
State of Washington

Behavioral Risk Factor Surveillance System Questionnaire Form A 2004

Based on CDC version December 19, 2003

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^a 2004 QUESTIONNAIRE

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Introduction

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

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

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

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

Number of Adults _____ (-)

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

If "1" Are you the adult?

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

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

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

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

[CATI system chooses one adult by random selection process]

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

To correct respondent:

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

All Respondents:

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

IF NEEDED:

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

If Respondent refuses, ask:

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

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

<<TIME: Introduction>>

CDC Core Questions

Section 1: Health Status

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

Please read

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

Or

- 5 Poor

Do not read

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

Section 2: Healthy Days

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/Refused
- 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 are 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

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?"** (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 the cost? (82)

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

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? (83)

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

Section 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

- 5.1. Things like dust, mold, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building? **[NOTE: “If respondent has experienced an illness or symptom within the past 12 months that was caused by something in the air he or she encountered more than 12 months ago, the answer is “yes.”]** (84)

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

- 5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors? **[NOTE: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent has experienced an illness or symptom within the past 12 months that was caused by something in the air he or she encountered more than 12 months ago, the answer is “Yes.”]** (85)

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

Section 6: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

- 6.1 Have you had a sunburn within the past 12 months? (86)

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

6.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (87)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know/Not sure
- 9 Refused

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life? [5 packs=100 cigarettes] (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. Do you now smoke cigarettes every day, some days, or not at all? (89)

- 1 Every day
- 2 Some days
- 3 Not at all **Go to next section**
- 9 Refused **Go to next section**

7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (90)

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

Section 8: Alcohol Consumption

- 8.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (91-93)

1__ __ Days per week
2__ __ Days in past 30
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 **Go to next section**

- 8.2. On the days when you drank, about how many drinks did you drink on the average? (94-95)

__ __ Number of drinks
7 6 76 or more
7 7 Don't know/Not sure
9 9 Refused

- 8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (96-97)

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

- 8.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (98-99)

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

Section 9: Asthma

- 9.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma? (100)

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? (101)

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

Section 10: Diabetes

10.1. Have you ever been told by a doctor, nurse or other health professional 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.] (102)

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

10.2. How old were you when you were told you have diabetes? (195-196)

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

10.3. Are you now taking insulin? (197)

- 1 Yes
2 No
9 Refused

10.4. Are you now taking diabetes pills? (198)

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

10.5. 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. (199 - 201)

- 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

10.6. 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. (202 - 204)

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

10.7. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (205)

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

10.8. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (206-207)

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

- 10.9. 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”? (208-209)

___ ___ 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

If “no feet” to Q10.6, go to Q10.11

- 10.10. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (210-211)

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

- 10.11. 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. (212)

Read only if necessary:

1 Within the past month (anytime less than 1 month ago)
 2 Within the past year (1 month but less than 12 months ago)
 3 Within the past 2 years (1 year but less than 2 years ago)
 4 2 or more years ago
 8 Never

Do not read

7 Don’t know/Not sure
 9 Refused

- 10.12. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (213)

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

10.13. Have you ever taken a course or class in how to manage your diabetes yourself? (214)

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

Section 11: Oral Health

11.1. How long has it been since you last visited a dentist or a dental clinic for any reason?
Include visits to dental specialists, such as orthodontists. (103)

Read Only if Necessary

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

Do not read

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

11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
Include teeth lost due to "infection." [NOTE: If wisdom teeth were removed because of tooth decay or gum disease, they should be included in the count for lost teeth.] (104)

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

IF Q11.1 = 8 (NEVER) OR Q11.2 = 3 (ALL), GO TO NEXT SECTION

11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (105)

Read only if necessary

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

Do not read

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

Section 12: Immunization

12.1. During the past 12 months, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season. **Read if necessary: We want to know if you had a flu shot injected in the arm.** (106)

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

12.2. During the past 12 months, have you had a flu vaccine sprayed in your nose? (107)

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

12.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (108)

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

Section 13: Demographics

13.1. What is your age? (109-110)

- __ __ Code age in years (99= age 99 or older) **Go to Q13.2**
- 0 7 Don't know/Not sure
- 0 9 Refused

13.1b In which of these age categories do you belong? [SAQ]

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

13.2. Are you Hispanic or [if male] Latino [if female] Latina?? (111)

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

13.3. Which one or more of the following would you say is your race? [NOTE: If Respondent gives an answer of "Hispanic," "Mexican," or something similar, please probe: "Are you White-Hispanic, Black-Hispanic, Asian Hispanic, Pacific Islander and Hispanic, American Indian and Hispanic or some other race and Hispanic?"] (112-117)
[Code all that apply (up to six choices)]

Please read

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

Or 6 Other [specify] _____

Do not read

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

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

13.31 Which one or more of the following best describes your Asian or Pacific Islander heritage? [361-362]

[INTERVIEWER NOTE: If the respondent cuts you off, please finish reading the choices by saying, "So you're not...."]

- 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)
- 77 Don't know/Not sure
- 99 Refused - DO NOT READ

If more than one response to Q13.3a-f or to 13.31, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (118)

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

13.5 Are you? (119)

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

13.6 How many children less than 18 years of age live in your household? (120-121)

- ___ ___ Number of children
8 8 None **Go to Q13.7**
9 9 Refused **Go to Q13.7**

13.6a How many of these children are age 10-17? [SAQ 363]

- ___ ___ Number of children aged 10-17
8 8 None
9 9 Refused

13.6b What is the age of [that child/those children]? [**Record ages of up to six children**] [SAQ 365-376]

- ___ ___ Age of child/ren age 10-17
8 8 None
9 9 Refused

13.7 What is the highest grade or year of school you completed? (122)

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

13.8. Are you currently? **Please read** (123)

- 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

13.8a What kind of business or industry do you work in? (SAQ)

[Record answer] _____
99 Refused

13.8b What is your job title? If no job title, ask "What kind of work do you do?" (SAQ)

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

13.9 Is your annual household income from all sources . . . (124-125)

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

INTERVIEWER NOTE: Pause briefly after each income choice to allow respondent to say "Yes" or "No." Stop reading when they pick a one.

Read as appropriate

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

Do not read

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

13.10. About how much do you weigh? (126-129)

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

Round fractions up ↑
 _____ Weight *pounds/kilograms*
 7 7 7 7 Don't know/Not sure
 9 9 9 9 Refused

13.11. About how tall are you without shoes? (130-133)

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

Round fractions down ↓
 ____/____ Height
ft/inches/meters/centimeters
 7 7 7 7 Don't know/Not sure
 9 9 9 9 Refused

13.12. What county do you live in? (134-136)

- | | | |
|--------------|------------------|-----------------|
| 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

13.12a What is your ZIP code? **IF NEEDED SAY: I mean the ZIP code of your residence, that is, where you live.** [SAQ]

9 Don't know/Refused

13.13. 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. (137)

1 Yes
2 No **Go to Q13.15**
7 Don't know/Not sure **Go to Q13.15**
9 Refused **Go to Q13.15**

13.14. How many of these phone numbers are residential numbers? (138)

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

13.15. During the past 12 months, has your household been without telephone service for 1 week or more? [**Note: Do not include interruptions of phone service because of weather or natural disasters.**] (139)

1 Yes
2 No **Go to Q13.16**
7 Don't know/Not sure **Go to Q13.16**
9 Refused **Go to Q13.16**

13.15a 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

13.16. Indicate sex of respondent. Ask only if necessary. (140)

1 Male **Go to next section**

2 Female

If respondent 45 years old or older, go to next section.

