

1997
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" at bottom of 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
Do not read these responses	Don't know/Not sure Go to Q. 12	7 7
	Refused Go to Q. 12	9 9

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”	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
	If “no” or “Dk/Ns,” probe “Is there a certain number you are supposed to call to find a doctor to go to?”	

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: Hypertension Awareness

14. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (52)

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 Go to Q. 17 | 8 |
| Refused | 9 |

15. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (53)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 17 | 2 |
| Don't know/Not sure Go to Q. 17 | 7 |
| Refused Go to Q. 17 | 9 |

16. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (54)

- | | |
|---------------------|---|
| a. More than once | 1 |
| b. Only once | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 4: Cholesterol Awareness

17. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (55)
- a. Yes 1
 - b. No **Go to Q. 20** 2
 - Don't know/Not sure **Go to Q. 20** 7
 - Refused **Go to Q. 20** 9

18. About how long has it been since you last had your blood cholesterol checked? (56)

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
 - Refused 9
19. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (57)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 5: Diabetes

20. Have you ever been told by a doctor that you have diabetes? (58)

If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy Go to Section 6: Injury Control	2
	c. No Go to Section 6: Injury Control	3
	Don't know/Not sure Go to Section 6	7
	Refused Go to Section 6	9

Module 1: Diabetes

1. How old were you when you were told you have diabetes? (149-150)

Code age in years [76=76 and older]	— —
Don't know/Not sure	7 7
Refused	9 9

2. Are you now taking insulin? (151)

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? (152-154)

- 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. (155-157)

- 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"? (158)
- | | |
|---------------------|---|
| 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? (159-160)
- | | |
|---------------------------------------|-----|
| 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," "Don't know/Not sure," 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"? (161-162)
- | | |
|---------------------|-----|
| 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? (163-164)

- | | | |
|---------------------|---|---|
| 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. (165)

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? Would you say: (166)

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
Do not read these responses	Don't know/Not sure	7
	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? Would you say: (167)

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

12. How much of the time does your vision limit you in watching television? Would you say: (168)

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

Section 6: Injury Control

21. How often do you use seatbelts when you drive or ride in a car? Would you say: (59)

Please Read

	a. Always	1
	b. Nearly Always	2
	c. Sometimes	3
	d. Seldom	4
	or	
	e. Never	5
	Don't know/Not sure	7
Do not read these responses	Never drive or ride in a car	8
	Refused	9

22. What is the age of the oldest child in your household under the age of 16? (60-61)

Code <1 yr. As "01"	a. Code age in years	— —
	b. No children under age 16 Go to Q. 25	8 8
	Don't know/Not sure Go to Q. 25	7 7
	Refused Go to Q. 25	9 9

23. How often does the **[fill in age from Q. 22]**-year-old child in your household use a...

car safety seat **[for child under 5]**

seatbelt **[for child 5 or older]**

...when they ride in a car? (62)

Would you say: **Please Read**

- | | |
|------------------|---|
| a. Always | 1 |
| b. Nearly always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| or | |
| e. Never | 5 |

Don't know/Not sure 7

**Do not
read these
responses**

Never rides in a car 8

Refused 9

If oldest child 5 years or older, continue with Q. 24. Otherwise, go to Q. 25.

24. During the past year, how often has the [fill in age from Q. 22]-year-old child worn a bicycle helmet when riding a bicycle? (63)

Would you say: **Please Read**

- | | |
|---|---|
| a. Always | 1 |
| b. Nearly Always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| or | |
| e. Never | 5 |
| Don't know/Not sure | 7 |
| Do not read these responses
Never rides a bicycle | 8 |
| Refused | 9 |

25. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them? (64)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past 6 months (1 to 6 months ago) | 2 |
| c. Within the past year (6 to 12 months ago) | 3 |
| d. One or more years ago | 4 |
| e. Never | 5 |
| f. No smoke detectors in home | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 7: Tobacco Use

26. Have you smoked at least 100 cigarettes in your entire life? (65)

5 packs = 100 cigarettes	a.	Yes	1
	b.	No Go to Q. 31	2
		Don't know/Not sure Go to Q. 31	7
		Refused Go to Q. 31	9

