

1996
Colorado Behavioral Risk Factor
Surveillance System Questionnaire

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HELLO, I'm _____ calling for the _____. We're doing a study of the health practices of _____ residents. Your phone number has been chosen randomly by the _____ to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this _____ ? **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? **No** Thank you very much, but we are only interviewing private residences. **Stop**

Our study requires that we 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?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" on next page**

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

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.
If "you," go to page 3

To correct respondent Hello, I,m _____calling for the
_____. I'm a member of a special research
team. We're doing a study of _____residents
regarding their health practices and day-to-day living
habits. You have been randomly chosen to be
included in the study from among the adult members
of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is: (33)

Please Read

	a. Excellent	1
	b. Very good	2
	c. Good	3
	d. Fair	4
	or	
	e. Poor	5
Do not read these responses	Don't know/Not Sure	7
	Refused	9

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (34-35)

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

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (36-37)

- | | |
|--|-----|
| a. Number of days | — — |
| b. None If Q. 2 also "None," go to Q. 5 | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38-39)

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

Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?(40)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 7b | 2 |
| Don't know/Not sure Go to Q. 12 | 7 |
| Refused Go to Q. 12 | 9 |

6. Do you have Medicare? (41)

- | | | |
|--|--------------------------|---|
| Medicare is a coverage plan for people 65 or over and for certain disabled people | a. Yes Go to Q. 8 | 1 |
| | b. No | 2 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

7a. What type of health care coverage do you use to pay for most of your medical care? (42-43)

Is it coverage through: **Please Read**

- | | | |
|---|---|-----|
| a. Your employer | Go to Q. 8 | 0 1 |
| b. Someone else's employer | Go to Q. 8 | 0 2 |
| c. A plan that you or someone else buys on your own | Go to Q. 8 | 0 3 |
| d. Medicare | Go to Q. 8 | 0 4 |
| e. Medicaid or Medical Assistance | [or substitute state program name] Go to Q. 8 | 0 5 |
| f. The military, CHAMPUS, or the VA | [or CHAMP-VA] Go to Q. 8 | 0 6 |
| g. The Indian Health Service | [or the Alaska Native Health Service] Go to Q. 8 | 0 7 |
| | or | |
| h. Some other source | Go to Q. 8 | 0 8 |
| | None Go to Q. 11 | 8 8 |
| | Don't know/Not sure Go to Q. 8 | 7 7 |
| | Refused Go to Q. 8 | 9 9 |

**Do not
read these
responses**

7b. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (44-45)

Coverage through:	Please Read	
If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service]	0 7
	or	
	h. Some other source	0 8
None	Go to Q. 11	8 8
Don't know/Not sure	Go to Q. 12	7 7
Refused	Go to Q. 12	9 9

Do not read these responses

8. About how long have you had **[fill in type (Medicare/Medicaid/this particular health care coverage) from Q. 6, Q. 7a, or Q. 7b]**? (46)

Read only if necessary

If necessary, say "The coverage you use currently to pay for most of your medical care."

- | | |
|---|---|
| a. For less than 12 months (1 to 12 months) | 1 |
| b. For less than 2 years (1 to 2 years) | 2 |
| c. For less than 3 years (2 to 3 years) | 3 |
| d. For less than 5 years (3 to 5 years) | 4 |
| e. For 5 or more years | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

9. Is there a book or list of doctors associated with your **[fill in type Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b]** plan? (47)

If necessary, say "The coverage you use currently to pay for most of your medical care."

If "No" or "Don't know/Not sure," probe "Is there a certain number you are supposed to call to find a doctor to go to?"

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

10. Does your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan require you to select a certain doctor or clinic for all of your routine care? (48)

If necessary, say "The coverage you use currently to pay for most of your medical care."

- Do not include emergency care or referral to a specialist.
- | | |
|--|---|
| a. Yes Go to Q. 12 | 1 |
| b. No Go to Q. 12 | 2 |
| Don't know/Not sure Go to Q. 12 | 7 |
| Refused Go to Q. 12 | 9 |

11. About how long has it been since you had health care coverage? (49)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (50)

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

13. About how long has it been since you last visited a doctor for a routine checkup? (51)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Never 8
- Refused 9

Section 3: Diabetes

14. Have you ever been told by a doctor that you have diabetes? (52)

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

If response to question 14 is "1", continue. Otherwise, go to next section.

Module 1: Diabetes

1. How old were you when you were told you have diabetes? (172-173)

Code age in years (76=76 and older)	__ __
Don't know/Not sure	7 7
Refused	9 9

2. Are you now taking insulin? (174)

a. Yes	1
b. No Go to Q. 4	2
Refused Go to Q. 4	9

3. Currently, about how often do you use insulin? (175-177)

- | | | | |
|---------------------|---|----|----|
| a. Times per day | 1 | __ | __ |
| b. Times per week | 2 | __ | __ |
| c. Use insulin pump | 3 | 3 | 3 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

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. (178-180)

- | | | | |
|---------------------|---|----|----|
| a. Times per day | 1 | __ | __ |
| b. Times per week | 2 | __ | __ |
| c. Times per month | 3 | __ | __ |
| d. Times per year | 4 | __ | __ |
| e. Never | 8 | 8 | 8 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"? (181)

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

6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes? (182-183)

- | | |
|---------------------------------------|-----|
| a. Number of times | — — |
| b. None Go to Q. 9 | 8 8 |
| Don't know/Not sure Go to Q. 9 | 7 7 |
| Refused Go to Q. 9 | 9 9 |

If "No," "Dk/Ns," or "Refused" to Q. 5, go to Q. 8.

