



**2008**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**December 31, 2007**

# Behavioral Risk Factor Surveillance System 2008 Questionnaire

## Table of Contents

Table of Contents.....	2
Interviewer’s Script.....	3
Core Sections.....	5
Section 1: Health Status .....	5
Section 2: Healthy Days — Health-Related Quality of Life .....	5
Section 3: Health Care Access .....	6
Section 4: Sleep.....	7
Section 5: Exercise .....	7
Section 6: Diabetes.....	8
Section 7: Oral Health.....	8
Section 8: Cardiovascular Disease Prevalence .....	9
Section 9: Asthma.....	10
Section 10: Disability .....	10
Section 11: Tobacco Use.....	11
Section 12: Demographics .....	11
Section 13: Alcohol Consumption.....	17
Section 14: Immunization .....	18
Section 15: Falls .....	19
Section 16: Seatbelt Use .....	19
Section 17: Drinking and Driving .....	20
Section 18: Women’s Health .....	20
Section 19: Prostate Cancer Screening .....	22
Section 20: Colorectal Cancer Screening.....	23
Section 21: HIV/AIDS .....	25
Section 22: Emotional Support and Life Satisfaction .....	26
Closing Statement or Transition to Modules and/or State-Added Questions .....	28
Optional Modules .....	29
Module 5: High Risk/Health Care Worker.....	29
Module 9: Adult Asthma History .....	30
List of Health Problems to Accompany Module 5, Question 1 .....	34
State Added Questions .....	35
State-Added: Health Care Coverage.....	35
State-Added: Tobacco Questions.....	35
State Added: Sexual Orientation .....	43
State Added: Child Health Screening .....	44



## Interviewer's Script

HELLO, I am calling for the  (health department) . My name is  (name) . We are gathering information about the health of  (state)  residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

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  (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**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Number of adults

**If "1,"**

Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

**If "no,"**

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

\_\_\_ Number of men

\_\_\_ Number of women

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," go to page 4**



**To the correct respondent:**

HELLO, I am calling for the     **(health department)**    . My name is     **(name)**    . We are gathering information about the health of     **(state)**     residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

## Core Sections

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, please call **(give appropriate state telephone number)**.

### 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                  | <b>[If Q2.1 and Q2.2 = 88 (None), go to next section]</b> |
| 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
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 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

## 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

12.2 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

**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

12.8 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

**12.10** Is your annual household income from all sources— (117–118)

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

**Read only if necessary:**

0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 **If "no," code 02**

0 5 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)

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

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

0 8 \$75,000 or more

**Do not read:**

7 7 Don't know / Not sure

9 9 Refused

**12.11** About how much do you weigh without shoes? (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

**CATI note: 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	<b>[Go to Q.15]</b>
9 9 9 9	Refused	<b>[Go to Q.15]</b>

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

**12.14** Was the change between your current weight and your weight a year ago intentional? (131)

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

**12.15** What county do you live in? (132–134)

__ __ __	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	Don't know / Not sure
9 9 9 9	Refused

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

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

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

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

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

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

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

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

**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

## 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? (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               |

## Section 18: Women's Health

---

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

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                    | <b>[Go to Q18.3]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q18.3]</b> |
| 9 | Refused               | <b>[Go to Q18.3]</b> |

**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 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

**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** 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. (194)

- 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? (195–200)

**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.**

- \_\_ / \_\_ \_\_ \_\_
- 7 7 / 7 7 7 7 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? (201–202)

- 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? (203)

- 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? (204)

- 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?

**INTERVIEWER NOTE: If asked, say “please include support from any source.”** (205)

**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?

(206)

**Please read:**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**Do not read:**

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

## **Closing Statement or Transition to Modules and/or State-Added Questions**

### **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.

**or**

**Transition to modules and/or state-added questions.**

## Optional Modules

### Module 5: High Risk/Health Care Worker

---

The next few questions ask about health care work and chronic illness.

- 1.** Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. (265)

**INTERVIEWER NOTE:** If necessary say: "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

- |   |                       |            |
|---|-----------------------|------------|
| 1 | Yes                   |            |
| 2 | No                    | [Go to Q3] |
| 7 | Don't know / Not sure | [Go to Q3] |
| 9 | Refused               | [Go to Q3] |

- 2.** Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (266)

- |   |  |
|---|--|
| 1 | Yes  |
| 2 | No   |
| 7 | Don't know / Not sure ( <i>Probe by repeating question</i> ) |
| 9 | Refused  |

- 3.** Has a doctor, nurse, or other health professional ever said that you have...