27. Do you now smoke cigarettes everyday, some days, or not at all? (66)

a.	Everyday	1
b.	Some days Go to Q. 28a	2
c.	Not at all Go to Q. 30	3
	Refused Go to Q. 31	9

28. On the average, about how many cigarettes a day do you now smoke? (67-68)

1 pack = 20 cigarettes		Number of cigarettes Go to Q. 29	— —
		Don't know/Not sure Go to Q. 29	7 7
		Refused Go to Q. 29	9 9

28a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (69-70)

1 pack = 20 cigarettes		Number of cigarettes Go to Q. 31	— —
		Don't know/Not sure Go to Q. 31	7 7
		Refused Go to Q. 31	9 9

29. During the past 12 months, have you quit smoking for 1 day or longer? (71)

- a. Yes **Go to Q. 31** 1
- b. No **Go to Q. 31** 2
- Don't know/Not sure **Go to Q. 31** 7
- Refused **Go to Q. 31** 9

30. About how long has it been since you last smoked cigarettes regularly, that is, daily? (72-73)

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 8: Alcohol Consumption

31. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (74)
- | | | |
|--|--|---|
| a. Yes | | 1 |
| b. No Go to Q. 36 | | 2 |
| Don't know/Not sure Go to Q. 36 | | 7 |
| Refused Go to Q. 36 | | 9 |
-
32. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (75-77)
- | | | |
|--|--|-------|
| a. Days per week | | 1 _ _ |
| b. Days per month | | 2 _ _ |
| Don't know/Not sure Go to Q. 34 | | 7 7 7 |
| Refused Go to Q. 34 | | 9 9 9 |
-
33. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (78-79)
- | | | |
|---------------------|--|-----|
| Number of drinks | | _ _ |
| Don't know/Not sure | | 7 7 |
| Refused | | 9 9 |

34. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (80-81)

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

35. During the past month, how many times have you driven when you've had perhaps too much to drink? (82-83)

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

39. Are you:

(88)

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 |

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

Please Read

- | | | |
|--------------------|-----------------------------|--------|
| Code 1-9 | a. less than 5 years old? | _ (89) |
| 7=7 or more | b. 5 through 12 years old? | _ (90) |
| 8=None | c. 13 through 17 years old? | _ (91) |
| 9=Refused | | |

41. What is the highest grade or year of school you completed? (92)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only 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 |

42. Are you currently: (93)

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 |

43. Is your annual household income from all sources:

(94-95)

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

44. About how much do you weigh without shoes? (96-98)

Round fractions up	Weight	— — —
		pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

45. About how tall are you without shoes? (99-101)

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

46. What county do you live in? (102-104)

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

47. Do you have more than one telephone number in your household? (105)

a. Yes	1
b. No Go to Q. 49	2
Refused Go to Q. 49	9

48. How many residential telephone numbers do you have? (106)

Exclude dedicated fax and computer lines	Total telephone numbers [8=8 or more]	—
	Refused	9

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

49. Indicate sex of respondent. **Ask Only if Necessary** (107)

Male **Go to Q. 61** 1

Female 2

Section 10: Women's Health

50. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (108)

- a. Yes 1
- b. No **Go to Q. 53** 2
- Don't know/Not sure **Go to Q. 53** 7
- Refused **Go to Q. 53** 9

51. How long has it been since you had your last mammogram? (109)

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

52. 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? (110)

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

53. 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?(111)

- a. Yes 1
- b. No **Go to Q. 56** 2
- Don't know/Not sure **Go to Q. 56** 7
- Refused **Go to Q. 56** 9

54. How long has it been since your last breast exam? (112)

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

55. 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? (113)

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

56. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (114)

- 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 Pap smear? (115)

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 Pap smear done as part of a routine exam, or to check a current or previous problem? (116)

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

59. Have you had a hysterectomy? (117)

- A**
hysterectomy
is an
operation to
remove the
uterus (womb)
- a. Yes **Go to Q. 61** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

If respondent 45 years old or older, go to Q. 61.