7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?(184-185)

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

8. About how many times in the last year has a health professional checked your feet for any sores or irritations?(186-187)

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

9. 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.
(188)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past year (1 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. 2 or more years ago | 4 |
| e. Never | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

10. How much of the time does your vision limit you in recognizing people or objects across the street? (189)

Would you say: **Please Read**

- | | |
|-----------------------------|---|
| a. All of the time | 1 |
| b. Most of the time | 2 |
| c. Some of the time | 3 |
| d. A little bit of the time | 4 |
| or | |
| e. None of the time | 5 |
| Don't know/Not sure | 7 |

**Do not read
these responses**

Refused 9

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (190)

Would you say: **Please Read**

a. All of the time 1

b. Most of the time 2

c. Some of the time 3

d. A little bit of the time 4

or

e. None of the time 5

Don't know/Not sure 7

**Do not read
these responses**

Refused 9

12. How much of the time does your vision limit you in watching television? (191)

Would you say: **Please Read**

a. All of the time 1

b. Most of the time 2

c. Some of the time 3

d. A little bit of the time 4

or

e. None of the time 5

Don't know/Not sure 7

**Do not read
these responses**

Refused	9
---------	---

State-Added: Diabetes

**If response to question 14 is “2” or “3”, continue.
Otherwise, go to next section.**

1. Is there any other adult member of this household who has ever been told by a doctor that he or she has diabetes? (330)
 - a. Yes 1
 - b. No **Go to next section** 2
 - Don't know/Not sure **Go to next section** 7
 - Refused **Go to next section** 9

2. In addition to this study, we are doing a study on the health care problems and needs of people who have been diagnosed with diabetes. May we call this number at a later date to do a study with the member of your household who has diabetes? (331)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 4: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

15. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (53)

- a. Yes 1
- b. No **Go to Q. 25** 2
- Don't know/Not sure **Go to Q. 25** 7
- Refused **Go to Q. 25** 9

16. What type of physical activity or exercise did you spend the most time doing during the past month? (54-55)

Activity (specify): _____
See coding list A (p.19)

Refused **Go to Q. 20** 9 9

Ask Q. 17 only if answer to Q. 16 is running, jogging, walking, or swimming. Otherwise, go to Q. 18.

17. How far did you usually walk/run/jog/swim? (56-58)

See coding list B on page 19 if response is not in miles and tenths

Miles and tenths _____

Don't know/Not sure 7 7 7

Refused 9 9 9

Activity Codes and Intensity Factors for Common Leisure Activities

Coding List A

Code description

01. Aerobics class
02. Backpacking
03. Badminton
04. Basketball
05. Bicycling for pleasure
06. Boating (canoeing, rowing, sailing for pleasure or camping)
07. Bowling
08. Boxing
09. Calisthenics
10. Canoeing/rowing—in competition
11. Carpentry
12. Dancing-aerobics/ballet
13. Fishing from river bank or boat
14. Gardening (spading, weeding, digging, filling)
15. Golf
16. Handball
17. Health club exercise
18. Hiking—cross-country
19. Home exercise
20. Horseback riding
21. Hunting large game—deer, elk
22. Jogging
23. Judo/karate
24. Mountain climbing
25. Mowing lawn
26. Paddleball
27. Painting/papering house

Code description

28. Racketball
29. Raking lawn
30. Running
31. Rope skipping
32. Scuba diving
33. Skating—ice or roller
34. Sledding, tobogganing
35. Snorkeling
36. Snowshoeing
37. Snow shoveling by hand
38. Snow blowing
39. Snow skiing
40. Soccer
41. Softball
42. Squash
43. Stair climbing
44. Stream fishing in waders
45. Surfing
46. Swimming laps
47. Table tennis
48. Tennis
49. Touch football
50. Volleyball
51. Walking
52. Waterskiing
53. Weight lifting
54. Other _____
55. Bicycling machine exercise
56. Rowing machine exercise

Coding List B

Lap Swimming

<i>Size pool</i>	<i>Laps</i>
50 ft. pool	10 laps = .1 mile
100 ft. pool	5 laps = .1 mile
50 meter pool	3 laps = .1 mile

Running/Jogging/Walking

1/2 mile = .5 mile
1/4 mile = .3 mile
1/8 mile = .1 mile
1 block = .1 mile

18. How many times per week or per month did you take part in this activity during the past month? (59-61)

- a. Times per week 1 _ _
- b. Times per month 2 _ _
- Don't know/Not sure 7 7 7
- Refused 9 9 9

19. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (62-64)

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

20. Was there another physical activity or exercise that you participated in during the last month? (65)

- a. Yes 1
- b. No **Go to Q. 25** 2
- Don't know/Not sure **Go to Q. 25** 7
- Refused **Go to Q. 25** 9

21. What other type of physical activity gave you the next most exercise during the past month? (66-67)

Activity (specify): _____
 See coding list A

Refused **Go to Q. 25** 9 9

Ask Q. 22 only if answer to Q. 21 is running, jogging, walking, or swimming. Otherwise, go to Q. 23.

