

1998 Colorado Behavioral Risk Factor Surveillance System Questionnaire

CORE SECTIONS

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HELLO, I'm _____ calling for the Colorado Department of Health in Denver. We're doing a study of the health practices of Colorado residents. Your phone number has been chosen randomly by the health department 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 Colorado Department of Health in Denver. I'm a member of a special research team. We're doing a study of Colorado 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: (35)

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? (36-37)

| | |
|---------------------|-----|
| 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? (38-39)

- | | | |
|--|---|---|
| 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? (40-41)

- | | | |
|---------------------|---|---|
| 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?(42)
- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 7a (p.8) | 2 |
| Don't know/Not sure Go to Q. 10 (p.10) | 7 |
| Refused Go to Q. 10 (p.10) | 9 |
6. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (43)
- | | |
|----------------------------------|---|
| a. Yes Go to Q. 10 (p.10) | 1 |
| b. No | 2 |
| Don't know/not sure | 7 |
| Refused | 9 |

7. What type of health care coverage do you use to pay for most of your medical care? (44-45)

Is it coverage through:

Coverage Code — —

Please Read

- | | |
|---|-----|
| a. Your employer Go to Q. 8 (p.9) | 0 1 |
| b. Someone else's employer Go to Q. 8 (p.9) | 0 2 |
| c. A plan that you or someone else buys on your own Go to Q. 8 (p.9) | 0 3 |
| d. Medicare Go to Q. 10 (p.10) | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name] Go to Q. 8 (p.9) | 0 5 |
| f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] Go to Q. 8 (p.9) | 0 6 |
| g. The Indian Health Service [or the Alaska Native Health Service] Go to Q. 8 (p.9) | 0 7 |
| or | |
| h. Some other source Go to Q. 8 (p.9) | 0 8 |
| None Go to Q. 9 (p.9) | 8 8 |
| Don't know/Not sure Go to Q. 8 (p.9) | 7 7 |
| Refused Go to Q. 8 (p.9) | 9 9 |

Do not read these responses

7a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (46-47)

Coverage through:

| | Coverage Code | — — |
|--|---|-----|
| | 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 Go to Q. 10 (p.10) | 0 4 |
| | e. Medicaid or Medical Assistance | 0 5 |
| | f. The military, CHAMPUS, TriCare, 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. 9 (p.9) | 8 8 |
| Do not read these responses | Don't know/Not sure Go to Q. 10 (p.10) | 7 7 |
| | Refused Go to Q. 10 (p.10) | 9 9 |

8. During the past 12 months, was there any time that you did not have any health insurance or coverage? (48)

- a. Yes **Go to Q. 10** 1
- b. No **Q. 10** 2
- Don't know/Not sure **Q. 10** 7
- Refused **Q. 10** 9

9. 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

10. 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

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

Read Only if Necessary

- A routine check up is a general physical exam, not an exam for a specific injury, illness, or condition**
- 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

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

| | | | |
|---|----|--|---|
| <p>If “Yes” and female, ask “Was this only when you were pregnant?”</p> | a. | Yes | 1 |
| | b. | Yes, but female told only during pregnancy Go to Section 4: Exercise | 2 |
| | c. | No Go to Section 4: Exercise | 3 |
| | | Don't know/Not sure Go to Section 4: Exercise | 7 |
| | | Refused Go to Section 4: Exercise | 9 |

Module 1: Diabetes

1. How old were you when you were told you have diabetes? (171-172)

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

2. Are you now taking insulin? (173)

| | | |
|----|----------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q. 4 (p.12) | 2 |
| | Refused Go to Q. 4 (p.12) | 9 |

3. Currently, about how often do you use insulin? (174-176)

- | | | | |
|---------------------|---|----|----|
| 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. (177-179)

- | | | | |
|---------------------|---|----|----|
| 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"? (180)

- | | | | |
|---------------------|---|--|--|
| 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? (181-182)

- | | | |
|--|---|---|
| a. Number of times | — | — |
| b. None Go to Q. 9 (p.14) | 8 | 8 |
| Don't know/Not sure Go to Q. 9 (p.14) | 7 | 7 |
| Refused Go to Q. 9 (p.14) | 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"? (183-184)

- | | | |
|---------------------|---|---|
| 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? (185-186)

- | | | |
|---------------------|---|---|
| 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.
(187)

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? (188)

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? (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

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

Section 4: Exercise

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

13. 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 Section 5: Tobacco Use (p.20)** 2

Don't know/Not sure **Go to Section 5: Tobacco Use (p.20)** 7

Refused **Go to Section 5: Tobacco Use (p.20)** 9

14. 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

Refused **Go to Q. 18 (p.18)** 9 9

Ask Q. 15 only if answer to Q. 14 is running, jogging, walking, or swimming. All others, go to Q. 16.