13.17. To your knowledge, are you now pregnant? (141)

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

Section 14: Veteran Status

14.1 The next question relates to military service. 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? (142)

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

14.2 Which of the following best describes your service in the United States Military? (143)
Please read:

- 1 Currently on active duty (**Go to next section**)
- 2 Currently in a National Guard or Reserve unit (**Go to next section**)
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

Do not read:

- 7 Don't know/not sure (**Go to next section**)
- 9 Refused (**Go to next section**)

14.3 In the last 12 months have you received some or all of your health care from VA facilities? **If "Yes" probe for "all" or "some" of the health care.** (144)

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know/Not sure
- 9 Refused

Section 15: Women's Health**If respondent is male, go to next section.**

- 15.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (145)
- 1 Yes
 - 2 No **Go to Q15.3**
 - 7 Don't know/Not sure **Go to Q15.3**
 - 9 Refuse **Go to Q15.3**

- 15.2. How long has it been since you had your last mammogram? (146)

Read only if necessary

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

- 15.3. A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (147)
- 1 Yes
 - 2 No **Go to Q15.5**
 - 7 Don't know/Not sure **Go to Q15.5**
 - 9 Refused **Go to Q15.5**

- 15.4. How long has it been since your last breast exam? (148)

Read only if necessary

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (149)

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

15.6 How long has it been since you had your last Pap test? (150)

Read only if necessary

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

If response to Q13.17 is 1 (is pregnant), go to next section

15.7. Have you had a hysterectomy? **[IF NECESSARY: A hysterectomy is an operation to remove the uterus (womb).]** (161)

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

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to next section.

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (152)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't know/Not sure **Go to Q 16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last PSA test? (153)

Read only if necessary

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

Do not read

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

16.3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (154)

- 1 Yes
- 2 No **Go to Q16.5**
- 7 Don't know/Not sure **Go to Q16.5**
- 9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (155)

Read only if necessary

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

Do not read

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

16.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (156)

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

- 16.6 Has your health care provider ever talked to you about prostate cancer screening tests?[SAQ]
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 17: Colorectal Cancer Screening

If respondent is 49 years old or younger, go to next section.

- 17.1. 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? (157)
- 1 Yes
 - 2 No **Go to Q17.3**
 - 7 Don't know/Not sure **Go to Q17.3**
 - 9 Refused **Go to Q17.3**

- 17.2. How long has it been since you had your last blood stool test using a home kit? (158)

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

- 17.3. 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? (159)
- 1 Yes
 - 2 No **Go to next section**
 - 7 Don't know/Not sure **Go to next section**
 - 9 Refused **Go to next section**

17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (160)

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

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

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

Section 18: Family Planning

If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- 18.1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert you], if male, insert her] from getting pregnant? (161)
[NOTE: If more than one partner, consider usual partner.]

- 1 Yes
- 2 No (Go to Q18.3)
- 3 No partner/not sexually active Go to next section
- 4 Same sex partner Go to next section
- 7 Don't know / Not sure Go to next section
- 9 Refused Go to next section

- 18.2. What are you or your [CATI: if female, insert "husband/partner", if male, insert "wife/partner"] doing now to keep [if female, insert "you," if male, insert "her"] from getting pregnant? [NOTE: If R names more than one method, ask which is the "main" method. If R uses 2 or more methods equally, record the first one that R mentions. If R and partner use different methods equally, record the method that R uses.] (162-163)

Read only if necessary

- 01 Tubes tied Go to next section
- 02 Hysterectomy (female sterilization) Go to next section
- 03 Vasectomy (male sterilization) Go to next section
- 04 Pill, all kinds (Seasonale, etc.) Go to Q18.4
- 05 Condoms (male or female) Go to Q18.4
- 06 Contraceptive implants (Jadelle or Implants) Go to Q18.4
- 07 Shots (Depo-Provera) Go to Q18.4
- 08 Shots (Lunelle) Go to Q18.4
- 09 Contraceptive Patch Go to Q18.4
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) Go to Q18.4
- 11 IUD (including Mirena) Go to Q18.4
- 12 Emergency contraception (EC) Go to Q18.4
- 13 Withdrawal Go to Q18.4
- 14 Not having sex at certain times (rhythm) Go to Q18.4
- 15 Other method (foam, jelly, cream, etc.) Go to Q18.4

Do not read

- 77 Don't know / Not sure Go to Q18.4
- 99 Refused Go to Q18.4

- 18.3 What is your main reason for not doing anything to keep [CATI: **if female, insert “you,” if male, insert “your wife/partner”**] from getting pregnant? (164-165)

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization) (**Go to next section**)
- 09 You or your partner had a vasectomy (sterilization) (**Go to next section**)
- 10 You or your partner had a hysterectomy (**Go to next section**)
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason (Specify: _____)
- 15 Don't care if get pregnant
- 16 Partner is pregnant now (**Go to next section**)

Do not read

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

- 18.4 How do you feel about having a child now or sometime in the future? Would you say: (166)

Please read

- 1 You don't want to have one **Go to next section**
- 2 You do want to have one **Go to Q18.5**
- 3 You're not sure if you do or don't **Go to next section**

Do not read

- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

- 18.5 How soon would you want to have a child? Would you say: (167)

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 5 or more years from now

Do not read

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

Section 19: Disability

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

19.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (168)

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

19.2. 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? (169)

Include occasional use or use in certain circumstances

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

Section 20: HIV/AIDS

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

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

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

20.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. [Would you say "True" or "False?"] (170)

- 1 True
- 2 False
- 7 Don't know/Not sure
- 9 Refused

20.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. [**Would you say “True” or “False?”**] (171)

- 1 True
- 2 False
- 7 Don't know/Not sure
- 9 Refused

20.3. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. **Include saliva tests** (172)

- 1 Yes
- 2 No **Go to Q20.10**
- 7 Don't know/ Not sure **Go to Q20.10**
- 9 Refused **Go to Q20.10**

20.4. In the past 12 months, how many times have you been tested for HIV, including times you did not get your results: (173-174)

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

20.5. Not including blood donations, in what month and year was your last HIV test? [**NOTE: if HIV test occurred before January 1985, enter year as 7777 - Don't know/not sure. Enter month: If respondent doesn't remember month or year, PROBE for respondent's best guess.**] (175-180)