22. How far did you usually walk/run/jog/swim? (68-70)

See coding list B on page 19 if response is not in miles and tenths

Miles and tenths _____
 Don't know/Not sure 7 7 7
 Refused 9 9 9

23. How many times per week or per month did you take part in this activity? (71-73)

a. Times per week 1 ____
 b. Times per month 2 ____
 Don't know/Not sure 7 7 7
 Refused 9 9 9

24. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (74-76)

Hours and minutes ____ : ____
 Don't know/Not sure 7 7 7
 Refused 9 9 9

Section 5: Tobacco Use

25. Have you smoked at least 100 cigarettes in your entire life? (77)

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

26. Do you now smoke cigarettes everyday, some days, or not at all? (78)

a. Everyday	1
b. Some days Go to Q. 27a	2
c. Not at all Go to Q. 29	3
Refused Go to next section	9

27. On the average, about how many cigarettes a day do you now smoke? (79-80)

1 pack = 20 cigarettes	Number of cigarettes Go to Q. 28	— —
	Don't know/Not sure Go to Q. 28	7 7
	Refused Go to Q. 28	9 9

27a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (81-82)

1 pack =	Number of cigarettes Go to next section	— —
20 cigarettes	Don't know/Not sure Go to next section	7 7
	Refused Go to next section	9 9

28. During the past 12 months, have you quit smoking for 1 day or longer?(83)

a. Yes Go to next section	1
b. No Go to next section	2
Don't know/Not sure Go to next section	7
Refused Go to next section	9

29. About how long has it been since you last smoked cigarettes regularly, that is, daily? (84-85)

Read Only if Necessary

a. Within the past month (0 to 1 month ago)	0 1
b. Within the past 3 months (1 to 3 months ago)	0 2
c. Within the past 6 months (3 to 6 months ago)	0 3
d. Within the past year (6 to 12 months ago)	0 4
e. Within the past 5 years (1 to 5 years ago)	0 5
f. Within the past 15 years (5 to 15 years ago)	0 6
g. 15 or more years ago	0 7
Don't know/Not sure	7 7
Never smoked regularly	8 8
Refused	9 9

Section 6: Nutrition

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.

30. How often do you drink fruit juices such as orange, grapefruit, or tomato? (86-88)

- | | | | |
|---------------------|---|----|----|
| a. Per day | 1 | __ | __ |
| b. Per week | 2 | __ | __ |
| c. Per month | 3 | __ | __ |
| d. Per year | 4 | __ | __ |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

31. Not counting juice, how often do you eat fruit? (89-91)

- | | | | |
|---------------------|---|----|----|
| a. Per day | 1 | __ | __ |
| b. Per week | 2 | __ | __ |
| c. Per month | 3 | __ | __ |
| d. Per year | 4 | __ | __ |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

32. How often do you eat green salad? (92-94)

- a. Per day 1 ___
- b. Per week 2 ___
- c. Per month 3 ___
- d. Per year 4 ___
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

33. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (95-97)

- a. Per day 1 ___
- b. Per week 2 ___
- c. Per month 3 ___
- d. Per year 4 ___
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

34. How often do you eat carrots? (98-100)

- | | | | |
|---------------------|---|----|----|
| a. Per day | 1 | __ | __ |
| b. Per week | 2 | __ | __ |
| c. Per month | 3 | __ | __ |
| d. Per year | 4 | __ | __ |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

35. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (101-103)

Example: A serving of vegetables at both lunch and dinner would be two servings

- | | | | |
|---------------------|---|----|----|
| a. Per day | 1 | __ | __ |
| b. Per week | 2 | __ | __ |
| c. Per month | 3 | __ | __ |
| d. Per year | 4 | __ | __ |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

Section 7: Weight Control

36.	Are you now trying to lose weight?	(104)
	a. Yes Go to Q. 38	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
37.	Are you now trying to maintain your current weight, that is to keep from gaining weight?	(105)
	a. Yes	1
	b. No Go to Q. 40	2
	Don't know/Not sure Go to Q. 40	7
	Refused Go to Q. 40	9
38.	Are you eating either fewer calories or less fat to... lose weight? [if "Yes" to Q. 36] keep from gaining weight? [if "Yes" to Q. 37]	(106)
Probe for which	a. Yes, fewer calories	1
	b. Yes, less fat	2
	c. Yes, fewer calories and less fat	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

39. Are you using physical activity or exercise to...
 lose weight? [if "Yes" on Q. 36]
 keep from gaining weight? [if "Yes" on Q. 37] (107)