**Read all items listed below before waiting for an answer:**

**[See Attached Health Problems List]**

Lung problems, other than asthma  
Kidney problems  
Anemia, including Sickle Cell

**Or**

A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

- (267)
- |   |     |
|---|-----|
| 1 | Yes |
|---|-----|

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

4. Do you still have (this/any of these) problem(s)? (268)

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

## Module 9: Adult Asthma History

---

**CATI note: If "Yes" to Core Q9.1, continue. Otherwise, go to next module.**

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

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma? (293–294)

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

**CATI note: If "Yes" to Core Q9.2, continue. Otherwise, go to next module.**

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (295)

- 1 Yes
- 2 No [Go to Q5]
- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (296–297)

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

4. **[If one or more visits to Q3, fill in “Besides those emergency room or urgent care center visits,”]** During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?  
(298–299)

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

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?  
(300-301)

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

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?  
(302–304)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —  
(305)

**Please read:**

- 8 Not at any time **[Go to Q9]**
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time

**Or**

- 5 Every day, all the time

**Do not read:**

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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say — (306)

**Please read:**

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

**Or**

- 5 More than ten

**Do not read:**

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

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring? (307)

**Please read:**

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days

**Or**

- 3 25 to 30 days

**Do not read:**

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

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? (308)

**INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.**

**Read only if necessary:**

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)

- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

**Do not read:**

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

## List of Health Problems to Accompany Module 5, Question 1

---

[DO NOT READ]

### **Lung Problems**

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioliomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

### **Kidney Problems**

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

### **Anemia**

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

### Causes of Weak Immune System

Cancer  
Chemotherapy  
HIV/AIDS  
Steroids  
Transplant Medicines

### State Added Questions

Finally, I have just a few questions left about some other health topics.

State-Added: Health Care Coverage

**{Ask if Core 3.1 = 1}**

(401-402)

**INTRO:** Earlier you said you have health care coverage

**SA1Q01:** What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through:

\_\_\_ \_\_\_ Enter Response

#### PLEASE READ

- 1 Your employer
  - 2 Someone else's employer
  - 3 A plan that you or someone else buys on your own
  - 4 Medicare
  - 5 Medicaid or Medical Assistance
  - 6 The military, TriCare (formerly CHAMPUS), or the VA
  - 7 The Indian Health Service [or the Alaska Native Health Service]
- Or

9 Some other source

#### DO NOT READ

- 88 None  
77 Don't Know/Not Sure  
99 Refused

### State-Added: Tobacco Questions

**If response to core 11.1 is "2", "7", or "9" (no, don't know/not sure, or refused to smoking 100 cigarettes in lifetime), go to SA2Q16. If response to core 11.2 is "2" (currently smokes some days), or "3" (not a current smoker), go to SA2Q02. Otherwise, continue.**

Previously you said you smoke cigarettes:

**SA2Q01.** On average, how many cigarettes do you now smoke per day? [ASK EVERYDAY SMOKERS]

(403-405)

Number of cigarettes	— — —	[100 = 100 OR MORE CIGARETTES]
Don't know/Not sure	7 7 7	
Refused	9 9 9	

**If core question 11.2=2 (smokes some days), say,** "Previously you said you smoke cigarettes..."

**If core question 11.2=3 (former smoker) say,** "Previously you said you have smoked cigarettes..."

**SA2Q02.** How old were you when you first began to smoke cigarettes regularly?

(406-407)

[IF ASKED: Regularly is at least a few cigarettes every few days.]

[IF ASKED: A few days means at least every 2 or 3 days.]

