

2003
Colorado Behavioral Risk Factor
Surveillance System Questionnaire

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HELLO, I'm calling for the Colorado Department of Public Health and Environment and the Centers for Disease Control and Prevention. My name is (name). We're gathering information on the health of Colorado residents. Your phone number has been chosen randomly, and I'd 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?

If "no" Thank you very much, but we are only interviewing 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 4**

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 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'm (name) calling for the Colorado Department of Public Health and Environment and the Centers for Disease Control and Prevention. We're gathering information on the health of Colorado residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you provide will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

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

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

**Do not read
these responses**

1.2. 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

1.3. 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 Q1.2 also "None," go to Q2.1**
7 7 Don't know/Not sure
9 9 Refused

1.4. 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 2: Health Care Access

- 2.1. 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

- 2.2. Do you have one person you think of as your personal doctor or health care provider? (81)

If "no," ask, "Is there more than one or is there no person who you think of?"

1 Yes, only one
2 More than one
3 No
7 Don't know/Not sure
9 Refused

- 2.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? (82)

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

Section 3: Exercise

- 3.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (83)

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

Section 4: Diabetes

4.1. Have you ever been told by a doctor that you have diabetes? (84)

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"	1	Yes
	2	Yes, but female told only during pregnancy
	3	No
	7	Don't know/Not sure
	9	Refused

If response to Q4.1 is "1" (yes), continue. Otherwise, go to next section.

Module 1: Diabetes

1. How old were you when you were told you have diabetes? (205-206)

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

2. Are you now taking insulin? (207)

1	Yes
2	No
9	Refused

3. Are you now taking diabetes pills? (208)

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

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (209-211)

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

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (212-214)

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

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (215)

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (216-217)

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

8. A test for hemoglobin "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 hemoglobin "A one C"? (218-219)

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

If "no feet" to Q5, go to Q10.

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (220-221)

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

10. 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. (222)

Read only if necessary:

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (223)

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

12. Have you ever taken a course or class in how to manage your diabetes yourself? (224)

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

Section 5: Hypertension Awareness

5.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (85)

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"	1	Yes
	2	Yes, but female told only during pregnancy (Go to next section)
	3	No (Go to next section)
	7	Don't know/Not sure (Go to next section)
	9	Refused (Go to next section)

5.2. Are you currently taking medicine for your high blood pressure? (86)

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

Section 6: Cholesterol Awareness

6.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (87)

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

6.2. About how long has it been since you last had your blood cholesterol checked? (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
- 7 Don't know/Not sure
- 9 Refused

6.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (89)

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

Section 7: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods **you** eat, both at home and away from home.

7.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

7.2. Not counting juice, how often do you eat fruit? (93-95)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

7.3. How often do you eat green salad? (96-98)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

7.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (99-101)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

7.5. How often do you eat carrots? (102-104)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

7.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (105-107)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

Section 8: Weight Control

8.1. Are you now trying to lose weight? (108)

- 1 Yes [**Go to Q8.3**]
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.2. Are you now trying to maintain your current weight that is to keep from gaining weight? (109)

- 1 Yes
- 2 No [**Go to Q8.6**]
- 7 Don't know/Not sure [**Go to Q8.6**]
- 9 Refused [**Go to Q8.6**]

8.3. Are you eating either fewer calories or less fat to... (110)

lose weight? [**if "Yes" to Q8.1**]

keep from gaining weight? [**If "Yes", to Q8.2**]

Probe for which:

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know/Not sure
- 9 Refused

8.4. Are you using physical activity or exercise to (111)

lose weight? [**If "Yes" to Q8.1**]

keep from gaining weight? [**If "Yes" to Q8.2**]

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

8.5. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (112)

Probe for which:

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

Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma? (113)

- 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? (114)

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

Section 10: Immunization

10.1. During the past 12 months, have you had a flu shot? (115)

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

If Q10.1 = 1, continue; otherwise, go to 10.2.

