (specify source _____)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

<<TIME: Section 31 >>

Section 32: Sexual Orientation

32.1. 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 32 >>

If respondent is female and age 50 or older, go to next section.

Section 33: Family Planning

The next few questions have to do with birth control. Your answers are confidential and you don't have to answer all the questions if you don't want to. **If respondent hesitates in answering any question in this series, repeat “You don't have to answer any question if you don't want to.”**

33.1 During the past 12 months, with how many people have you had sexual intercourse?

- ___ ___ Number [76 = 76 or more]
- 88 None [Go to Q33.8]
- 77 Don't know/Not sure
- 99 Refused

Female: If answer to Core Q12.21 “Are you currently pregnant?” is “yes,” go to Q33.8.

33.2 The last time you had sexual intercourse, did you or your partner use any method of birth control to keep [if female, insert “you”; insert “her” if male] from getting pregnant? Some methods of birth control people use to keep from getting pregnant include not having sex at certain times, the pill, hormonal implants, shots or Depo-Provera, patch, ring, condoms, diaphragm, IUD, having a tubal ligation (tubes tied), or having a vasectomy. **If needed: “Partner” means the person you had sex with the last time in the past 12 months.**

- 1 Yes [Go to Q33.6]
- 2 No
- 3 Same sex partner [Go to Q33.8]
- 7 Don't know/Not sure
- 9 Refused [Go to Q33.8]

33.3. Have you or your partner had a vasectomy, tubal ligation (tubes ties), or are sterile for some other reason? Other reasons include menopause (too old), infertility, or any health condition that would keep you or your partner from getting pregnant. **(INTERVIEWER: If yes, probe to have respondent specify. Record respondent's condition if both are sterile.)**

- 1 No
- 2 Vasectomy [Go to Q33.7]
- 3 Tubal ligation (tubes tied) [Go to Q33.7]
- 4 Sterile for other reason [Go to Q33.7]
- 7 Don't know/not sure
- 9 Refused

33.4. **FEMALES:** Are you currently trying to get pregnant?
MALES: Is your partner currently pregnant or trying to get pregnant?

- 1 Yes (Go to Q33.8)
- 2 No
- 7 Don't know/not sure
- 9 Refused

33.5. You indicated previously that you or your partner did not use a method of birth control the last time you had sexual intercourse. What was the main reason you did not use birth control the last time you had sexual intercourse?

- 1 SPECIFY: _____ [Go to Q33.7]
- 7 Don't know/not sure [Go to Q33.7]
- 9 Refused [Go to Q33.7]

33.6. What was the primary method you or your partner used to keep [if female, insert "you"; insert "her" if male] from getting pregnant? (**INTERVIEWER: Record respondent's condition if both have had sterilization procedures**)

Read Only if Necessary

- 1 Tubal ligation/tubes tied (sterilization)
- 2 Vasectomy (sterilization)
- 3 Pill
- 4 Condom
- 5 Foam, jelly, cream
- 6 Diaphragm
- 7 Implants (Norplant)
- 8 IUD
- 9 Shots (Depo-Provera)
- 10 Withdrawal
- 11 Not having sex at certain times (rhythm)
- 12 Patch
- 13 Ring
- 14 Other method: (SPECIFY: _____)
- 77 Don't know/not sure
- 99 Refused

33.7. How often during the past 12 months, when having sex, were you or your partner protected from getting pregnant either through using any method of birth control, or from you or your partner being sterile? Would you say...

IF NEEDED: Sterilization includes vasectomy, tubal ligation, hysterectomy, infertility, or any health condition that would keep a partner from getting pregnant.

- 1 Always protected when having sex, last 12 months
- 2 Unprotected only **one time**
- 3 Unprotected **several times**
- 4 Unprotected **many times**
- 5 Unprotected all the times when having sex, last 12 months
- Do not read these responses
- 7 Don't know/not sure
- 9 Refused

If respondent is age 18-49, continue. Otherwise, go to next section.

Now I have a couple questions about emergency contraceptive pills.

33.8 Have you ever heard about emergency contraceptive pills? These used to be called the "morning after pill." If taken by a female according to directions within 5 days after unprotected sex, they can prevent a pregnancy.