Years old	— —
Never smoked regularly	88
Don't know/Not sure	77
Refused	99

**If response to core 11.2 is "1" or "2" and response to core 11.3 is "1" (currently smokes every day or some days and attempted to quit smoking in past year), go to SA2Q04. If response to core 11.2 is "1" or "2" and response to core 11.3 is "2" (currently smokes every day or some days and did not attempt to quit smoking in past year), go to SA1Q05. Otherwise, continue.**

**SA2Q03.** About how long has it been since you last smoked cigarettes?

(408-409)

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past 3 months (1 month but less than 3 months ago)
- 3 Within the past 6 months (3 months but less than 6 months ago)
- 4 Within the past year (6 months but less than 1 year ago)
- 5 Within the past 5 years (1 year but less than 5 years ago) **Go to SA2Q13**
- 6 Within the past 10 years (5 years but less than 10 years ago) **Go to SA2Q13**
- 7 10 or more years ago **Go to SA2Q13**
- 77 Don't know / Not sure **Go to SA2Q13**
- 88 Never smoked regularly **Go to SA2Q13**
- 99 Refused **Go to SA2Q13**

**SA2Q04. If response to SA2Q03 is 1, 2, 3 or 4 (stopped smoking within the past year):** Your answer indicates you stopped smoking cigarettes insert wording of response to SA2Q03. When you stopped smoking, did you use a nicotine substitute such as...

**If response to core Q11.3 is "1" (past-year quit attempt):** For your most recent attempt to quit smoking, did you use any medicine to help you quit smoking, such as ...

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>R</u>	
a. A Nicotine patch? .....	1	2	7	9	(410)
b. Nicotine gum? .....	1	2	7	9	(411)
c. A Nicotine inhaler or spray? .....	1	2	7	9	(412)
d. Nicotine lozenges? .....	1	2	7	9	(413)
e. Zyban, bupropion, or Welbutrin? .....	1	2	7	9	(414)
f. Any other medication to help you quit smoking (specify) .....	1	2	7	9	(415)

**If response to core Q11.2 is "3" (Not at all), go to SA2Q08.**

**SA2Q05.** What best describes your intentions regarding quitting? Would you say you... (416)

- 1 Never expect to quit, **Go to SA2Q07**
- 2 Might quit in the future, but not in the next 6 months,
- 3 Will quit in the next 6 months, or
- 4 Will quit in the next month?

**Do not read:**

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

**SA2Q06.** The next time you decide to quit smoking, what method do you think you'll try? (417-423)

Mark all that apply.

**If necessary, read responses:**

- 1 Cold turkey, self-help
- 2 Nicotine substitute (patch, gum, inhaler, spray, lozenges)
- 3 Zyban (Wellbutrin, bupropion, anti-depressant)
- 4 Hypnosis
- 5 Quitline
- 6 Gradually reduce number of cigs
- 8 Other (specify)

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

**SA2Q07.** Twelve months ago, did you smoke fewer cigarettes per day, more cigarettes per day, or about the same number of cigarettes than you usually smoke nowadays? (424)

- 1 Fewer
- 2 About the same
- 3 More

**Do not read:**

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

**If response to core Q3.1 is “1” (has health insurance), continue.  
Otherwise, go to SA2Q09.**

**SA2Q08.** Does your health insurance pay for help to quit smoking, such as counseling, prescriptions, or nicotine substitutes like gum or patches?

(425)

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

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

**SA2Q09.** 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?

(426-427)

- Number of times (01-76)
- 88 None **Go to SA2Q13**
- 77 Don't know / Not sure
- 99 Refused

**SA2Q10.** In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

(428-429)

- Number of visits (01-76)
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**SA2Q11.** 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, or Bupropion?

(430-431)

**(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)**

- Number of visits (01-76)
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**SA2Q12.** 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?  
(432-433)

- \_\_ Number of visits (01-76)
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**SA2Q13.** Have you heard of the Colorado QuitLine?

**Read only if necessary:** QuitLine is a free telephone counseling service to help people quit smoking.

**Note:** If requested, the QuitLine phone number is 1-800-QUITNOW (1-800-784-8669).  
(434)

- 1 Yes
- 2 No **Go to SA2Q16**
- 7 Don't know / Not sure **Go to SA2Q16**
- 9 Refused **Go to SA2Q16**

