

2007 Colorado Behavioral Risk Factor Surveillance System Questionnaire Questionnaire A

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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?

Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

If "yes,"

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

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

If "no,"

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

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

___ Number of men

___ Number of women

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

If "you," go to page 4



To the correct respondent:

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

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, 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? (85)
- 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.**
- 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 3: 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? (244-245)

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

2. Are you now taking insulin? (246)

1 Yes
2 No
9 Refused

3. Are you now taking diabetes pills? (247)

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. (248-250)

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.

(251-253)

- 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?

(254)

- 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?

(255-256)

- _ _ 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"?

(257-258)

- _ _ 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? (259-260)

— — 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. (261)

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? (262)

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? (263)

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

Section 6: Hypertension Awareness

- 6.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

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

- | | | |
|---|--|-----------------------------|
| 1 | Yes | |
| 2 | Yes, but female told only during pregnancy | [Go to next section] |
| 3 | No | [Go to next section] |
| 4 | Told borderline high or pre-hypertensive | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

- 6.2** Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

- 7.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

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

- 7.2** About how long has it been since you last had your blood cholesterol checked? (89)

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 |

7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

Section 8: Cardiovascular Disease Prevalence

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

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

8.1 (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

8.2 (Ever told) you had angina or coronary heart disease? (92)

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

8.3 (Ever told) you had a stroke? (93)

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

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

9.2 Do you still have asthma? (95)

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

Section 10: Immunization

10.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)

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

10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™. (97)

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

10.3 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? (98)

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

10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

(99)

INTERVIEWER NOTE: Response is “Yes” only if respondent has received the entire series of three shots.

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

The next question is about behaviors related to Hepatitis B.

10.5 Please 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 have had sex with 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?

(100)

- 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 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life?

(101)

NOTE: 5 packs = 100 cigarettes

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

- 11.2** Do you now smoke cigarettes every day, some days, or not at all? (102)
- 1 Every day
 - 2 Some days
 - 3 Not at all [Go to next section]
 - 7 Don't know/Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 12: Demographics

- 12.1** What is your age? (104-105)
- – Code age in years
 - 0 7 Don't know / Not sure
 - 0 9 Refused
- 12.2** Are you Hispanic or Latino? (106)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

12.3 Which one or more of the following would you say is your race?

(107-112)

(Check all that apply)

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

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

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

(113)

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

Do not read:

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

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

(114)

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

12.6 Are you...? (115)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

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

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

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

Read only if necessary:

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

Do not read:

- 9 Refused

12.9 Are you currently...?

(119)

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

12.10 Is your annual household income from all sources—

(120-121)

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

Read only if necessary:

- 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

12.11 About how much do you weigh without shoes?

(122-125)

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

Round fractions up

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

12.12 About how tall are you without shoes?

(126-129)

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

Round fractions down

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

CATI note: If Q12.11 is “7777” or “9999” (Don't know/Not sure or Refused), go to Q12.15. Otherwise, continue.

12.13 How much did you weigh a year ago? [*Female respondent and age < 45: If you were pregnant a year ago, how much did you weigh before your pregnancy?*]

(130-133)

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

Round fractions up

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

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

12.14 Was the change between your current weight and your weight a year ago intentional?

(134)

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

12.15 What county do you live in? (135-137)

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

12.16 What is your ZIP Code where you live? (138-142)

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

12.17 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (143)

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

12.18 How many of these telephone numbers are residential numbers? (144)

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

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

12.20 Indicate sex of respondent. Ask only if necessary. (146)

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

- 12.21** To your knowledge, are you now pregnant? (147)
- 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? (148)
- 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? (149-151)
- 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? (152-153)
- _ _ 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? (154-155)
- _ _ 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?
(156-157)

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

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?
(158)

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

14.2 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?
(159)

Include occasional use or use in certain circumstances.

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

Section 15: Arthritis Burden

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

15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?
(160)

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

- 15.2 Did your joint symptoms first begin more than 3 months ago? (161)
- 1 Yes
 - 2 No [Go to Q15.4]
 - 7 Don't know / Not sure [Go to Q15.4]
 - 9 Refused [Go to Q15.4]

- 15.3 Have you ever seen a doctor or other health professional for these joint symptoms? (162)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 15.4 Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (163)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

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

CATI Note: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section.

