

2006 Colorado Behavioral Risk Factor Surveillance System Questionnaire

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Interviewer's Script

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

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone? By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

If "no,"

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

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

___ Number of men

___ Number of women

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

If "you," go to page 4

To the correct respondent:

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

Core Sections

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, 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
- 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

- 2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

– – Number of days
8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
7 7 Don't know / Not sure
9 9 Refused

- 2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

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

Section 3: Health Care Access

- 3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

- 3.2** Do you have one person you think of as your personal doctor or health care provider?
- If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”**
- (81)
- 1 Yes, only one
 - 2 More than one
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused

- 3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
- (82)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
- (83)
- 1 Within past year (anytime less than 12 months ago)
 - 2 Within past 2 years (1 year but less than 2 years ago)
 - 3 Within past 5 years (2 years but less than 5 years ago)
 - 4 5 or more years ago
 - 7 Don't know / Not sure
 - 8 Never
 - 9 Refused

Section 4: 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?
- (84)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5: Diabetes

5.1 Have you ever been told by a doctor that you have diabetes?

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

(85)

- 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

Module 4: Diabetes

To be asked following Core Q5.1 if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes?

(229-230)

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

2. Are you now taking insulin?

(231)

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills?

(232)

- 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. (233-235)

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. (236-238)

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

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (239)

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? (240-241)

_	_	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"?
- (242-243)

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

CATI Note: If Q5 = 555 (No feet), 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?
- (244-245)

— — 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.
- (246)

Read only if necessary:

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

Do not read:

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- (247)

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? (248)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 6: Oral Health

- 6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (86)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

- 6.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. (87)
- NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

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

CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next section.

6.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

(88)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

Section 7: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

7.1 (Ever told) you had a heart attack, also called a myocardial infarction?

(89)

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

7.2 (Ever told) you had angina or coronary heart disease?

(90)

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

7.3 (Ever told) you had a stroke?

(91)

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

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)

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

8.2 Do you still have asthma? (93)

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

Section 9: Disability

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

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (94)

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

9.2 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? (95)

Include occasional use or use in certain circumstances.

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

Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life? (96)

NOTE: 5 packs = 100 cigarettes

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

10.2 Do you now smoke cigarettes every day, some days, or not at all? (97)

1	Every day	
2	Some days	
3	Not at all	[Go to next section]
7	Don't know/Not sure	[Go to next section]
9	Refused	[Go to next section]

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (98)

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

Section 11: Demographics

11.1 What is your age? (99-100)

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

- 11.2** Are you Hispanic or Latino? (101)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 11.3** Which one or more of the following would you say is your race? (102-107)

(Check all that apply)

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

CATI note: If more than one response to Q11.3; continue. Otherwise, go to Q11.5

- 11.4** Which one of these groups would you say best represents your race? (108)

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

Do not read:

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

11.5 Are you...? (109)

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

11.6 How many children less than 18 years of age live in your household? (110-111)

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

11.7 What is the highest grade or year of school you completed? (112)

Read only if necessary:

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

Do not read:

- 9 Refused

11.8

Are you currently...?

(113)

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

11.9

Is your annual household income from all sources—

(114-115)

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

Read only if necessary:

- 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:

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

11.10 About how much do you weigh without shoes? (116-119)

Note: If respondent answers in metrics, put "9" in column 116.

Round fractions up

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

11.11 About how tall are you without shoes? (120-123)

Note: If respondent answers in metrics, put "9" in column 120.

Round fractions down

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

11.12 What county do you live in? (124-126)

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

11.13 What is your ZIP Code where you live? (127-131)

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

11.14 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. (132)

1 Yes
2 No **[Go to Q11.16]**
7 Don't know / Not sure **[Go to Q11.16]**
9 Refused **[Go to Q11.16]**

11.15 How many of these telephone numbers are residential numbers? (133)

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

11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (134)

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

11.17 **Indicate sex of respondent. Ask only if necessary.** (135)

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

11.18 To your knowledge, are you now pregnant? (136)

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

Section 12: Veteran's Status

The next question relates to military service.

