



**2008 Questionnaire, Form A**

**Behavioral Risk Factor Surveillance System**

Based on Behavioral Surveillance Branch version December 20, 2007

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

Supported in part by  
Cooperative Agreement U58/CCU022819-05

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**Washington State  
Behavioral Risk Factor Surveillance System  
2008 Questionnaire**

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## Interviewer’s Script

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

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

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

Is this a cellular telephone? **Read only if necessary:** By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.  
**If "yes,"** Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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

Number of Adults \_\_\_\_\_ ( - )

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

**If "1"** Are you the adult?

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

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

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

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



**[CATI system chooses one adult by random selection process]**

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

**To correct respondent:**

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

**All Respondents:**

The interview may be monitored for quality assurance, but all information obtained in this study will be confidential. **I will not ask for your last name, address, or other personal information that can identify you.** After the interview is completed, the data will be stored on a secure network, with your phone number permanently erased after one year. Information sent to researchers always leaves out your telephone number and any information that could identify you.

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

**IF NEEDED:**

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

**If Respondent refuses, ask:**

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

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

<<TIME: Introduction>>

## Core Sections

### Section 1: Health Status

---

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

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

**Do not read:**

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

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

---

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

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

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

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

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

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



### Section 3: Health Care Access

---

- 3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 3.2 Do you have one person you think of as your personal doctor or health care provider? **If "No," ask:** "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)
- 1 Yes, only one
  - 2 More than one
  - 3 No
  - 7 Don't know / Not sure
  - 9 Refused
- 3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)
- 1 Within past year (anytime less than 12 months ago)
  - 2 Within past 2 years (1 year but less than 2 years ago)
  - 3 Within past 5 years (2 years but less than 5 years ago)
  - 4 5 or more years ago
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused

## Section 4: Sleep

---

The next question is about getting enough rest or sleep.

- 4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

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

## Section 5: Exercise

---

- 5.1 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? (86)

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

## Section 6: Diabetes

---

- 6.1 Have you ever been told by a doctor that you have diabetes? (87)

**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.**

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

- 6.2. How old were you when you were told you have diabetes? (229-230)

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



6.3. Are you now taking insulin? (231)

- 1 Yes
- 2 No
- 9 Refused

6.4. 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. (232-234)

- 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

6.5. 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. (235-237)

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

6.6. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (238-239)

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

6.7. 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"? (240-241)

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

**CATI note: If Q6.5 = 555 (No feet), go to Q6.9.**

6.8. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(242-243)

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

6.9. 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. (244)

**Read only if necessary:**

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

**Do not read:**

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

6.10. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(245)

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



6.11. Have you ever taken a course or class in how to manage your diabetes yourself? (246)

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

## Section 7: Oral Health

---

7.1 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. (88)

**Read only if necessary:**

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

7.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. (89)

**NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

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

**CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.**

7.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

**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

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

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

## Section 8: Cardiovascular Disease Prevalence

---

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

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

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

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

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



- 8.3 (Ever told) you had a stroke? (93)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 9: Asthma

---

- 9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)
- 1 Yes
  - 2 No [Go to next section]
  - 7 Don't know / Not sure [Go to next section]
  - 9 Refused [Go to next section]

- 9.2 Do you still have asthma? (95)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 10: Disability

---

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

- 10.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 10.2 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? (97)

**Include occasional use or use in certain circumstances.**

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

## Section 11: Tobacco Use

---

- 11.1 Have you smoked at least 100 cigarettes in your entire life? (98)

**NOTE: 5 packs = 100 cigarettes**

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

- 11.2 Do you now smoke cigarettes every day, some days, or not at all? (99)

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

- 11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

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

## Section 12: Demographics

---

- 12.1 What is your age? (101-102)

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



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

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

12.2 Are you Hispanic or Latino? (103)

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

12.3 Which one or more of the following would you say is your race? (104-109)  
(Check all that apply)

Please read:

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

**Or**

- 6 Other [specify]\_\_\_\_\_

**Do not read:**

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

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

12.3a Which one or more of the following best describes your Asian or Pacific Islander heritage? **[INTERVIEWER NOTE: If the respondent cuts you off, please finish reading the choices by saying, "So you're not...." ]** (SAQ)

- 01 Native Hawaiian (NH./PI)
- 02 Chinese
- 03 Japanese
- 04 Korean
- 05 Filipino (NH./PI)
- 06 Vietnamese
- 07 Laotian
- 08 Cambodian
- 09 Asian Indian
- 10 Samoan (NH./PI)
- 11 Guamanian (NH./PI) or Chamorro (NH./PI)
- 88 Or something else (specify: \_\_\_\_\_)
- DO NOT READ
- 77 Don't know/Not sure
- 99 Refused