Module 4: Influenza

1. At what kind of place did you get your last flu shot? (237-238)

Read only if necessary:

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center (**Example: a community health center**)
- 04 A senior, recreation, or community center
- 05 A store (**Examples: supermarket, drug store**)
- 06 A hospital or emergency room
- 07 Workplace
- or**
- 08 Some other kind of place

Do not read these responses 77 Don't know
99 Refused

10.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (116)

- 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? (117)

- | | | |
|-----------------------------|---|---|
| 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? (118)

- | | |
|---|--|
| 1 | Everyday |
| 2 | Some days |
| 3 | Not at all (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? (119)

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

Section 12: Alcohol Consumption

- 12.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (120-122)

1__ __ Days per week
2__ __ Days in past 30
8 8 8 No drinks in past 30 days (**Go to next section**)
7 7 7 Don't know/Not sure
9 9 9 Refused (**Go to next section**)

- 12.2. On the days when you drank, about how many drinks did you drink on the average? (123-124)

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

- 12.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (125-126)

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

Section 13: Excess Sun Exposure

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

13.1. Have you had a sunburn within the past 12 months? (127)

- 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. Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (128)

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

Section 14: Demographics

14.1. What is your age? (129-130)

__ __ Code age in years

- 0 7 Don't know/Not sure
- 0 9 Refused

14.2. Are you Hispanic or Latino? (131)

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

14.3. Which one or more of the following would you say is your race?(132-137)

Please read:

Check all that apply

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- or**
- 6 Other (specify)_____

Do not read these responses

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

If more than one response to Q14.3, continue. Otherwise, go to Q14.5.

14.4. Which one of these groups would you say best represents your race? (138)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other (specify) _____
- 7 Don't know/Not sure
- 9 Refused

14.5. Are you? (139)

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

14.6. How many children less than 18 years of age live in your household? (140-141)

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

14.7. What is the highest grade or year of school you completed? (142)

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)
- 9 Refused

14.8. Are you currently? (143)

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

14.9. Is your annual household income from all sources?

(144-145)

Read as appropriate:

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

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

**Do not read these
responses**

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

14.10. About how much do you weigh without shoes?

(146-148)

**Round
fractions up**

___ ___ ___ Weight
pounds

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

14.11. How much would you like to weigh? (149-151)

___ ___ ___ Weight
pounds

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

14.12. About how tall are you without shoes? (152-154)

Round ___ / ___ ___ Height
fractions down *ft / inches*

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

14.13. What county do you live in? (155-157)

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

SA1Q01. What is the zip code where you live? (410-414)

___ ___ ___ ___ ___ Zip code
7 7 7 7 7 Don't know/Not sure
9 9 9 9 9 Refused

14.14. 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. (158)

1 Yes
2 No **[Go to Q14.16]**
7 Don't know/Not sure **[Go to Q14.16]**
9 Refused **[Go to Q14.16]**

14.15. How many of these phone numbers are residential numbers? (159)

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

14.16. During the past 12 months, has your household been without telephone service for 1 week or more? (160)

Note: Do not include interruptions of phone service due to weather or natural disasters.

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

14.17. Indicate sex of respondent. Ask only if necessary. (161)

- 1 Male **(Go to next section)**
- 2 Female

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

14.18. To your knowledge, are you now pregnant? (162)

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

Section 15: Arthritis

The next questions refer to your joints. Please do **NOT** include the back or neck.

15.1. **During the past 30 days**, have you had any symptoms of pain, aching, or stiffness in or around a joint? (163)

- 1 Yes
- 2 No **[Go to Q15.4]**
- 7 Don't know/Not sure **[Go to Q15.4]**
- 9 Refused **[Go to Q15.4]**

15.2. Did your joint symptoms **first** begin more than 3 months ago? (164)

- 1 Yes
- 2 No **[Go to Q15.4]**
- 7 Don't know/Not sure **[Go to Q15.4]**
- 9 Refused **[Go to Q15.4]**

15.3. Have you **ever** seen a doctor or other health professional for these joint symptoms? (165)

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

15.4. Have you **ever** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (166)

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

Interviewer note: Arthritis diagnoses include:

**rheumatism, polymyalgia rheumatica
osteoarthritis (not osteoporosis)
tendonitis, bursitis, bunion, tennis elbow
carpal tunnel syndrome, tarsal tunnel syndrome
joint infection, Reiter's syndrome
ankylosing spondylitis; spondylosis
rotator cuff syndrome
connective tissue disease, scleroderma, polymyositis, Raynaud's
syndrome
vasculitis (giant cell arteritis, Henoch-Schonlein purpura,
Wegener's granulomatosis, polyarteritis nodosa)**

If either Q15.2=1 or Q15.4=1 then continue. Otherwise, go to next section.