**SA2Q14.** How did you learn about the Colorado QuitLine?

**Note:** If requested, the QuitLine phone number is 1-800-QUITNOW (1-800-784-8669).  
(435-442)

- Read as appropriate:**
- |  |    |   |
|--|----|---|
| <b>Mark all that apply.</b>                        | 1  | TV advertisement  |
|  | 2  | Radio advertisement   |
|  | 3  | Billboard advertisement                                     |
|  | 4  | Internet advertisement                                      |
|  | 5  | News story (TV, radio, newspaper)                           |
|  | 6  | Healthcare provider (doctor, nurse, dentist, insurance/HMO) |
|  | 7  | Friend / family   |
|  | 8  | Other (specify)   |
|  | 77 | Don't know / Not sure                                       |
| <b>After each response, ask "Any other place?"</b> | 99 | Refused   |

If response to core Q11.3 is "1" or "7" ("Yes" or "Don't know/Not Sure" to quit attempt in past year) or response to SA2Q03 is "1", "2", "3", or "4" (former smokers who quit smoking within the past year), continue. Otherwise, go to SA2Q16.

**SA2Q15.** Have you ever called the QuitLine?

**Note:** If requested, the QuitLine phone number is 1-800-QUITNOW (1-800-784-8669). (443)

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

**SA2Q16.** In the past 30 days, have you used chewing tobacco or snuff? (444)

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

**SA2Q17.** Which statement best describes the rules about smoking inside your home? (445)

**Please read:**

- 1 Smoking is not allowed anywhere inside your home,
  - 2 Smoking is allowed in some places or at some times,
  - 3 Smoking is allowed anywhere inside your home,
- Or**
- 4 There are no rules about smoking inside your home?

**Do not read:**

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

**SA2Q18.** During the past 7 days, that is, since [CATI fill in date], how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (446)

- Number of days (0-7)
- 8 Don't know / Not sure
- 9 Refused

**SA2Q19.** Which statement best describes the rules about smoking in your personal vehicle? Would you say...

(447)

- 1 Smoking is never allowed in your personal vehicle,
- 2 Smoking is allowed sometimes in your vehicle,
- 3 Smoking is allowed with the windows open, or
- 4 There are no rules about smoking inside the vehicle?

**Do not read:**

- 5 Don't have a vehicle **Go to SA2Q21**
- 7 Don't know/Not sure
- 9 Refused

**SA2Q20.** During the past 7 days, that is, since (CATI fill in date), how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your personal vehicle?

(448)

- \_ Number of days (0-7)
- 8 Don't know / Not sure
- 9 Refused

**SA2Q21.** Now that smoking is prohibited in bars and restaurants, are you more likely, less likely, or just as likely to visit restaurants and bars as you were when smoking was allowed?

(449)

- 1 More likely
- 2 Just as likely
- 3 Less likely
  
- 7 Don't know/Not sure
- 9 Refused

**SA2Q22.** Do you favor or oppose the law that bans smoking in all workplaces, including restaurants and bars?

(450)

- 1 Favor
- 2 Oppose
  
- 3 No opinion/Don't care
- 7 Don't know/Not sure
- 9 Refused

**SA2Q23.** Do you think the laws banning the sale of tobacco products to minors are adequately enforced, or are not adequately enforced? (451)

- 1 Adequately enforced
- 2 Not adequately enforced
- 7 Don't know/Not sure
- 9 Refused

**SA2Q24.** Do you think that storeowners should need a license to sell tobacco? (452)

[If needed: Similar to a license to sell alcoholic beverages.]  
 [If needed: We are studying people's opinions with this question.]

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

**SA2Q25.** In the last month, would you say you saw and heard...

**Interviewer note:** **Do not** include drug company commercials for medicines that help people quit smoking, but **do** include non-medicinal commercials about quitting smoking, such as for the Colorado QuitLine.

(453)

- 1 A lot of TV or radio commercials against smoking,
- 2 A few TV or radio commercials against smoking,
- 3 No TV or radio commercials against smoking, but did see or hear something in a TV or radio program, or
- 4 Did not see or hear anything on TV or radio against smoking?
- 7 Never/rarely watch TV or listen to radio
- 7 Don't know/Not sure
- 8 Refused

**Do not read these responses**

### State Added: Sexual Orientation

**SA3Q01.** Research has shown that some sexual minority community members have important health risk factors. We are collecting information about sexual orientation to learn whether this is true in Colorado. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or something else?