60. To your knowledge, are you now pregnant? (118)

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

Section 11: Immunization

61.	During the past 12 months, have you had a flu shot?	(119)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
62.	Have you ever had a pneumonia vaccination?	(120)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

Section 12: Colorectal Cancer Screening

**If respondent is 40 years or older, continue with Q. 63.
Otherwise, go to Section 13: HIV/AIDS.**

63. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (121)

- 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

64. When did you have your last blood stool test using a home kit? (122)

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
- Refused 9

65. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (123)

- a. Yes 1
- b. No **Go to Section 13: HIV/AIDS** 2
- Don't know/Not sure **Go to Section 13: HIV/AIDS** 7
- Refused **Go to Section 13: HIV/AIDS** 9

66. When did you have your last sigmoidoscopy or proctoscopy? (124)

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
- Refused 9

Section 13: HIV/AIDS

If respondent is 65 years old or older, go to Transitional Statement and then Module 3: Health Care Coverage.

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?
(125-126)

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?
(127)

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: (128)

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? (129)

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? (130)

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? (131-134)

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? (135-138)

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? (139-140)

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 9 9

73. Where did you have your last blood test for HIV?	(141-142)
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, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
l. 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? (143)
- 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? (144)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
76. These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential. Due to what you know about HIV, have you changed your sexual behavior in the past 12 months? (145)
- a. Yes 1
 - b. No **Go to Transitional Statement** 2
 - Don't know/Not sure **Go to Transitional Statement** 7
 - Refused **Go to Transitional Statement** 9

77. Did you make any of the following changes in the past 12 months?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
a. Did you decrease the number of your sexual partners or become abstinent?	1	2	7	9 (146)
b. Do you now have sexual intercourse with only the same partner?	1	2	7	9 (147)
c. Do you now always use condoms for protection?	1	2	7	9 (148)

TRANSITIONAL STATEMENT

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

Module 3: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 5, go to State Added Questions on Children's Health Care Coverage.

I asked you previously about your health care coverage.

If "None" to core Q. 7a or core Q. 7b, continue. Otherwise, go to Q. 2.

1. What is the main reason you are without health care coverage? (179-180)

Reason Code

- | | |
|--|-----|
| a. Lost job or changed employers Go to Next Module | 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 Children's Health Care Coverage | 0 2 |
| c. Became divorced or separated Go to Children's
Health Care Coverage | 0 3 |
| d. Spouse or parent died Go to Children's Health
Care Coverage | 0 4 |
| e. Became ineligible because of age or because
left school Go to Children's Health Care Coverage | 0 5 |
| f. Employer doesn't offer or stopped offering
coverage Go to Children's Health Care Coverage | 0 6 |
| g. Cut back to part time or became temporary
employee Go to Children's Health Care Coverage | 0 7 |
| h. Benefits from employer or former employer ran
out Go to Children's Health Care Coverage | 0 8 |
| i. Couldn't afford to pay the premiums
Go to Children's Health Care Coverage | 0 9 |
| j. Insurance company refused coverage
Go to Children's Health Care Coverage | 1 0 |

- k. Lost Medicaid or Medical Assistance eligibility
Go to Children's Health Care Coverage 1 1
- l. Other **Go to Children's Health Care Coverage** 8 7
- Don't know/Not sure **Go to Children's Health Care Coverage** 7 7
- Refused **Go to Children's Health Care Coverage** 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? (181)

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

If respondent 66 years old or older, go to Children's Health Care Coverage.

- 3. During the past 12 months, was there any time that you did not have any health insurance or coverage? (182)
 - a. Yes 1
 - b. No **Go to Children's Health Care Coverage** 2
 - Don't know/Not sure **Go to Children's Health Care Coverage** 7
 - Refused **Go to Children's Health Care Coverage** 9

4. What was the main reason you were without health care coverage?
(183-184)

Reason Code

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

**State Added Questions -
Health Care Coverage of Children**

If “none” in core Q40a, go to Q. S8.

S7. How many children under 5 years old who live in your household have any kind of health care coverage, including health insurance, prepaid plans such as HMO’s or government plans such as Medicaid?

—	—	Number of Children
8	8	None
7	7	Don’t know/Not sure
9	9	Refused

If “none” in core Q40a, go to Q. S9

S8. How many children ages 5 through 12 years old who live in your household have any kind of health care coverage, including health insurance, prepaid plans such as HMO’s or government plans such as Medicaid?