15.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (167)

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

Note: If a respondent question arises about medication, reply:
"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

If age is between 18-64, continue. Otherwise, go to next section.

- 15.6. In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (168)

Note: If respondent says he/she is retired or out-of-work, reply: “Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?”

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

Section 16: Falls

To be asked only of people 45 years old or older.

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

16.1. In the past 3 months, have you had a fall? (169)

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

16.2. Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (170)

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

Section 17: Disability

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

17.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (171)

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

17.2. 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? (172)

Include occasional use or use in certain circumstances

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

Section 18: Physical Activity

If "employed" or "self-employed" to core Q14.8 continue;
otherwise go to Q18.2.

- 18.1. When you are at work, which of the following best describes what you do?
Would you say? (173)

If respondent has multiple jobs, include all jobs

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- or**
- 3 Mostly heavy labor or physically demanding work

- Do not read these responses**
- 7 Don't know/Not sure
 - 9 Refused

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 18.2. Now, thinking about the moderate activities you do [fill in (when you are not working,) if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (174)

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

18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (175-176)

___ ___ Days per week

7 7 Don't know/Not sure (**Go to Q18.5**)

8 8 Do not do any moderate physical activity for at least 10 minutes at a time (**Go to Q18.5**)

9 9 Refused (**Go to Q18.5**)

18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(177-179)

__:__ Hours and minutes per day

7 7 7 Don't know/Not sure

9 9 9 Refused

18.5. Now, thinking about the vigorous activities you do [**fill in** (when you are not working) if "**employed**" or "**self-employed**"] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (180)

1 Yes

2 No (**Go to next section**)

7 Don't know/Not sure (**Go to next section**)

9 Refused (**Go to next section**)

18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (181-182)

___ ___ Days per week

7 7 Don't know/Not sure (**Go to next section**)

8 8 Do not do any vigorous physical activity for at least 10 minutes at a time (**Go to next section**)

9 9 Refused (**Go to next section**)

18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(183-185)

__:__ Hours and minutes per day

7 7 7 Don't know/Not sure

9 9 9 Refused

Section 19: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

19.1. 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? (186)

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

19.2. Which of the following best describes your service in the United States military? (187)

Please read:

- 1 Currently on active duty (**Go to next section**)
 - 2 Currently in a National Guard or Reserve unit (**Go to next section**)
 - 3 Retired from military service
 - 4 Medically discharged from military service
 - 5 Discharged from military service
 - 7 Don't know/Not sure (**Go to next section**)
 - 9 Refused (**Go to next section**)
- Do not read these responses

19.3. In the last 12 months have you received some or all of your health care from VA facilities? (188)

- 1 Yes, all of my health care
 - 2 Yes, some of my health care
 - 3 No, no VA health care received
 - 7 Don't know/Not sure
 - 9 Refused
- If "Yes," probe for "all" or "some" of the health care.

Section 20: HIV / AIDS

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

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

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

20.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (189)

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

20.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

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

20.3. How important do you think it is for people to know their HIV status by getting tested? Would you say? (191)

Please read:

- 1 Very important
- 2 Somewhat important
- or**
- 3 Not at all important
- 8 Depends on risk
- 7 Don't know/Not sure
- 9 Refused

Do not read these responses

20.4. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (192)

- Include saliva tests
- 1 Yes
 - 2 No (**Go to Q20.8**)
 - 7 Don't know/Not sure (**Go to Q20.8**)
 - 9 Refused (**Go to 20.8**)

20.5. Not including blood donations, in what month and year was your last HIV test? (193-198)

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

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

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (199-200)

Please read:

__ __ Reason code

- 0 1 It was required
- 0 2 Someone suggested you should be tested
- 0 3 You thought you may have gotten HIV through sex or drug use
- 0 4 You just wanted to find out whether you had HIV
- 0 5 You were worried that you could give HIV to someone
- 0 6 IF FEMALE: You were pregnant
- 0 7 It was done as a part of a routine medical check-up
- 0 8 Or you were tested for some other reason

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

20.7. 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 home, or somewhere else? (201-202)

- ___ Facility code
- 0 1 Private doctor or HMO
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 In a jail or prison (or other correctional facility)
- 0 6 Home
- 0 7 Somewhere else
- 7 7 Don't know/Not sure
- 9 9 Refused

20.8. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (203)

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?