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

12.4 Which one of these groups would you say best represents your race? (110)

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

Do not read:

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

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.* (111)

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



12.6 Are you...? (112)

**Please read:**

- 1 Married
  - 2 Divorced
  - 3 Widowed
  - 4 Separated
  - 5 Never married
- Or**
- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

12.7 How many children less than 18 years of age live in your household? (113-114)

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

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

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

12.8 What is the highest grade or year of school you completed? (115)

**Read only if necessary:**

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

**Do not read:**

- 9 Refused

12.9 Are you currently...? (116)

**Please read:**

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

**Or**

- 8 Unable to work

**Do not read:**

- 9 Refused

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

[Record answer] \_\_\_\_\_

- 99 Refused

12.9b What is your job title? If no job title, ask "What kind of work do you do?" (SAQ)

[Record answer] \_\_\_\_\_

- 88 Owner, Proprietor or Self-employed
- 99 Refused

12.10 Is your annual household income from all sources — **[If respondent refuses at ANY income level, code '99' (Refused)]** (117-118)

**Read only if necessary:**

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)



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

0 8 \$75,000 or more

**Do not read:**

7 7 Don't know / Not sure

9 9 Refused

12.11 About how much do you weigh without shoes? (119-122)

**NOTE: If respondent answers in metrics, put “9” in column 119.**

**Round fractions up**

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

**If Q12.11 = 7777 (Don't know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14).**

12.12 About how tall are you without shoes? (123-126)

**NOTE: If respondent answers in metrics, put “9” in column 123.**

**Round fractions down**

— — / — —	Height (ft / inches/meters/centimeters)
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

12.13 How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?] **CATI: If female respondent and age <46.** (127-130)

**NOTE: If respondent answers in metrics, put “9” in column 127.**

**Round fractions up**

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

**Subtract weight one year ago from current weight. If weight is same, skip Q12.14.**

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

(131)

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

12.15 What county do you live in?

(132-134)

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

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

12.16 What is your ZIP Code where you live?

(135-139)

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

**If R lives in Thurston County (12.15=67), continue. Otherwise, go to Q12.17.**

12.16a Would you say that where you live is... **IF RESPONDENT SAYS RURAL AREA OR SOMETHING LIKE THAT, ASK:** Would that be an unincorporated county area or some other type of place?

- 1 In city limits
- 2 Outside of the city limits but still in a city area
- 3 An Unincorporated county area
- 8 Or some other kind of area (SPECIFY: \_\_\_\_\_)
- 7 Don't know/Not sure - DO NOT READ
- 9 Refused - DO NOT READ



12.17 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (140)

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

12.18 How many of these telephone numbers are residential numbers? (141)

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

12.18a Do you have a cell phone for personal use? Please include cell phones used for both business and private use.

- 1 Yes **[Go to Q12.18c]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.18b Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1 Yes **[Go to Q12.18d]**
- 2 No **[Go to Q12.19]**
- 7 Don't know / Not sure **[Go to Q12.19]**
- 9 Refused [Go to Q12.19]

12.18c Do you usually share this cell phone (at least one-third of the time) with any other adults?

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

12.18d Thinking about all the phone calls that you receive, what percent, between 0 and 100, are received on your cell phone?

- \_\_ \_\_ 0 None
- 0 \_\_ \_\_ Record percent
- 1 0 0 All, 100%
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (142)

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

12.19a In the past 12 months, about how many months in total were you without a working home telephone?" [SAQ]

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

12.20 Indicate sex of respondent. Ask only if necessary. (143)

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

12.21 To your knowledge, are you now pregnant? (144)

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

## Section 13: Alcohol Consumption

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- 13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (145)
- 1 Yes  
 2 No [Go to next section]  
 7 Don't know / Not sure [Go to next section]  
 9 Refused [Go to next section]
- 13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (146-148)
- 1 \_ \_ \_ Days per week  
 2 \_ \_ \_ Days in past 30 days  
 8 8 8 No drinks in past 30 days [Go to next section]  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused
- 13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? **[NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.]** (149-150)
- \_ \_ Number of drinks  
 7 7 Don't know / Not sure  
 9 9 Refused
- 13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X **[CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (151-152)
- \_ \_ Number of times  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused
- 13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (153-154)
- \_ \_ Number of drinks  
 7 7 Don't know / Not sure  
 9 9 Refused

13.6 How old were you the first time you had more than a sip or two of beer, wine, or hard liquor? (SAQ)

- — — years old
- 7 7 7 Not sure
- 9 9 9 Refused.