**Interviewer:** If necessary, say, "Straight or heterosexual people have sex with or are mainly attracted to people of the opposite sex, gay and Lesbian people have sex with or are mainly attracted to people of the same sex, and bisexuals have sex with or are attracted to people of both sexes."

(454)

- 1 Heterosexual
- 2 Homosexual
- 3 Bisexual
- 4 Other (specify)
  
- 7 Don't know/Not sure
- 9 Refused

### State Added: Child Health Screening

**If respondent indicated there are children living in the household in core question 12.7, continue. Otherwise, go to closing statement.**

**SA7Q01.** Earlier you stated that there [is one child / are \_\_\_ children] living in your household.

(470-471)

**If 1 child:** Is the child between 1 and 14 years old? **If yes, enter 1. If no, enter 88.**

**If more than 1 child:** How many of these children are between 1 and 14 years old?

\_\_\_ \_\_\_ Number of children **If "1" go to SA7Q02a; if 2 or more go to SA7Q02b**

- 8 8 None **Go to final closing statement**
- 7 7 Don't know/Not sure **Go to final closing statement**
- 9 9 Refused **Go to final closing statement**

**SA7Q02a.** We are conducting a study to learn more about the health of children in Colorado. I would like to collect some preliminary information today. All information you provide is strictly confidential and used for research purposes only. Participation is voluntary and you or any other respondent may end an interview at any time.

Is the child that is between the ages of 1 and 14 male or female?

(472)

- 1 Male **Go to SA7Q03a**
- 2 Female **Go to SA7Q03a**
- 9 Refused **Go to final closing statement**

**SA7Q02b.** We are conducting a study to learn more about the health of children in Colorado. I would like to collect some preliminary information today. All information you provide is strictly confidential and used for research purposes only. Participation is voluntary and you or any other respondent may end an interview at any time. I need to randomly select one child between the ages of 1 and 14 who lives in your household to ask about.

How many of the children between the ages of 1 and 14 are male?

(473-474)

- \_\_\_ \_\_\_ Number of male children **Go to SA7Q02c**
- 9 9 Refused **Go to final closing statement**

**SA7Q02c.** And how many of the children between the ages of 1 and 14 are female?

(475-476)

- \_\_\_ \_\_\_ Number of female children **Go to SA7Q03b**
- 9 9 Refused **Go to final closing statement**

**SA7Q03a.** Just to make sure that we are talking about the same child throughout the study, please tell me the first name of this child.

(477)

If respondent does not want to participate in CHS, code 9 (refused). If respondent is willing to participate but does not want to give name, code 1 and type "Refused".

- 1 Enter name \_\_\_\_\_ **Go to SA7Q04**
- 9 Refused **Go to final closing statement**

**SA7Q03b.** The child in your home that I will need to talk about is the \_\_\_\_\_ . Just to make sure that we are talking about the same child throughout the study, please tell me the first name of this child.

(478)

If respondent does not want to participate in CHS, code 9 (refused). If respondent is willing to participate but does not want to give name, code 1 and type "Refused".

- 1 Enter name \_\_\_\_\_ **Go to SA7Q04**
- 9 Refused **Go to final closing statement**

**SA7Q04.** All of the information we collect will remain confidential. For research purposes, we would like to link the responses from this interview to responses to questions about the child. Would this be OK with you?

(479)

- 1 Yes **Go to SA7Q05**
- 2 No **Go to SA7Q05**

**SA7Q05.** Who in the household knows the most about the health and health practices of this child?

(480)

- 1 Respondent **Go to SA7Q06**
- 2 Some other adult (specify) **Go to SA7Q06**
- 9 Refused **Go to final closing statement**

**SA7Q06.** What is your/this person's relationship to the child?

(481)

- 1 Mother/Stepmother/Adoptive mother
- 2 Father/Stepfather/Adoptive father
- 3 Grandparent
- 4 Other family member (specify)
- 5 Other non-family (specify)
- 7 Don't know/Not sure
- 9 Refused

### **Closing statement for this section**

Thank you. We will be calling back in the next 2 weeks to speak with the person who is most knowledgeable about this child's health and health practices. When we do so, we will be asking about the child's height and weight. It would be helpful to have him/her weighed and measured before we call back. **Go to final closing statement.**

### **Final closing statement**

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.