

1999 Colorado Behavioral Risk Factor Surveillance System

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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

1.1. Would you say that in general your health is:

Please Read

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

**Do not
read these
responses**

1.2. 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?

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

1.3. 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?

- | | |
|---|-------|
| a. Number of days | _____ |
| b. None If Q1.2 also "None," go to Q2.1 (p. 5) | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

1.4. 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?

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

Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q2.3a (p. 7) | 2 |
| Don't know/Not sure Go to Q2.6 (p. 8) | 7 |
| Refused Go to Q2.6 (p. 8) | 9 |
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?
- | | |
|---------------------------------|---|
| a. Yes Go to Q2.6 (p. 8) | 1 |
| b. No | 2 |
| Don't know/not sure | 7 |
| Refused | 9 |

2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

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 Q2.6 (p. 8) | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name] | 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]
or | 0 7 |
| h. Some other source | 0 8 |
| None Go to Q2.5 (p. 8) | 8 8 |
| Don't know/Not sure Go to Q2.6 (p. 8) | 7 7 |
| Refused Go to Q2.6 (p. 8) | 9 9 |

Do not read these responses

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

- a. Yes **Go to Q2.6** 1
- b. No **Go to Q2.6** 2
- Don't know/Not sure **Go to Q2.6** 7
- Refused **Go to Q2.6** 9

2.5. About how long has it been since you had health care coverage?

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

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

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

2.7. About how long has it been since you last visited a doctor for a routine checkup?

Read Only if Necessary

A routine checkup 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: Hypertension Awareness

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

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 Q4.1 (p. 11) | 8 |
| Refused | 9 |

- 3.2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q4.1 (p. 11) | 2 |
| Don't know/Not sure Go to Q4.1 (p. 11) | 7 |
| Refused Go to Q4.1 (p. 11) | 9 |

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

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

Section 4: Cholesterol Awareness

4.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q5.1 (p. 12) | 2 |
| Don't know/Not sure Go to Q5.1 (p. 12) | 7 |
| Refused Go to Q5.1 (p. 12) | 9 |

4.2. About how long has it been since you last had your blood cholesterol checked?

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 |

4.3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

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

Section 5: Diabetes

5.1. Have you ever been told by a doctor that you have diabetes?

If "Yes" and female, ask "Was this only when you were pregnant?"

- | | |
|---|---|
| a. Yes | 1 |
| b. Yes, but female told only during pregnancy | 2 |
| GO TO SECTION 6 | |
| c. No GO TO SECTION 6 | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 1: Diabetes

1. How old were you when you were told you have diabetes?

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

2. Are you now taking insulin?

- | | |
|-------------------------|---|
| a. Yes | 1 |
| b. No Go to Q4 | 2 |
| Refused Go to Q4 | 9 |

3. Currently, about how often do you use insulin? ()
- 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. ()
- 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"?
- | | |
|---------------------|---|
| 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?
- | | |
|-------------------------------------|-----|
| a. Number of times | — |
| b. None Go to Q9 | 8 8 |
| Don't know/Not sure Go to Q9 | 7 7 |
| Refused Go to Q9 | 9 9 |

If "No," "Dk/Ns," or "Refused" to Q5, go to Q8.

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"?
- | | |
|---------------------|-----|
| 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?

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.

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: **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 |
| Refused | 9 |

**Do not
read these
responses**

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: **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 |
| Refused | 9 |

**Do not
read these
responses**

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

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 |

**Do not
read these
responses**

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

Section 6: Oral Health

6.1. How long has it been since you last visited a dentist or a dental clinic for any reason?
(101)

Read only if necessary

**Include
visits to
dental spec-
ialists, such
as ortho-
dontists**

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

6.2. 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.

Include teeth lost due to "infection"	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

If "never" to Q6.1 or "all" to Q6.2, go to Q7.1 (p. 15).

6.3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist?

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 7: Skin Cancer

7.1. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months?