Include	— — / — — — —	Code month and year
saliva tests	7 7 7 7 7 7	Don't know/Not sure
	9 9 9 9 9 9	Refused

20.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the **MAIN** reason for your last HIV test? (181-182)

- 01 It was required
 - 02 Someone suggested you should be tested
 - 03 You thought you may have gotten HIV through sex or drug use
 - 04 You just wanted to find out whether you had HIV
 - 05 You were worried that you could give HIV to someone
 - 06 IF FEMALE: You were pregnant
 - 07 It was done as part of a routine medical check-up
 - 08 Or you were tested for some other reason
- Do not read**
- 77 Don't know/Not sure
 - 99 Refused

20.7. Where did you have the HIV test – at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else? (183-184)

- Facility code
- 01 Private doctor or HMO
 - 02 Counseling and testing site
 - 03 Hospital
 - 04 Clinic
 - 05 Jail or prison
 - 06 Drug treatment facility
 - 07 At home
 - 08 Somewhere else
- Do not read**
- 77 Don't know/Not sure
 - 99 Refused

If Q20.7 is "04" (clinic) continue, if Q20.7 is "07" (at home) go to Q20.9, else go to Q20.10

20.8. What type of clinic did you go to for your last HIV test? (185)

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 7 Other
- 8 Don't know/Not sure

9 Refused

20.9 Was this test done by a nurse or other health worker, or with a home testing kit? (186)

- 1 Nurse or health worker
- 2 A home test kit
- 7 Don't know/Not sure
- 9 Refused

20.10. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

You have used intravenous drugs in the past year.

You have been treated for a sexually transmitted or venereal disease in the past year.

You have given or received money or drugs in exchange for sex in the past year

You had anal sex without a condom in the past year

Do any of these situations apply to you? (187)

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

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

20.11. In the past 12 months, has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (188)

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

Section 21: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

21.1. Are any firearms kept in or around your home? (189)

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

21.2. Are any of these firearms now loaded? (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**

21.3. Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (191)

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

State-Added Questions – CDC Optional Modules

Section 22: Adult Asthma History

If "Yes" to core Q9.1, continue...

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

22.1. How old were you when you were first told by a doctor, nurse or other health professional that you had asthma? (256-257)

- __ __ Age in years 11 or older [96 = 96 and older]
- 9 7 Age 10 or younger
- 9 8 Don't know/Not sure
- 9 9 Refused

If "Yes" to Core Q9.2, continue...

22.2. During the past 12 months, have you had an episode of asthma or an asthma attack? (258)

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

22.3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (259-260)

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

22.4. [**If one or more visits to Q3, CATI fill in "Besides those emergency room visits,"**]
During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment o worsening asthma symptoms? (261-262)

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

22.5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma? (263-264)

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

22.6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (265-267)

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

- 22.7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say . . .? (268)

Please read

- 8 Not at any time **Go to Q22.9**
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time

Or 5 Every day, all the time

Do not read

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

- 22.8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say . . . (269)

Please read

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

Or 5 More than ten

Do not read

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

- 22.9. During the past 30 days, how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. Would you say . . . (270)

Please read

- 8 Didn't take any
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Once every day

Or 5 Two or more times every day

Do not read

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

Section 23: Childhood Asthma**If "No children" to core Q13.6, go to next module**

- 23.1. Earlier you said there were [fill in number from core Q13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (271-272)

__ __ Number of children
 8 8 None **Go to next module**
 7 7 Don't know/Not sure **Go to next module**
 9 9 Refused **Go to next module**

- 23.2. [CATI insert Does this child/How many of these children) from Q23.1] still have asthma? [If only one child from Q23.1 and response is "Yes" to Q23.2, code '01'. If response is "No", code '88'.] (273-274)

__ __ Number of children
 8 8 None
 7 7 Don't know/Not sure
 9 9 Refused

Section 24: Cardiovascular Disease

- 24.1.. To lower your risk of developing heart disease or stroke, are you eating fewer high fat or high cholesterol foods? (288)

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

- 24.2. [To lower your risk of developing heart disease or stroke, are you . . .] Eating more fruits and vegetables? (289)

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

24.3. [To lower your risk of developing heart disease or stroke, are you . . .]
More physically active? (290)

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

24.4. Within the past 12 months, has a doctor, nurse, or other health professional told you to
eat fewer high fat or high cholesterol foods? (291)

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

24.5 [Within the past 12 months, has a doctor, nurse, or other health professional told you to]
Eat more fruits and vegetables? (292)

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

24.6 [Within the past 12 months, has a doctor, nurse, or other health professional told you to]
Be more physically active? (293)

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

24.7. Has a doctor, nurse or other health professional ever told you that you had any of the
following?. A heart attack, also called a myocardial infarction (294)

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

24.8. [Has a doctor, nurse or other health professional ever told you that you had]
Angina or coronary heart disease (295)

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

24.9. [Has a doctor, nurse or other health professional ever told you that you had]
A stroke (296)

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

If "Yes" to Q24.7, continue. Otherwise, go to Q24.11.

24.10 At what age did you have your first heart attack? (297-298)

- 1 0 Code ages 10 years or less
- __ __ Code age in years
- 0 7 Don't know/Not sure
- 0 9 Refused

If "Yes" to Q24.9, continue. Otherwise, go to Q24.12.

24.11. At what age did you have your first stroke? (299-300)

- 1 0 Code ages 10 years or less
- __ __ Code age in years
- 0 7 Don't know/Not sure
- 0 9 Refused

If "Yes" to question 24.7 or 24.9, continue. Otherwise, go to Q24.13.

24.12. After you left the hospital following your [CATI insert "heart attack" if "yes" to Q24.7 or Q24.7 and Q24.9; fill in "stroke" if "Yes" to Q24.9 and "No" to Q24.7], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."(301)

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

9 Refused

If respondent is aged 35 years or older continue with Q24.13, otherwise go to the next section.

24.13. Do you take aspirin daily or every other day? (302)

- 1 Yes **Go to Q24.15**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

24.14. 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] (303)

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

24.15. Why do you take aspirin? Is it to relieve pain? (304)

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

24.16. [Why do you take aspirin? Is it . . .] To reduce the chance of a heart attack? (305)

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

24.17 [Why do you take aspirin? Is it . . .] To reduce the chance of a stroke? (306)

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

Washington State Questions:**Section 25: Social Capital**

25.1. Now on a different topic, Generally speaking, would you say that:

A-most people can be trusted or

B-that you can't be too careful in dealing with people?

1 Most people can be trusted

2 You can't be too careful

DO NOT READ

3 Depends (only if respondent volunteers this)

7 Don't know/Not sure

9 Refused

Section 26: Colorectal Cancer Screening Questions

If respondent 49 years old or younger, go to next section

The next few questions ask about cancer screening tests.

26.1. Have you ever talked about colorectal cancer screening tests with a health care provider?

1 Yes

2 No

7 Don't Know/ Not Sure

9 Refused

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

1 Yes

2 No

7 Don't Know/ Not Sure

9 Refused

Ask 26.3.a (never) if response to Q18.1 is "No" (2).