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

40. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (108)

- Probe for which**
- a. Yes, lose weight 1
 - b. Yes, gain weight 2
 - c. Yes, maintain current weight 3
 - d. No 4
 - Don't know/Not sure 7
 - Refused 9

Section 8: Demographics

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

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

42. What is your race? (111)

Would you say: **Please Read**

a. White		1	
b. Black		2	
c. Asian, Pacific Islander		3	
d. American Indian, Alaska Native		4	
or			
e. Other (specify)_____		5	
Don't know/Not sure		7	
Refused		9	

**Do not read
these
responses**

43. Are you of Spanish or Hispanic origin? (112)

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

44. Are you:

(113)

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

45. How many children live in your household who are...

Please Read

Code 1-9
7=7 or more
8=None
9=Refused

- | | |
|-----------------------------|-----------|
| a. less than 5 years old? | ___ (114) |
| b. 5 through 12 years old? | ___ (115) |
| c. 13 through 17 years old? | ___ (116) |

46. What is the highest grade or year of school you completed? (117)

Read Only if Necessary

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

47. Are you currently: (118)

Please Read

- a. Employed for wages 1
- b. Self-employed 2
- c. Out of work for more than 1 year 3
- d. Out of work for less than 1 year 4
- e. Homemaker 5
- f. Student 6
- g. Retired 7
- or**
- h. Unable to work 8
- Refused 9

48. Is your annual household income from all sources:

(119-120)

Read as Appropriate

If respondent refuses at any income level, code refused	a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
	b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
	c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
	d. Less than \$10,000 If "no," code c	0 1
	e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
	f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h. \$75,000 or more	0 8
Do not read these responses	Don't know/Not sure	7 7
	Refused	9 9

49. About how much do you weigh without shoes? (121-123)

Round fractions up	Weight	<u> </u> pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

50. How much would you like to weigh? (124-126)

Weight	<u> </u> pounds
Don't know/Not sure	7 7 7
Refused	9 9 9

51. About how tall are you without shoes? (127-129)

Round fractions down	Height	<u> </u> / <u> </u> ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

52. What county do you live in? (130-132)

FIPS county code	<u> </u>
Don't know/not sure	7 7 7
Refused	9 9 9

53.	Do you have more than one telephone number in your household?	(133)
	a. Yes	1
	b. No Go to Q. 55	2
	Refused Go to Q. 55	9
54.	How many residential telephone numbers do you have?	(134)
	Total telephone numbers [8=8 or more]	—
	Refused	9
55.	Indicate sex of respondent. Ask Only if Necessary	(135)
	Male Go to Section 10: HIV/AIDS	1
	Female	2

Now I have some questions about other health services you may have received.

Section 9: Women's Health

56. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (136)

- a. Yes 1
- b. No **Go to Q. 59** 2
- Don't know/Not sure **Go to Q. 59** 7
- Refused **Go to Q. 59** 9

57. How long has it been since you had your last mammogram? (137)

Read only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

58. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (138)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

59. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (139)

- a. Yes 1
- b. No **Go to Q. 62** 2
- Don't know/Not sure **Go to Q. 62** 7
- Refused **Go to Q. 62** 9

60. How long has it been since your last breast exam? (140)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

61. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (141)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

62. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (142)

- a. Yes 1
- b. No **Go to Q. 65** 2
- Don't know/Not sure **Go to Q. 65** 7

Refused **Go to Q. 65** 9
 63. How long has it been since you had your last Pap smear? (143)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

64. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (144)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

65. Have you had a hysterectomy? (145)

- A hysterectomy is an operation to remove the uterus (womb)**
- a. Yes **Go to Section 10: HIV/AIDS** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

If respondent is 45 years old or older, go to Section 10: HIV/AIDS.

66.	To your knowledge, are you now pregnant?	(146)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

Section 10: HIV/AIDS

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

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

67. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?
(147-148)

Code 01 thru 12	a. Grade	— —
	b. Kindergarten	5 5
	c. Never	8 8
	Don't know/Not sure	7 7
	Refused	9 9

68. If you had a teenager who was sexually active, would you encourage him or her to use a condom?
(149)

a. Yes	1
b. No	2
Would give other advice	3
Don't know/Not sure	7
Refused	9

69. What are your chances of getting infected with HIV, the virus that causes AIDS? Would you say: (150)

Please Read

	a. High	1
	b. Medium	2
	c. Low	3
	or	
	d. None	4
	Not applicable Go to Q. 71	5
Do not read these responses	Don't know/Not sure	7
	Refused	9

70. Have you ever had your blood tested for HIV? (151)

a. Yes Go to Q. 71	1
b. No	2
Don't know/Not sure	7
Refused	9

71a. Have you donated blood since March 1985? (152)

a. Yes	1
b. No Go to Q. 76	2
Don't know/Not sure Go to Q. 76	7
Refused Go to Q. 76	9

72a. When did you last donate blood? (153-156)