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q8.1 (p. 16) | 2 |
| Don't know/Not sure Go to Q8.1 (p. 16) | 7 |
| Refused Go to Q8.1 (p. 16) | 9 |

7.2. Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

- | | |
|---------------------|---|
| a. One | 1 |
| b. Two | 2 |
| c. Three | 3 |
| d. Four | 4 |
| e. Five | 5 |
| f. Six or more | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 8: Tobacco Use

5 packs = 100 cigarettes	<p>8.1. Have you smoked at least 100 cigarettes in your entire life?</p> <p>a. Yes 1</p> <p>b. No Go to Q9.1 (p. 18) 2</p> <p>Don't know/Not sure Go to Q9.1 (p. 18) 7</p> <p>Refused Go to Q9.1 (p. 18) 9</p>
	<p>8.2. Do you now smoke cigarettes everyday, some days, or not at all?</p> <p>a. Everyday 1</p> <p>b. Some days Go to Q8.3a 2</p> <p>c. Not at all Go to Q8.5 (p. 17) 3</p> <p style="padding-left: 40px;">Refused Go to Q9.1 (p. 18) 9</p>
1 pack = 20 cigarettes	<p>8.3. On the average, about how many cigarettes a day do you now smoke?</p> <p>Number of cigarettes [76 = 76 or more] — Go to Q8.4 (p. 17)</p> <p>Don't know/Not sure Go to Q8.4 (p. 17) 7 7</p> <p>Refused Go to Q8.4 (p. 17) 9 9</p>

8.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

**1 pack = 20
cigarettes**

Number of cigarettes [76 = 76 or more] Go to Q9.1 (p. 18)	—
Don't know/Not sure Go to Q9.1 (p. 18)	7 7
Refused Go to Q9.1 (p. 18)	9 9

8.4. During the past 12 months, have you quit smoking for 1 day or longer?

a. Yes Go to Q9.1 (p. 18)	1
b. No Go to Q9.1 (p. 18)	2
Don't know/Not sure Go to Q9.1 (p. 18)	7
Refused Go to Q9.1 (p. 18)	9

8.5. About how long has it been since you last smoked cigarettes regularly, that is, daily?

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

Section 9: Alcohol Consumption

9.1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

a. Yes	1
b. No Go to Q10.1 (p. 20)	2
Don't know/Not sure Go to Q10.1 (p. 20)	7
Refused Go to Q10.1 (p. 20)	9

9.2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

- | | |
|---------------------------------------|-------|
| a. Days per week | 1_ |
| b. Days per month | 2__ |
| Don't know/Not sure Go to Q9.4 | 7 7 7 |
| Refused Go to Q9.4 | 9 9 9 |

9.3. 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?

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

9.4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

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

9.5. During the past month, how many times have you driven when you've had perhaps too much to drink?

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

Section 10: Demographics

10.1. What is your age?

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

10.2. What is your race?

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

10.3. Are you of Spanish or Hispanic origin?

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

10.4. Are you:

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 |

10.5. 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? | — |
| b. 5 through 12 years old? | — |
| c. 13 through 17 years old? | — |

10.6. What is the highest grade or year of school you completed?

Read Only if Necessary

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

10.7. Are you currently:

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 |

10.8. Is your annual household income from all sources:

Read as Appropriate

If res- pondent 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

10.9. About how much do you weigh without shoes?

**Round
fractions
up**

Weight in pounds	_____
Don't know/Not sure	7 7 7
Refused	9 9 9

10.10. About how tall are you without shoes?

**Round
fractions
down**

Height	___/___ ft/inches
Don't know/Not sure	7 7 7
Refused	9 9 9

10.11. What county do you live in?

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

10.12. Do you have more than one telephone number in your household?

a. Yes	1
b. No Go to Q10.14 (p. 24)	2
Refused Go to Q10.14 (p. 24)	9

10.13. How many residential telephone numbers do you have?

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.

10.14. Indicate sex of respondent. **Ask Only if Necessary**

Male Go to Q12.1 (p. 29)	1
Female	2

Section 11: Women's Health

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

a. Yes	1
b. No Go to Q11.4 (p. 26)	2
Don't know/Not sure Go to Q11.4 (p. 26)	7
Refused Go to Q11.4 (p. 26)	9

11.2. How long has it been since you had your last mammogram?

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 |

11.3. 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?

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

11.4. 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?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q11.7 (p. 27) | 2 |
| Don't know/Not sure Go to Q11.7 (p. 27) | 7 |
| Refused Go to Q11.7 (p. 27) | 9 |

11.5. How long has it been since your last breast exam?

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 |

11.6. 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?