26.3a. Earlier, you said that you have never had a blood stool test. What is the most important reason that you have not had a blood stool test?

Ask 26.3b.(past year) if response to Q18.1 is “Yes” (1) and Q18.2 is 2, 3, or 4 (>1 year ago).

26.3b. Earlier, you said that you have not had a blood stool test in the past year. What is the most important reason that you did not have a blood stool test in the past year?

DO NOT READ THESE RESPONSES

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

Ask 26.4a (never) if response to Q18.3 is “No” (2).

26.4a. Earlier, you said that you have never had a sigmoidoscopy or colonoscopy. What is the most important reason that you have never had a sigmoidoscopy or colonoscopy?

Ask 26.4b (last 5 years) if response to Q18.3 is “Yes” (1) and Q18.4 is 4 or 5 (>5 years ago).

26.4b. You said that you have not had a sigmoidoscopy or colonoscopy in the last 5 years. What is the most important reason that you did not have a sigmoidoscopy or colonoscopy in the past 5 years?

DO NOT READ THESE RESPONSES

- 1 Not recommended by doctor/never suggested
- 2 Not needed/Not necessary
- 3 Never heard of a blood stool test
- 4 Don't know enough about the test/Need more information, etc.
- 5 Cost/Not covered by insurance/Have no insurance
- 6 Lazy, procrastinating—just didn't get around to it
- 7 Too busy, don't have time, no time
- 8 I'm anxious/afraid to get one

- 9 I'm embarrassed/ashamed/it's private
 10 It's messy/I don't want to do the preparation/It's too much trouble.
 11 I don't think about colorectal cancer—focus on other diseases/cancers
 (breast, prostate, etc)
 12 I only go to a doctor when I'm sick/never go to doctors
 13 Colorectal cancer is not relevant to me (I'm too old, too young, only men
 get it, I feel fine, etc.)
 88 Other (SPECIFY: _____)
 77 Don't know/Not sure
 99 Refused

Section 27: Varicella Zoster Virus

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

27.1 In the past 12 months, [have you/how many members of your household] had chickenpox?

- ___ ___ Number
 8 8 None **Go to Q6**
 7 7 Don't know/Not sure **Go to Q6**
 9 9 Refused **Go to Q6**

How old were they when they got chickenpox? [Up to 6 people.]

27.2 Oldest person:

- ___ ___ ___ Age (years)
 7 7 7 Don't know/Not sure
 9 9 9 Refused

27.3. Second oldest person:

- ___ ___ ___ Age (years)
 7 7 7 Don't know/Not sure
 9 9 9 Refused

27.4. Third oldest person:

- ___ ___ ___ Age (years)
 7 7 7 Don't know/Not sure
 9 9 9 Refused

27.5a. Fourth oldest person:

— — — Age (years)
7 7 7 Don't know/Not sure
9 9 9 Refused

27.5b. Fifth oldest person:

— — — Age (years)
7 7 7 Don't know/Not sure
9 9 9 Refused

27.5c. Sixth oldest person:

— — — Age (years)
7 7 7 Don't know/Not sure
9 9 9 Refused

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

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

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

27.7. How old were (you/they) when they developed shingles? **[If more than one person, list age of each person, for example, "next person age — —"]**

— — — Age (years)
7 7 7 Don't know/Not sure
9 9 9 Refused

Section 28: Orientation

28.1 Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be A. Heterosexual, that is, straight; B. Homosexual, that is gay or lesbian; C. Bisexual, or D. other? 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 to.]**

IF NEEDED: If you would like to talk with someone, you may call (CATI insert hot line number for county).]

- 1 A. Heterosexual, that is, straight
- 2 B. Homosexual, that is gay or lesbian
- 3 C. Bisexual or
- 4 D. Other [Specify: _____]

Do not read these responses

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

Section 29: Fish Consumption

Next, I have several questions about eating fish.

- 29.1. I'm going to read you a statement about eating fish and I would like you to tell me if you agree or disagree with the statement. The statement is "Fish are healthy to eat."
Do you agree or disagree? **PROBE:** Would that be strongly or somewhat?

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree strongly
- 4 Disagree somewhat
- 7 Don't know/No opinion
- 9 Refused

- 29.2. This next question is about sport-caught fish caught in Washington State waters. "Sport-caught fish" means that you didn't buy it at a store; rather it was caught by you, a friend or a relative. In the past 12 months, have you eaten any sport-caught fish caught in the waters of Washington State?

- 1 Yes
- 2 No **Go to Q29.4**
- 7 Don't Know/ Not Sure **Go to Q29.4**
- 9 Refused **Go to Q29.4**

- 29.3. In the past 30 days, how often did you eat sport-caught fish caught in Washington State waters? [**IF NEEDED: "per day, per week or per month"**]

- 1 ___ Times per Day
- 2 ___ Times per Week
- 3 ___ Times per Month
- 8 8 8 Never/ Not at all

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

29.4. Not including canned tuna or shellfish such as crab, clams, and shrimp; in the past 30 days, how often did you eat either fresh or frozen store bought fish, including fish items such as fish sticks? This would also include restaurant meals.

- 1 ___ Times per Day
- 2 ___ Times per Week
- 3 ___ Times per Month
- 8 8 8 Never/ Not at all
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

29.5. In the past 30 days, how often did you eat canned tuna?

- 1 ___ Times per Day
- 2 ___ Times per Week
- 3 ___ Times per Month
- 8 8 8 Never/ Not at all **Go to 29.7**
- 7 7 7 Don't know/Not sure **Go to 29.7**
- 9 9 9 Refused **Go to 29.7**

29.6. What kind of canned tuna do you usually eat? Is it... **PLEASE READ 1-3**

- 1 Albacore tuna, also called solid white or chunk white,
 - 2 Light tuna, such as solid light or chunk light, or
 - 3 No one particular kind
- Do not read**
- 7 Don't Know/ Not Sure
 - 9 Refused

29.7. In the past 12 months, have you read, seen, or heard any health advice that recommends limiting the amount of fish you eat because of mercury contamination? This does not include advice about eating shellfish such as crab, clams, and shrimp.

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

29.8. In the past 12 months, how much have you read or heard about limiting the amount of fish you eat because of mercury contamination? On a scale of 1 to 7, where 1 means "you've heard nothing at all" and 7 means "you've heard a lot", how much would you say you've heard or read about fish contaminated with mercury?