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

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

Miles and tenths _____

Don't know/Not sure 7 7 7

Refused 9 9 9

Activity List 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

**Size pool/Laps
(1 lap = 2 lengths)**

50 ft. pool

5 laps (10 lengths) = .1 mile

100 ft. pool

2 ½ laps (5 lengths) = .1 mile

50 meter pool

Running/Jogging/Walking

1/2 mile = .5 mile

1/4 mile = .3 mile

1/8 mile = .1 mile

1 block = .1 mile

1 ½ laps (3 lengths) = .1 mile

16. 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 |

17. 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 | |

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

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Section 5: Tobacco Use (p.20) | 2 |
| Don't know/Not sure Go to Section 5: Tobacco Use (p.20) | 7 |
| Refused Go to Section 5: Tobacco Use (p.20) | 9 |

19. 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 Section 5: Tobacco Use** 9 9

Ask Q. 20 only if answer to Q. 19 is running, jogging, walking, or swimming. All others go to Q. 21.

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

| | | |
|---|---------------------|---------|
| See coding list B if response is not in miles and tenths | Miles and tenths | — — . — |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |

21. 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 |

22. 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

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

- | | | |
|-------------------------------------|---|---|
| 5 packs = 100 cigarettes | a. Yes | 1 |
| | b. No Go to Q. 28 (p.22) | 2 |
| | Don't know/Not sure Go to Q. 28 (p.22) | 7 |
| | Refused Go to Q. 28 (p.22) | 9 |

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

- | | |
|---|---|
| a. Everyday | 1 |
| b. Some days Go to Q. 25a (p.21) | 2 |
| c. Not at all Go to Q. 27 (p.22) | 3 |
| Refused Go to Q. 28 (p.22) | 9 |

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

- | | | |
|-----------------------------------|--|-----|
| 1 pack = 20 cigarettes | Number of cigarettes [76=76 or more] Go to Q. 26 (p.21) | — — |
| | Don't know/Not sure Go to Q. 26 (p.21) | 7 7 |
| | Refused Go to Q. 26 (p.21) | 9 9 |

25a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (81-82)

| | | |
|-----------------------------------|--|-----|
| 1 pack = 20 cigarettes | Number of cigarettes [76=76 or more] Go to Q. 28 (p.22) | — — |
| | Don't know/Not sure Go to Q. 28 (p.22) | 7 7 |
| | Refused Go to Q. 28 (p.22) | 9 9 |

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

| | |
|---|---|
| a. Yes Go to Q. 28 (p.22) | 1 |
| b. No Go to Q. 28 (p.22) | 2 |
| Don't know/Not sure Go to Q. 28 (p.22) | 7 |
| Refused Go to Q. 28 (p.22) | 9 |

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

Time code — —

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

28. Have you ever smoked a cigar, even just a few puffs? (86)

**Cigar= large
cigar, cigarillo,
or small cigar**

- a. Yes 1
- b. No **Go to Section 6: Fruits and Vegetables (p.25)** 2
- Don't know/Not sure **Go to Section 6: Fruits and Vegetables (p.25)** 7
- Refused **Go to Section 6: Fruits and Vegetables (p.25)** 9

29. When was the last time you smoked a cigar? (87-88)

Time code _____

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
Go to Section 6: Fruits and Vegetables (p.25)
- c. Within the past 6 months (3 to 6 months ago) 0 3
Go to Section 6: Fruits and Vegetables (p.25)
- d. Within the past year (6 to 12 months ago) 0 4
Go to Section 6: Fruits and Vegetables (p.25)
- e. Within the past 5 years (1 to 5 years ago) 0 5
Go to Section 6: Fruits and Vegetables (p.25)
- f. Within the past 15 years (5 to 15 years ago) 0 6
Go to Section 6: Fruits and Vegetables (p.25)
- g. 15 or more years ago 0 7
Go to Section 6: Fruits and Vegetables (p.25)
- Don't know/Not sure 7 7
Go to Section 6: Fruits and Vegetables (p.25)
- Refused **Go to Section 6: Fruits and Vegetables (p.25)** 9 9