**Section 14: Immunization**

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (155)

- 1 Yes
- 2 No [Go to Q14.3]
- 7 Don't know / Not sure [Go to Q14.3]
- 9 Refused [Go to Q14.3]

14.2 During what month and year did you receive your most recent flu shot? (156-161)

- — / — — — — Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

14.3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (162)

- 1 Yes
- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]

14.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (163-168)

- — / — — — — Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused



- 14.5 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? **[IF NEEDED: pneumococcal is pronounced 'new-mo-cockle.']** (169)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Section 15: Falls

---

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

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

- 15.1 In the past 3 months, how many times have you fallen? (170-171)
- |   |   |                       |                             |
|---|---|-----------------------|-----------------------------|
| – | – | Number of times       | <b>[76 = 76 or more]</b>    |
| 8 | 8 | None                  | <b>[Go to next section]</b> |
| 7 | 7 | Don't know / Not sure | <b>[Go to next section]</b> |
| 9 | 9 | Refused               | <b>[Go to next section]</b> |

- 15.2 **[Fill in "Did this fall (from Q15.1) cause an injury?"]**. If only one fall from Q15.1 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (172-173)

–	–	Number of falls	<b>[76 = 76 or more]</b>
8	8	None	
7	7	Don't know / Not sure	
9	9	Refused	

## Section 16: Seatbelt Use

---

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (174)

**Please read:**

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

CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

## Section 17: Drinking and Driving

---

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

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175-176)

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

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

## Section 18: Women's Health

---

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

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



18.2 How long has it been since you had your last mammogram? (178)

**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

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (179)

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

18.4 How long has it been since your last breast exam? (180)

**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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

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

18.6 How long has it been since you had your last Pap test? (182)

**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

**CATI note: If response to Core Q12.21 = 1 (is pregnant); then go to next section.**

18.7 Have you had a hysterectomy? (183)

**Read only if necessary:** A hysterectomy is an operation to remove the uterus (womb).

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

## Section 19: Prostate Cancer Screening

---

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

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

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (184)

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



19.2 How long has it been since you had your last PSA test? (185)

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

19.3 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? (186)

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

19.4 How long has it been since your last digital rectal exam? (187)

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (188)

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

## Section 20: Colorectal Cancer Screening

---

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

20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (189)

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

20.2 How long has it been since you had your last blood stool test using a home kit? (190)  
**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

20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? **[INTERVIEWER NOTE: If respondent mentions virtual colonoscopy, reread the statement and question. After reasking the question, if they state they have only had a virtual then code as NO.]** (191)

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

20.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (192)

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



20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (193)

**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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

## Section 21: HIV/AIDS

---

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

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

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (193)

- 1 Yes
- 2 No **[Go to Q21.5]**
- 7 Don't know / Not sure **[Go to Q21.5]**
- 9 Refused **[Go to Q21.5]**

21.2 Not including blood donations, in what month and year was your last HIV test? (194-199)

**NOTE: If response is before January 1985, code "Don't know."**

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

_ _ / _ _ _ _	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (200-201)

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

**CATI note: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.**

21.4 Was it a rapid test where you could get your results within a couple of hours? (202)

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

21.5 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not 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? (203)

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



## Section 22: Emotional Support and Life Satisfaction

---

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

- 22.1 How often do you get the social and emotional support you need? **[IF NEEDED: If asked, say “please include support from any source”.]** (204)

**Please read:**

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

- 22.2 In general, how satisfied are you with your life? (205)

**Please read:**

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

<<Time CDC Core Questions>>

**CATI note: If respondent is from Snohomish County, continue.  
Otherwise, go to section 24.**

## Section 24A: Menu Labeling – Snohomish County Only

---

24A.1: We would like to know your opinion on requiring fast food and chain restaurants to display nutrition information, such as calorie and fat content, on menus or menu boards. Would you say you oppose or support this, or that you neither oppose nor support?

- 1 Strongly oppose
- 2 Somewhat oppose
- 3 Neither support or oppose
- 4 Somewhat support
- 5 Strongly support
- 7 Refused
- 9 Don't know

## CDC Optional Module

### Section 23: Anxiety and Depression

---

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

**23.1.** Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (320-321)

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

**23.2.** Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (322-323)

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

**23.3.** Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (324-325)

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



23.4. Over the last 2 weeks, how many days have you felt tired or had little energy? (326-327)

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

23.5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (328-329)

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

23.6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (330-331)

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

23.7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (332-333)

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

23.8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (334-335)

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

23.9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (336)

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

23.10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (337)

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

<<TIME SECTION 23>>

**CATI Note: State-added questions begin in column 401.**

## State-Added Questions

### Section 24: Childhood Asthma Prevalence

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

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

- \_\_ = Number of children
- 8 8 = None **[Go to next section]**
- 7 7 = Don't know /Not Sure **[Go to next section]**
- 9 9 = Refused **[Go to next section]**



- 24.2. **[Fill in (Does this child/How many of these children) from Q1]** still have asthma? If only one ? If only one child from Q1 and response is “yes” to Q2 code “01”. If response is “no” code “88”.