- 1 I've heard nothing at all **Go to next section**
 2
 3
 4
 5
 6
 7 I've heard a lot
 77 Don't Know/ Not Sure **Go to next section**
 99 Refused **Go to next section**

29.9. And, where did you learn about this advice? [**Code all responses**]

- 01 Newspaper
 02 Television
 03 Radio
 04 Fishing license
 05 Brochures or flyers
 06 Your health care provider
 07 Friend/Family member
 08 Signs at fishing locations
 09 Newsletters
 10 Magazines
 11 Internet
 88 Other (SPECIFY: _____)
 77 Don't know/Not sure
 99 Refused

29.10. When you heard this advice did you feel it applied to you?

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

29.11. And did you follow this advice?

- 1 Yes
 2 No

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

Section 30: West Nile Virus

30.1. The next set of questions are about mosquitoes and the West Nile virus. [CATI insert **Jan-June: "During last summer in 2003, did you take . . ."** **July-August: "During this summer have you taken . . ."** **September-December "During the most recent summer, did you take . . ."**] any precautions to avoid getting mosquito bites, or not?

- 1 Yes, have taken precautions
- 2 No, have not taken precautions
- 7 Don't know/Not sure
- 9 Refused

30.2. During [CATI insert **Jan-June: "last summer in 2003, did you do . . ."** **July-August: "this summer have you done . . ."** **September-December "the most recent summer, did you do . . ."**] any of the following things to avoid getting mosquito bites? Have you. . . (UP TO 7 RESPONSES)

Please Read

- 1 Worn long-sleeved shirts or other protective clothing outdoors
- 2 Replaced or repaired window screens
- 3 Avoided going outside during the peak mosquito hours of dawn or dusk
- 4 Removed standing water from spare tires, gutters, bird baths, kiddie pools, or other places where water collects
- 5 Used a bug zapper or other device in your yard
- 6 Avoided activities or areas that would have brought you in contact with mosquitoes
- 7 Used mosquito repellent on your skin or clothing

Do Not Read

- 8 None of the above
- 77 Don't know/Not sure
- 99 Refused

If Q30.2 =7 (Used repellent), continue. Otherwise go to Q4.

30.3. What type of mosquito repellent did you use? (UP TO 3 RESPONSES)

- 1 Off, Cutter, or some other mosquito repellent containing DEET
- 2 Skin-so-soft or some other mosquito repellent containing citronella
- 3 Or some other kind of mosquito repellent (SPECIFY: _____)

Do Not Read

- 8 None of the above/Did not use repellent

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

30.4. During the past 12 months, have you seen or read any information in the media about precautions to take to avoid getting the West Nile virus, or haven't you seen or read such information?

- 1 Yes, have seen or read information
- 2 No, have not seen or read information
- 7 Don't know/Not sure
- 9 Refused

30.5. Where did you see or hear about these precautions? (**PROBE TO FIT. UP TO 7 RESPONSES**)

- 1 Newspaper
- 2 TV
- 3 Radio
- 4 Printed brochure
- 5 Internet
- 6 Toll free information line
- 7 Magazine
- 88 Other (SPECIFY: _____)
- 77 Don't know/Not sure
- 99 Refused

Section 31: Household Mold

31.1. And now on a different topic, during the past 5 years, has your home had water damage from a leaky roof, pipe or window, or from flooding indoors? This could be damage such as wall stains, blistered paint, warped floors or damaged carpets. **[IF NEEDED: includes all homes in past five years.]**

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

31.2. During the past 12 months, has any part of your home had a moldy or musty smell?

- 1 Yes
- 2 No

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

31.3. During the past 12 months, have you seen mold or mildew that covers an area at least the size of a dollar bill on any walls, ceilings, floor or around bathroom fixtures inside your home?

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

Section 32: Family Violence

The next few questions are about abuse that may have happened to you as a child, before you were 18 **Although these questions are about your childhood, if I learn about child abuse or neglect that may be happening now to someone under 18, I have to report it to Child Protective Services.** With this one exception, your answers are confidential. You don't have to answer a question if you don't want to and you can stop the interview at any time.

32.1. Before you were 18, was there any time when you were punched, kicked, choked, or received a more serious physical punishment from a parent or other adult guardian?

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

32.2. Before you were 18, did anyone ever touch you in a sexual place or make you touch them when you did not want them to?

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

32.3. As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked or otherwise physically hurt by their spouse or partner?

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

9 Refused

32.4. Has anyone, male or female, ever forced you to have vaginal, oral or anal sex by using force or threatening to harm you or someone close to you?

- 1 Yes
- 2 No **Go to Q32.8**
- 7 Don't know/Not sure **Go to Q32.8**
- 9 Refused **Go to Q32.8**

32.5. Was this person a male or a female?

- 1 Male
- 2 Female
- 7 Don't Know/Not Sure
- 9 Refused

32.6. How old were you? **[If respondent volunteers that it happened more than once, ask "How old were you the first time it happened?"]**

- ___ ___ Age (years)
- 7 Don't Know/Not Sure
- 9 Refused

32.7. Who did this to you – what relationship did this person have to you? **[If more than one person, code "other" (88) and indicate all the relationships]**

SPOUSE: PROBE FOR "current," "divorced," or "separated"
BOY/GIRL FRIEND: PROBE FOR "current" or "former"

- 1 Father
- 2 Mother
- 3 Stepfather
- 4 Stepmother
- 5 Mother's boyfriend
- 6 Father's girlfriend
- 7 Brother
- 8 Sister
- 9 Grandparent

Spouse

- 10 Current spouse
- 11 Divorced spouse
- 12 Separated spouse

Boyfriend

- 13 Current boyfriend
- 14 Former boyfriend
- Girlfriend**
- 15 Current girlfriend
- 16 Former girlfriend

- 17 Date
- 18 Friend or acquaintance
- 19 In-law
- 20 Stranger
- 88 Other (Specify: _____)
- 77 Don't Know/Not Sure
- 99 Refused

32.8. Now I'd like to ask you some questions about your relationships with current or former intimate partners. An intimate partner is a current or former husband, wife, girlfriend, boyfriend or dating partner.
In the past 12 months, did an intimate partner push, hit slap, kick, choke or physically hurt you in any other way?

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

32.9. In the past 12 months, did an intimate partner limit your activities, threaten you or make you feel unsafe in any other way?

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

COMMENT: These issues are sometimes difficult and uncomfortable to talk about. I really appreciate your answering these questions. If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number – if you'd like to write it down – is **1-800-562-6025**. You can also find the number in the telephone book in the **State Government** section under **“Social and Health Services, Domestic Violence Hotline.”** **[IF NEEDED: The Department of Social and Health Services operates the hotline.]**

Section 33: Reactions to Race

Earlier I asked you about your race. Now I will ask you some questions about reactions to your race.

- 33.1. How do *other people* usually classify you in this country? Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (please specify)

Do not read

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

- 33.2. Within past 12 months, on average, were you treated better than, worse than, or the same as people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race

Do not read

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

- 33.3. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? **[NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."]**

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race

Do not read

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

33.4. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

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

33.5. Within the past 30 days, have you experienced any physical symptoms, for example a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

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

Section 34: 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.

- 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

[Continue if adult responded previously that there are children living in home age 10-17 (13.6a ≠ 88, 99). Otherwise, go to Closing Comment.]

