

2007 Colorado Behavioral Risk Factor Surveillance System Questionnaire Questionnaire B

<u>CORE SECTIONS</u>	
Section 1: Health Status	4
Section 2: Healthy Days – Health-Related Quality of Life.....	4
Section 3: Health Care Access	5
Section 4: Exercise	6
Section 5: Diabetes	6
Section 6: Hypertension Awareness.....	10
Section 7: Cholesterol Awareness.....	10
Section 8: Cardiovascular Disease Prevalence.....	11
Section 9: Asthma	12
Section 10: Immunization	12
Section 11: Tobacco Use	13
Section 12: Demographics	14
Section 13: Alcohol Consumption.....	20
Section 14: Disability	21
Section 15: Arthritis Burden.....	21
Section 16: Fruits and Vegetables.....	23
Section 17: Physical Activity.....	24
Section 18 HIV/AIDS	26
Section 19: Emotional Support and Life Satisfaction	27
Section 20: Gastrointestinal Disease.....	28
<u>OPTIONAL MODULES</u>	
Module 3: Diabetes.....	7
Module 16: Mental Illness and Stigma.....	29
Module 12: Adult Asthma History	32
<u>STATE ADDED QUESTIONS</u>	
Asthma callback screening.....	35
Sexual Orientation	36
Diabetes Awareness (January-June only)	36
Sexual Assault (January-June only)	38
General Preparedness	41
Weight Control (July-December only).....	42
Actions to Control High Blood Pressure (July-December only)	43
Child Health Survey Screening.....	45

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: 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]

Module 16: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**.

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (358)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (359)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**? (360)

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up? (361)

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**? (362)

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**? (363)

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(364-365)

Interviewer note: If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

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

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (366)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

9. Treatment can help people with mental illness lead normal lives. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly? (367)

Interviewer note: If asked for the purpose of questions 9 or 10, say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

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

10. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (368)

Interviewer note: If asked for the purpose of SA4Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

Read only if necessary:

- | | | |
|------------------------------------|---|----------------------------|
| | 1 | Agree strongly |
| | 2 | Agree slightly |
| | 3 | Neither agree nor disagree |
| | 4 | Disagree slightly |
| | 5 | Disagree strongly |
| Do not read these responses | 7 | Don't know/Not sure |
| | 9 | Refused |

If you would like to speak with a trained counselor about issues this questionnaire may have raised for you, the Colorado Division of Mental Health can provide you with contact information about how to access the public mental health system. The Division of Mental Health can be reached at the following toll-free number: 1-800-811-7648. This is a recorded message, so if your situation can not await a call-back, contact 911, or a private provider.

Module 12: Adult Asthma History

If Core Q9.1 = 1 (Yes), continue. Otherwise, go to next section.

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma? (329-330)

- | | | |
|---|---|-------------------------------------------------------|
| – | – | Age in years 11 or older [96 = 96 and older] |
| 9 | 7 | Age 10 or younger |
| 9 | 8 | Don't know/Not sure |
| 9 | 9 | Refused |

If Core Q9.2 = 1 (Yes), continue. Otherwise, go to next section.

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (331)

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

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (332-333)

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know/Not sure
- 9 9 Refused

4. [**If one or more visits to SA6Q03, fill in “Besides those emergency room or urgent care center visits,”**] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (334-335)

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know/Not sure
- 9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma? (336-337)

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know/Not sure
- 9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (338-340)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say...

(341)

Please read:

- 8 Not at any time **Go to question 9**
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time, or
- 5 Every day, all the time?

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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say...

(342)

Please read:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten, or
- 5 More than ten?

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

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

(343)

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

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

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? (344)

Interviewer note: How often (number of times) does not equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

- Do not read these responses**
- 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. 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

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

State Added: Sexual Orientation

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."

(458)

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

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

State Added: Diabetes Awareness (January-June only)

**If response to core Q 5.1 is '2', '3', or '4', continue.
Otherwise, go to next section.**

SA6Q01. Now I'm going to ask you some general questions about diabetes. In your own words, please tell me what you think increases the likelihood that a person will get diabetes.

Interviewer note: The question is referring to Type 2 diabetes.

(486-497)

- Do not prompt.**
- 1. Genetics/family history
 - 2. Obesity/overweight
- Mark all that apply.**
- 3. Age
 - 4. Member of certain ethnic groups (e.g., Hispanic, American Indian, African American, Asian, Pacific Islander)
 - 5. Lack of exercise
 - 6. Poor diet
 - 7. Eat too much sugar
 - 8. Other (specify)
 - 77. Don't know/Not sure
 - 99. Refused

SA6Q02. Can a person lower his or her risk of getting diabetes? (498)

1. Yes **Go to SA6Q03**
2. No **Go to SA6Q04**
7. Don't know/Not sure **Go to SA6Q04**
9. Refused **Go to SA6Q04**

SA6Q03. How can a person lower his or her risk of getting diabetes? (499-502)

- | | |
|-----------------------------|-------------------------------|
| Do not prompt. | 1. Lose weight/weight control |
| | 2. Diet |
| Mark all that apply. | 3. Exercise/physical activity |
| | 4. Other (specify) |
| | 7. Don't know/Not sure |
| | 9. Refused |

SA6Q04. Do you think you are at risk for diabetes? (503)

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

SA6Q05. Have you ever had a blood test to see if you have diabetes? The blood test could have been done with either a finger prick or through the vein. (504)

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------|
| If "Yes" and respondent is female, ask: | 1 | Yes |
| "Was this only when you were pregnant, when you were pregnant and another time, or were you tested only when you were NOT pregnant?" | 2 | Yes, female only tested during pregnancy |
| | 3 | Yes, female tested during pregnancy and another time |
| | 4 | No |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

State Added: Sexual Assault (January-June only)

I'd like to ask you some questions about sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section I will give you a phone number for an organization that can provide information and referral for this issue. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip to the next topic area.