Code month and year **Go to Q. 76** __ __ / __ __

Don't know/Not sure **Go to Q. 76** 7 7 7 7

Refused **Go to Q. 76** 9 9 9 9

71. When was your last blood test for HIV? (157-160)

Code month and year __ __ / __ __

Don't know/Not sure 7 7 7 7

Refused 9 9 9 9

72. What was the main reason you had your last blood test for HIV? (161-162)

Reason code	— —
Read only if necessary	
a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process Go to Q. 76	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7

Refused

99

73. Where did you have your last blood test for HIV? (163-164)

Facility Code — —

Read only if necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

74. Did you receive the results of your last test? (165)
- a. Yes 1
 - b. No **Go to Q. 76** 2
 - Don't know/Not sure **Go to Q. 76** 7
 - Refused **Go to Q. 76** 9

75. Did you receive counseling or talk with a health care professional about the results of your test? (166)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

76. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say: (167)

Please read

- a. Very effective 1
 - b. Somewhat effective 2
 - or**
 - c. Not at all effective 3
 - Don't know how effective 4
 - Don't know method 5
 - Refused 9
- Do not read these responses**

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

77. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months? (168)

a. Yes	1
b. No Go to next section	2
Don't know/Not sure Go to next section	7
Refused Go to next section	9

78. Have you:

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Had sexual intercourse with only one partner?	1	2	7	9	(169)
b. Used condoms for protection?	1	2	7	9	(170)
c. Been more careful in selecting sexual partners?	1	2	7	9	(171)

State-Added: STD/AIDS

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

I would like to get your opinion on public health policy issues regarding AIDS. Please tell me how strongly you agree or disagree with the following statement.

1. Free needles and syringes should be made available to drug users to slow the spread of the AIDS epidemic. Would you say you: (332)

- a. Strongly disagree 1
- b. Disagree 2
- c. Agree 3
- d. Strongly agree 4
- Don't know/Not sure 7
- Refused 9

The next two questions are about situations that may arise when someone tests positive for the AIDS virus. Please tell me if you agree or disagree with these statements if you found yourself in the same situation.

2. If I tested positive for HIV, the virus that causes AIDS, I would tell my partner or partners that they may have been exposed. Would you say you: (333)

Please read

- a. Strongly disagree 1
- b. Disagree 2
- c. Agree 3
- d. Strongly agree 4
- Don't know/Not sure 7
- Refused 9

3. If a partner of mine tested positive for HIV, but was not able to inform me, I would want a trained health department professional to notify me of my risk. Would you say you: (334)

Please read

- | | |
|----------------------|---|
| a. Strongly disagree | 1 |
| b. Disagree | 2 |
| c. Agree | 3 |
| d. Strongly agree | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4. Since 1978, have you been told by a doctor that you have a sexually transmitted infection, such as chlamydia, gonorrhea, syphilis, herpes, or genital warts? (335)

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

Transition to Modules and/or State-added Questions

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

Module 3: Health Care Coverage

I asked you previously about your health care coverage.

01/1996: If "none" to core Q. 7a or core Q. 7b, continue. Otherwise, go to Q. 2.

02/1996: If "7" or "9" to core question 5, go to question 5. If "None to core question 7a or core question 7b, continue. Otherwise, go to question 2.

1. What is the main reason you are without health care coverage? (201-202)
- a. Lost job or changed employers **Go to Q. 5** 0 1
 - b. Spouse or parent lost job or changed employers
[includes any person who had been providing insurance prior to job loss or change] **Go to Q. 5** 0 2
 - c. Became divorced or separated **Go to Q. 5** 0 3
 - d. Spouse or parent died **Go to Q. 5** 0 4
 - e. Became ineligible because of age or because left school **Go to Q. 5** 0 5
 - f. Employer doesn't offer or stopped offering coverage **Go to Q. 5** 0 6
 - g. Cut back to part time or became temporary employee **Go to Q. 5** 0 7
 - h. Benefits from employer or former employer ran out **Go to Q. 5** 0 8
 - i. Couldn't afford to pay the premiums **Go to Q. 5** 0 9
 - j. Insurance company refused coverage **Go to Q. 5** 1 0
 - k. Lost Medicaid or Medical Assistance eligibility **Go to Q. 5** 1 1
 - l. Other **Go to Q. 5** 8 7
 - Don't know/Not sure **Go to Q. 5** 7 7
 - Refused **Go to Q. 5** 9 9

2. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 6, Q. 7a, or Q. 7b], do you have any other type of health care coverage? (203)

Do not include plans that only cover one type of service or care	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

If respondent is 66 years old or older, go to Q. 5.