30. In the past month, did you smoke cigars:

(89)

Please Read

- | | |
|----------------------------|---|
| a. Everyday | 1 |
| b. Several times per week | 2 |
| c. Once per week | 3 |
| or | |
| d. Less than once per week | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

**Do not
read these
responses**

Section 6: Fruits and Vegetables

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

31. How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- | | | | |
|---------------------|---|----|----|
| 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. Not counting juice, how often do you eat fruit? (93-95)

- | | | | |
|---------------------|---|----|----|
| 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 green salad? (96-98)

- 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 potatoes not including french fries, fried potatoes, or potato chips? (99-101)

- 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. How often do you eat carrots? (102-104)

- | | | | |
|---------------------|---|----|----|
| 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 |

36. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (105-107)

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

| | | | |
|------------------------|---|---|-------|
| 37. | Are you now trying to lose weight? | | (108) |
| | a. Yes Go to Q. 39 | 1 | |
| | b. No | 2 | |
| | Don't know/Not sure | 7 | |
| | Refused | 9 | |
| 38. | Are you now trying to maintain your current weight, that is to keep from gaining weight? | | (109) |
| | a. Yes | 1 | |
| | b. No Go to Q. 41 (p.29) | 2 | |
| | Don't know/Not sure Go to Q. 41 (p.29) | 7 | |
| | Refused Go to Q. 41 (p.29) | 9 | |
| 39. | Are you eating either fewer calories or less fat to... lose weight? [if "Yes" to Q. 37] keep from gaining weight? [if "Yes" to Q. 38] | | (110) |
| 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 | |

40. Are you using physical activity or exercise to...
 lose weight? [if "Yes" on Q. 37]
 keep from gaining weight? [if "Yes" on Q. 38] (111)

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

41. In the past 12 months, has a doctor, nurse, or other health professional
 given you advice about your weight? (112)

- 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

42. In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications. (113)

Include only pills taken for the primary purpose of losing weight

| | | |
|------------------------|--|---|
| Probe for which | a. Yes, I am currently taking them | 1 |
| | b. Yes, I have taken them but I am not currently taking them | 2 |
| | c. No, I have not taken them Go to Q.44 (p.31) | 3 |
| | Don't know/ Not sure Go to Q.44 (p.31) | 7 |
| | Refused Go to Q.44 (p.31) | 9 |

43. How much did you weigh just before you started taking prescription weight loss pills for the first time? (114-116)

| | | |
|---------------------------|----------------------|--------|
| Round fractions up | Weight | _____ |
| | | pounds |
| | Don't know/ Not sure | 7 7 7 |
| | Refused | 9 9 9 |

Section 8: Demographics

44. What is your age? (117-118)

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

45. What is your race? (119)

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 | |

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

46. Are you of Spanish or Hispanic origin? (120)

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

47. Are you:

(121)

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 |

48. 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? | ___ (122) |
| b. 5 through 12 years old? | ___ (123) |
| c. 13 through 17 years old? | ___ (124) |

49. What is the highest grade or year of school you completed? (125)

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 |

50. Are you currently: (126)

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 |

51. Is your annual household income from all sources:

(127-128)

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 response | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

52. About how much do you weigh without shoes? (129-131)

| | | |
|-----------------------------------|---------------------|-------------|
| Round fractions up | Weight | ___ ___ ___ |
| | | pounds |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |

53. How much would you like to weigh? (132-134)

| | |
|---------------------|-------------|
| Weight | ___ ___ ___ |
| | pounds |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

54. About how tall are you without shoes? (135-137)

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

55. What county do you live in? (138-140)

| | |
|---------------------|-------------|
| FIPS county code | ___ ___ ___ |
| Don't know/not sure | 7 7 7 |
| Refused | 9 9 9 |

