



2008 Questionnaire, Form B

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

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**Washington State
Behavioral Risk Factor Surveillance System
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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?

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.

(87)

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

- 6.2. How old were you when you were told you have diabetes? (228-229)

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



6.3. Are you now taking insulin? (230)

- 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. (231-233)

- 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. (234-236)

- 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? (237-238)

- _ _ 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"? 239-240)

- _ _ 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? (241-242)

- — 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. (243)

Read only if necessary:

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

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? (244)

- 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? (245)

- 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.

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

(89)

- 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?
(Check all that apply)

(104-109)

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

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

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]**



- 15.2 [If only one fall from Q15.1, fill in “Did this fall cause an injury?”. 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	[76 = 76 or more]
8 8	None	[Go to next section]
7 7	Don’t know / Not sure	[Go to next section]
9 9	Refused	[Go to next section]

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 ≤ 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? (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 How long has it been since you had your last sigmoidoscopy or colonoscopy? (192)

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

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

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

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 next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

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
77/7777	Don't know / Not sure
99/9999	Refused

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at 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: If Q21.2 = within last 12 months, ask Q21.4;. 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>>

State-Added Questions

Section 23: Childhood Asthma Prevalence

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

- 23.1. 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

7 7 = Don't know /Not Sure

9 9 = Refused [Go to next section]

[Go to next section]

[Go to next section]

- 23.2. **[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 23>>

Section 24: 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: If Core Q11.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

More than one child: If Core Q11.7 is >1 and Core Q11.6 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[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.

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

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is 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.”

24.1. What is the birth month and year of 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).

24.2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

24.3. 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 24>>

If respondent is from Snohomish County, ask Questions 24A.1. Otherwise, go to next section.



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

Section 24.B Chronic Pain and Opiate Medications

The next couple of questions ask about pain.

24b.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]

24b.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 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 24B>

Section 25: Sexual Orientation

- 25.1. 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 25 >>

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

Section 26: Adult Cigarette History

(ACH) – Adult History of Cigarette Use

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

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

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

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

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

<<TIME: Section 26 >>

Section 27: Adult Smokeless History

(ASH) – History of Smokeless Tobacco Use Among Adults

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

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

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

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

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

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

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

ATH2a In the past month, have you smoked any type of flavored tobacco cigarette? **[IF NEEDED: this does not include menthol flavored cigarettes]**

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

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

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

<<TIME: Section 27 >>

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

Section 28: Adult Past Cigarette Smoking

(APC) [Former smokers]

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

- 01 Within the past month (<1 month ago)
- 02 Within the past 3 months (1-3 months ago)



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

Current Adult Tobacco Use Status (ATU):

- 1 Current Daily Tobacco User** – respondent currently uses CIGARETTES OR SMOKELESS product on a daily basis [ACH2=30 or ASH2=30]
- 2 Current Occasional Tobacco User**– respondent has used cigarettes or smokeless in the past 30 days [ACH2=1-28 or ASH2=1-28]
- 3 Current Non-Tobacco User** – respondent has not used cigarettes or smokeless tobacco product within the past 30 days [(Q11.1=2 or ACH2=88) and ASH1=2]

Current Adult Cigarette Use (ACU):

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

<<TIME: Section 28 >>

Ask for 18-29 year olds only who have smoked 100 cigs in their lifetime

FIRSTSMK: How old were you the first time you smoked a whole cigarette?

— — —	Age (in years)
8 8 8	Never smoked a whole cigarette
7 7 7	Don't know/ Not Sure
9 9 9	Refused

REGSMK: How old were you when you started smoking cigarettes regularly, that is everyday?

— — —	Age (in years)
8 8 8	Never smoked a whole cigarette
7 7 7	Don't know/ Not Sure
9 9 9	Refused

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

Section 29: Adult Susceptibility to Smoking

ASS1 Do you think that 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

ASS2 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

<<TIME: Section 29 >>

If current smoker (ACU=1 or 2) or former smoker (ACU=3 or 4) who quit within past year (APC<=4), continue with Section 31. Otherwise go to next section.

Section 30: Adult Past Motivations to Quit

(APM) [Current and former tobacco users]

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



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

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

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

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

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

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

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

<<TIME: Section 30 >>

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

Section 31: Adult Source for Tobacco

(AST)

The next questions ask about where you buy your tobacco.