- 15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (164)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

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

Section 16: Fruits and Vegetables

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

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (165-167)

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

16.2 Not counting juice, how often do you eat fruit? (168-170)

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

16.3 How often do you eat green salad? (171-173)

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

16.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (174-176)

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

16.5 How often do you eat carrots? (177-179)

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

16.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (180-182)

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

Section 17: Physical Activity

CATI note: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.

17.1 When you are at work, which of the following best describes what you do? Would you say— (183)

If respondent has multiple jobs, include all jobs.

Please read:

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

Do not read:

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

Please read:

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

17.2 Now, thinking about the moderate activities you do **[fill in “when you are not working” if “employed” or self-employed]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (184)

- 1 Yes
- 2 No **[Go to Q17.5]**
- 7 Don't know / Not sure **[Go to Q17.5]**
- 9 Refused **[Go to Q17.5]**

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (185-186)

- __ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **[Go to Q17.5]**
- 7 7 Don't know / Not sure **[Go to Q17.5]**
- 9 9 Refused **[Go to Q17.5]**

17.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (187-189)

- _: _ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (191-192)

- __ Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

17.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (193-195)

- __ : __ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 18: 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.

18.1 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. (196)

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

18.2 Not including blood donations, in what month and year was your last HIV test? (197-202)

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- __ / __ - __ - __ Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

18.3 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? (203-204)

- 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.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.

18.4 Was it a rapid test where you could get your results within a couple of hours? (205)

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

Section 19: Emotional Support and Life Satisfaction

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

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

INTERVIEWER NOTE: If asked, say “please include support from any source”. (206)

Please read:

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

Do not read:

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

19.2 In general, how satisfied are you with your life?

(207)

Please read:

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

Do not read:

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

Section 20: Gastrointestinal Disease

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea is defined as 3 or more loose stools or bowel movements in a 24-hour period.* (208)

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

20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?

Note: Do not answer "Yes" if you just had telephone contact with a health professional. (209)

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

20.3 When you visited your health care professional, did you provide a stool sample for testing?

(210)

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

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

State-Added Tobacco Questions

If response to core 11.1 is "2", "7", or "9" (no, don't know/not sure, or refused to smoking 100 cigarettes in lifetime), go to SA1Q16. If response to core 11.2 is "2" (currently smokes some days), or "3" (not a current smoker), go to SA1Q02. Otherwise, continue.

Previously you said you smoke cigarettes:

SA1Q01. On average, how many cigarettes do you now smoke per day? [ASK EVERYDAY SMOKERS]

(401-403)

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

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

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

SA1Q02. How old were you when you first began to smoke cigarettes regularly?

(404-405)

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

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

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

If response to core 11.2 is "1" or "2" and response to core 11.3 is "1" (currently smokes every day or some days and attempted to quit smoking in past year), go to SA1Q04. If response to core 11.2 is "1" or "2" and response to core 11.3 is "2" (currently smokes every day or some days and did not attempt to quit smoking in past year), go to SA1Q05. Otherwise, continue.

SA1Q03. About how long has it been since you last smoked cigarettes? (406-407)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past 3 months (1 month but less than 3 months ago)
- 3 Within the past 6 months (3 months but less than 6 months ago)
- 4 Within the past year (6 months but less than 1 year ago)
- 5 Within the past 5 years (1 year but less than 5 years ago) **Go to SA1Q13**
- 6 Within the past 10 years (5 years but less than 10 years ago) **Go to SA1Q13**
- 7 10 or more years ago **Go to SA1Q13**
- 77 Don't know / Not sure **Go to SA1Q13**
- 88 Never smoked regularly **Go to SA1Q13**
- 99 Refused **Go to SA1Q13**

SA1Q04. If response to SA1Q03 is 1, 2, 3 or 4 (stopped smoking within the past year): Your answer indicates you stopped smoking cigarettes {insert wording of response to SA1Q03}. When you stopped smoking, did you use a nicotine substitute such as...

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

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>R</u>	
a. A Nicotine patch?	1	2	7	9	(408)
b. Nicotine gum?	1	2	7	9	(409)
c. A Nicotine inhaler or spray?	1	2	7	9	(410)
d. Nicotine lozenges?	1	2	7	9	(411)
e. Zyban, bupropion, or Welbutrin?	1	2	7	9	(412)
f. Any other medication to help you quit smoking (specify)	1	2	7	9	(413)

If response to core Q11.2 is "3" (Not at all), go to SA1Q08.