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

11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q11.10 (p. 28) | 2 |
| Don't know/Not sure Go to Q11.10 (p. 28) | 7 |
| Refused Go to Q11.10 (p. 28) | 9 |

11.8. How long has it been since you had your last Pap smear?

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 |

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

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

11.10. Have you had a hysterectomy?

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

- | | |
|-----------------------------------|---|
| a. Yes Go to Q12.1 (p. 29) | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If respondent 45 years old or older, go to Q12.1 (p. 29)

11.11. To your knowledge, are you now pregnant?

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

Section 12: Immunization

12.1. During the past 12 months, have you had a flu shot?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q12.3 | 2 |
| Don't know/Not sure Go to Q12.3 | 7 |
| Refused Go to Q12.3 | 9 |

12.2 At what kind of place did you get your last flu shot?

Place code

Read Only if Necessary

- | | | |
|----|--|-----|
| a. | A doctor=s office or health maintenance organization | 0 1 |
| b. | A health department | 0 2 |
| c. | Another type of clinic or health center
[Example: a community health center] | 0 3 |
| d. | A senior, recreation, or community center | 0 4 |
| e. | A store [Examples: supermarket, drug store] | 0 5 |
| f. | A hospital or emergency room | 0 6 |
| g. | Workplace | 0 7 |
| h. | Other [specify] _____ | 0 8 |
| | Don=t know/Not sure | 7 7 |
| | Refused | 9 9 |

12.3. Have you ever had a pneumonia vaccination? ()

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

Section 13: Colorectal Cancer Screening

If respondent 40 years or older, continue with Q13.1. Otherwise, go to Q14.1 (p. 32).

13.1. 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? ()

- a. Yes 1
- b. No **Go to Q13.3** 2
- Don't know/Not sure **Go to Q13.3** 7
- Refused **Go to Q13.3** 9

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

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

13.3. A sigmoidoscopy or colonoscopy 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?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q14.1 (p. 32) | 2 |
| Don't know/Not sure Go to Q14.1 (p. 32) | 7 |
| Refused Go to Q14.1 (p. 32) | 9 |

13.4. When did you have your last sigmoidoscopy or colonoscopy?

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 14: Injury Control

If core Q10.5a, b, and c are all "None," go to Q14.3 (p. 33).

**Code
<1 yr.
as "01"**

- 14.1. What is the age of the oldest child in your household under the age of 16?
 - a. Code age in years _____
 - b. No children under age 16 **Go to Q14.3 (p. 33)** 8 8
 - Don't know/Not sure **Go to Q14.3 (p. 33)** 7 7
 - Refused **Go to Q14.3 (p. 33)** 9 9

If oldest child 5 years or older, continue with Q14.2. Otherwise, go to Q14.3 (p. 33).

14.2. During the past year, how often has the [fill in age from Q14.1]-year-old child worn a bicycle helmet when riding a bicycle?

Would you say: **Please Read**

**Do not
read these
responses**

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

- 14.3. When was the last time you or someone else deliberately tested all of the smoke detectors in your home?

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 15: HIV/AIDS

If respondent is 65 years old or older, go to Closing Statement.

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.

15.1. 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?

**Code 01
through 12**

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

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

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

15.3. What are your chances of getting infected with HIV, the virus that causes AIDS?

Would you say: **Please Read**

- | | |
|--|---|
| a. High | 1 |
| b. Medium | 2 |
| c. Low | 3 |
| or | |
| d. None | 4 |
| Not applicable Go to Q15.7a (p. 36) | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

**Do not
read these
responses**

15.4. Have you donated blood since March 1985?

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q15.6a (p. 36) | 2 |
| Don't know/Not sure Go to Q15.6a (p. 36) | 7 |
| Refused Go to Q15.6a (p. 36) | 9 |

15.5. Have you donated blood in the past 12 months?

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

15.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

**Include
saliva
tests**

- | | |
|--|---|
| a. Yes Go to Q15.7 (p. 36) | 1 |
| b. No Go to Module 14 | 2 |
| Don't know/Not sure Go to Module 14 | 7 |
| Refused Go to Module 14 | 9 |

15.6a. Have you ever been tested for HIV?

**Include
saliva
tests**

- | | |
|--|---|
| a. Yes Go to Q15.7a | 1 |
| b. No Go to Module 14 | 2 |
| Don't know/Not sure Go to Module 14 | 7 |
| Refused Go to Module 14 | 9 |

15.7. Not including your blood donations, have you been tested for HIV in the past 12 months?

**Include
saliva
tests**

- | | |
|--|---|
| a. Yes Go to Q15.8 (p. 37) | 1 |
| b. No Go to Module 14 | 2 |
| Don't know/Not sure Go to Module 14 | 7 |
| Refused Go to Module 14 | 9 |

15.7a. Have you been tested for HIV in the past 12 months?