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

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

20.9 In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (204)

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

Transition to Modules and State-added Questions

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

Module 9: Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, are you...
 - a. Eating fewer high fat or high cholesterol foods? (276)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
 - b. Eating more fruits and vegetables? (277)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
 - c. More physically active? (278)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
2. Within the past 12 months, has a doctor, nurse, or other health professional told you to...
 - a. Eat fewer high fat or high cholesterol foods? (279)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

- b. Eat more fruits and vegetables? (280)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- c. Be more physically active? (281)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
3. Has a doctor, nurse or other health professional ever told you that you had any of the following?
- a. A heart attack, also called a myocardial infarction (282)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- b. Angina or coronary heart disease (283)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- c. A stroke (284)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

If "Yes" to Q3a, continue. Otherwise, go to Q5.

4. At what age did you have your first heart attack? (285-286)

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

If "Yes" to Q3c, continue. Otherwise, go to Q6.

5. At what age did you have your first stroke? (287-288)

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

If "Yes" to question 3a or 3c, continue. Otherwise, go to Q7.

6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "Yes" to Q3c and "No" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (289)

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

If respondent is age 35 years old or older continue with Q7, otherwise go to the next module.

7. Do you take aspirin daily or every other day? (290)

- 1 Yes [Go to Q9]
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (291)

If "Yes," ask, "Is this a stomach condition?"	1	Yes, not stomach related [Go to next module]
	2	Yes, stomach problems [Go to next module]
	3	No [Go to next module]
Code upset stomachs as stomach problems	7	Don't know/Not sure [Go to next module]
	9	Refused [Go to next module]

9. Why do you take aspirin...

a. To relieve pain? (292)

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

b. To reduce the chance of a heart attack? (293)

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

c. To reduce the chance of a stroke? (294)

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

Module 11: Tobacco Indicators

If "Yes" to core Q11.1, continue. Otherwise, go to Q6.

Previously you said you have smoked cigarettes.

1. How old were you the first time you smoked a cigarette, even one or two puffs? (302-303)

__ __ Code age in years

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

2. How old were you when you first started smoking cigarettes regularly? (304-305)

__ __ Code age in years

- 8 8 Never smoked regularly **[Go to Q6]**
- 7 7 Don't know/Not sure
- 9 9 Refused

If core Q11.2 is coded '9', go to Q6.

If core Q11.2 is coded '3', continue, otherwise, go to Q4.

3. About how long has it been since you last smoked cigarettes regularly?
(306-307)

Read only if necessary:

- 0 1 Within the past month (anytime less than 1 month ago) **(Continue to Q4)**
0 2 Within the past 3 months (1 month but less than 3 months ago) **(Continue to Q4)**
0 3 Within the past 6 months (3 months but less than 6 months ago) **(Continue to Q4)**
0 4 Within the past year (6 months but less than 1 year ago) **(Continue to Q4)**
0 5 Within the past 5 years (1 year but less than 5 years ago) **(Go to Q6)**
0 6 Within the past 10 years (5 years but less than 10 years ago) **(Go to Q6)**
0 7 10 or more years ago **(Go to Q6)**
7 7 Don't know/Not sure **(Go to Q6)**
9 9 Refused **(Go to Q6)**
4. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (308)
- 1 Yes
2 No **(Go to Q6)**
7 Don't know/Not sure **(Go to Q6)**
9 Refused **(Go to Q6)**
5. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking? (309)
- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

6. Which statement best describes the rules about smoking inside your home? (310)

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 the home
- or**
- 4 There are no rules about smoking inside the home

- Do not read these responses**
- 7 Don't know/Not sure
 - 9 Refused

**If "employed" or "self-employed" to core Q14.8, continue.
Otherwise, go to next module.**

7. While working at your job, are you indoors most of the time? (311)

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

8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (312)

Note: For workers who visit clients, "place of work" means their base location.