12.1 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? (137)

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

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(138)

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(139-141)

- | | | | |
|---|-------|---------------------------|-----------------------------|
| 1 | __ __ | Days per week | |
| 2 | __ __ | Days in past 30 days | |
| 8 | 8 8 | No drinks in past 30 days | [Go to next section] |
| 7 | 7 7 | Don't know / Not sure | |
| 9 | 9 9 | Refused | |

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(142-143)

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

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?

(144-145)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (146-147)

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

Section 14: Immunization/Adult Influenza Supplement

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (148)

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

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (149)

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

CATI note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.

NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.

14.3s During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray. (150-155)

- / — — — Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure (**Probe: "Was it before September 2005?" Code approximate month and year**)
- 9 9 / 9 9 9 9 Refused

CATI note: If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue. Otherwise, go to Q14.5s.

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu season?

(156-157)

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar. '06.

Do not read answer choices below. Select category that best matches response.

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (**Probe: "What was the main reason?"**)
- 9 9 Refused

14.5s Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

(158)

Read each problem listed below:

Lung problems, including asthma
Heart problems
Diabetes
Kidney problems
Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
-Or-
Sickle Cell Anemia or other anemia

- 1 Yes
- 2 No **[Go to Q14.8s]**
- 7 Don't know / Not sure **[Go to Q14.8s]**
- 9 Refused **[Go to Q14.8s]**

14.6s Do you still have (this/any of these) problem(s)?

(159)

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

14.7s Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work. (160)

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

14.8s Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? (161)

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

14.9 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (162)

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

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (163)

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

14.11

The next question is about behaviors related to Hepatitis B. Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You are a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you?

(164)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

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

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

15.1 In the past 3 months, how many times have you fallen?

(165-166)

- – Number of times **[76 = 76 or more]**
- 8 8 None **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

15.2 How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(167-168)

- – Number of falls **[76 = 76 or more]**
- 8 8 None **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (169)

Please read:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go to next section.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)

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

Section 18: Women's Health

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

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (172)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 How long has it been since you had your last mammogram? (173)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

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

18.4 How long has it been since your last breast exam? (175)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (176)

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

18.6 How long has it been since you had your last Pap test? (177)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

CATI note: If response to Core Q11.18 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (178)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Section 19: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (179)

- 1 Yes
- 2 No **[Go to Q19.3]**
- 7 Don't Know / Not Sure **[Go to Q19.3]**
- 9 Refused **[Go to Q19.3]**

19.2 How long has it been since you had your last PSA test? (180)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know
- 9 Refused

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (181)

- 1 Yes
- 2 No **[Go to Q19.5]**
- 7 Don't know / Not sure **[Go to Q19.5]**
- 9 Refused **[Go to Q19.5]**

19.4 How long has it been since your last digital rectal exam? (182)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (183)

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

Section 20: Colorectal Cancer Screening

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

20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (184)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

20.2 How long has it been since you had your last blood stool test using a home kit? (185)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

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

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (187)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

Section 21: HIV/AIDS

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

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (188)

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

21.2 Not including blood donations, in what month and year was your last HIV test? (189–194)

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

- /--- Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (195-196)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

CATI note: Ask Q.21.4; if Q.21.2 = within last 12 months. Otherwise, go to next section.

21.4 Was it a rapid test where you could get your results within a couple of hours? (197)

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

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

22.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source”. (198)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

22.2 In general, how satisfied are you with your life? (199)

Please read:

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

Do not read:

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

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

Module 10: Secondhand Smoke Policy (January-July only)

1. Which statement best describes the rules about smoking inside your home? (300)

Please read:

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home

Or

- 4 There are no rules about smoking inside your home

Do not read:

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

CATI note: If response to Core Q11.8 = 1 (Employed) or 2 (Self-employed), continue. Otherwise, go to next module.

2. While working at your job, are you indoors most of the time? (301)

- 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 lunch rooms? (302)

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:

- 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? (303)

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:

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

State Added: Weight Control

CATI note: If response to Core Q11.18=1 (respondent is pregnant), go to next section.