Section 35: Youth Survey Transition Section

- 35.1. We are also studying the health knowledge and behaviors of children, to help plan and evaluate tobacco prevention health programs. I would also like to interview **[if only one child: “the child,” If more than one child in the home “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 the child tells us will be held in the strictest confidence, and that he or she can refuse to participate at any time.

Earlier, you said that there is/are **[CATI Insert number]** child/children living in your home who is/are ten to seventeen years old. Are you the parent or guardian of **[if only one child: “the”; if more than one child, CATI make random selection of one child & insert the child’s age: “the __-year old”]** child?

- 1 Yes
- 2 No **Go to Q3**
- 9 Refused **Go to closing statement**

- 35.2 May I have your permission to talk to **[If only one child age 12-17, CATI insert “your” If more than one child 12-17, CATI insert “your (insert age) __-year old”]** child about this survey and invite his or her participation?

- 1 Yes **Go to Q5**
- 2 No **Go to closing statement**

- 35.3 May I speak to parent or guardian of the **[If more than one child, CATI insert age: “__-year-old]** child?

- 1 Yes **continue. If not available, schedule call-back.**
- 2 No **Go to closing comment**
- 9 Refused **Go to closing comment**

- 35.4 **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 your **[CATI insert age]** year-old child. The interview will take about 15 minutes. I 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 the [CATI insert age] year-old child about this survey and invite his or her participation?

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

35.5 Is (he)/(she) available?

- 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.

Closing Comment – Adult Survey

That's my last question. Thank you very much. Your answers and everyone else's will be combined to give us information that is important for improving public health in our state.. Thank you very much for your time and cooperation.

Youth Tobacco Telephone Survey

BRFSS 2004

AGES 10-17

Please make sure that these variables from adult survey are linked to this dataset:

- ✓ **Sequence number**
- ✓ **County**
- ✓ **Zip code**
- ✓ **Number of phone in home**
- ✓ **Number of youth aged 10-17 in home**

Other data can be obtained (e.g. income) using a linking identifier, but we need to make certain that the variables above come through directly onto the dataset.

Introduction

Hello, I'm _____ calling from Gilmore Research for the Washington State Department of Health. We have talked to your parent or guardian, and (he)/(she) has given me permission to talk to you about taking part in a survey about your personal use of tobacco and what you think about tobacco. The survey will take about 15 minutes. I will not tell your answers to your parents or anyone else. You don't have to do this survey if you don't want to, and you can stop at any time. Also if there is a question that is uncomfortable for you, or you do not want to answer, just tell me and we can skip over it.

May I ask you the questions right now?

Do you have a private place to answer our questions right now? [if NO, prompt to find privacy or schedule call-back]

Youth General (YG) – Background questions about youth participants

First we have a few general questions about you.

YG1 How old are you?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 99 Refused

YG2 Record Gender

- 1 Male
- 2 Female

YG3 What grade are you in?

- 04 4th
- 05 5th
- 06 6th
- 07 7th
- 08 8th
- 09 9th (freshman)
- 10 10th (sophomore)
- 11 11th (junior)
- 12 12th (senior)
- 13 Not in school – dropped out
- 14 Not in school – diploma/GED completed
- 15 College/vocational program
- 16 Don't know/Not sure
- 99 Refused

YG4 Putting them all together, on average, what grades do (did) you usually get in school?

- 1 Mostly As
- 2 Mostly As and Bs
- 3 Mostly Bs
- 4 Mostly Bs and Cs
- 5 Mostly Cs
- 6 Mostly Cs and Ds
- 7 Mostly Ds
- 8 Mostly Ds and Fs
- 9 Mostly Fs
- 98 Don't know
- 99 Refused

YG5 Are you Hispanic or Latino?

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

YG6 Which one or more of the following would you say is your race? (Check all that apply. May have up to six responses. If more than six, use "Other" and list.)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- Or**
- 6 Other [Specify _____]
- Do not read these responses**
- 8 No Additional choices
- 7 Don't know / Not sure
- 9 Refused

If more than one response to YG6 continue, otherwise skip to next question

YG7 Which one of these groups would you say best represents your race?

- 1 White

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

if youth's age = 15-17, continue. Otherwise, skip to next section

YG8 Not counting chores around your home, how many hours per week are you currently working for pay?

- 1 None, not currently working
- 2 4 hours or less per week
- 3 5-10 hours a week
- 4 11-20 hours a week
- 5 21-30 hours a week
- 6 31 or more hours a week
- 7 Don't know/Not sure
- 9 Refused

Youth Cigarette History (YCH) – Youth History of Cigarette Use

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

YCH1 Have you ever, even once in your life, smoked a whole cigarette?

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

YCH3 How many cigarettes have you smoked in your entire life? (Note: 5 packs=100 cigarettes)

- | | |
|---|---|
| 1 | One |
| 2 | 2-5 |
| 3 | 6-15 |
| 4 | 16-25 5 26-99 (more than a pack, but less than 5 packs) |
| 6 | 100 or more (5 packs or more) |
| 7 | Don't know/Not sure |
| 9 | Refused |

YCH6 During the past 30 days, on how many days did you smoke cigarettes?

- | | |
|----|-----------------------------|
| -- | Number of days, 1-30 |
| 88 | None 77 Don't know/Not sure |
| 99 | Refused |

Youth Tobacco History (YTH) – History of Other Tobacco Use Among Youth

YTH1 Have you ever tried using smokeless tobacco, like chew, dip, or snuff? [IF NEEDED Such as Copenhagen, Kodiak, Redman, or Beechnut?]

- | | |
|---|----------------------|
| 1 | Yes |
| 2 | No Go to YTH3 |
| 7 | Don't know/Not Sure |
| 9 | Refused |

YTH2 On how many of the past 30 days did you use smokeless tobacco products?

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

YTH3 Have you ever tried smoking cigars?
[IF NEEDED: Such as Swisher Sweets, philly blunts]

- | | |
|---|---------------------------|
| 1 | Yes |
| 2 | No → skip to next section |
| 7 | Don't know/Not Sure |

9 Refused

YTH4 On how many of the past 30 days did you smoke cigars?

88 None
77 Don't know/Not Sure
99 Refused

Coding for Current Youth Tobacco Use Status

Current Youth Tobacco Use Status (**YTU**):

1 Current Regular Tobacco User (if $YCH6 \geq 20$ or $YTH2 \geq 20$ or $YTH4 \geq 20$)
Youth has used cigarettes, smokeless, or cigars on at least 20 of the past 30 days

2 Current Occasional Tobacco User (if $1 \leq YCH6 \leq 19$ or $1 \leq YTH2 \leq 19$; or
 $1 \leq YTH4 \leq 19$)

Youth has used cigarettes, smokeless, or cigars on at least one, but less than 20, of the past 30 days

3 Current Non-Tobacco User [if $YCH6 = 0$ or $YCH1 = 2$] & [$YTH1 = 2$ or $YTH2 = 0$] &
[$YTH3 = 2$ or $YTH4 = 0$]

Youth has not used any type of tobacco in the past 30 days

Current Youth Cigarette Use (**YCU**):

1 Current Regular Smoker (if $YCH6 \geq 20$)
Youth has smoked cigarettes on at least 20 of the past 30 days

2 Current Occasional Smoker (if $1 \leq YCH6 \leq 19$ & $YCH3 > 2$)

Youth has smoked cigarettes on at least 1, but less than 20, of the past 30 days, and has smoked 6 or more cigarettes in lifetime

3 Ex- Smoker (if $YCH6 = 0$ & $YCH3 = 6$)

Youth has not smoked cigarettes during the past 30 days, but has smoked at least 100 in lifetime

4 Experimental Smoker (if $YCH6 = 0$ & $YCH3 \leq 5$ & $1 \leq YCH3$; or $YCH3 \leq 5$)

Youth has not smoked within the past 30 days, and has smoked one or more but fewer than 100 cigarettes in lifetime, or youth have smoked 5 or less cigarettes in lifetime (at any time).