Please read:

- 1 Not allowed in any public areas
 - 2 Allowed in some public areas
 - 3 Allowed in all public areas
- or**
- 4 No official policy

- Do not read these responses**
- 7 Don't know/Not sure
 - 9 Refused

9. Which of the following best describes your place of work's official smoking policy for work areas? (313)

Please read:

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

or

- 4 No official policy

Do not read these responses

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

Module 12: Other Tobacco Products

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (314)
 - 1 Yes
 - 2 No (**Go to Q3**)
 - 7 Don't know/Not sure (**Go to Q3**)
 - 9 Refused (**Go to Q3**)

2. Do you currently use chewing tobacco or snuff every day, some days, or not at all? (315)
 - 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/Not sure
 - 9 Refused

3. Have you ever smoked a cigar, even one or two puffs? (316)
 - 1 Yes
 - 2 No (**Go to Q5**)
 - 7 Don't know/Not sure (**Go to Q5**)
 - 9 Refused (**Go to Q5**)

4. Do you now smoke cigars every day, some days, or not at all? (317)
 - 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/Not sure
 - 9 Refused

5. Have you ever smoked tobacco in a pipe, even one or two puffs? (318)
 - 1 Yes
 - 2 No (**Go to Q7**)
 - 7 Don't know/Not sure (**Go to Q7**)
 - 9 Refused (**Go to Q7**)

6. Do you now smoke a pipe every day, some days, or not at all? (319)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

7. A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs? (320)

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

8. Do you now smoke bidis every day, some days, or not at all? (321)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

State-Added: West Nile Virus (added in November & December)

Now I have a few questions about the West Nile Virus.

1. In the past 6 months, where did you get information on West Nile Virus?
Note: If respondent says “Internet,” ask, “Do you know which web site?”
(this prompt was added in December)

- Mark all that apply.**
- After each response, ask, “any other place?”**
- 1 TV news
 - 2 Newspaper
 - 3 Commercial radio
 - 4 National public radio
 - 5 Fight the Bite Colorado website
 - 6 CDPHE website
 - 7 Other/unknown website
 - 8 Fight the Bite posters/pamphlets
 - 9 West Nile Virus hotline
 - 10 Word of mouth
 - 11 Other (specify) _____
 - 12 Didn't get any information
 - 13 Work
 - 14 Internet (did not probe for specific site)
 - 88 No additional choices
 - 77 Don't know/Not sure
 - 99 Refused

2. In the past 6 months, have you heard about or seen any materials on “Fight the Bite Colorado”, a West Nile Virus prevention educational campaign?

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

3. In the past 6 months, have you visited the “Fight the Bite Colorado” website for West Nile Virus information?

- 1 Yes **Go to question 4**
- 2 No **Go to question 5**
- 7 Don't know/Not sure **Go to question 5**

9 Refused **Go to question 5**

4. How useful was the information on the website? Would you say:

Please read

- | | | |
|--|---|-------------------------------------|
| | 1 | Very useful |
| | 2 | Somewhat useful |
| | | or |
| | 3 | Not at all useful |
| Do not read
these
responses | 4 | Didn't find information looking for |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

5. During the past 6 months, were you aware of the toll-free Colorado West Nile Virus hotline?

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

6. During the past summer, how often did you use mosquito repellents containing DEET when outdoors? Would you say:

Please read

- | | | |
|--|---|---|
| | 1 | Always Go to question 8 |
| | 2 | Nearly always Go to question 8 |
| | 3 | Sometimes Go to question 7 |
| | 4 | Seldom Go to question 7 |
| | | or |
| | 5 | Never Go to question 7 |
| Do not read
these responses | 7 | Don't know/Not sure Go to question 8 |
| | 8 | Don't go outdoors Go to question 8 |
| | 9 | Refused Go to question 8 |

7. What is the main reason you did not use DEET containing repellents (if response to question 6 is “sometimes” or “seldom”, add “more often”)?

Read only if necessary

- 1 Didn't feel you were at risk of exposure to WNV/ wasn't worried about WNV
- 2 Didn't have time
- 3 Worried about the health effects of using DEET
- 4 Didn't have repellent available when needed
- 5 Couldn't afford repellent
- 6 Mosquitoes never bite you
- 7 Use other methods of preventing mosquito bites
- 8 Didn't see any mosquitoes
- 9 Other (specify) _____
- 10 Don't go outdoors
- 77 Don't know/Not sure
- 99 Refused

8. To protect against West Nile Virus, when should you use mosquito repellent containing DEET?

Note: If necessary, add, “When is it recommended?”

Mark all that apply.

Do not prompt for additional responses.

