



2010

**Behavioral Risk Factor Surveillance System
Questionnaire**

November 18, 2009

Behavioral Risk Factor Surveillance System 2010 Questionnaire – Version B

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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 in (state) . **STOP**

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) 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 5



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 last 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 the 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 | [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
- 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 Q11.5] |
| 7 | Don't know / Not sure | [Go to Q11.5] |
| 9 | Refused | [Go to Q11.5] |

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 Q11.4] |
| 7 | Don't know / Not sure | [Go to Q11.5] |
| 9 | Refused | [Go to Q11.5] |

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 | [Go to Q11.5] |
| 2 | No | [Go to Q11.5] |
| 7 | Don't know / Not sure | [Go to Q11.5] |
| 9 | Refused | [Go to Q11.5] |

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

- | | |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago) |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago) |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago) |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago) |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago) |
| 0 7 | 10 years or more |
| 0 8 | Never smoked regularly |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

11.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

(Check all that apply)

Please read:

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

Or

6 Other [specify] _____

Do not read:

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

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

12.4 Which one of these groups would you say best represents your race? (113)

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

Do not read:

7 Don't know / Not sure
9 Refused

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (114)

If "Yes", please read:

1 Yes, now on active duty
2 Yes, on active duty during the last 12 months, but not now
3 Yes, on active duty in the past, but not during the last 12months

If "No", please read:

4 No, training for Reserves or National Guard only
5 No, never served in the military

Do not read:

7 Don't know / Not sure
9 Refused

12.6 Are you...? (115)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

12.7 How many children less than 18 years of age live in your household? (116-117)

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

12.8 What is the highest grade or year of school you completed? (118)

Read only if necessary:

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

Do not read:

- 9 Refused

12.9 Are you currently...? (119)

Please read:

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

Or

8 Unable to work

Do not read:

9 Refused

12.10

Is your annual household income from all sources—

(120-121)

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

Read only if necessary:

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

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

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

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

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

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

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

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

12.11

About how much do you weigh without shoes?

(122-125)

Note: If respondent answers in metrics, put "9" in column 122.

Round fractions up

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

12.12 About how tall are you without shoes? (126-129)

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

Round fractions down

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

12.13 What county do you live in? (130-132)

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

12.14 What is your ZIP Code where you live? (133-137)

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

12.15 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. (138)

1	Yes	
2	No	[Go to Q12.17]
7	Don't know / Not sure	[Go to Q12.17]
9	Refused	[Go to Q12.17]

12.16 How many of these telephone numbers are residential numbers? (139)

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

12.17 During the past 12 months, has your household been without **landline** telephone service for 1 week or more? Do not include interruptions of **landline** telephone service because of weather or natural disasters. (140)

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

[CELL PHONE QUESTIONS]

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

(141)

- 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?

(142)

- 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?

(143)

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

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

(144-146)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

12.19 Indicate sex of respondent. Ask only if necessary.

(147)

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

12.20 To your knowledge, are you now pregnant?

(148)

- 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?

(149)

- 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?

(150-152)

- 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?

(153-154)

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- _ _ 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? (155-156)

- — 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? (157-158)

- — Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 14: Immunization

14.1 **Now I will ask you questions about seasonal flu.** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a **seasonal** flu shot? (159)

- 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 **seasonal** flu shot? (160-165)

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

14.3 **The seasonal flu vaccine sprayed in the nose is also called FluMist™.** During the past 12 months, have you had a **seasonal** flu vaccine that was sprayed in your nose? (166)

- 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 **seasonal** flu vaccine that was sprayed in your nose? (167-172)

__ / __ __ __	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? (173)

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 questions ask 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? (174–175)

__ __	Number of times	[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]

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.

(176–177)

__ __	Number of falls	[76 = 76 or more]
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— (178)

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? (179–180)

- — 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? (181)

- 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? (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

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? (183)

- 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? (184)

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? (185)

- 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? (186)

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 Q12.20 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (187)

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? (188)

- 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? (189)

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? (190)

- 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? (191)

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? (192)

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

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

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? (193)

- 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? (194)

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? (195)

- 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? (196)

- 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? (197)

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. (198)

- | | | |
|---|-----------------------|----------------------|
| 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? (199-204)

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.

- | | |
|--|-----------------------|
| $\frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$ | 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 a 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? (205-206)

- | | |
|-----|---|
| 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? (207)

- 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? (208)

- 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." (209)

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?

(210)

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 was my last question. Everyone's answers will be combined to help us provide 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

Please read:

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

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.1 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?

(245)

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

CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

(246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

**2010 Colorado BRFSS State-Added Questions
Version B**

Diabetes (asked in core, directly after question 6.1)

**If core question 6.1 = 1 (respondent has been told has diabetes), continue.
Otherwise, go to next section.**

SA8Q01. How old were you when you were told you have diabetes? (556-557)

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

SA8Q03. 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. (558-560)

- 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

SA8Q04. 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. (561-563)

- 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

SA8Q05. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (564-565)

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

SA8Q06. 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"?