3. During the past 12 months, was there any time that you did not have any health insurance or coverage? (204)

a. Yes	1
b. No Go to Q. 5	2
Don't know/Not sure Go to Q. 5	7
Refused Go to Q. 5	9

4. What was the main reason you were without health care coverage?
(205-206)

a. Lost job or changed employers	0 1
b. Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]	0 2
c. Became divorced or separated	0 3
d. Spouse or parent died	0 4
e. Became ineligible because of age or because left school	0 5
f. Employer doesn't offer or stopped offering coverage	0 6
g. Cut back to part time or became temporary employee	0 7
h. Benefits from employer or former employer ran out	0 8
i. Couldn't afford to pay the premiums	0 9
j. Insurance company refused coverage	1 0
k. Lost Medicaid or Medical Assistance eligibility	1 1
l. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

Now I am going to ask you some questions about your doctor or other health professional and the health care you receive.

5. How would you rate your satisfaction with your overall health care? Would you say: (207)

Please read

	a. Excellent	1
	b. Very Good	2
	c. Good	3
	d. Fair	4
	or	
	e. Poor	5
	Not applicable/Don't use any health services	8
Do not read these responses	Don't know/Not sure	7
	Refused	9

6. Is there one particular doctor or health professional who you usually go to when you need medical care? (208)

If "more than one," ask "Is there one you usually go to for routine care?" Code "only one" if "yes."	a. Yes, only one	1
	b. More than one Go to Q. 9	2
	c. No Go to Q. 9	3
	Don't know/Not sure Go to Q. 9	7
This prompt was added in June: If "No," ask "So is there more than one, or no usual doctor you usually go to for routine care?"	Refused Go to Q. 9	9

7. When did you last change doctors? (209)

Read only if necessary

“Doctors” includes other health professionals	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 3 years (2 to 3 years ago)	3
	d. Within the past 5 years (3 to 5 years ago)	4
	e. 5 or more years ago	5
	f. Never Go to Q. 9	8
	Don't know/Not sure	7
Refused	9	

8. Why did you change doctors that last time? (210-211)

“Doctors” includes other health professionals	a. Changed residence or moved	0 1
	b. Changed jobs	0 2
	c. Changed health care coverage	0 3
	d. Provider moved or retired	0 4
	e. Dissatisfied with former provider or liked new provider better	0 5
	f. Former provider no longer reimbursed by my health care coverage	0 6
	g. Owed money to former provider	0 7
	h. Medical care needs changed	0 8
	i. Other	8 7
	Don't know/Not sure	7 7
Refused	9 9	

The next question is about the PLACE you usually go to for your own medical care.

9. Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place? Would you say: (212)

Please read

- | | |
|--------------------------|---|
| a. Excellent | 1 |
| b. Very Good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |
| Doesn't have usual place | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

**Do not read
these
responses**

State-Added: Health Care Coverage

1. Overall, how hard or easy has it been to get the medical care that you need, whenever you need it? Has it been: (336)
- | | |
|---------------------|---|
| a. Very hard | 1 |
| b. Hard | 2 |
| c. Not hard or easy | 3 |
| d. Easy | 4 |
| e. Very easy | 5 |
| Don't know/not sure | 7 |
| Refused | 9 |

If response to core question 7a is "05" (Medicaid or Medical Assistance), continue. Otherwise, go to question 4.

2. In the last year, have you called the Medicaid office to ask a question, make a request, or deal with a problem? (Your medicaid office could be your local department of social services, the state medicaid office in Denver, or your case management agency) (337)
- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to question 4 | 2 |
| Don't know/Not sure Go to question 4 | 7 |
| Refused Go to question 4 | 9 |

3. Overall, how would you rate the way the people at the Medicaid office handled your question, request, or problem? Was the way it was handled: (338)

- a. Very good 1
- b. Good 2
- c. Not good or bad 3
- d. Bad 4
- e. Very bad 5
- Don't know/not sure 7
- Refused 9

4. In the last year, have you called your doctor's office (or the place you usually go for medical care) to ask a question, make a request, or deal with a problem? (339)

- a. Yes 1
- b. No **Go to question 6** 2
- Don't know/Not sure **Go to question 6** 7
- Refused **Go to question 6** 9

5. Overall, how would you rate the way the people at the doctor's office handled your question, request, or problem? Was the way it was handled: (340)

- a. Very good 1
- b. Good 2
- c. Not good or bad 3
- d. Bad 4
- e. Very bad 5
- Don't know/not sure 7
- Refused 9

6. How would you rate the way the doctor, nurse, or other health professional you see most often listens to what you say without interrupting you or rushing you. Is the way he or she listens: (341)

- a. Very good 1
- b. Good 2
- c. Not good or bad 3
- d. Bad 4
- e. Very bad 5
- Don't know/not sure 7
- Refused 9

If response to core question 45a is between 1 and 7 (there are children in the household under the age of 5), continue. Otherwise, go to question 8.

Now I'd like to ask about the health care coverage for the children living in your household.

7. How many of the (fill in # of children less than 5 years old from question 45a) children under 5 years old who live in your household have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (342-343)

Number with insurance	_____
Don't Know/Not Sure	7 7
Refused	9 9

If response to core question 45b is between 1 and 7 (there are children in the household between ages 5 and 12), continue. Otherwise, go to next appropriate question.

If necessary: Now I'd like to ask about the health care coverage for the children living in your household.