- 1 Dawn/Morning
- 2 Dusk/Evening
- 3 Whenever outdoors
- 4 When mosquitoes are biting
- 5 Mid-day
- 6 Other (specify) _____
- 7 Never
- 88 No additional choices
- 77 Don't know/Not sure
- 99 Refused

9. In the past 6 months, were there any animals or humans infected with West Nile Virus in your area?

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

10. Some communities in Colorado have mosquito control programs. These programs can reduce the number of mosquitoes and decrease the need for spraying through public education, eliminating standing water where mosquitoes breed, and adding environmentally safe products to standing water to kill immature mosquitoes. Would you support this type of mosquito control program in your community if it required a 1 to 5 dollar monthly fee per household?

- 1 Yes
- 2 No
- 3 Community already has a mosquito control program
- 7 Don't know/Not sure
- 9 Refused

11. If testing showed there were lots of West Nile Virus infected mosquitoes in your community, would you support spraying to reduce the number of mosquitoes?

- 1 Yes **Go to next section**
- 2 No **Go to question 12**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

12. What is the main reason you would not support mosquito spraying in your community?

- 1 Believe the health effects from spraying are worse than West Nile Virus
- 2 Concerned about environmental effects of spraying
- 3 Money should be spent on something else
- 4 Not necessary since people can use personal protection
- 5 Other (specify) _____
- 7 Don't know/Not sure
- 9 Refused

State-Added: Sexual Assault

In this last section, we are going to ask you a few questions about unwanted sexual experiences. We ask these questions to better understand this problem in Colorado and to help others in the future. We understand that this is a sensitive topic and that some people may feel uncomfortable answering these questions.

If respondent is female, CATI prompts interviewer to say "If you would prefer to speak with a female interviewer for these questions I can arrange for someone to call you back." (pause to allow a response, if any)

Please remember that your responses are strictly confidential and that you may refuse to answer any question. If you believe it would not be safe for you to talk about this, you may tell me to skip this section at any time. (pause to allow a response, if any)

I will be asking about "sex against your will or without your consent." By "against your will" I mean situations where you were threatened or physically forced.

By "without your consent" I mean situations where you could not give consent for some reason, for example, if you were incapacitated by drugs or alcohol, were too young, or were unconscious or asleep.

These incidents may have involved anyone, including family members, dates, partners, acquaintances, or strangers. We are interested in all unwanted sexual experiences, no matter who did it, how long ago it happened, or whether it was reported to police or other authorities.

1. Has anyone ever had sex with you against your will or without your consent? By "sex" I mean any type of penetration or intercourse.
 - 1 Yes **Go to question 3**
 - 2 No **Go to question 2**
 - 7 Don't know/not sure **Go to question 2**
 - 9 Refused **Go to closing statement for this section**

2. Has anyone ever had or attempted to have sex with you against your will or without your consent, but intercourse or penetration did not occur?
 - 1 Yes **Go to question 3**
 - 2 No **Go to closing statement for this section**
 - 7 Don't know/not sure **Go to closing statement for this section**
 - 9 Refused **Go to closing statement for this section**

If respondent answers yes to question 1, CATI will prompt interviewer to say, "These next questions refer to the most recent time someone had sex with you against your will or without your consent." If respondent answers yes to question 2, CATI will prompt interviewer to say, "These next questions refer to the most recent time someone tried to have sex with you against your will or without your consent."

3. Did this most recent experience occur within the past 12 months?

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

4. And how old were you at the time of this most recent experience?

- ___ ___ Code age in years
- 7 7 Don't know/not sure
- 9 9 Refused

5. Thinking of this most recent experience, what was your relationship to the other person?

- Mark only one.**
- Do not read responses.**
- 01 Husband/wife **Go to question 7**
 - 02 Ex-husband/ex-wife **Go to question 7**
 - 03 Parent **Go to question 7**
 - 04 Step-parent **Go to question 7**
 - 05 Sibling **Go to question 7**
 - 06 Other relative (specify) _____ **Go to question 7**
 - 07 Partner **Go to question 7**
 - 08 Boyfriend/girlfriend **Go to question 7**
 - 09 Ex-boyfriend/ex-girlfriend **Go to question 7**
 - 10 Date **Go to question 7**
 - 11 Co-worker **Go to question 7**
 - 12 Babysitter/childcare provider **Go to question 7**
 - 13 Clergy **Go to question 7**
 - 14 Friend **Go to question 7**
 - 15 Neighbor **Go to question 7**
 - 16 Stranger **Go to question 7**
 - 17 Other non-relative(specify)_____ **Go to question 7**
 - 18 Multiple perpetrators **Go to question 6**
 - 77 Don't know/not sure **Go to question 7**
 - 99 Refused **Go to question 7**

6. (Record multiple perpetrators)

Read only if necessary: "Please tell me your relationship to each one."