\_\_ = Number of children  
 8 8 = None  
 7 7 = Don't know  
 9 9 = Refused

<<TIME SECTION 24>>

## Section 25: Children's Health Insurance

**If Core Q11.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next section.**

**One child:** [Go to Q25.1]

**More than one child:**

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.**

**If Core Q11.7 is >1 and Core Q11.6 does not equal 88 or 99, Interviewer please read:**

“Think about the [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

I have some additional questions about the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.”

- 25.1. What is the birth month and year of [if one child “your” / More than one child “the “Xth”] child?

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

**CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).**

- 25.2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

25.3. Does this child currently have some health care plan? **[IF NEEDED: Does the the “Xth” child have some health care plan?]**

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

<<TIME SECTION 25>>

## Section 25.B Chronic Pain and Opiate Medications

---

The next couple of questions ask about pain.

25b.1. Do you suffer from any type of chronic pain, that is pain that occurs constantly or flares up frequently?

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

25b.2. Was there a time during the last 12 months when you asked a health care provider for opiate medicines for your chronic pain, but a they did not prescribe them for you? Examples of opiate medicines include Vicodin, Morphine, OxyContin and Percocet.

If respondent names a drug from the list below, code 1 = "Yes." **Do not read this list:**

Butorphanol or Stadol	MS Contin	Roxicodone
Dilaudid or hydromorphone	Nubain	Talwin
Fentanyl or Duragesic patch	Oramorph	Tramadol or Ultram
Hydrocodone or Vicodin	OxyFast	Tyco#3
Kadian	OxyIR	Tyco#4
Levorphanol	Percodan	Tylenol 3
Meperidine or Demerol	Roxanol	Vicoprofen
Methadone		

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

<<TIME SECTION 25b>>



## Section 26: Varicella Surveillance

---

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

26.1. In the past 12 months, how many members of your household had chickenpox?

— —	Number	
8 8	None	<b>Go to Q26.3</b>
7 7	Don't know/Not sure	<b>Go to Q26.3</b>
9 9	Refused	<b>Go to Q26.3</b>

How old were they when they got chickenpox? [Up to 5 people.]

26.2a. Oldest person:

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

26.2b. Next oldest person:

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

26.2c. Next oldest person:

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

26.2d. Next oldest person:

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

26.2e. Next 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.

26.3 In the past 12 months, how many members of your household had shingles?

- |     |                     |                           |
|-----|---------------------|---------------------------|
| — — | Number              |                           |
| 8 8 | None                | Go to next section        |
| 7 7 | Don't know/Not sure | <b>Go to next section</b> |
| 9 9 | Refused             | Go to next section        |

28.4 How old were they when they developed shingles? [Up to 4 people.]

26.4a. Oldest person:

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

26.4b. Next oldest person:

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

26.4c. Next oldest person:

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

26.4d. Next oldest person:

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

<<TIME SECTION 26>>



## Section 27: Sexual Orientation

---

27.1. Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be ...

- A. Heterosexual or straight **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.**
- B. Homosexual, gay, or lesbian **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.**
- C. Bisexual **IF NEEDED: A person who has sex with and/or is attracted to people of either sex.**
- D. Or something else?

Remember, your answers are confidential.

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

**[IF NEEDED: If you would like to talk with someone about these issues, you may call <hotl>.]**

(SAQ)

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

<<TIME SECTION 27>>

## Section 28: General Preparedness

---

**Introduction:** These next 2 questions ask about large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

28.1. Does your household have a disaster evacuation plan, a written plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation?

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

28.2. What would be your main method of getting information from authorities in a large-scale disaster or emergency?

- 1 Television
- 2 Radio
- 3 Internet
- 4 Print media
- 5 Neighbors
- 6 Other (Specify: \_\_\_\_\_)
- 7 Don't know / not sure
- 9 Refused

**[If needed: You can find more information a the Department of Health web site <http://www.doh.wa.gov/phepr/default.htm>. If you don't have access to the internet, you can call your local health department [CATI insert county health department phone number from list on next page] and ask for the Public Health Emergency Preparedness Program.]**