—	—	Number of Children
8	8	None
7	7	Don’t know/Not sure
9	9	Refused

If “none” in core Q40a, go to Module 4: Health Care Utilization

S9. How many children ages 13 through 17 years old who live in your household have any kind of health care coverage, including health insurance, prepaid plans such as HMO’s or government plans such as Medicaid?

—	—	Number of Children
8	8	None
7	7	Don’t know/Not sure
9	9	Refused

Module 4: Health Care Utilization

Now I am going to ask you some questions about the health care you receive.

1. How would you rate your satisfaction with your overall health care? (185)

Would you say: **Please Read**

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

2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (186)

	a. Yes Go to Q. 5	1
	b. More than one place Go to Q. 4	2
	c. No	3
	Don't know/Not sure Go to Satisfaction with Health Services	7
	Refused Go to Satisfaction with Health Services	9

3. What is the main reason you do not have a usual source of medical care?
(187-188)

Reason Code

a. Two or more usual places	0 1
b. Have not needed a doctor Go to Satisfaction with Health Services	0 2
c. Do not like/trust/believe in doctors Go to Satisfaction with Health Services	0 3
c. Do not know where to go Go to Satisfaction with Health Services	0 4
e. Previous doctor is not available/moved Go to Satisfaction with Health Services	0 5
f. No insurance/cannot afford Go to Satisfaction with Health Service	0 6
g. Speak a different language Go to Satisfaction with Health Services	0 7
h. No place is available/close enough/convenient Go to Satisfaction with Health Services	0 8
i. Other Go to Satisfaction with Health Services	0 9
Don't know/Not sure Go to Satisfaction with Health Services	7 7
Refused Go to Satisfaction with Health Services	9 9

4. Is there one of these places that you go to most often when you are sick or need advice about your health? (189)

- a. Yes 1
- b. No **Go to Satisfaction with Health Services** 2
- Don't know/Not sure **Go to Satisfaction with Health Services** 7
- Refused **Go to Satisfaction with Health Services** 9

5. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place? (190-191)

Type of Place Code

- a. Doctor's office or private clinic 0 1
- b. Company or school health clinic/center 0 2
- c. Community/migrant/rural clinic/center 0 3
- d. County/city/public hospital outpatient clinic 0 4
- e. Private/other hospital outpatient clinic 0 5
- f. Hospital emergency room 0 6
- g. HMO/prepaid group 0 7
- h. Psychiatric hospital or clinic 0 8
- i. VA hospital or clinic 0 9
- j. Military health care facility 1 0
- k. Some other kind of place 1 1
- Don't know/Not sure 7 7
- Refused 9 9

6. 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? (192)

Would you say: **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 have usual place | 6 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

7. Is there one particular doctor or health professional who you usually go to when you need routine medical care? (193)

If "no," ask
 "Is there more than one or is there no usual doctor who you go to?"

- | | |
|--|---|
| a. Yes, only one | 1 |
| b. More than one Go to Satisfaction with Health Services | 2 |
| c. No Go to Satisfaction with Health Services | 3 |
| Don't know/Not sure Go to Satisfaction with Health Services | 7 |
| Refused Go to Satisfaction with Health Services | 9 |

8. When did you last change doctors? (194)

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
- f. Never **Go to Satisfaction with Health Services** 8
- Don't know/Not sure **Go to Satisfaction with Health Services** 7
- Refused **Go to Satisfaction with Health Services** 9

9. Why did you change doctors that last time?

(195-196)

Reason Code

**“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 |

State Added Questions
Satisfaction with Health Services

S1. 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

The following question should be asked only of those respondents who previously said that they had Medicaid coverage, that is, those who answered “e” to core Q. 7a or 7b. Otherwise go to S4.

