

2004
Colorado Behavioral Risk Factor
Surveillance System Questionnaire

<u>CORE SECTIONS</u>	
Section 1: Health Status	4
Section 2: Healthy Days	5
Section 3: Health Care Access	6
Section 4: Exercise	7
Section 5: Environmental Factors	8
Section 6: Excess Sun Exposure	9
Section 7: Tobacco Use	10
Section 8: Alcohol Consumption	11
Section 9: Asthma	12
Section 10: Diabetes	13
Section 11: Oral Health	17
Section 12: Immunization	18
Section 13: Demographics	19
Section 14: Veteran's Health	25
Section 15: Women's Health	26
Section 16: Prostate Cancer Screening	28
Section 17: Colorectal Cancer Screening	30
Section 18: Family Planning	32
Section 19: Disability	36
Section 20: HIV/AIDS	37
Section 21: Firearms	41
<u>OPTIONAL MODULES</u>	
Module 1: Diabetes	13
Module 11: Heart Attack and Stroke	42
Module 13: Folic Acid	45
Module 15: Smoking Cessation	47
Module 16: Secondhand Smoke Policy	49
Module 20: Reactions to Race	51
<u>STATE-ADDED QUESTIONS</u>	
Zip code	23
Oral Health	54
Sun Protection	55
Child Health Survey Screening	58
Suicide	61

HELLO, I'm calling for the _____ (health department) _____ and the Centers for Disease Control and Prevention. My name is _____ (name) _____. We're gathering information on the health of _____ (state) 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 "correct respondent" on 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 correct respondent: HELLO, I'm _____ (name) calling for the _____ (health) _____ (department) and the Centers for Disease Control and Prevention. We're gathering information on the health of _____ (state) residents. Your phone number has 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. Any information you give me 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

Do not read 7 Don't know/Not sure
these responses 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 also "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? (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

- 3.3. 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 4: Exercise

- 4.1. 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 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

- 5.1. Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building? (84)

Note: If respondent has experienced an illness or symptom within the past 12 months that was caused by something in the air you encountered more than 12 months ago, the answer is "Yes".

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

- 5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors? (85)

Note: This question does not refer to natural agents like pollen or dust in outdoor air.

- | | | |
|--|---|---------------------|
| If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes". | 1 | Yes |
| | 2 | No |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

Section 6: 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.

6.1 Have you had a sunburn within the past 12 months? (86)

- 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 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? (87)

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

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life? (88)

- | | | |
|----------------|---|---|
| 5 packs = | 1 | Yes |
| 100 cigarettes | 2 | No Go to next section |
| | 7 | Don't know/Not sure Go to next section |
| | 9 | Refused Go to next section |

7.2. Do you now smoke cigarettes every day, some days, or not at all? (89)

- | | |
|---|--------------------------------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all Go to next section |
| 9 | Refused Go to next section |

7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (90)

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

Section 8: Alcohol Consumption

- 8.1. 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? (91-93)

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

- 8.2. On the days when you drank, about how many drinks did you drink on the average? (94-95)

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

- 8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (96-97)

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

- 8.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (98-99)

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

Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (100)

- 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? (101)

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

Section 10: Diabetes

10.1. Have you ever been told by a doctor that you have diabetes? (102)

Note: If Respondent says pre-diabetes or borderline diabetes, use response code 4

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
	4	No, pre-diabetes or borderline diabetes
	7	Don't know/Not sure
	9	Refused

If response to Q10.1 is "1" (yes), continue. Otherwise, go to next section.

Module 1: Diabetes

1. How old were you when you were told you have diabetes? (195-196)

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

2. Are you now taking insulin? (197)

1 Yes
2 No
9 Refused

3. Are you now taking diabetes pills? (198)

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. (199 - 201)

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. (202 - 204)

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? (205)

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? (206-207)

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

8. 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”?
(208-209)

___ ___ 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 “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?
(210-211)

___ ___ 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.
(212)

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? (213)

- 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? (214)

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

Section 11: Oral Health

- 11.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (103)

Read Only if Necessary

Include visits to dental specialists, such as orthodontists	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
	8	Never
	9	Refused

- 11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (104)

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

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

IF Q11.1 = 8/NEVER OR Q11.2 = 3/ALL, SKIP TO NEXT SECTION

- 11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (105)

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
8	Never
9	Refused

Section 12v1: Immunization

12.1. During the past 12 months, have you had a flu shot? (106)

Read only if necessary: We want to know if you had a flu shot injected in your arm.