SA1Q01. Are you now trying to lose weight? (401)

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

SA1Q02. Are you now trying to maintain your current weight, that is, to keep from gaining weight? (402)

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

SA1Q03. Are you eating either fewer calories or less fat to...

lose weight? [if "Yes" to Q1]

keep from gaining weight? [If "Yes", to Q2] (403)

Interviewer: If necessary, ask, "Fewer calories, less, fat, or both?"

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

SA1Q04. Are you using physical activity or exercise to

lose weight? [if "Yes" to Q1]

keep from gaining weight? [If "Yes" to Q2] (404)

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

SA1Q05. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (405)

Probe for which:

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

SA1Q06. About how much did you weigh one year ago today? (406-409)

Note: If respondent was pregnant, code 9999

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

State Added: Sun Protection

SA2Q01. The next questions are about what you do to protect your skin when you go outside. 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: (410)

- | | | |
|--|---|--|
| Summer means June, July, and August. | 1 | Please read
Always |
| | 2 | Nearly always |
| | 3 | Sometimes |
| | 4 | Seldom |
| Sunny is what respondent considers sunny. | 5 | or
Never Go to Q3 |
| | 8 | Don't stay out more than an hour Go to Q6 |
| Do not read these responses | 7 | Don't know/Not sure |
| | 9 | Refused |

SA2Q02. What is the Sun Protection Factor or SPF of the sunscreen you use most often? (411-413)

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

SA2Q03. 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: (414)

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

SA2Q04. 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: (415)

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

SA2Q05. 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: (416)

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

SA2Q06. The next question is about sunburns, including anytime that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? (417)

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

SA2Q07. 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? (418)

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

State Added: Oral Health Questions

CATI note: If response to Core Q6.1 = 2, 3, 4 or 8, continue. Otherwise, go to next section.

SA3Q01. Earlier you stated that you have not visited a dentist in the last year. What is the main reason you have not visited the dentist in the last year? (419-420)

Read only if necessary

- 1 Fear, apprehension, nervousness, pain, dislike going
- 2 Cost/lack of insurance
- 3 Do not have/know a dentist
- 4 Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- 5 No reason to go (no problems, no teeth)
- 6 Other priorities
- 7 Have not thought of it
- 8 Other
- 77 Don't know/Not sure
- 99 Refused

SA3Q02. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (421)

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

State Added: Tobacco (January-July)

If response to core Q10.2 is “(3) Not at all” continue, else if response to core Q10.2 is “1” or “2” go to Q2, otherwise, go to Q9.

Previously you said you have smoked cigarettes:

SA4Q01. About how long has it been since you last smoked cigarettes? (422-423)
Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) **Go to Q2**
- 2 Within the past 3 months (1 month but less than 3 months ago) **Go to Q2**
- 3 Within the past 6 months (3 months but less than 6 months ago) **Go to Q2**
- 4 Within the past year (6 months but less than 1 year ago) **Go to Q2**
- 5 Within the past 5 years (1 year but less than 5 years ago) **Go to Q9**
- 6 Within the past 10 years (5 years but less than 10 years ago) **Go to Q9**
- 7 10 or more years ago **Go to Q9**
- 77 Don't know / Not sure **Go to Q9**
- 88 Never smoked regularly **Go to Q9**
- 99 Refused **Go to Q9**

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

SA4Q02. 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? (424-425)

- Number of times (01-76)
- 88 None **Go to SA4Q06**
- 77 Don't know / Not sure
- 99 Refused

SA4Q03. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (426-427)

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

SA4Q04. 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? (428-429)

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

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

SA4Q05. 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? (430-431)

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

SA4Q06. Have you heard of the Colorado QuitLine or QuitNet? (432)

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

Note: If requested, the QuitLine phone number is 800-639-QUIT (7848).

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

SA4Q07. How did you learn about the Colorado QuitLine or QuitNet? (433-450)

Note: If requested, the QuitLine phone number is 800-639-QUIT (7848).

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

SA4Q08. Have you ever called the QuitLine or visited the QuitNet website? (451)

Note: If requested, the QuitLine phone number is 800-639-QUIT (7848).

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

SA4Q09. In restaurants, do you feel that smoking should be: **(asked January through June)**
(452)

Interviewer: Please read:

- 1 Not allowed at all;
- 2 Allowed in some areas;
- 3 Or allowed in all areas?