5 Never-Smoker (if YCH1=2)

Youth has never tried smoking cigarettes

If current regular or occasional tobacco user (YTU=1 OR 2), continue. Otherwise go to next section.

Current Youth Access to Tobacco (YAT)

YAT2 How do you usually get your tobacco? **DO NOT READ, CODE RESPONSE.**
Multiple responses OK.

- 01 Buy in a store
- 02 Buy from vending machine
- 03 Buy from a person
- 04 Asked friend to purchase for me
- 05 Asked stranger to purchase for me
- 06 Borrowed or bummed from friends
- 07 Borrowed or bummed from people I don't know
- 08 Adult or parent gave to me
- 09 Take from a store without paying
- 10 Take from adults or parent when they don't know
- 11 Find on ground or in ashtrays
- 12 Some other way
- 77 Don't know/Not sure
- 99 Refused

AGES 14-17 only, otherwise skip to next section

YAT3 During the past 30 days, did you try to buy tobacco from a store?

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

YAT4 When you tried to buy tobacco from a store, were you asked for ID?

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

YAT5 When you tried to buy tobacco from a store, were you able to actually buy it?

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

If current regular (YTU=1) , continue. Otherwise go to next section.

Youth Past Motivations to Quit (YPM

If YTU=1]

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

YPM1 Do you agree or disagree with the following statement. People close to me are upset by my using tobacco? Do you agree or disagree? Somewhat or strongly?

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

YPM5 Do you know about any support groups, counseling, or other ways to help young people where you live quit using tobacco?

- 1 Yes
- 2 No **Go to next section Go to YPM7**
- 7 Don't know/Not sure
- 9 Refused

YPM6 Have you ever attended a support group, counseling, or other program to help you quit using tobacco?

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

YPM7 Have you heard about the Washington State “Quit Line” – a telephone support service to help people quit using tobacco?

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

YPM8 Would you ever call a telephone support service for help in quitting tobacco?

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

If current regular tobacco user (YTU=1), continue. Otherwise go to next section.

Youth Current Motivations to Quit (YCM)

YCM1 During the past 12 months, did you ever try to quit using tobacco?

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

YCM2 Do you want to stop using tobacco right now?

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

DROP THIS SERIES (FOR 2004 AT LEAST)

Youth Tobacco Knowledge (YTK)

The next questions ask for your opinion on some statements about the harm from tobacco use.

YTK1 Please tell me if you agree with this statement: “A pregnant woman could hurt her unborn baby if she smokes.” Do you agree or disagree? Somewhat or strongly?

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

YTK3 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?

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

YTK4 If you smoked regularly and wanted to quit, do you think that you could stop anytime you wanted to? Would you say Yes or No? Definitely or probably?

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

Youth Social Pressures (YSP)

Tell me how much you agree or disagree with the following statements...

YSP1b I don't want to set a bad example for younger kids by smoking. Do you...

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

YSP2 In general, how do you think people your age feel about teens using tobacco, do they think of it as...

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

YSP3 How wrong do you think your friends feel it is for people your age to use tobacco, do they think of it as...

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

YSP4 In general, what percentage of people your age smoke cigarettes, in your opinion?

- Percentage
- 777 Don't know/Not sure
- 999 Refused

YSP5 Do you agree with this statement: "People who join anti-tobacco groups are people I like or would like to be around. Do you agree or disagree? somewhat or strongly?"

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

YSP6 Here is another statement: “Smoking sometimes makes a person more attractive.” Do you agree or disagree? somewhat or strongly?

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

YSP7 Do you agree with this statement: “People who smoke are people I like or would like to be around. Do you agree or disagree? somewhat or strongly?

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

Youth Susceptibility Scales (YSS)

YSS1 If you wanted to get some cigarettes or tobacco, how easy would it be for you to get some...

- 1 Very hard
- 2 Sort of hard
- 3 Sort of easy
- 4 Very easy
- 7 Don't know/Not sure
- 9 Refused

YSS2 Do you think you will smoke a cigarette anytime during the next year?

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

YSS3 Do you think you will be smoking cigarettes when you are an adult?

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

YSS4 If one of your best friends offered you a cigarette, would you smoke it?

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

Sensation Seeking Behavior (SSB)

[from a standard battery provided by Drs. Austin & Pinkleton at WSU – to assess degree of impact of tobacco prevention among sensation-seeking youth]

I am going to read a few statements about your life in general. Tell me whether you agree or disagree with these statements.

SSB1 I like to be around people who party.

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

SSB2 I do not like to do things that are against the rules.

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

SSB3 I like to do things that are a little risky or dangerous.

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

Youth Industry Perceptions (YIP)

The next set of questions asks about your opinions and feelings about the tobacco industry. These are the companies that make and sell cigarettes or other kinds of tobacco.

YIP1 I feel angry with cigarette companies. Do you agree or disagree? Somewhat or strongly?

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

YIP2 I don't want to be influenced by cigarette ads. Do you agree or disagree? Somewhat or strongly?

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

YIP3 I want to fight back against the tobacco industry. Do you agree or disagree? Somewhat or strongly?

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

YIP4 Tobacco companies should have the same right to advertise their products as other companies. Do you agree or disagree? Somewhat or strongly?

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

YIP5 Some tobacco companies make promotional items like clothing, hats, bags or other things with their brand name or picture on it. 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

YIP6 Do you currently have a piece of clothing or another item with a tobacco company logo or picture on it?

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

AGE 14-17 only, otherwise skip to next section

YIP7 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
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Youth School Influences (YSI)

[replace YIP7 with this question in this series]

YSIA *This set of questions asks about anti-tobacco education and school programs.* During the past 12 months in school, did any older teens come to your class to talk about the dangers of tobacco use?

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

YSI1 During the past 12 months in school, have you practiced ways to say “No” to tobacco, for example in role playing?

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

YSI2 Again thinking of the past 12 months in school, how many times did you receive information in classes about the health hazards and dangers of tobacco use? **[IF NEEDED: on different days]**

- 0 None **Go to YSI4**
- 1 Once
- 2 2 or 3 times
- 3 4 or more times
- 7 Don't know/Not sure
- 9 Refused

YSI3 Did the tobacco education you received during the last year make you think that you should not smoke or use chewing tobacco?