SA1Q05. What best describes your intentions regarding quitting? Would you say you... (414)

- 1 Never expect to quit, **Go to SA1Q07**
- 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

SA1Q06. The next time you decide to quit smoking, what method do you think you'll try? (415-421)

Mark all that apply. (added in May 2007)

Note: beginning in May 2007, this question was changed to accept multiple responses

If necessary, read responses:

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

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

SA1Q07. 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? (422)

- 1 Fewer
- 2 About the same
- 3 More

Do not read:

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

**If response to core Q3.1 is "1" (has health insurance), continue.
Otherwise, go to SA1Q09.**

SA1Q08. Does your health insurance pay for help to quit smoking, such as counseling, prescriptions, or nicotine substitutes like gum or patches?

(423)

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

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

SA1Q09. 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 SA1Q13**
- 77 Don't know / Not sure
- 99 Refused

SA1Q10. 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

SA1Q11. 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

SA1Q12. 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

SA1Q13. Have you heard of the Colorado QuitLine?

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

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

(432)

- 1 Yes
- 2 No **Go to SA1Q16**
- 7 Don't know / Not sure **Go to SA1Q16**
- 9 Refused **Go to SA1Q16**

SA1Q14. How did you learn about the Colorado QuitLine?

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

(433-440)

- Mark all that apply.**
- Read as appropriate:**
- 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?"**

If response to core Q11.3 is "1" or "7" ("Yes" or "Don't know/Not Sure" to quit attempt in past year) or response to SA1Q03 is "1", "2", "3", or "4" (former smokers who quit smoking within the past year), continue. Otherwise, go to SA1Q16.

SA1Q15. Have you ever called the QuitLine?

Note: If requested, the QuitLine phone number is 1-800-QUITNOW (1-800-784-8669). (441)

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

SA1Q16. In the past 30 days, have you used chewing tobacco or snuff? (442)

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

SA1Q17. Which statement best describes the rules about smoking inside your home? (443)

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

SA1Q18. During the past 7 days, that is, since [CATI fill in date], how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (444)

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

SA1Q19. Which statement best describes the rules about smoking in your personal vehicle? Would you say...

(445)

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

Do not read:

- 5 Don't have a vehicle **Go to SA1Q21**
- 7 Don't know/Not sure
- 9 Refused

SA1Q20. During the past 7 days, that is, since (CATI fill in date), how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your personal vehicle?

(446)

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

SA1Q21. Now that smoking is prohibited in bars and restaurants, are you more likely, less likely, or just as likely to visit restaurants and bars as you were when smoking was allowed?

(447)

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

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

SA1Q22. 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?

(448-449)

**Do not
read
answers**

- _ _ Number of times (54=54 or more)
- 5 5 Did not visit a restaurant or bar in past 30 days
- 8 8 None

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

SA1Q23. If someone is smoking around you indoors at a bar or restaurant, what are you most likely to do: Would you ...

(450)

- 1 Just ignore it,
- 2 Say something about it to your waiter or waitress,
- 3 Say something about it to the smoker, or
- 4 Would you do something else?

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

If core question 12.9 is "1" or "2" (employed or self-employed), continue. Otherwise, go to SA1Q25.

SA1Q24. As far as you know, in the past 7 days, that is, since [CATI fill in date], has anyone smoked in your work area?

(451)

- 1 Yes
- 2 No

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

SA1Q25. Do you favor or oppose the law that bans smoking in all workplaces, including restaurants and bars?

(452)

- 1 Favor
- 2 Oppose

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

SA1Q26. Do you think the laws banning the sale of tobacco products to minors are adequately enforced, or are not adequately enforced?

(453)

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

SA1Q27. Do you think that storeowners should need a license to sell tobacco? (454)

[If needed: Similar to a license to sell alcoholic beverages.]

[If needed: We are studying people's opinions with this question.]

- 1 Yes
- 2 No

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

SA1Q28. Do you think that inhaling smoke from someone else's cigarette is harmful to you personally? (455)

- 1 Yes
- 2 No

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

SA1Q29. In the last month, would you say you saw and heard...

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

(456)

- 1 A lot of TV or radio commercials against smoking,
- 2 A few TV or radio commercials against smoking,
- 3 No TV or radio commercials against smoking, but did see or hear something in a TV or radio program, or
- 4 Did not see or hear anything on TV or radio against smoking?