8. How many of the (fill in # of children ages 5 through 12 from question 45b) children ages 5 through 12 living in your household have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (344-345)

Number with insurance	_____
Don't Know/Not Sure	7 7
Refused	9 9

If response to core question 45c is between 1 and 7 (there are children in the household between ages 13 and 17), continue. Otherwise, go to next section.

If necessary: Now I'd like to ask about the health care coverage for the children living in your household.

9. How many of the (fill in # of children ages 13 through 17 from question 45c) children ages 13 through 17 living in your household have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (346-347)

Number with insurance	_____
Don't Know/Not Sure	7 7
Refused	9 9

Module 9: Preventive Counseling Services

The next series of questions is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

1. Has a doctor or other health professional ever talked with you about your diet or eating habits? (251)

If yes, ask “About how long ago was it?”	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

2. Has a doctor or other health professional ever talked with you about physical activity or exercise? (252)

If yes, ask “About how long ago was it?”	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

3. (Has a doctor or other health professional ever talked with you) about injury prevention, such as safety belt use, helmet use, or smoke detectors? (253)

If yes, ask “About how long ago was it?”	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

4. (Has a doctor or other health professional ever talked with you) about drug abuse? (254)

If yes, ask “About how long ago was it?”	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

5. (Has a doctor or other health professional ever talked with you) about alcohol use? (255)

If yes, ask “About how long ago was it?”	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

If "No" to core Q. 25 or "Not at all" to core Q. 26, go to Q. 7

6. (Has a doctor or other health professional) ever advised you to quit smoking?
(256)

- a. Yes, within the past 12 months (1 to 12 months ago) 1
- b. Yes, within the past 3 years (1 to 3 years ago) 2
- c. Yes, 3 or more years ago 3
- d. No 4
- Don't know/Not sure 7
- Refused 9

If yes, ask
"About how
long ago
was it?"

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

7. (Has a doctor or other health professional) ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?
(257)

- a. Yes, within the past 12 months (1 to 12 months ago) 1
- b. Yes, within the past 3 years (1 to 3 years ago) 2
- c. Yes, 3 or more years ago 3
- d. No 4
- Don't know/Not sure 7
- Refused 9

If yes, ask
"About how
long ago
was it?"

State-Added: Folic Acid

**If respondent is male, or is female and 45 years old or older,
go to next section.**

These next questions are about vitamin supplements.

1. Do you currently take any vitamin pills or supplements? (348)
 - a. Yes 1
 - b. No **Go to Q.5** 2
 - Don't know/Not sure **Go to Q.5** 7
 - Refused **Go to Q.5** 9

2. Are any of these a multivitamin? (349)
 - a. Yes **Go to Q.4** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

3. Do any of the vitamin supplements you take contain folic acid? (350)
 - a. Yes **Go to Q.4** 1
 - b. No **Go to Q.5** 2
 - Don't know/Not sure **Go to Q.5** 7
 - Refused **Go to Q.5** 9

4. How often do you take this vitamin pill or supplement? (351-353)

Read only if necessary

a. Per day	1	__	__
b. Per week	2	__	__
c. Per month	3	__	__
Don't know/Not sure	7	7	7
Refused	9	9	9

5. The U.S. Public Health Service has recommended that all women of childbearing age consume 0.4 milligrams of folic acid daily. Before today, had you ever heard of this recommendation? (354)

a. Yes	1
b. No Go to Q.7	2
Don't know/Not sure Go to Q.7	7
Refused Go to Q.7	9

6. Where did you hear about it? (355-356)

Read only if necessary

a. Physician/OB/GYN/GP/FP	01
b. Nurse/nurse practitioner	02
c. Clinic	03
d. Brochures/literature at health care provider's office	04
e. Friend or relative/Co-worker	05
f. Label on consumer product (i.e., food)	06
g. Magazine or newspaper	07
h. Radio or television	08
l. Other	09
Don't know/Not sure	77
Refused	99

7. Folic acid, one of the B vitamins, is recommended for all women of childbearing age for which of the following reasons? (357)

Please read

	a. For strong bones	1
	b. To prevent birth defects	2
	c. To prevent high blood pressure	3
Do not read these responses	Don't know/Not sure	7
	Refused	9

If "No" to core question 66 (not pregnant), go to next module.

8. At the time that you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all? (358)
- a. Wanted to be pregnant then 1
 - b. Wanted to wait until later 2
 - c. Didn't want to become pregnant at all 3
 - d. Didn't care 4
 - Refused 9

If "Yes" to question 2 or question 3, go to question 10.

9. Did you take multivitamins at any time during this pregnancy or in the month preceding this pregnancy? (359)
- a. Yes 1
 - b. No **Go to next section** 2
 - Don't know/Not sure **Go to next section** 7
 - Refused **Go to next section** 9
10. Did you take multivitamins or vitamins containing folic acid before you were pregnant or did you start taking them after you knew you were pregnant? (360)

Read only if necessary

- a. Before pregnant 1
- b. After becoming pregnant 2
- Don't know/Not sure 7
- Refused 9

State-Added: Injury

Now I'd like to ask you a few questions about safety issues.