<<TIME SECTION 28>>



## Washington State Local Health Departments/Districts

<b>FIPS Code</b>	<b>County Name</b>	<b>Health Department Name</b>	<b>Telephone Number</b>
1	Adams	Adams County Health Department	(509) 659-3315
3	Asotin	Asotin County Health District	(509) 758-3344
5	Benton	Benton-Franklin Health District	(509) 943-2614
7	Chelan	Chelan-Douglas Health District	(509) 886-6400
9	Clallam	Clallam County Department of Health and Human Services	(360) 417-2274
11	Clark	Clark County Public Health	(360) 397-8000
13	Columbia	Columbia County Public Health District	(509) 382-2181
15	Cowlitz	Cowlitz County Health Department	(360) 414-5599
17	Douglas	Chelan-Douglas Health District	(509) 886-6400
19	Ferry	Northeast Tri-County Health District	(509) 684-1301
21	Franklin	Benton-Franklin Health District	(509) 943-2614
23	Garfield	Garfield County Health District	(509) 843-3412
25	Grant	Grant County Public Health District	(509) 754-6060
27	Grays Harbor	Grays Harbor County Public Health and Social Svcs Dept	(360) 532-8665
29	Island	Island County Public Health Department	(360) 679-7350
31	Jefferson	Jefferson County Public Health	(360) 385-9400
33	King	Kitsap County Health District	(360) 337-5235
35	Kitsap	Public Health - Seattle and King County	(206) 296-4600
37	Kittitas	Kittitas County Public Health	(509) 962-7515
39	Klickitat	Klickitat County Public Health	(509) 773-4565
41	Lewis	Lewis County Public Health	(360) 740-1223
43	Lincoln	Lincoln County Health Department	(509) 725-1001
45	Mason	Mason County Public Health	(360) 427-9670
47	Okanogan	Okanogan County Public Health	(509) 422-7140
49	Pacific	Pacific County Public Health and Human Services Department	(360) 875-9343
51	Pend Oreille	Northeast Tri-County Health District	(509) 684-1301
53	Pierce	Tacoma-Pierce County Health Department	(253) 798-6500
55	San Juan	San Juan County Department of Health and Community Svcs	(360) 378-4474
57	Skagit	Skagit County Public Health	(360) 336-9380
59	Skamania	Skamania County Health Department	(509) 427-5138
61	Snohomish	Snohomish Health District	(425) 339-5210
63	Spokane	Spokane Regional Health District	(509) 324-1500
65	Stevens	Northeast Tri-County Health District	(509) 684-1301
67	Thurston	Thurston County Public Health and Social Svcs Department	(360) 786-5581
69	Wahkiakum	Wahkiakum County Department of Health and Human Svcs	(360) 795-6207
71	Walla Walla	Walla Walla County Health Department	(509) 527-3290
73	Whatcom	Whatcom County Health Department	(360) 676-6724
75	Whitman	Whitman County Public Health	(509) 397-6280
77	Yakima	Yakima Health District	(509) 575-4040

## Section 31: Sexual Behavior

---

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

- 31.1. During the past 12 months, with how many people have you had sexual intercourse? By sexual intercourse, we mean vaginal, oral or anal intercourse.

\_\_ \_\_ Number [76 = 76 or more]

DO NOT READ

87 Never had sexual intercourse (only if volunteered) **Go to next section**

88 None (Males answer Q5 then go to next section; females go to next section)

77 Don't know/not sure

99 Refused

- 31.2. How many new sex partners did you have during the past 12 months? **[If needed: A new sex partner is someone you had sex with for the first time in the past 12 months.]**

\_\_ \_\_ Number [76 = 76 or more]

88 None

77 Don't know/not sure

99 Refused

- 31.3. Was a condom used the last time you had sexual intercourse?

1 Yes

2 No

7 Don't know/not sure

9 Refused

- 31.4. How often during the past 12 months, when having sexual intercourse, did you use a condom? **READ 1-3**

1 Never used a condom when having sex in the last 12 months

2 Used a condom some of the times when having sex in the last 12 months

3 Used a condom all the times when having sex in the last 12 months

7 Don't know/not sure

9 Refused

**Ask Q5-Q6 of male respondents only. If female, skip to next section.**



31.5. Have you ever had sexual intercourse with another male? If needed: By sexual intercourse, we mean oral or anal intercourse.

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

31.6. Have you had sexual intercourse with another male in the past 12 months?

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

<<TIME SECTION 31>>

## Section 32: Nearest Intersection (King County only)

---

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

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

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

and

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

- |    |            |
|----|------------|
| 77 | Don't know |
| 99 | Refused    |

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

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

<<TIME: Section 32 >>

### Section 33A: Nutrition Labeling (King County only)

---

**INTRODUCTION:** For these next questions we would like you to think about times you ate at, or got take-out food from, a fast food restaurant, a grocery-store deli, or a convenience store. The fast food restaurant could be either full service, where you sit down and eat, or quick-service where you order from a counter or drive-through window. This also includes ice-cream shops and food you got at coffee or other beverage shops.