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

12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? (107)

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

12.3. 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. (108)

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

Section 12v2: Immunization

12.1. During the past 12 months, have you had a flu shot? (106)

Read only if necessary: We want to know if you had a flu shot injected in your arm.

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

12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? (107)

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

12.3. 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. (108)

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

Section 13: Demographics

13.1. What is your age? (109-110)

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

13.2. Are you Hispanic or Latino? (111)

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

13.3. Which one or more of the following would you say is your race? (112-117)

- | | | |
|--|---|---|
| | | 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 Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (118)

- 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

13.5 Are you? (119)

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

13.6 How many children less than 18 years of age live in your household? (120-121)

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

13.7 What is the highest grade or year of school you completed? (122)

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

13.8. Are you currently? (123)

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

13.9 Is your annual household income from all sources?

(124-125)

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

13.10. About how much do you weigh without shoes?

(126-129)

Note: If respondent answers in metrics, put “9” in column 126.

**Round
fractions up**

____ Weight
pounds/kilograms

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

13.11. About how tall are you without shoes? (130-133)

Note: If respondent answers in metrics, put "9" in column 130.

Round
fractions down

___ ___ / ___ ___ Height
ft / inches/meters/centimeters

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

13.12. What county do you live in? (134-136)

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

SA1Q01. What is the zip code where you live? (361-365)

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

13.13. 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. (137)

1 Yes
2 No **Go to Q13.15**
7 Don't know/Not sure **Go to Q13.15**
9 Refused **Go to Q13.15**

13.14. How many of these phone numbers are residential numbers? (138)

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

13.15. During the past 12 months, has your household been without telephone service for 1 week or more? (139)

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

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

13.16. Indicate sex of respondent. **Ask only if necessary.** (140)

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

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

13.17. To your knowledge, are you now pregnant? (141)

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

Section 14: Veteran's Health

14.1 The next question relates to military service. 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? (142)

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

14.2 Which of the following best describes your service in the United States Military? (143)

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**

14.3 In the last 12 months have you received some or all of your health care from VA facilities? (144)

- If "Yes," probe for "all" or "some" of the health care.**
- 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

Section 15: Women's Health

If respondent is male, go to next section.

15.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (145)

- 1 Yes
- 2 No **Go to Q15.3**
- 7 Don't know/Not sure **Go to Q15.3**
- 9 Refuse **Go to Q15.3**

15.2. How long has it been since you had your last mammogram? (146)

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

15.3. A clinical breast exam is when a doctor, nurse or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (147)

- 1 Yes
- 2 No **Go to Q15.5**
- 7 Don't know/Not sure **Go to Q15.5**
- 9 Refused **Go to Q15.5**

15.4. How long has it been since your last breast exam? (148)

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (149)

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

15.6 How long has it been since you had your last Pap test? (150)

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

If response to Q13.17 is 1 (is pregnant), go to next section

15.7. Have you had a hysterectomy? (151)

- A hysterectomy is an operation to remove the uterus (womb)**
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q17.1.

16.1. 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? (152)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't know/Not sure **Go to Q 16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last PSA test? (153)

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

16.3. 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? (154)

- 1 Yes
- 2 No **Go to Q16.5**
- 7 Don't know/Not sure **Go to Q16.5**
- 9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (155)

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

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (156)

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

Section 17: Colorectal Cancer Screening

If respondent is 49 years old or younger, go to Q18.1.

17.1. 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? (157)

- 1 Yes
- 2 No **Go to Q17.3**
- 7 Don't know/Not sure **Go to Q17.3**
- 9 Refused **Go to Q17.3**

17.2. How long has it been since you had your last blood stool test using a home kit? (158)

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

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (159)

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

17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (160)

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Section 18: Family Planning

If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- 18.1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert you, if male, insert her] from getting pregnant? (161)

NOTE: If more than one partner, consider usual partner.