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

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

<<TIME: Section 31>>

Section 32: Adult Recent Motivations to Quit

(ARM)

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

ARM6 What type of health coverage do you use to pay for most of your medical care? Is it coverage through...**[Please read 1-8]**

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

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

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

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



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

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

ARM1. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (SAQ)

- – Number of times [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

If R currently uses tobacco or has quit within the past year, (ATU=1 or 2 or APC1=1-4), AND if R was advised by a doctor during the past year (APM3 = 1) OR (ARM1=1-76), continue. Otherwise go ARM3.

ARM23. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (SAQ)

- – Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

ARM24. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/ Zyban/ Bupropion? (Pronunciation: Well BYOU trin / ZEYE ban/ byou PRO pee on) (SAQ)

- – Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

ARM25. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking? (SAQ)

- – Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

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

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

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

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

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

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

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

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

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

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



<<TIME: Section 32 >>

Section 33: Adult Current Motivations to Quit

(ACM)

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

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

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

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

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

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

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

<<TIME: Section 33 >>

Section 34: Adult Home ETS

(AHE) – Secondhand Smoke rules and exposure at home

Now I have some questions about smoking in your home.

BUILDING Which best describes the building you live in?

- 1 a mobile home
- 2 a detached one-family house
- 3 a duplex
- 4 a building with 4 or less apartments
- 5 a building with 5 or more apartments
- Do Not Read
- 7 Other _____
- 9 Refused

RENTOWN Do you currently rent or own?

- 1 Rent
- 2 Own
- Do Not Read
- 7 Other _____
- 9 Refused

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

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

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

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

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

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

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

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

<<TIME: Section 34 >>



Section 35: Adult Workplace ETS

(AWE) – Secondhand Smoke Exposure at work

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

Next we are interested in smoking policies at your workplace.

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

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

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

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

<<TIME: Section 35>>

Section 36: Adult Knowledge ETS

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

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

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

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

AKE2 Would you say that breathing secondhand smoke is... (SAQ)

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

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

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

AKE11 **In the past 12 months**, the **last** time you went to a restaurant or bar in Washington State that was not on a tribal reservation, was anyone smoking cigarettes, cigars, or other tobacco products inside?

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



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

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

<<TIME: Section 36 >>

Section 37: Adult perception of Community Activities

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

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

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

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

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

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

If ACA5 = 2, go to next section. Otherwise, continue

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

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

<<TIME: Section 37 >>

Section 38: Adult Tobacco Knowledge

(ATK)

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

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

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

<<TIME: Section 38 >>



Section 39: Adult Recognition of State DOH Campaign Activities

(ASA)

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

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

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

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

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

ASA1c Have you recently seen an anti-tobacco commercial on TV where a turkey is smoking a cigarette and they say "You can' rely on cold turkey alone."?

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

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

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

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

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

<<TIME: Section 39 >>

Section 40: Adult Pro-Tobacco Influences

(API)

Some tobacco companies will promote their products by providing discount coupons or discounts for multiple purchases.

BUYDOWN: The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions? (SAQ)

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



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

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

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

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

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

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

<<TIME: Section 40 >>

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

Section 41: Adult Child Interactions

(ACI)

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

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

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

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

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

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

<<TIME: Section 41 >>

Section 42: Menu Labeling (Snohomish County Only)

**If respondent is from Snohomish County, ask Questions 42.1-5.
Otherwise, go to next section.**

42.1. 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 Q42.1 \geq 77 or Q42.1 = 0, go to next section



- 42.2 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	

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

- 42.4. The last time you got food at <ESTABLISHMENT NAME FROM Q42.3>, 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 Q42.4 \geq 7, go to next section

42.5. 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

Section 43: Nearest Intersection (King County only)

43.1. 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

43.2 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 43 >>



Section 44: 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 44 >>

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

Section 45: 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.**

45.1 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

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

- 1 Yes **[Go to Q45.5]**
- 2 No
- 9 Refused

45.3 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

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

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

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

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

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

<<TIME: Section 45 >>

<<TIME: Whole questionnaire >>



Closing statement

Please read:

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