- 33.1 Since last \_\_\_\_\_ (*insert weekday name for one week ago*), how many times did you eat at, or get take out food from, a fast-food restaurant, grocery store deli, or convenience store? Please only include times that you actually got food. (SAQ)

\_\_\_ \_\_\_ Number of times  
8 8 None [SKIP TO QUESTION 33.5]  
7 7 Don't Know / Not Sure  
9 9 Refused

- 33.2 The **last time** you ate at or got take-out **food** from a fast-food restaurant, grocery store deli, or convenience store, what was the name of the restaurant or store? **[DO NOT READ LIST]** (SAQ)

1 76 Food Mart  
2 7-Eleven  
3 AM/PM Mini Market  
4 Baskin Robbins  
5 Burger King  
6 Chevron (Convenience Store)  
7 Denny's  
8 Domino's Pizza  
9 Fred Meyer Deli  
10 Jack in the Box  
11 McDonald's  
12 Papa Murphy's  
13 Pizza Hut  
14 QFC Deli  
15 Quizno's  
16 Safeway Deli  
17 Shell (Convenience Store )  
18 Starbuck's  
19 Subway  
20 Taco Bell  
21 Taco Time  
22 Tully's  
23 Whole Foods (Deli)



- 66 Other (Specify: \_\_\_\_\_)  
 Do Not Read  
 77 Don't know/ Not Sure  
 99 Refused

33.3 The **last time** you ate at \_\_\_\_\_ (*RECALL restaurant from question 2*), **did you see** any nutrition information such as calories, trans fats, saturated fat, carbohydrates, or sodium for the items you were interested in purchasing? (SAQ)

- 1 = Yes  
 2 = No [SKIP TO QUESTION 5]  
 DO NOT READ  
 7 = Don't know / Not sure  
 9 = Refused

33.4 **Did you use** the nutrition information you saw to help you decide what to buy? (SAQ)

- 1 = Yes  
 2 = No  
 DO NOT READ  
 7 = Don't know / Not sure  
 9 = Refused

33.5 As far as you know, **how many calories** should a person of **your age, weight, and height** consume each day? (SAQ)

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

<<TIME: Section 33B >>

**Section 33B: Menu Labeling (Snohomish County Only)**

**If respondent is from Snohomish County, ask Questions 33B.1-5.  
Otherwise, go to next section.**

33B.1. Next, I'm going to ask you about meals. By a meal, I mean breakfast, lunch and dinner. Since last <day 7 days ago>, how many meals did you get that were not prepared at a home? Please include meals from both dine-in and carry out restaurants, restaurants that deliver food to your home, cafeterias, fast-food places, food courts, food stands, and meals prepared at a grocery store, convenience store or coffee shop.

|\_|\_|      Enter number per week

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

**If Q33B.1 ≥ 77 or Q33B.1 = 0, go to next section**

33B.2 The last time you got a meal that was not prepared at a home, what was the name of the establishment were you got the meal?

|\_\_\_\_\_|

Record name of establishment

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

**Options**

- |                |                        |                   |
|----------------|------------------------|-------------------|
| Albertson's    | Fred Meyer             | Safeway           |
| Alfy's Pizza   | Haggen Food & Pharmacy | Shell             |
| AM/PM          | Jack In The Box        | Starbuck's Coffee |
| Baskin-Robbins | Mc Donald's            | Subway            |
| Burger King    | Papa Murphy's Pizza    | Taco Bell         |
| Chevron        | Pizza Hut              | Taco Time         |
| Circle K       | QFC                    | Top Food & Drug   |
| Costco         | Quizno's Subs          | 7-Eleven          |
| Domino's Pizza | Safeway                |                   |

33B.3 The last time you got food at <ESTABLISHMENT NAME>, what city was the establishment in?

|\_\_\_\_\_|

Record name of City

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



### **Options**

Arlington	Lake Forest Park	Shoreline
Bothell	Lake Stevens	Snohomish
Brier	Lynnwood	Stanwood
Darrington	Marysville	Sultan
Duvall	Mill Creek	Woodinville
Edmonds		Woodway
Everett	Monroe	Outside of Washington
Gold Bar	Mountlake Terrace	Other City, specify _____
Granite Falls	Mukilteo	
Index	Sea-Tac	
Kirkland	Seattle	

33B.4. The last time you got food at <ESTABLISHMENT NAME FROM Q33B.3>, did you see information about the number of calories for the items you were interested in purchasing?

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

**If Q33B.4 ≥ 7, go to next section**

33B.5. Did you use the calorie information you saw to help you decide what to buy?