- 1 Yes
- 2 No **(Go to Q18.3)**
- 3 No partner/not sexually active **Go to next section**
- 4 Same sex partner **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

- 18.2. What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert you, if male, insert her] from getting pregnant? (162-163)

Read only if necessary

- 01 Tubes tied **Go to next section**
- 02 Hysterectomy (female sterilization) **Go to next section**
- 03 Vasectomy (male sterilization) **Go to next section**
- 04 Pill, all kinds (Seasonale, etc.) **Go to Q18.4**
- 05 Condoms (male or female) **Go to Q18.4**
- 06 Contraceptive implants (Jadelle or Implants) **Go to Q18.4**
- 07 Shots (Depo-Provera) **Go to Q18.4**
- 08 Shots (Lunelle) **Go to Q18.4**
- 09 Contraceptive Patch **Go to Q18.4**
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) **Go to Q18.4**
- 11 IUD (including Mirena) **Go to Q18.4**
- 12 Emergency contraception (EC) **Go to Q18.4**
- 13 Withdrawal **Go to Q18.4**
- 14 Not having sex at certain times (rhythm) **Go to Q18.4**
- 15 Other method (foam, jelly, cream, etc.) **Go to Q18.4**
- 77 Don't know/Not sure **Go to Q18.4**
- 99 Refused **Go to Q18.4**

18.3 What is your main reason for not doing anything to keep [if female, insert “you,” if male, insert “your wife/partner”] from getting pregnant? (164-165)

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization) **Go to next section**
- 09 You or your partner had a vasectomy (sterilization) **Go to next section**
- 10 You or your partner had a hysterectomy **Go to next section**
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 Partner is pregnant now **Go to next section**
- 77 Don't know/Not sure
- 99 Refused

18.4 How do you feel about having a child now or sometime in the future?
Would you say: (166)

Please read

- 1 You don't want to have one **Go to next section**
- 2 You do want to have one **Go to Q18.5**
- 3 You're not sure if you do or don't **Go to next section**

**Do not read
these responses**

- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

18.5 How soon would you want to have a child? Would you say: (167)

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 5 or more years from now

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

Section 19: Disability

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

19.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (168)

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

19.2. 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? (169)

Include occasional use or use in certain circumstances

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

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. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. 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. (170)

- 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. (171)

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

20.3. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (172)

- Include saliva tests** 1 Yes
- 2 **No Go to Q20.10**
- 7 Don't know/ Not sure **Go to Q20.10**
- 9 Refused **Go to Q20.10**

20.4. In the past 12 months, how many times have you been tested for HIV, including times you did not get your results: (173-174)

- __ __ Times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

20.5. Not including blood donations, in what month and year was your last HIV test? (175-180)

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

Include saliva tests

- __ __ / __ __ __ __ Code month and year
- 7 7 / 7 7 7 7 Don't know/Not sure
- 9 9 / 9 9 9 9 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? (181-182)

- __ __ Reason Code
- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read these responses

- 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, in a drug treatment facility, at home, or somewhere else? (183-184)

- __ Facility code
- 01 Private doctor or HMO
 - 02 Counseling and testing site
 - 03 Hospital
 - 04 Clinic
 - 05 Jail or prison
 - 06 Drug treatment facility
 - 07 At home
 - 08 Somewhere else

Do not read these responses

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

**If Q20.7 is "04" (clinic) continue,
if Q20.7 is "07" (at home) go to Q20.9, otherwise go to Q20.10.**

20.8. What type of clinic did you go to for your last HIV test? (185)

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know/Not sure
- 9 Refused

20.9 Was this test done by a nurse or other health worker, or with a home testing kit? (186)

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know/Not sure
- 9 Refused

20.10. 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.