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

SA4Q10. In bars, taverns, and cocktail lounges, do you feel that smoking should be: **(asked January through June)**
(453)

Interviewer: Please read:

- 1 Not allowed at all;
- 2 Allowed in some areas;
- 3 Or allowed in all areas?

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

SA4Q11. In work places, do you feel that smoking should be: **(asked January through June)**
(454)

Interviewer: Please read:

- 1 Not allowed at all;
- 2 Allowed in some areas;
- 3 Or allowed in all areas?

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

SA4Q12. In other public places, such as sporting events, stores, etcetera, do you feel that smoking should be: **(asked January through June)**
(455)

Interviewer: Please read:

- 1 Not allowed at all;
- 2 Allowed in some areas;
- 3 Or allowed in all areas?

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

SA4Q013. Research has shown that some sexual minority community members have important health risk factors. We are collecting information about sexual orientation to learn whether this is true in Colorado. You don't have to answer any question if you don't want to. I'm going to read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual [or] gay (WOMEN RESPONDENTS: or lesbian); and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself. (456)

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

Would you say:

Please read

- 1 Heterosexual or straight;
- 2 Homosexual [or] gay (WOMEN RESPONDENTS: or lesbian);
- 3 or bisexual?

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

State Added: Tobacco (August-December)

If response to core Q10.2 is "(3) Not at all" continue, else if response to core Q10.2 is "1" or "2" go to Q14, otherwise, go to Q16.

Previously you said you have smoked cigarettes.

SA4Q01. About how long has it been since you last smoked cigarettes? (422-423)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) **Go to Q2**
- 2 Within the past 3 months (1 month but less than 3 months ago) **Go to Q2**
- 3 Within the past 6 months (3 months but less than 6 months ago) **Go to Q2**
- 4 Within the past year (6 months but less than 1 year ago) **Go to Q2**
- 5 Within the past 5 years (1 year but less than 5 years ago) **Go to Q16**
- 6 Within the past 10 years (5 years but less than 10 years ago) **Go to Q16**
- 7 10 or more years ago **Go to Q16**
- 77 Don't know / Not sure **Go to Q16**
- 88 Never smoked regularly **Go to Q16**
- 99 Refused **Go to Q16**

Previously you said you smoke cigarettes.

SA4Q14. What best describes your intentions regarding quitting? Would you say you... (485)

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

Do not read:

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

SA4Q15. Twelve months ago, did you smoke fewer cigarettes per day, more cigarettes per day, or about the same number of cigarettes than you usually smoke nowadays? (486)

- 1 Fewer
- 2 About the same
- 3 More

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

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

SA4Q02. 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? (424-425)

- | | |
|----|--------------------------|
| __ | Number of times (01-76) |
| 88 | None Go to SA4Q06 |
| 77 | Don't know / Not sure |
| 99 | Refused |

SA4Q03. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (426-427)

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

SA4Q04. 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? (428-429)

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

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

SA4Q05. 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? (430-431)

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

SA4Q06. Have you heard of the Colorado QuitLine or QuitNet? (432)

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

Note: If requested, the QuitLine phone number is 800-639-QUIT (7848).

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

SA4Q07. How did you learn about the Colorado QuitLine or QuitNet? (433-450)

Note: If requested, the QuitLine phone number is 800-639-QUIT (7848).

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

SA4Q08. Have you ever called the QuitLine or visited the QuitNet website? (451)

Note: If requested, the QuitLine phone number is 800-639-QUIT (7848).

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

SA4Q16. Which statement best describes the rules about smoking inside your home? (487)

Please read:

- 1 Smoking is not allowed anywhere inside your home,
- 2 Smoking is allowed in some places or at some times,
- 3 Smoking is allowed anywhere inside your home,

Or

- 4 There are no rules about smoking inside your home?