- 1 Yes
- 2 No Go to Next Section
- 7 Don't know/not sure **Go to Next Section**
- 9 Refused Go to Next Section

33.9 **FEMALES:** Have you ever used emergency contraceptive pills?
MALES: Have any of your partners ever used emergency contraceptive pills?

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

<<TIME: Section 33 >>

If respondent is age 18-25, continue. Otherwise go to next section.

Section 34: Youth Sexual Behavior

34.1. How old were you when you had sexual intercourse for the first time?

- Age
- 8 8 I have never had sexual intercourse. **Go to Next Section**
- 7 7 Don't Know/Not Sure
- 9 9 Refused

34.2. Was a condom used the first time you had sexual intercourse?

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

<<TIME: Section 34 >>

Section 35: Worker's Compensation Coverage

If the answer to Q 12. 9 (employment) is (3) Out of work for more than a year or (9) Refused, then Go to next section.

If the answer to Q 12. 9 (employment) is (1) Employed for wages, (2) Self-employed, or (4) Out of work less than a year, then go to Q35.2.

**If the answer to Q 12. 9 (employment) is (5) Homemaker, (6) Student, (7) Retired, or (8) Unable to work, then read statement:
We would like to know if you have worked in the last year.'**

35.1. During the past twelve months, have you been employed for any period of time, either part time, full time or self-employed?

- 1 Yes, employed full time or part time
- 2 No Go to next section
- 7 Don't know/Not Sure Go to next section
- 9 Refused Go to next section

'The next question is about whether you have had a work-related injury. As a reminder, your identity is confidential.'

35.2. During the past 12 months, that is since **[CATI insert one year before today's date]** were you injured seriously enough while performing your job that you got medical advice or treatment?

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

35.3. During the past 12 months, how many days of work did you miss because of your work-related injury or injuries?

- | | |
|---------|---------------------|
| 1 _ _ _ | Number of days |
| 7 7 7 7 | Don't Know/Not sure |
| 9 9 9 9 | Refused |

35.4. For your most recent work-related injury, who paid for your treatment?

Please read

- 01 Workers' compensation. **Go to next section**
- 02 Private Insurance.
- 03 Medicare, Medicaid.
- 04 Indian Health Service/Alaska Native Health Service.
- 05 The military, Veterans Administration or CHAMPUS. **Go to next section**
- 06 Federal government (OWCP program). **Go to next section**
- 07 You or your family; out of pocket.
- 08 Your employer through a workers' compensation claim. **Go to next section**
- 09 Your employer without a workers' compensation claim.
- 10 Your employer without a workers' compensation claim and through on-site medical treatment.
- 11 The union.
- 12 Other source. [**Specify:** _____]
- 13 Workers' compensation claim filed, still in process or not resolved. Go to next section

Do not read these responses

- 88 No one paid; no treatment. Go to next section
- 77 Don't know/not sure. Go to next section
- 99 Refused. Go to next section

35.5 For your most recent work-related injury, why was the treatment not paid for by workers' compensation?

Please read

- 01 You didn't know you could file a claim.
- 02 Your doctor did not want a claim to be filed.
- 03 You didn't want to file a claim because you were worried about retaliation
- 04 The workers compensation claim was rejected
- 05 Your employer paid for treatment
- 06 No claim was filed because you were not covered by workers compensation
- 07 Some other reason? [**Specify:** _____]

Do not read these responses

- 88 No reason given
- 77 Don't Know/Not Sure
- 99 Refused Go to next Section

<<TIME: Section 35 >>

Section 36a: 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 36: Nearest Intersection (King County only)

- 36.1. 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: _____ [record first intersection. Verify spelling.
Probe to include directional: N, S, E, W, NE, NW, SE, SW and whether
Street, Road or Avenue, etc.]

and

Intersecting Street: _____ [Record second intersection. Verify spelling. Probe to include directional: N, S, E, W, NE, NW, SE, SW and whether Street, Road or Ave, etc.]

- 77 Don't know
- 99 Refused

36.2 I recorded that the intersections were: <str1> and <str2>. Is this correct?

- 1 Yes, both correct
- 2 No, first or both incorrect
- 3 No, second incorrect

<<TIME: Section 36 >>

Section 37: 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 37 >>

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

Section 38: 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.**

38.1 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

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

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

38.3 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

38.4 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 |

38.5 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 38 >>

<<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.