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? (187)

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

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

In the past 12 months, has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (188)

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

Section 21: Firearms

The next section is about firearms. We ask about firearms in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

21.1. Are any firearms kept in or around your home? (189)

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

21.2. Are any of these firearms now loaded? (190)

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

21.3. Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (191)

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

Module 11: Heart Attack & Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

1. Which of the following do you think is a symptom of a heart attack? For each, tell me yes, no, or you're not sure. (275)
 - a. **(Do you think)** pain or discomfort in the jaw, neck, or back **(are symptoms of a heart attack)?**
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
 - b. **(Do you think)** feeling weak, lightheaded, or faint **(are symptoms of a heart attack) ?** (276)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
 - c. **(Do you think)** chest pain or discomfort **(are symptoms of a heart attack) ?** (277)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
 - d. **(Do you think)** sudden trouble seeing in one or both eyes **(is a symptom of a heart attack) ?** (278)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

e. **(Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack)?** (279)

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

f. **(Do you think) shortness of breath (is a symptom of a heart attack)?** (280)

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

2. Which of the following do you think is a symptom of a stroke? For each, tell me yes, no, or you're not sure.

a. **(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke)?** (281)

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

b. **(Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke)?** (282)

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

c. **(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke)?** (283)

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

d. **(Do you think)** sudden chest pain or discomfort **(are symptoms of a stroke)?** (284)

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

e. **(Do you think)** sudden trouble walking, dizziness, or loss of balance **(are symptoms of a stroke)?** (285)

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

f. **(Do you think)** severe headache with no known cause **(is a symptom of a stroke)?** (286)

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

3. If you thought someone was having a heart attack or stroke, what is the first thing you would do? (287)

Please read

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member
- or**
- 5 Do something else
- 7 Don't know/Not sure
- 9 Refused

**Do not read
these responses**

Module 13: Folic Acid

1. Do you currently take any vitamin pills or supplements? (307)

Note: Include liquid supplements

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

2. Are any of these a multivitamin? (308)

- 1 Yes **Go to Q4**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

3. Do any of the vitamin pills or supplements you take contain folic acid? (309)

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

4. How often do you take this vitamin pill or supplement? (310-312)

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

If respondent is 45 years or older, go to next module.

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (313)

Please read

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure
- or**
- 4 Some other reason

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

Module 15: Smoking Cessation

**If response to core Q7.2 is '3' continue,
otherwise if response to core Q7.2 is '1' or '2' go to Q2.**

Previously you said you have smoked cigarettes:

1. About how long has it been since you last smoked cigarettes? (317-318)

Read only if necessary

- 01 Within the past month (anytime less than 1 month ago) **Go to Q2**
- 02 Within the past 3 months (1 month but less than 3 months ago) **Go to Q2**
- 03 Within the past 6 months (3 months but less than 6 months ago) **Go to Q2**
- 04 Within the past year (6 months but less than 1 year ago) **Go to Q2**
- 05 Within the past 5 years (1 year but less than 5 years ago) **Go to next module**
- 06 Within the past 10 years (5 years but less than 10 years ago) **Go to next module**
- 07 10 or more years ago **Go to next module**
- 77 Don't know/Not sure **Go to next module**
- 99 Refused **Go to next module**

**If response to Q1 is "01, 02, 03, or 04" OR
if core Q7.2 is "1" or "2," continue.**

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

2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (319-320)
 - ___ Number of times (76=76 or more)
 - 8 8 None **Go to next module**
 - 7 7 Don't know/Not sure
 - 9 9 Refused

3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (321-322)

___ ___ Number of visits (01-76)
8 8 None
7 7 Don't know/Not sure
9 9 Refused

4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin, Zyban, or Bupropion? (323-324)

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

___ ___ Number of visits (01-76)
8 8 None
7 7 Don't know/Not sure
9 9 Refused

5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking? (325-326)

___ ___ Number of visits (01-76)
8 8 None
7 7 Don't know/Not sure
9 9 Refused

Module 16: Secondhand Smoke Policy

1. Which statement best describes the rules about smoking inside your home? (327)

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
these responses**

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

**If "employed" or "self-employed" to core 13.8, continue.
Otherwise, go to next module.**

2. While working at your job, are you indoors most of the time? (328)

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

3. 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 lunchrooms? (329)

Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.

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 |

4. Which of the following best describes your place of work's official smoking policy for work areas? (330)

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 20: Reactions to Race

Earlier I asked you about your race. Now I will ask you some questions about reactions to your race.