SA7Q01. Has anyone ever had sex with you against your will or without your consent? By "sex" I mean any type of penetration or intercourse.

(505)

- 1 Yes **Go to question SA7Q03**
- 2 No **Go to question SA7Q02**
- 7 Don't know/Not sure **Go to question SA7Q02**
- 9 Refused **Go to closing statement for this section**

SA7Q02. Has anyone ever had or attempted to have sex with you against your will or without your consent, but intercourse or penetration did not occur?

(506)

- 1 Yes **Go to question SA7Q03**
- 2 No **Go to closing statement for this section**
- 7 Don't know/Not sure **Go to closing statement for this section**
- 9 Refused **Go to closing statement for this section**

If respondent answers yes to SA7Q01: These next questions refer to the most recent time someone had sex with you against your will or without your consent.

If respondent answers yes to SA7Q02: These next questions refer to the most recent time someone tried to have sex with you against your will or without your consent.

SA7Q03. Did this most recent experience occur within the past 12 months?

(507)

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

SA7Q04. And how old were you at the time of this most recent experience? (508-509)

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

SA7Q05. Thinking of this most recent experience, what was your relationship to the other person? (510-511)

Mark only one.

Do not read responses.

- 01 Husband/wife **Go to question SA7Q07**
- 02 Ex-husband/ex-wife **Go to question SA7Q07**
- 03 Parent **Go to question SA7Q07**
- 04 Step-parent **Go to question SA7Q07**
- 05 Sibling **Go to question SA7Q07**
- 06 Other relative (specify) _____ **Go to question SA7Q07**
- 07 Partner **Go to question SA7Q07**
- 08 Boyfriend/girlfriend **Go to question SA7Q07**
- 09 Ex-boyfriend/ex-girlfriend **Go to question SA7Q07**
- 10 Date **Go to question SA7Q07**
- 11 Co-worker **Go to question SA7Q07**
- 12 Babysitter/childcare provider **Go to question SA7Q07**
- 13 Clergy **Go to question SA7Q07**
- 14 Friend **Go to question SA7Q07**
- 15 Neighbor **Go to question SA7Q07**
- 16 Stranger **Go to question SA7Q07**
- 17 Other non-relative(specify)_____ **Go to question SA7Q07**
- 18 Multiple perpetrators **Go to question SA7Q06**
- 77 Don't know/not sure **Go to question SA7Q07**
- 99 Refused **Go to question SA7Q07**

SA7Q06. (Record multiple perpetrators)

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

(512-527)

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

SA7Q07. Following this most recent experience, who did you tell about the incident, if anyone? For example, did you tell a friend or family member, doctor, rape crisis center, therapist, member of the clergy, or the police? Please list everyone, including anyone that I have not mentioned.

(528-541)

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

Closing statement for sexual assault section

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

State Added: General Preparedness

The next series of questions asks about large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home *or* displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

Some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question that you do not want to answer.

SA8Q01. How prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say...

(542)

Please read:

- 1 Well prepared,
- 2 Somewhat prepared, or
- 3 Not prepared at all? **Go to next section**—added in May 2007

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

SA8Q02. Does your household have a disaster evacuation plan, a written plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation?

(543)

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

SA8Q03. Does your household have a 3-day supply of non-perishable food for everyone who lives there? By non-perishable we mean food that does not require refrigeration or cooking.

(544)

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

State Added: Weight Control (July-December only)

If response to Core Q12.19= 1 (respondent is pregnant), go to next section.

SA9Q01. Are you now trying to lose weight?

(545)

- 1 Yes **Go to SA9Q03**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

SA9Q02. Are you now trying to maintain your current weight, that is, to keep from gaining weight?

(546)

- 1 Yes
- 2 No **Go to SA9Q05**
- 7 Don't know/Not sure **Go to SA9Q05**
- 9 Refused **Go to SA9Q05**

SA9Q03. Are you eating either fewer calories or less fat to...

lose weight? **[if "Yes" to SA9Q01]**

keep from gaining weight? **[if "Yes", to SA9Q02]**

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

(547)

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

SA9Q04. Are you using physical activity or exercise to ...

lose weight? **[If “Yes” to SA9Q01]**

keep from gaining weight? **[If “Yes” to SA9Q02]**

(548)

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

SA9Q05. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

(549)

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 |

State Added: Actions to Control High Blood Pressure (July-December only)

If Core Q6.1 = 1 (Yes); continue. Otherwise, go to next section.

Are you now doing any of the following to help lower or control your high blood pressure?

SA10Q01. (Are you) changing your eating habits (to help lower or control your high blood pressure)?

(550)

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

SA10Q02. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (551)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know/Not sure
- 9 Refused

SA10Q03. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (552)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know/Not sure
- 9 Refused

SA10Q04. (Are you) exercising (to help lower or control your high blood pressure)? (553)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

SA10Q05. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (554)

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

SA10Q06. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (555)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know/Not sure
- 9 Refused

SA10Q07. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (556)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know/Not sure
- 9 Refused

SA10Q08. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (557)

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

SA10Q09. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (558)

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

SA10Q10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure?

If "Yes" and respondent is *female*, ask: "Was this only when you were pregnant?" (559)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't know/Not sure
- 9 Refused

State Added: Child Health Screening

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

SA5Q01. 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.**

If more than 1 child: How many of these children are between 1 and 14 years old? (474-475)

- ___ ___ 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.

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.