(566-567)

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

If SA8Q04 = 555 (no feet), go to SA8Q08.

SA8Q07. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (568-569)

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

SA8Q08. 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. (570)

Read only if necessary:

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

Do not read:

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

SA8Q09. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (571)

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

SA8Q010. Have you ever taken a course or class in how to manage your diabetes yourself? (572)

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

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."

(501)

- 1 Heterosexual
- 2 Homosexual
- 3 Bisexual
- 4 Other (specify)

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

Weight Control

SA9Q01. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (573)

- If “yes,” ask, “Was the advice to lose weight, gain weight, or maintain your current weight?”**
- | | |
|---------------------|------------------------------|
| 1 | Yes, lose weight |
| 2 | Yes, gain weight |
| 3 | Yes, maintain current weight |
| 4 | No |
| Do not read: | |
| 7 | Don't know/Not sure |
| 9 | Refused |

Tobacco

If response to core question 11.1 is “2”, “7”, or “9” (no, don't know/not sure, or refused to smoking 100 cigarettes in lifetime) or response to core question 11.2 is “7” or “9” (don't know/not sure or refused to current smoking frequency), go to SA2Q17. If response to core question 11.2 is “3” (not a current smoker), go to SA2Q04. Otherwise, continue.

Previously you said you smoke cigarettes.

SA2Q01. During the past 30 days, on the days that you did smoke, how many cigarettes a day did you usually smoke? [**Ask everyday smokers and some day smokers**] (574-576)

- | | | |
|----------------------|-------|--------------------------------|
| Number of cigarettes | __ __ | [100 = 100 or more cigarettes] |
| Don't know/Not sure | 7 7 7 | |
| Refused | 9 9 9 | |

If core question 11.4 is 5, 6, 7, 8, 77, or 99 (quit smoking 1 year ago or more or response was "don't know" or "refused"), go to SA2Q17. If core question 11.3 is 2, 7, or 9 ("no", "don't know", or "refused" to past-year quit attempt), go to SA2Q05. Otherwise, continue

SA2Q04. If response to core question 11.4 is 1, 2, 3, or 4 (stopped smoking within the past year): Earlier you said that you stopped smoking cigarettes {insert wording of response to core question 11.4}. When you stopped smoking, did you use a nicotine substitute such as ...

Else if response to core question 11.3 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	(577)
b. Nicotine gum?	1	2	7	9	(578)
c. A Nicotine inhaler or spray?	1	2	7	9	(579)
d. Nicotine lozenges?	1	2	7	9	(580)
e. Zyban, bupropion, or Welbutrin?	1	2	7	9	(581)
f. Chantix?	1	2	7	9	(582)
g. Any other medication to help you quit smoking? (specify)	1	2	7	9	(583)

If core question 11.2 is 3 (not a current smoker), go to SA2Q08.

SA2Q05. What best describes your intentions regarding quitting? Would you say you...
(584)

- 1 Never expect to quit, **Go to SA2Q08**
- 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? (585-598)

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
- 7 Chantix
- 8 Other (specify)

Do not read:

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

If response to core question 3.1 is "1" (has health insurance), continue.
Otherwise, go to SA2Q10.

SA2Q08. Does your health insurance pay for help to quit smoking, such as counseling, prescriptions, or nicotine substitutes like gum or patches? (599)

Interviewer note: Prescriptions include Zyban, Chantix, etc.

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

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

SA2Q10. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other healthcare provider? (600-601)

- Number of visits (01-76)
- 00 I did not visit a doctor or healthcare provider in the last 12 months
 - 88 None
 - 77 Don't know / Not sure
 - 99 Refused

SA2Q13. Have you heard of the Colorado QuitLine? (602)

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).

- 1 Yes
- 2 No **Go to SA2Q17**
- 7 Don't know / Not sure **Go to SA2Q17**
- 9 Refused **Go to SA2Q17**

SA2Q15. Have you ever called the QuitLine? (603)

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

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

SA2Q17. Which statement best describes the rules about smoking inside your home... (604)

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? (605)

- 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... (606)

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
- 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? (607)

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

Child Health Screening

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

SA7Q01. Earlier you stated that there [is one child / are ___ children] living in your household. (544-545)

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? (546)

- 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? (547-548)

- __ __ 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? (549-550)

- __ __ 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. (551)

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. (552)

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? (553)

- 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? (554)

- 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? (555)

- 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 few days to speak with the person who is most knowledgeable about this child's health and health practices. In our follow-up survey, we will be asking about the child's height and weight. In the next few days, please be sure to measure the child's height with the child's shoes off and with (*his/her*) back to the wall, and weigh (*him/her*) on a scale with (*his/her*) shoes off.

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.