S2. 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 S4** 2
- Don't know/Not sure **GO TO QUESTION S4** 7
- Refused **GO TO QUESTION S4** 9

S3. 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

S4. 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 S6** 2
- Don't know/Not sure **GO TO QUESTION S6** 7
- Refused **GO TO QUESTION S6** 9

S5. 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

S6. 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

Module 5: Oral Health

1. How long has it been since you last visited the dentist or a dental clinic?
(197)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago)
Go to Q. 3 | 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 Go to Q. 3 | 7 |
| Never | 8 |
| Refused Go to Q. 3 | 9 |

2. What is the main reason you have not visited the dentist in the last year?
(198-199)

Reason code

Read only if necessary

a. Fear, apprehension, nervousness, pain, dislike going	0 1
b. Cost	0 2
c. Do not have/know a dentist	0 3
d. Cannot get to the office/clinic (too far away, no transportation, no appointments available)	0 4
e. No reason to go (no problems, no teeth)	0 5
f. Other priorities	0 6
g. Have not thought of it	0 7
h. Other	0 8
Don't know/Not sure	7 7
Refused	9 9

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (200)

- a. 5 or fewer 1
- b. 6 or more but not all 2
- c. All 3
- d. None 8
- Don't know/Not sure 7
- Refused 9

4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (201)

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

Module 6: Preventive Counseling Services

The next questions are 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? (202)

**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? (203)

- 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? (204)

**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? (205)

**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? (206)

**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. 26 or "Not at all" to core Q. 27, go to Q. 7

6. (Has a doctor or other health professional) ever advised you to quit smoking? (207)

**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 respondent 65 years old or older, go to Safety Questions

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? (208)

**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

State Added Questions - Safety Questions

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

S10. During the past month, how many times did you ride a bicycle? (361)

- | | | |
|---------------------|---------------------------|---|
| a. 0 times | GO TO QUESTION S12 | 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 S12 | 7 |
| Refused | GO TO QUESTION S12 | 9 |

S11. 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 |

S12. 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 Questions - 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.

S13. 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 Violence Questions** 2
- Don't know/Not sure **Go to Violence Questions** 7
- Refused **Go to Violence Questions** 9

S14. 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 Questions - 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.

S15. 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 S20 | 2 |
| Don't know/Not sure GO TO QUESTION S20 | 7 |
| Refused GO TO QUESTION S20 | 9 |

S16. On the most recent occasion, was the person who did this to you (374-375)

- | | |
|---|----|
| a. A spouse | 1 |
| b. A former spouse | 2 |
| c. A boyfriend or girlfriend or date | 3 |
| d. A former boyfriend or girlfriend or date | 4 |
| e. A son or daughter | 5 |
| f. Another relative | 6 |
| g. A friend or acquaintance | 7 |
| h. A stranger | 8 |
| i. Someone you work with | 9 |
| j. More than one person | 10 |
| k. Someone else | 11 |
| Don't know/Not sure | 77 |
| Refused | 99 |

S17. On this most recent occasion, where did the violence take place: (376)

- 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
- Don't know/Not sure 8
- Refused 9

S18. 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

ASK THIS NEXT QUESTION (QUESTION S19) ONLY OF THOSE WHO ANSWERED "YES" TO QUESTION S15 AND THE RESPONSE TO QUESTION S16 IS "4" OR GREATER (THAT IS, THE ASSAULT WAS NOT FROM ANSWERS A, B, C, OR D).

S19. 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

S20. 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

S21. 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

Module 14: Firearms

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (310)
 - 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 the firearms handguns, such as pistols or revolvers? (311)
 - a. Yes 1
 - b. No **Go to Q. 4** 2
 - Don't know/Not sure 7
 - Refused 9

3. Are any of the firearms long guns, such as rifles or shotguns? (312)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

4. What is the main reason that there are firearms in or around your home? (313)

Would you say for...

Please Read

- | | |
|----------------------|---|
| a. Hunting or sport | 1 |
| b. Protection | 2 |
| c. Work | 3 |
| or | |
| d. Some other reason | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. Is there a firearm in or around your home that is now both loaded and unlocked? (314)

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

Read following if "employed" or "self-employed" on core Q. 42. Otherwise, go directly to Q. 6.

The next three questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm-use associated with your job.

6. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people? (315)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
7. During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm? (316)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
8. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else? (317)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

9. In the past three years, have you attended a firearm safety workshop, class, or clinic? (318)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
10. Do any of the firearms kept in or around your home belong to you, personally? (319)
- | | |
|---------------------|---|
| 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.