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

<<TIME: Section 33B >>

**If R is from Thurston County, continue. Otherwise, go to next section.**

## Section 34: Health Care and Physician Advice (Thurston County only)

---

34.1 What type of health coverage do you use to pay for most of your medical care?  
Is it coverage through...**[Please read 1-8]** (SAQ)

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

34.2 In the past 12 months, has a doctor, nurse, or other health professional asked you about what kind of things you eat? (SAQ)

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

34.3 In the past 12 months, has a doctor, nurse, or other health professional told you to be more physically active? (SAQ)

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

34.4 In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (SAQ)

**Probe for which:**

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused



34.5 In the last 12 months (not counting times you went to an emergency room) how many times did you go to a doctor's office or clinic to get care for yourself? (SAQ)

- \_\_\_ \_\_\_ Number of times  
 8 8 None  
 7 7 Don't Know / Not Sure  
 9 9 Refused

34.6 Are you now trying to lose weight? (SAQ)

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

34.7 Are you now trying to maintain your current weight, that is, to keep from gaining weight? (SAQ)

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

<<TIME: Section 34 >>

## Section 34a: Pandemic Influenza (December 2008 only)

The next few questions are about the flu and preventing the spread of flu.

1. What is the most effective thing you can do to prevent getting sick from the flu?

**Please read:**

- 1 Getting the flu vaccination
- 2 Avoiding close contact with others who may have the flu
- 3 Avoiding touching your eyes, nose or mouth as much as possible during the flu season
- 4 Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

**Do not read:**

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

2. What is the most effective thing to do to prevent spreading the flu to people when you are sick?

**Please read:**

- 1 Frequent hand washing
- 2 Covering your mouth and nose when coughing or sneezing
- 3 Staying home when you are sick with the flu
- 4 Getting the flu vaccination, or
- 5 Something else

**Do not read:**

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

3. How many flu vaccinations have you had in the past 5 years?

- 1 0 or none
- 2 1-5
- 3 5-10
- 7 Don't know / Not sure
- 9 Refused

4. Since September 2008, have you seen a doctor or other health professional about your own health?

- 1 Yes
- 2 No **[Go to Q6]**
- 7 Don't know / Not sure **[Go to Q6]**
- 9 Refused **[Go to Q6]**

5. Since September 2008, did a doctor or other health professional suggest that you get a flu vaccination? **[Flu vaccination includes the flu shot and flu mist which is sprayed into the nose.]**

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

6. Do you think the flu vaccination is very effective, somewhat effective or not at all effective in preventing the flu?

- 1 Very effective
- 2 Somewhat effective
- 3 Not at all effective in preventing the flu
- 7 Don't know / Not sure
- 9 Refused



7. If you do not get the flu vaccination this fall or winter, what are your chances of getting the flu?

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

**CATI note: If R received flu vaccination this season, go to Q9.**

8. There are many reasons why people don't get flu vaccinations. What is the ONE main reason you did not get a flu vaccination this flu season? **[INTERVIEWER INSTRUCTION: If more than one reason is given, ask "What is the one MAIN reason you did not get the flu vaccination this flu season?"]**

**Please read:**

- 1 Concerns about side effects or sickness
- 2 Think vaccines do not work
- 3 Vaccination is not needed
- 4 Allergic to the vaccine
- 5 Vaccine costs too much, or
- 6 Some other reason

**Do not read:**

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

9. When you get the flu vaccination or consider getting it, how worried are you about getting sick from the flu vaccination?

- 1 Very worried
- 2 Somewhat worried
- 3 Not worried at all about getting sick from the flu vaccination
- 7 Don't know / Not sure
- 9 Refused

10. How familiar are you with the term "pandemic flu?"

- 1 Very familiar
- 2 Somewhat familiar
- 3 Not familiar at all with the term "pandemic flu"
- 7 Don't know / Not sure
- 9 Refused

11. Are you very concerned, somewhat concerned or not concerned at all about the pandemic flu outbreak? **[INTERVIEWER NOTE: “Pandemic Influenza” or “Pan Flu” is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person.]**
- 1 Very concerned
  - 2 Somewhat concerned
  - 3 Not concerned at all about the pandemic flu outbreak
  - 7 Don't know / Not sure
  - 9 Refused
12. If there is a flu pandemic and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu?
- 1 Very high, 90-100 percent
  - 2 Somewhat high, 70-85 percent
  - 3 Somewhat low, 20-40 percent
  - 4 Very low, 0-10 percent chance of getting sick with the pandemic flu
  - 7 Don't know / Not sure
  - 9 Refused
13. If there was a pandemic flu outbreak, that is, a severe outbreak of that disease in many countries at the same time, would you get a pandemic flu vaccination when it was available to you?
- 1 Definitely would
  - 2 Probably would
  - 3 Probably would not
  - 4 Definitely would not get a pandemic flu vaccination
  - 7 Don't know / Not sure
  - 9 Refused
14. To prevent the spread of pandemic flu, public health officials may recommend that everyone goes to a public place such as local schools, fire stations, or sports stadiums for vaccination. If officials recommended that you **go to a particular place to get vaccinated**, would you go?
- 1 Definitely would go
  - 2 Probably would go
  - 3 Probably would not go
  - 4 Definitely would not go to a particular place to get vaccinated
  - 7 Don't know / Not sure
  - 9 Refused



15. Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important thing you would want to know?

**Please read:**

- 0 1 Chances of catching the flu
- 0 2 Cities where the flu is
- 0 3 How the flu is spread
- 0 4 How you can keep from getting infected
- 0 5 Symptoms of the flu
- 0 6 Treatment of the flu
- 0 7 Flu vaccine, or
- 0 8 Something else

**Do not read:**

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

16. Of all the sources that you could use to get information about influenza in the U.S., which one source would you MOST PREFER to get your information from in the case of a pandemic flu outbreak in the U.S.?

**Do not read:**

- 0 1 Newspapers
- 0 2 Television
- 0 3 Radio
- 0 4 Internet websites
- 0 5 Your Doctor
- 0 6 Government agencies
- 0 7 The CDC (Centers for Disease Control and Prevention)
- 0 8 State public health departments
- 0 9 Local public health departments
- 1 0 Family or friends
- 1 1 Religious leaders
- 1 2 Some other source
- 7 7 Don't know / Not sure
- 9 9 Refused

17. There are things some people might do as precautions against getting the flu. Excluding vaccination, what is the most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE?

**Please read:**

- 0 1 Consult a website for information on how to protect yourself against pandemic flu
- 0 2 Avoid public events or events where there are a lot of people
- 0 3 Talk with my doctor about health issues related to the pandemic flu
- 0 4 Try to get a prescription for Tamiflu or other anti-viral drugs
- 0 5 Reduce or avoid travel
- 0 6 Wash hands more frequently
- 0 7 Wear a face mask
- 0 8 Stay at home and keep my children at home while the outbreak lasts
- 0 9 Stock up on things that might help with symptoms of the flu, such as anti-fever or anti-diarrheal medicines or fluids like Gatorade, or
- 1 0 Something else

**Do not read:**

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

18. If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, would you stay home for a month?

- 1 Definitely would stay home
- 2 Probably would stay home
- 3 Probably would not stay home
- 4 Definitely would not stay home for a month
- 7 Don't know / Not sure
- 9 Refused

19. During a severe outbreak of pandemic flu in your community, would you participate in a telephone interview like this one about pandemic flu?

- 1 Definitely would
- 2 Probably would
- 3 Probably would not
- 4 Definitely would not participate in an interview like this
- 7 Don't know / Not sure
- 9 Refused

**If not employed (Q12.9, EMPLOY = 3-8) go to next section.**



20. Do you currently work in any of the following types of jobs?
- a. For homeland and national security as one who, during a pandemic, would be deployed or in a mission critical role.
  - b. In emergency medical services, law enforcement, or fire services, or in the manufacture of pandemic vaccines or anti-virals.
  - c. In public health or as a health care provider for inpatients, outpatients, home health, or in a nursing home.
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

<<TIME: Section 34a>

## Section 35: Adult Survey Transition Questions

---

- AC1 May we call you in the future if we do more research on health-related topics? This means we might call you back within the next year, or invite you to some focus groups in your area. Of course, you can always refuse to participate in the future. (SAQ)
- 1 Yes  
2 No  
7 Don't know/Not sure  
9 Refused

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

(record response)  
9 Refused

<<TIME: Section 35 >>

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

## Section 36: Youth Survey Transition Section

---

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

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

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

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

- 1 Yes
- 2 No Go to closing statement

- 36.2 Are you the parent or guardian of the **[CATI insert age] \_\_\_** year old? (SAQ)

- 1 Yes **Go to Q36.5**
- 2 No
- 9 Refused

- 36.3 May I speak to the **[CATI insert age] \_\_\_** year-old's parent or guardian? (SAQ)

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



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

- |   |     |  |
|---|-----|--|
| 1 | Yes | <b>If not available, make appointment for callback</b> |
| 2 | No  | <b>Go to closing comment</b>                           |

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

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

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

<<TIME: Section 36 >>

<<TIME: Whole questionnaire >>

## Closing statement

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### Please read:

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