- | | | |
|-----------------------------------|---------|------------------------------------|
| Mark all that
apply. | 01 | Husband/wife |
| | 02 | Ex-husband/ex-wife |
| Do not read
responses. | 03 | Parent |
| | 04 | Step-parent |
| | 05 | Sibling |
| | 06 | Other relative (specify) _____ |
| | 07 | Partner |
| | 08 | Boyfriend/girlfriend |
| | 09 | Ex-boyfriend/ex-girlfriend |
| | 10 | Date |
| | 11 | Co-worker |
| | 12 | Babysitter/childcare provider |
| | 13 | Clergy |
| | 14 | Friend |
| | 15 | Neighbor |
| | 16 | Stranger |
| | 17 | Other non-relative (specify) _____ |
| | 77 | Don't know/not sure |
| | 88 | No more responses |
| 99 | Refused | |

7. Following this most recent experience, who did you tell about the incident, if anyone? For example, did you tell a friend or family member, doctor, rape crisis center, therapist, member of the clergy, or the police? Please list everyone, including anyone that I have not mentioned.

- | | | |
|-------------------------------|-------------------|--|
| Mark all that apply. | 1 | Friend |
| | 2 | Family member |
| Do not read responses. | 3 | Doctor/other medical professional |
| | 4 | Rape crisis center/other victim service agency |
| | 5 | Therapist/counselor |
| | 6 | Clergy |
| | 7 | Police/other law enforcement |
| | 8 | Other (specify)_____ |
| | 9 | Other (specify)_____ |
| | 10 | Did not tell anyone |
| | 77 | Don't know/not sure |
| 88 | No more responses | |
| 99 | Refused | |

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, the following toll-free number can connect you to a confidential sexual assault hotline in your area. The number is 1-800-656-HOPE (4673). Would you like me to repeat that?

State-Added: Child Health Survey Screening
(added in July, November, & December; in November and December, these questions were asked before the Sexual Assault questions)

If respondent indicated there are children living in the household in core question 14.6, continue. Otherwise, go to next section.

1. Earlier you stated that there are ___ children living in your household. How many of these children are between 1 and 14 years old?

___ ___ Number of children **If “1” go to question 2a; if 2 or more go to question 2b**
8 8 None **Go to next section**
9 9 Refused **Go to next section**

- 2a. We are conducting a study to learn more about the health of children in Colorado. We 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?

1 Male **Go to question 3a**
2 Female **Go to question 3a**
9 Refused **Go to next section**

- 2b. We are conducting a study to learn more about the health of children in Colorado. 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?

___ ___ Number of male children
9 9 Refused

2c. And how many of the children between the ages of 1 and 14 are female?

__ __ Number of female children
9 9 Refused

3a. Just to make sure that we are talking about the same child throughout the study, please tell me the first name of this child.

1 Enter name
9 Refused

3b. 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.

1 Enter name
9 Refused

4. 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?

1 Yes
2 No
9 Refused

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

1 Respondent
2 Some other adult (specify) _____
9 Refused

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

- 1 Mother
- 2 Father
- 3 Grandparent
- 4 Other family member
- 5 Other female (specify) _____
- 6 Other male (specify) _____
- 7 Don't know/not sure
- 9 Refused

7. Does this child live in the household full-time or part-time?

If necessary, ask, "Does he or she live with you every weekend, every other weekend, or some other amount of time?"

- 1 Full-time
- 2 Part-time, every weekend
- 3 Part-time, every other weekend
- 4 Part-time, other (specify) _____
- 7 Don't know/not sure
- 9 Refused

8. Finally, what is this child's date of birth?

- ____ Enter date (mmddyyyy)
- 7 7 7 7 7 7 7 7 Don't know/Not sure
- 9 9 9 9 9 9 9 9 Refused

Thank you very much for your cooperation. We will be calling back in the next week or so 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.

Closing Statement

That's 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.