**Include
saliva
tests**

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Module 14 | 2 |
| Don't know/Not sure Go to Module 14 | 7 |
| Refused Go to Module 14 | 9 |

15.8. What was the main reason you had your last test for HIV?

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
l. 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 14	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

15.9. Where did you have your last test for HIV?

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

15.10. Did you receive the results of your last test?

a. Yes	1
b. No Go to Module 14	2
Don't know/Not sure Go to Module 14	7
Refused Go to Module 14	9

15.11. Did you receive counseling or talk with a health care professional about the results of your test? ()

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

Module 14: Skin Cancer

The next questions are about what you do to protect your skin when you go outside.

1. When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock?

Would you say: **Please Read**

Summer means June, July, and August. Sunny is what respondent considers sunny	a. Always	1
	b. Nearly always	2
	c. Sometimes	3
	d. Seldom	4
	e. Never Go to Q3	5
Do not read these responses	Don't stay out more than an hour Go to Q6	8
	Don't know/Not sure Go to Q3	7
	Refused Go to Q3	9

2. What is the Sun Protection Factor or SPF of the sunscreen you use most often?

Number	___
Don't know/Not sure	7 7
Refused	9 9

3. When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade?

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 |
| Refused | 9 |

**Do not
read these
responses**

4. When you go outside on a sunny summer day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun?

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 |
| Refused | 9 |

**Do not
read these
responses**

5. When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts?

Would you say: **Please Read**

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

6. Suppose that after several months of not being out in the sun, you then went out in the sun without a hat, sunscreen, or protective clothing for an hour.

Would you: **Please Read**

- | | |
|--|---|
| a. Sunburn | 1 |
| b. Darken without sunburn Go to Next Module | 2 |
| or | |
| c. Not have anything happen Go to Next Module | 3 |
| Do not read these responses | |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

7. Would you: **Please Read**

- | | |
|--|---|
| a. Burn severely with blisters | 1 |
| b. Burn severely with peeling for a few days | 2 |
| or | |
| c. Burn mildly without peeling | 3 |
| Do not read responses | |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 16: Tobacco Use Prevention

1. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If "Employed," or "Self-employed" to core Q10.7 continue. Otherwise, go to Q5.

2. While working at your job, are you indoors most of the time?
- | | |
|-------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q5 | 2 |
| Don't know/Not sure Go to Q5 | 7 |
| Refused Go to Q5 | 9 |
3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? **Please Read**
- | | | |
|---|------------------------------------|---|
| For workers who visit clients, "place of work" means their base location | a. Not allowed in any public areas | 1 |
| | b. Allowed in some public areas | 2 |
| | c. Allowed in all public areas | 3 |
| | d. No official policy | 4 |
| Do not read these responses | Don't know/Not sure | 7 |
| | Refused | 9 |

4. Which of the following best describes your place of work=s official smoking policy for work areas?

Please Read

For workers who visit clients, "place of work" means their base location	a. Not allowed in any work areas	1
	b. Allowed in some work areas, or	2
	c. Allowed in all work areas	3
	d. No official policy	4
Do not read these responses	Don't know/Not sure	7
	Refused	9

5. In the following locations, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

Please Read	<u>All Areas</u>	<u>Some Areas</u>	<u>Not Allowed</u>	<u>Dk/Ns</u>	<u>Ref</u>
a. Restaurants	1	2	3	7	9
b. Schools	1	2	3	7	9
c. Day care centers	1	2	3	7	9
d. Indoor work areas	1	2	3	7	9

Module 17: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

Probe for chewing tobacco, snuff, or both	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither Go to Q28 (p.53)	4
	Don't know/Not sure Go to Q28 (p.53)	7
	Refused Go to Q28 (p.53)	9

"Yes" includes occasional use	2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?	
	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	

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

cigar = large cigar cigarillo, or small cigar	a. Yes	1
	b. No Go to CONTRAEL	2
	Don't know/Not sure Go to CONTRAEL	7
	Refused Go to CONTRAEL	9

29. When was the last time you smoked a cigar?

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) Go to CONTRAEL	0 2
c.	Within the past 6 months (3 to 6 months ago) Go to CONTRAEL	0 3
d.	Within the past year (6 to 12 months ago) Go to CONTRAEL	0 4
e.	Within the past 5 years (1-5 years ago) Go to CONTRAEL	0 5
f.	Within the past 15 years (5-15 years ago) Go to CONTRAEL	0 6
g.	15 or more years ago Go to CONTRAEL	0 7
	Don't know/not sure Go to CONTRAEL	7 7
	Refused Go to CONTRAEL	9 9

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

Please Read

- | | | |
|----|-------------------------|---|
| a. | Everyday | 1 |
| b. | Several times per week | 2 |
| c. | Once per week | 3 |
| | or | |
| d. | Less than once per week | 4 |

**Do not
read these
responses**

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

State Added Questions

1. Are you or your (wife/partner or husband/partner) using any kind of birth control now?
Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm method, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.
 1. Yes **GO TO CONTRA2**
 2. No **GO TO CONTRA4**
 3. Not sexually active or same sex partner **GO TO PSAELIG**
 7. Don't know/Not sure **GO TO CONTRA4**
 9. Refused **GO TO CONTRA4**
2. What kind of birth control have you or your (wife/partner or husband/partner) used most often in the last three months?