Do not read:

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

SA4Q17. Which statement best describes the rules about smoking in your personal vehicle? Would you say... (488)

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

Do not read:

- 5 Don't have a vehicle
- 7 Don't know/Not sure
- 9 Refused

SA4Q18. Now that smoking is prohibited in bars and restaurants, are you more likely, less likely, or equally likely to visit restaurants and bars as you were when smoking was allowed? (489)

- 1 More likely
- 2 Just as likely
- 3 Less likely

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

SA4Q19. During the past 30 days, when you visited a restaurant or bar, how many times did you see someone smoking inside the restaurant or bar? (490-491)

- Number of times (54=54 or more)
- 55 Did not visit a restaurant or bar in past 30 days
- 88 None
- 77 Don't know/Not sure
- 99 Refused

SA4Q20. If someone is smoking around you indoors at a bar or restaurant, what are you most likely to do: Would you ... (492)

- 1 Just ignore it,
- 2 Say something about it to your waiter or waitress, or
- 3 Say something about it to the smoker?

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

SA4Q21. Do you favor or oppose the law that bans smoking in all workplaces, including restaurants and bars? (493)

- 1 Favor
- 2 Oppose

- 3 No opinion/Don't care
- 7 Don't know/Not sure
- 9 Refused

SA4Q13. Research has shown that some sexual minority community members have important health risk factors. We are collecting information about sexual orientation to learn whether this is true in Colorado. You don't have to answer any question if you don't want to. I'm going to read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual [or] gay (WOMEN RESPONDENTS: or lesbian); and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself. (456)

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

Would you say:

Please read

- 1 Heterosexual or straight;
- 2 Homosexual or gay (**Women respondents:** or lesbian);
- 3 or bisexual?

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

State Added: Folic Acid (January-June only)

SA5Q01. Do you currently take any vitamin pills or supplements? (457)

Include liquid supplements.

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

SA5Q02. Are any of these a multivitamin? (458)

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

SA5Q03. Do any of the vitamin pills or supplements you take contain folic acid? (459)

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

SA5Q04. How often do you take this vitamin pill or supplement? (460-462)

- 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 old or older, go to next module.

SA5Q05. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (463)

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:

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

State Added: Family Planning (July-December only)

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

SA6Q01. 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? (464)

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

- 1 Yes
- 2 No **[Go to Q3]**
- 3 No partner/not sexually active **[Go to next module]**
- 4 Same sex partner **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

SA6Q02. 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? (465-466)

Read only if necessary:

- 01 Tubes tied **Go to next module**
- 02 Hysterectomy (female sterilization) **Go to next module**
- 03 Vasectomy (male sterilization) **Go to next module**
- 04 Pill, all kinds (Seasonale, etc.) **Go to Q4**
- 05 Condoms (male or female) **Go to Q4**
- 06 Contraceptive implants (Jadelle or Implants) **Go to Q4**
- 07 Shots (Depo-Provera) **Go to Q4**
- 08 Contraceptive Ring (Nuvaring or others) **Go to Q4**
- 09 Contraceptive Patch **Go to Q4**
- 10 Diaphragm, cervical ring, or cap **Go to Q4**
- 11 IUD (including Mirena) **Go to Q4**
- 12 Emergency contraception (EC) **Go to Q4**
- 13 Withdrawal **Go to Q4**
- 14 Not having sex at certain times (rhythm) **Go to Q4**
- 15 Other method (foam, jelly, cream, etc.) **Go to Q4**

- 77 Don't know / Not sure **Go to Q4**
- 99 Refused **Go to Q4**

SA6Q03. What is your main reason for not doing anything to keep [If female, insert “you”, if male, insert “her”] from getting pregnant? (467-468)

Read only if necessary:

- 01 Didn't think you were 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 module]**
- 09 You or your partner had a vasectomy (sterilization)**[Go to next module]**
- 10 You or your partner had a hysterectomy **[Go to next module]**
- 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 you get pregnant
- 16 Partner is pregnant now **[Go to next module]**

Do not read:

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

SA6Q04. How do you feel about having a child now or sometime in the future? Would you say: (469)

Please read:

- | | | |
|---|------------------------------------|----------------------------|
| 1 | You don't want to have one | [Go to next module] |
| 2 | You do want to have one | [Go to Q5] |
| 3 | You're not sure if you do or don't | [Go to next module] |

Do not read:

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

SA6Q05. How soon would you want to have a child? Would you say: (470)

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 |
| 9 | Refused |

State Added: Asthma Callback Screening

If C08Q01=1, continue; otherwise go to next section.