56. Do you have more than one telephone number in your household? (141)

a. Yes 1

b. No **Go to Q. 58** 2

Refused **Go to Q. 58** 9

57. How many residential telephone numbers do you have? (142)

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

58. Indicate sex of respondent. **Ask Only if Necessary** (143)

Male **Go to Section 10: HIV/AIDS (p.41)** 1

Female 2

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

Section 9: Women's Health

59. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (144)

- a. Yes 1
- b. No **Go to Q. 62 (p.38)** 2
- Don't know/Not sure **Go to Q. 62 (p.38)** 7
- Refused **Go to Q. 62 (p.38)** 9

60. How long has it been since you had your last mammogram? (145)

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 mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (146)

- 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 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? (147)

- a. Yes 1
- b. No **Go to Q. 65 (p.39)** 2
- Don't know/Not sure **Go to Q. 65 (p.39)** 7
- Refused **Go to Q. 65 (p.39)** 9

63. How long has it been since your last breast exam? (148)

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 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? (149)

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

65. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (150)

- a. Yes 1
- b. No **Go to Q. 68 (p.40)** 2
- Don't know/Not sure **Go to Q. 68 (p.40)** 7
- Refused **Go to Q. 68 (p.40)** 9

66. How long has it been since you had your last Pap smear? (151)

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

67. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (152)

a. Routine exam 1

b. Check current or previous problem 2

c. Other 3

Don't know/Not sure 7

Refused 9

68. Have you had a hysterectomy? (153)

A
hysterectomy
is an
operation to
remove the
uterus (womb)

a. Yes **Go to Section 10: HIV/AIDS (p.41)** 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 (p.41).

69. To your knowledge, are you now pregnant? (154)

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 Module 17: Folic Acid.

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.

70. If you had a child in school, at what grade do you think he or she should begin receiving education about HIV infection and AIDS? (155-156)

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

71. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (157)

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

72. What are your chances of getting infected with HIV, the virus that causes AIDS? Would you say: (158)

Please Read

| | | |
|------------------------------------|---|---|
| | a. High | 1 |
| | b. Medium | 2 |
| | c. Low | 3 |
| | or | |
| | d. None | 4 |
| | Not applicable Go to Q. 76a (p.43) | 5 |
| Do not read these responses | Don't know/Not sure | 7 |
| | Refused | 9 |

73. Have you donated blood since March 1985? (159)

| | | |
|--|--|---|
| | a. Yes | 1 |
| | b. No Go to Q. 75a (p.43) | 2 |
| | Don't know/Not sure Go to Q. 75a (p.43) | 7 |
| | Refused Go to Q. 75a (p.43) | 9 |

74. Have you donated blood in the past 12 months? (160)

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

75. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (153-156)

- Include saliva tests**
- a. Yes **Go to Q.76** 1
 - b. No **Go to Module 17: Folic Acid** 2
 - Don't know/Not sure **Go to Module 17: Folic Acid** 7
 - Refused **Go to Module 17: Folic Acid** 9

75a. Have you ever been tested for HIV? (157-160)

- Include saliva tests**
- a. Yes **Go to Q.76** 1
 - b. No **Go to Module 17: Folic Acid** 2
 - Don't know/Not sure **Go to Module 17: Folic Acid** 7
 - Refused **Go to Module 17: Folic Acid** 9

76. Not including your blood donations, have you been tested for HIV in the past 12 months? (163)

- Include saliva tests**
- a. Yes **Go to Q.77** 1
 - b. No **Go to Module 17: Folic Acid** 2
 - Don't know/Not sure **Go to Module 17: Folic Acid** 7
 - Refused **Go to Module 17: Folic Acid** 9

76a. Have you been tested for HIV in the past 12 months? (164)

- Include saliva tests**
- a. Yes 1
 - b. No **Go to Module 17: Folic Acid** 2
 - Don't know/Not sure **Go to Module 17: Folic Acid** 7

Refused **Go to Module 17: Folic Acid** 9
 77. What was the main reason you had your last test for HIV? (165-166)

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 Module 17: Folic Acid (p.47) 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 |

78. Where did you have your last blood test for HIV? (167-168)

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 |
| 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 |

79. Did you receive the results of your last test? (169)
- a. Yes 1
 - b. No **Go to Module 17: Folic Acid (p.47)** 2
 - Don't know/Not sure **Go to Module 17: Folic Acid (p.47)** 7
 - Refused **Go to Module 17: Folic Acid (p.47)** 9
80. Did you receive counseling or talk with a health care professional about the results of your test? (170)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