1. How do other people usually classify you in this country? Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group? (350)

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

2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly? (351)

[Instructions to interviewer: **The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.**]

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know/Not sure
- 9 Refused

**If “employed,” “self-employed,” or “out of work for less than one year,”
to core 13.8, continue. Otherwise, go to question 4.**

3. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? (352)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know/Not sure
- 9 Refused

4. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (353)

[Instructions to interviewer: **If the respondent indicates that they do not know about other people's experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.”**]

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know/Not sure
- 9 Refused

5. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race? (354)

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

6. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated base on your race?

(355)

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

State-Added: Oral Health

SA2Q01. In the past year, have you had a dentist, doctor, or dental hygienist check for oral cancer by pulling on your tongue, sometimes with a gauze wrapped around it, and feeling under the tongue and inside the cheeks? (366)

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

State-Added: Sun Protection

The next questions are about what you do to protect your skin when you go outside.

SA3Q01. When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock? Would you say: (367)

Please read

Summer means June, July, and August. Sunny is what respondent considers sunny.	1	Always
	2	Nearly always
	3	Sometimes
	4	Seldom
	5	Never
Do not read these responses	8	Don't stay out more than an hour
	7	Don't know/Not sure
	9	Refused

SA3Q02. What is the Sun Protection Factor or SPF of the sunscreen you use most often? (368-369)

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

SA3Q03. When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade? Would you say: (370)

Please read

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- or**
- 5 Never

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

SA3Q04. When you go outside on a sunny summer day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun? Would you say:(371)

Please read

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- or**
- 5 Never

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

SA3Q05. When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts? Would you say: (372)

Please read

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- or**
- 5 Never

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

**Do not read
these responses**

State-Added: Child Health Survey Screening

If respondent indicated there are children living in the household in core question 13.6, continue. Otherwise, go to next section.

SA4Q01. Earlier you stated that there are children under the age of 18 living in your household. How many of these children are between 1 and 14 years old?

(373-374)

___ ___ Number of children **If “1” go to SA4Q02a; if 2 or more go to SA4Q02b**

8 8 None **Go to SA5Q01**

9 9 Refused **Go to SA5Q01**

SA4Q02a. 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?(375)

1 Male **Go to SA4Q03a**

2 Female **Go to SA4Q03a**

9 Refused **Go to next section**

SA4Q02b. 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?

(376-377)

___ ___ Number of male children **Go to SA4Q02c**

9 9 Refused **Go to next section**

SA4Q02c. And how many of the children between the ages of 1 and 14 are female? (378-379)

- ___ Number of female children **Go to SA4Q03b**
9 9 Refused **Go to closing statement for this section**

SA4Q03a. Just to make sure that we are talking about the same child throughout the study, please tell me the first name of this child. (380)

- 1 Enter name _____ **Go to SA4Q04**
9 Refused **Go to closing statement for this section**

SA4Q03b. 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. (381)

- 1 Enter name _____ **Go to SA4Q04**
9 Refused **Go to closing statement for this section**

SA4Q04. 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? (382)

- 1 Yes **Go to SA4Q05**
2 No **Go to SA4Q05**

SA4Q05. Who in the household knows the most about the health and health practices of this child? (383)

- 1 Respondent **Go to SA4Q06**
2 Some other adult (specify) **Go to SA4Q06**
9 Refused **Go to closing statement for this section**

SA4Q06. What is your/this person's relationship to the child? (384)

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

Closing statement for this section

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

State-Added: Suicide

This last section is about another health-related topic. Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide ---that is, taking some action to end their own life.

SA5Q01. In the past year, have you ever seriously thought about trying to hurt yourself in a way that might have resulted in your death? (385)

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

SA5Q02. In the past year, have you ever actually tried to hurt yourself in a way that might have resulted in your death? (386)

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

Closing statement for this section

If you, or someone you know, is having thoughts about suicide, the following toll-free number can connect you to a trained crisis volunteer - 1-800-SUICIDE, that's 1-800-784-2433. Would you like me to repeat that?

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.