1. During the past month, how many times did you ride a bicycle? (361)

- a. 0 times **Go to question 3** 1
- b. 1 to 10 times 2
- c. 11 to 20 times 3
- d. 21 to 39 times 4
- e. 40 or more times 5
- Don't know/Not Sure **Go to question 3** 7
- Refused **Go to question 3** 9

2. When you rode a bicycle during the past month, how often did you wear a helmet? Would you say: (362)

- a. Always 1
- b. Nearly always 2
- c. Sometimes 3
- d. Seldom 4
- e. Never 5
- Don't know/not sure 7
- Refused 9

3. During the past year, how many times were you in a traffic accident (crash) in which you were injured and had to be treated by a doctor, nurse, chiropractor, dentist, or other medical person? (363-364)

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

State-Added: Hantavirus

Next, I'd like to ask you some questions about rats and mice, which are a common problem for people who live in Colorado.

1. In the last year, have you seen any rat or mouse droppings, or any other evidence of rats and mice, in or around your house? (365)
 - a. Yes 1
 - b. No **Go to question 4** 2
 - Don't know/Not sure **Go to question 4** 7
 - Refused **Go to question 4** 9

2. In the last year, have you vacuumed or swept up dried rat or mice droppings? (366)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

3. In the last year, have you used a disinfectant to spray or soak an area before cleaning up rat or mice droppings? (367)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

4. Do you seal holes in your house to keep rats and mice from entering it? (368)

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

5. Do you set rat or mouse traps in your house? (369)

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

6. Have you ever heard of the Hantavirus, an illness which can be carried by rats and mice? (370)

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

State-Added: Suicide

Now let's move on to another health related topic. Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide --- that is, taking some action to end their own life. The next two questions ask about attempted suicide.

1. In the past year, have you ever seriously thought about trying to hurt yourself in a way that might have resulted in your death? (371)
 - a. Yes 1
 - b. No **Go to next section** 2
 - Don't know/Not sure **Go to next section** 7
 - Refused **Go to next section** 9

2. In the past year, have you ever actually tried to hurt yourself in a way that might have resulted in your death? (372)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

State-Added: Violence

Now, I would like to ask you a few questions about physical violence between adults. By this I mean situations in which a person hits, slaps, pushes, or otherwise hurts or strikes another person. This includes fights between friends or family members, physical or sexual assaults, and being hit by objects or with weapons.

1. Within the past year, have you been hit, slapped, kicked, raped or otherwise physically hurt by someone? (373)
 - a. Yes 1
 - b. No **Go to question 6** 2
 - Don't know/Not sure **Go to question 6** 7
 - Refused **Go to question 6** 9

2. On the most recent occasion, was the person who did this to you: (374-375)

Please read

	a. A spouse	01
	b. A former spouse	02
	c. A boyfriend or girlfriend or date	03
	d. A former boyfriend or girlfriend or date	04
	e. A son or daughter	05
	f. Another relative	06
	g. A friend or acquaintance	07
	h. A stranger	08
	i. Someone you work with	09
	j. More than one person	10
	k. Someone else	11
Do not read these responses	Don't know/Not sure	77
	Refused	99

3. On this most recent occasion, where did the violence take place: (376)

Please read

- | | | |
|--|------------------------------|---|
| | a. Your home | 1 |
| | b. Someone else's home | 2 |
| | c. Restaurant, bar or tavern | 3 |
| | d. At work | 4 |
| | e. School | 5 |
| | f. Outside on the street | 6 |
| | g. Some other place | 7 |
| Do not read
these
responses | Don't know/Not sure | 8 |
| | Refused | 9 |

4. On this most recent occasion, did you receive injuries that had to be treated by a doctor, nurse, chiropractor, dentist, or other medical person? (377)

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

If "Yes" to Question 1 AND response to Question 2 is "5" or greater, continue. Otherwise, go to Question 6.

5. Thinking back again over the past year, on any occasion were you hit, slapped, kicked, raped or otherwise physically hurt by someone you know or knew intimately, such as a spouse, partner, ex-spouse or partner, boyfriend, girlfriend or date? (378)

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

6. Considering your current partners or friends, or any past partners or friends, is there anyone who is making you feel unsafe now? (379)

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

7. In the past year, have the police ever been called to your home because of a fight or argument, no matter who was fighting or who was at fault? (380)

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

State-Added: Firearms

1. Are there any working revolvers, pistols, or handguns in your home? (381)
 - a. Yes 1
 - b. No **Go to closing statement** 2
 - Don't know/Not sure **Go to closing statement** 7
 - Refused **Go to closing statement** 9

2. Are any of them loaded? (382)
 - a. Yes 1
 - b. No **Go to closing statement** 2
 - Don't know/Not sure **Go to closing statement** 7
 - Refused **Go to closing statement** 9

3. Are all of the loaded handguns stored locked or with a trigger lock? (Locked means stored in a locked place that can only be opened with a key or combination. A safety is not a trigger lock.) (383)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Closing Statement

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

much for your time and cooperation.