- 8 Never/rarely watch TV or listen to radio
- 7 Don't know/Not sure
- 9 Refused

**Do not read
these responses**

SA1Q30. Research has shown that some sexual minority community members have important health risk factors. We are collecting information about sexual orientation to learn whether this is true in Colorado. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or something else?

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

(457)

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

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

State Added: Flu (January-May only)

Now I would like to ask you some questions about recent respiratory illnesses.

SA2Q01. Last month, during [CATI fill previous calendar month, using December – April], were you ill with a fever?

(458)

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

SA2Q02. Did you also have a cough and/or sore throat?

(459)

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

SA2Q03. Did you visit a doctor, nurse, or other health professional for this illness? (460)

- 1 Yes
- 2 No **Go to SA2Q06**
- 7 Don't know/Not sure **Go to SA2Q06**
- 9 Refused **Go to SA2Q06**

SA2Q04. Did the doctor, nurse, or other health professional tell you this illness was influenza or the flu? (461)

- 1 Yes
- 2 No **Go to SA2Q06**
- 7 Don't know/Not sure
- 9 Refused

SA2Q05. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (462)

Please read:

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done

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

SA2Q06. How many other members of your household had an illness similar to yours during the past month? (463-464)

- _ _ # of persons
- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

State Added: Flu (June-December only)

Now I would like to ask you some questions about influenza or the flu.

SA2Q07. During this past fall and winter, approximately November through March, did a doctor, nurse, or other health professional tell you that you had influenza or the flu? (465)

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

SA2Q08. Did you have a flu test that was positive? Usually a swab from your nose or throat is tested. Would you say...

(466)

Please read:

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done

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

SA2Q09. Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat the flu?

(467)

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

SA2Q10. How many other members of your household also became sick with the flu during this past fall or winter, approximately November through March?

(468-469)

- __ # of persons
- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

State-Added: Graduated Driver's License

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

SA3Q01. Earlier you stated that there are children under the age of 18 living in your household. Do you have any teenagers 15 to 17 years of age that have a Colorado learner's driving permit or a minor's driving license?

Interviewer: If respondent says there is more than one teen between 15 and 17, say "Think about the oldest teen between 15 and 17."

(470)

Prompt as needed:

- 1 Yes, learner's permit
- 2 Yes, minor's driver license
- 3 No **Go to next section**

SA3Q02. The next question is about the Colorado Graduated Driver's License law. Please tell me how long a teenage driver with a minor's license is restricted from carrying any non-family passengers who are under age 21.

Interviewer note: If respondent gives an age as the response, say, "The response we are looking for is the number of weeks, months, or years of the restriction." If the respondent gives a response in weeks or years, code "Don't know/Not sure".

(471)

Do not read

- 1 Less than six months
- 2 Six months
- 3 More than six months

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

SA3Q03. Interviewer: If respondent said there is more than one teen between 15 and 17 in SA3Q01, say "Still thinking about the oldest teen between 15 and 17,"

Have you or another parent or guardian ever taken away your teen's driving privileges for carrying passengers under 21, speeding, or coming home after curfew?

(472)

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

State-Added: Asthma Callback Screening

If C09Q01=1 and C12Q07=88 or 99 (has ever had asthma and "None" or "Refused" to number of children in household), continue. Otherwise, go to next section.

SA4Q01. 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?

(473)

- 1 Yes Go to SA4Q02
- 2 No **Go to next section**

SA4Q02. Can I please have either your first name or initials so we will know who to ask for when we call back?

- 1 Yes (enter first name or initials)
- 2 No

State Added: Child Health Screening

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

SA5Q01. Earlier you stated that there [is one child / are ___ children] living in your household.

(474-475)

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

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

- ___ ___ Number of children **If "1" go to 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**

SA5Q02a.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?

(476)

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

SA5Q02b.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?

(477-478)

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

SA5Q02c. And how many of the children between the ages of 1 and 14 are female? (479-480)

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

SA5Q03a. 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**

SA5Q03b. 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. (482)

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**

SA5Q04. 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? (483)

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

SA5Q05. Who in the household knows the most about the health and health practices of this child? (484)

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

SA5Q06. What is your/this person's relationship to the child?

(485)

- 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.