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

Module 17: Folic Acid

| | | |
|---|--|-------|
| | 1. Do you currently take any vitamin pills or supplements? | (319) |
| Include liquid supplements | 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? | (320) |
| | a. Yes Go to Q.4 | 1 |
| | b. No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
| | 3. Do any of the vitamin pills or supplements you take contain folic acid? | (321) |
| | 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. How often do you take this vitamin pill or supplement?(322-324)

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

**If respondent is 45 years old or older, go to next module,
State Added Questions: Safety.**

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (325)

Please read

- | | |
|-----------------------------------|---|
| a. To make strong bones | 1 |
| b. To prevent birth defects | 2 |
| c. To prevent high blood pressure | 3 |
| or | |
| d. Some other reason | 4 |

**Do not
read these
responses**

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

State-Added: Safety Questions

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

S1. During the past month, how many times did you ride a bicycle? (389)

- a. 0 times **Go to question S3** 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 S3** 7
- Refused **Go to question S3** 9

S2. When you rode a bicycle during the past month, how often did you wear a helmet? Would you say: (390)

Please read

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

**Do not
read these
responses**

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

S3. 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? (391-392)

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

S4. 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 |

S5. 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.

S6. 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 S11 | 2 |
| Don't know/Not sure Go to question S11 | 7 |
| Refused Go to question S11 | 9 |

S7. 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 |

S8. 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 |

S9. 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 S10) only of those who answered “Yes” to question S6 and the response to question S7 is “5” or greater (that is, the assault was not from answers A, B, C, or D).

S10. 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 |

S11. 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 |

S12. 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

S13. Are there any working revolvers, pistols, or handguns in your home? (381)

- a. Yes 1
- b. No **Go to State Added Questions-
Sexual Assault** 2
- Don't know/Not sure 7
- Refused **Go to State Added Questions-
Sexual Assault** 9

S14. Are any of them loaded? (382)

- a. Yes 1
- b. No **Go to State Added Questions-
Sexual Assault** 2
- Don't know/Not sure **Go to State Added Questions-7
Sexual Assault**
- Refused **Go to State Added Questions-
Sexual Assault** 9

S15. 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

State Added: Sexual Assault

Another form of violence which affects a person's physical and mental health is sexual victimization. To help determine the extent of this problem in Colorado, we would like to ask you about unwanted sexual experiences that you may have had either as an adult or as a child. These experiences may have involved strangers or someone you know, such as a friend, date, spouse or intimate partner, or relative.

We are asking these questions to gain more accurate information about this important issue, since most statistics under-estimate the problem. We realize that this is a sensitive topic and that people may feel uncomfortable with these questions. Please remember that you may refuse to answer any question and that your responses are strictly confidential.

Although this is a very sensitive issue, it is important that we are clear about the definition that we are using for sex in the following questions, since there are many different ways of defining it. When we refer to sex in the following questions, we mean any type of intercourse or penetration.

Interviewer note: If the respondent asks for further clarification, we are including vaginal, anal, and oral sex, as well as the insertion of fingers or any other type of object into a person's vagina or anus.

S16. Has anyone ever had sex with you against your will or without your consent? This would include situations where verbal threats, coercion, physical force, or a weapon was used or you were not able to give consent for some reason. (384)

Interviewer Note: If respondent asks for clarification, examples of other non-consensual situations would include alcohol/ drug intoxication, being passed out, being too young, etc.

- | | |
|---------------------------|---|
| a. Yes Go to Q.S18 | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

S17. Has anyone ever attempted to have sex with you against your will or without your consent, but intercourse/ penetration did not occur? Again, this would include situations where verbal threats, coercion, physical force, or a weapon was used, or you were not able to give consent for some reason.
(385)

- 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

S18. In the past 12 months, has anyone had or attempted to have sex with you against your will or without your consent? (386)

- 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

S19. Did this most recent experience involve someone you know or a stranger? (387)

- a. Someone you know 1
- b. Stranger 2
- Don't know/Not sure 7
- Refused 9

S20. Was this most recent experience reported to the police or other law enforcement agency? (388)

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

State Added: Women's Safety Study Recruitment (January through August)

If respondent is male, go to closing statement.

Go to paper copy for study recruitment.

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.