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

YSI4 Do you think that your principal and teachers think it's important that people your age not smoke or use tobacco?

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

YS15 Is there a rule about not using tobacco in your school?

- 1 Yes
- 2 No → skip to YS16
- 7 Don't know/Not sure
- 9 Refused

YS15b How strongly is the rule enforced?

- 1 It is not enforced
- 2 It is sometimes enforced
- 3 It is strictly enforced
- 7 Don't know/Not sure
- 9 Refused

YSI6 Are there places near your school where people your age get together and smoke?

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

Youth Prevention Messages (YPM)

Have any of the following people ever talked with you about the dangers of using tobacco...

ROTATE SEQUENCE YPM1-YMP5

YPM1 A Doctor?

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

YPM3 Your father, or male guardian? **[IF NEEDED: Has this person ever talked with you about the dangers of using tobacco?]**

- 1 Yes
- 2 No
- 3 Do not have father/male guardian
- 7 Don't know/Not sure
- 9 Refused

YPM4 Your mother, or female guardian? **[IF NEEDED: Has this person ever talked with you about the dangers of using tobacco?]**

- 1 Yes
- 2 No
- 3 Do not have mother/female guardian
- 7 Don't know/Not sure
- 9 Refused

YPM5 One of your friends. **[IF NEEDED: Has this person ever talked with you about the dangers of using tobacco?]**

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

YPM6 Have your parents or guardians specifically told you that they do not want you to use tobacco?

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

Youth Knowledge ETS (YKE) – Attitudes and Knowledge about Secondhand Smoke

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

YKE1 In general, would you say that breathing secondhand smoke is...

- 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

YKE2 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

Youth Home Exposure to ETS (YHE)

YHE1 On how many of the past 30 days has anyone smoked anywhere inside your home?
The CATI script had "including you" – please delete

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

YHE2 If it were just up to you, would you let people smoke inside your home?

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

If youth is employed (YG7=1), continue. Otherwise go to next section.

Youth Workplace ETS (YWE) – Secondhand Smoke Exposure at work

Next we are interested in smoking policies where you work.

YWE1 When you are at work, do you spend most of your time in an ...

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

YWE3 In a typical week, how many hours would you say that you are in a room or car with secondhand smoke while you are at work?

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

These questions are about more general safety issues in your workplace. [From Mary Miller at Labor & Industries child workplace safety program]

YWE6 Have you ever been injured on the job?

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

YWE7 Has any on-the-job injury or exposure that you experienced ever interfered with doing other activities like school, sports, or other extracurricular or recreational activities?

- 1 Yes
- 2 No

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

YWE8 Have you ever received safety training in the workplace?

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

Youth Empowerment/Mobilization Activities (YEA)

The next questions ask about things you might have done to help fight tobacco.

YEA1 During the past year, have you participated in any rally, conference, or meeting with other people your age to fight tobacco use?

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

YEA2 During the past year, did you participate in any activities to encourage other youths to say "no" to tobacco – for example, through youth groups, health fairs, or presentations to younger children?

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

YEA5 How likely would you be to wear something that has an ANTI-tobacco message or logo on it, like a hat or t-shirt?

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely
- 7 Don't know/Not sure
- 9 Refused

YEA6 Do you currently have a piece of clothing or other item with an ANTI-tobacco message or logo on it?

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

On a scale of 1 to 7, where 1 is "strongly disagree" and 7 is "strongly agree", how much do you agree with the following

YEA7 I can have an effect on whether other teenagers use tobacco.

- 1-7
- 9 Don't know/refused

YEA8 I can have an effect on whether my friends use tobacco. **[IF NEEDED:** On a scale of 1 to 7, where 1 is "strongly disagree" and 7 is "strongly agree", how much do you agree with the statement?]

- 1-7
- 9 Don't know/refused

Youth Media Campaign (YMC)

The next few questions ask about an anti-tobacco media campaign.

YMC1 Do you have cable TV or a satellite dish in your household?

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

YMC2 On an average school day, how many hours do you watch TV?

- 0 I do not watch TV on an average school day
- 1 1 hour or less per day
- 2 2 hour 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

YMC3 During the past 30 days, how often did you see commercials on TV 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

YMC4 On an average school day, how many hours do you listen to the radio?

- 0 I do not listen to radio on an average school day
- 1 1 hour or less per day
- 2 2 hour 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

YMC5 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

Youth Conclusion

That is all the questions that I have. Thank you very much for your time. Your answers and everyone else's will be combined to give us information that is important for improving public health in our state.

YOUTH RESPONSE -- FOR INTERVIEWER (YRI)

YRI1 Do you think that someone was listening in on another phone?

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

YOUTH TOBACCO SURVEY – 2004 GENERAL “IF NEEDED” STATEMENTS

- **I work for** Gilmore Research Group, a research firm in Seattle. Our company has been hired by the Department of Health to conduct this study.
- If you would like to talk to **my supervisor** to verify this information, please call 800-573-4498 (King County 206-726-5582). Please say that you are calling about the tobacco telephone survey.
- If you would like to speak with someone at the **Department of Health** to verify that our company is doing this study, you can speak with Julia Dilley at 877-380-5788 (toll free). You can also call your local health department for more information.
- If you are interested in help to quit using tobacco, please call the **Quit Line** toll-free at 1-877-270-STOP (7867).
- **If you have questions** about how the survey was developed, and how the information we are collecting will be used, please call Julia Dilley at the Department of Health toll-free at 1-877-380-5788
- If you have **concerns about this survey**, please call Julia Dilley at the Department of Health at 1-877-380-5788
- **(for youth)** If you want to find out about how to get involved in anti-tobacco activities in your community, look at the youth website www.outrageavenue.com
- **How many?** This interview is one of nearly (10,000 adult/3,000 youth) being conducted across the state, with enough interviews per county to estimate regional changes in tobacco-related attitudes.
- The **results** of this survey will be used to set health department goals for education and program development. They will also be used to measure progress for the Statewide Tobacco Prevention and Control Program. The Department of Health wants to help young people learn to avoid starting to use tobacco, and help people who have already started to stop.
- **Why me/my child?** We are talking to randomly selected adults, teens, and older children in this survey because it is important to hear about tobacco-related opinions from all of these groups.
- **Why my child?** It is well-established that tobacco use generally starts when people are in their middle school or teen years. The Department of Health feels that it is particularly important to understand the opinions and pressures these young people are experiencing. For this reason, a random sample of youth age 12-17 across the state is included in the study. Your household is part of the scientific sample representing all households in the state. We really value having your child take part in this interview, if you would be willing to allow us to ask him or her.
- **What do you say to my child?** I'll explain the study to your child, who can refuse the interview if he/she really doesn't want to do it. We can also skip over a question if your child does not want to answer. We can stop the interview at any time.