Read Only if Necessary

1. Tubes tied (sterilization-female, tubal ligation)
2. Vasectomy (sterilization-male)
3. Pill (oral contraceptive)
4. Condoms
4. Foam, jelly, cream (spermicide)
6. Diaphragm
7. Norplant
8. Shots (Depo-Provera)
9. Withdrawal
9. Rhythm, natural family planning method
11. Other [specify] : _____
77. Don't know/Not sure

99. Refused

3. Did any type of health insurance, including prepaid plans such as HMOs or government plans such as Medicaid, pay for all or part of the birth control method (you or your (wife/partner or husband/partner)) used most often in the last three months?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

4. Was there a time during the last 3 months when you wanted to use birth control or change birth control method but could not because of the cost?

1. Yes, use a method

2. Yes, change methods

3. No

7. Don't know/Not sure

9. Refused

Prostate Cancer Screening Questions, for Men 50+, started Sept 1999

A PSA test is a blood test that is used to help detect prostate cancer in men before they show any symptoms.

1. Have you ever HEARD of a PSA blood test to check for prostate cancer?

1. Yes **GO TO PSA2**

2. No

7. Don't know/not sure

9. Refused

GO TO PSA6

2. Have you ever been told by your doctor that you should have a PSA blood test to check for prostate cancer?

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

3. Have you and your doctor ever discussed the benefits and risks of using the PSA blood test?

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

4. Have you ever had a PSA blood test?

(Read only if necessary)

If Yes, ask When did you have it?

1. Yes, Within the past year (0-12 months ago)
2. Yes, Within the past 2 years (13-24 months ago)
3. Yes, Within the past 5 years (25-60 months ago)
4. Yes, More than 5 years ago (60+ months ago)
5. No
7. Don't know/not sure
9. Refused

IF (ANS > 4) GO TO PSA6

5. Was your last PSA blood test for prostate cancer done as part of a routine checkup, because of a prostate problem, or because you have already had prostate cancer?

1. Routine checkup
2. Prostate problem
3. Prostate cancer
4. Some other reason (DO NOT READ)
7. Don't know/not sure
9. Refused

A Digital Rectal Exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems.

6. Have you ever had a digital rectal exam?

(Read only if necessary)

If Yes, ask When did you have it?

1. Yes, Within the past year (0-12 months ago)
2. Yes, Within the past 2 years (13-24 months ago)
3. Yes, Within the past 5 years (25-60 months ago)
4. Yes, More than 5 years ago (61+ months ago)
5. No
7. Don't know/not sure
9. Refused

7. Has your father, any of your brothers or any of your sons had prostate cancer?
(Biological father, brothers or sons)

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

Now I would like to ask a few questions about the children under the age of 18 who live in your household.
First think about the oldest child.

1. How old is that child?

Age: ____

77. Don't know/not sure | **GO TO CCHP2_1**

99. Refused |

2. Does that child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or the Colorado Child Health Insurance Plan?

1. Yes
2. No **GO TO CCHP4_1**
7. Don't know/not sure
9. Refused

3. During the last 12 months has that child been without health care coverage at any time?

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

4. What do you consider that child's race to be?
Would you say:

1. White
2. Black/African-American
2. Asian, Pacific Islander
4. American Indian, Alaska Native
5. Other (specify)_____
7. Don't know/not sure
9. Refused

5. Is he/she of Hispanic origin?

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

1. What is that child's date of birth?
(child with most recent birthday)

Date of Birth:
MM-DD-YYYY

2. Who in the family would you say knows the most about the health and health care coverage of this child?

(child with the latest birthday)

1. Myself
 2. Other: specify first name _____
3. What is your/other person's relationship to the child ?
(child with the latest birthday)
 1. Mother (biological/adoptive/step/foster)
 2. Father (biological/adoptive/step/foster)
 3. Grandmother
 4. Grandfather
 5. Aunt
 6. Uncle
 7. Sister
 8. Brother
 9. Legal guardian
 10. Other relative (specify)_____
 77. Don't know/not sure
 99. Refused