SA8Q03. Earlier you stated that you have asthma, or that you had asthma at some time in your life. We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop and improve the asthma programs in Colorado. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time? (471)

- | | |
|---|------------------------------|
| 1 | Yes Go to SA8Q04 |
| 2 | No Go to next section |

SA8Q04. Can I please have either your first name or initials so we will know who to ask for when we call back?

_____ Enter first name or initials **Go to final closing statement**

State Added: Craig Hospital Study Screening (June-December)

If vCdsran=1, continue; otherwise go to next section.

SA9Q01. Craig Hospital is doing a study to help us better understand what activities people participate in and value. You have been selected for this study **(if C09Q01=1 or C09Q02=1 CATI fill: because you said either you were limited in some way in your activities and/or that you used special equipment; if C09Q01=2 and C09Q02=2 CATI fill: as part of a random sample of people without disabilities).** We would like to **call you back another time and** ask you some questions about how you spend your time. We will ask you about your home and community and ask you to tell us about how you value the time spent doing certain activities.

When we call back, the interview will take about 12 minutes. All of the information in this study will be confidential. You don't have to answer any questions you don't want to and you can stop at any time. Your participation is up to you. There are no risks or benefits to you in doing the interview. You will not be penalized or lose benefits to which you are entitled by refusing to take part in this project. If you have any questions about this survey, I can give you the names and phone numbers of people to call to get more information.

May I **call you back for this study?** (472)

- 1 Yes **Go to SA9Q02**
- 2 No **Go to next section**

SA9Q02. Can I please have either your first name or initials so we will know who to ask for when we call back?

_____ Enter first name or initials **Go to final closing statement**

State Added: Child Health Screening

If respondent indicated there are children living in the household in core question 11.6, continue. Otherwise, go to final closing statement.

SA7Q01. Earlier you stated that there [is one child / are ___ children] living in your household. If 1 child: Is the child between 1 and 14 years old? **If yes, enter 1. If no, enter 88.** (473-474)

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

- ___ Number of children **If "1" go to SA5Q02a; if 2 or more go to SA5Q02b**
- 8 8 None **Go to final closing statement**
- 7 7 Don't know/Not sure **Go to final closing statement**
- 9 9 Refused **Go to final closing statement**

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

Is the child that is between the ages of 1 and 14 male or female? (475)

- 1 Male **Go to SA5Q03a**
- 2 Female **Go to SA5Q03a**
- 9 Refused **Go to final closing statement**

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

How many of the children between the ages of 1 and 14 are male? (476-477)

- ___ ___
9 9
- Number of male children **Go to SA5Q02c**
 - Refused **Go to final closing statement**

SA7Q02c. And how many of the children between the ages of 1 and 14 are female? (478-479)

- ___ ___
9 9
- Number of female children **Go to SA5Q03b**
 - Refused **Go to final closing statement**

SA7Q03a. Just to make sure that we are talking about the same child throughout the study, please tell me the first name of this child. (480)

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

- 1 Enter name _____ **Go to SA5Q04**
- 9 Refused **Go to final closing statement**

SA7Q03b. The child in your home that I will need to talk about is the _____. Just to make sure that we are talking about the same child throughout the study, please tell me the first name of this child. (481)

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

- 1 Enter name _____ **Go to SA5Q04**
- 9 Refused **Go to final closing statement**

SA7Q04. All of the information we collect will remain confidential. For research purposes, we would like to link the responses from this interview to responses to questions about the child. Would this be OK with you? (482)

- 1 Yes **Go to SA5Q05**
- 2 No **Go to SA5Q05**

SA7Q05. Who in the household knows the most about the health and health practices of this child? (483)

- 1 Respondent **Go to SA5Q06**
- 2 Some other adult (specify) **Go to SA5Q06**
- 9 Refused **Go to final closing statement**

SA7Q06. What is your/this person's relationship to the child? (484)

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

Closing statement for this section

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

Final closing statement

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