

## Wyoming 2002 BRFSS Questionnaire

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HELLO, I'm \_\_\_\_\_ calling for the Wyoming Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Wyoming residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

-----  
INTROQ  
-----

Is this \_\_\_\_\_ ?

1. Correct Number (Proceed to next question)
2. No answer
3. Normal busy
4. Answering machine
5. Technological Barrier other than Answering Machine
6. Hang-up or Termination before Respondent selection
7. Circuit busy recording or Do not wish to dial this number
8. Number is not the same - **SKIP TO WrongNum**

-----  
Is this a private home?  
-----

1. YES, CONTINUE - **SKIP TO ADULTS**
2. NO, NON-RESIDENTIAL

-----  
NonRes - **ONLY GET THIS IF PRIVRES = 2 (NON-RESIDENTIAL)**  
-----

Thank you very much, but we are only interviewing private homes.

\*\*\*\*\*<CTRL-END>\*\*\*\*\*

-----  
WrongNum - **ONLY GET THIS IF INTROQ = 6 (NUMBER IS NOT THE SAME)**  
-----

I am sorry, but my computer seems to have miss-dialed. I am going to dial this telephone number by hand to verify that I have reached the telephone number in my records. It is possible that I might reach this household again. Please be patient and thank you for your time.

\*\*\*\*\*<CTRL-END>\*\*\*\*\*

-----  
Adults  
-----

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?

-- \_ ENTER THE NUMBER OF ADULTS IF ANS = 1 SKIP TO ONEADULT

-----  
Men  
-----

How many of these adults are men?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

IF ANS = ADULTS SKIP TO SELECTED

-----  
Women  
-----

How many of these adults are women?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

IF ANS + MEN = ADULTS SKIP TO SELECTED

-----  
WrongTot - ONLY GET IF MEN + WOMEN <> ADULTS  
-----

I'm sorry, something is not right.

Number of Men -

Number of Women -

-----  
Number of Adults -

1. CORRECT THE NUMBER OF MEN
2. CORRECT THE NUMBER OF WOMEN
3. CORRECT THE NUMBER OF ADULTS

-----  
Selected - ONLY GET IF MORE THAN ONE ADULT IN HOUSEHOLD  
-----

The person in your household I need to speak with is the .

Are you the ?

1. YES - SKIP TO YOURTHE1
2. NO - SKIP TO GETNEWAD

-----  
OneAdult - ONLY GET THIS IF ONE ADULT IN HOUSEHOLD  
-----

Are you the adult?

1. YES AND THE RESPONDENT IS A MALE - SKIP TO YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE - SKIP TO YOURTHE1
3. NO - SKIP TO ASKGENDR

-----  
AskGendr - ONLY GET IF ONEADULT = 2  
-----

Is the Adult a man or a woman?

1. Male
2. Female

-----  
Get Adult - **ONLY GET IF ONEADULT = 2**  
-----

May I speak with him or her?

1. YES, ADULT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS CTRL-END AND SCHEDULE A CALL-BACK

**\*\*\*DO NOT USE CTRL-END ON THIS SCREEN\*\*\***

-----  
YOURTHE1 - **ONLY GET IF ONEADULT = 1 (YES) OR IF SELECTED = 1 (YES)**  
-----

Then you are the person I need to speak with.

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

1. PERSON INTERESTED, CONTINUE - **SKIP TO C01Q01**
2. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED

-----  
GETNEWAD - **ONLY GET IF SELECTED = 2 (NO)**  
-----

May I speak with the ?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS CTRL-END AND SCHEDULE A CALL-BACK
3. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED

**\*\*\*DO NOT USE CTRL-END ON THIS SCREEN\*\*\***

-----  
NEWADULT - ONLY GET IF GETNEWAD = 1 OR 2  
-----

HELLO, I'm \_\_\_\_\_ calling for the Pennsylvania Department of Health and Welfare and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Pennsylvania residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

1. PERSON INTERESTED, CONTINUE - **SKIP TO C01Q01**
2. GO BACK TO ADULTS QUESTIONS. WARNING:A NEW RESPONDENT MAY BE SELECTED

-----  
IntroScr - ONLY GET IF NEWADULT < 1  
-----

We do not ask for your name, address, or other personal information that identifies you, and the phone number is erased once we finish all interviews. The interview may be monitored for quality assurance purposes, but all information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

CONTACT INFORMATION: Linda Mann  
Pennsylvania Department of Health  
1-877-724-3258

1. Person interested, continue
2. Go Back to Adults Question. Warning: A New Respondent may be selected

-----  
NONQAL - ONLY GET IF CATI THINKS THE QUOTACELL IS FULL  
-----

INTERVIEWER:

PLEASE ALERT YOUR SUPERVISOR IMMEDIATELY!!!!  
THE QUOTAS SET FOR THIS STUDY ARE INCORRECT.

AFTER NOTIFYING YOUR SUPERVISOR, RETURN THE RECORD

## Core 1: Health Status

-----  
C01Q01 - **EVERYBODY**  
-----

Would you say that in general your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Core 2: Health Care Access

-----  
C02Q01 - **EVERYBODY**  
-----

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

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C02Q02 - **EVERYBODY**  
-----

Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER: If 'no', ask 'Is there more than one or is there no person who you think of?'

1. Yes, only one
2. More than one
3. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C02Q03 - **EVERYBODY**  
-----

7

-----  
When you are sick or need advice about your health, to which one of the following places do you usually go?

Would you say: PLEASE READ

1. A doctor's office
2. A public health clinic or community health center
3. A hospital outpatient department
4. A hospital emergency room
5. Urgent care center
6. Some other kind of place
8. No usual place
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C02Q04 - **EVERYBODY**  
-----

Was there a time in the past 12 months when you needed medical care, but could not get it?

1. Yes
2. No - **SKIP TO C03Q01**
  
7. DON'T KNOW/NOT SURE - **SKIP TO C03Q01**
9. REFUSED - **SKIP TO C03Q01**

-----  
C02Q05 - **ONLY GET IF C02Q04 = 1**  
-----

What is the main reason you did not get medical care?

Would you say: PLEASE READ

11. Cost [Include no insurance]
12. Distance
13. Office wasn't open when I could get there
14. Too long a wait for an appointment
15. Too long to wait in waiting room
16. No child care
17. No transportation
18. No access for people with disabilities
19. The medical provider didn't speak my language
20. Other
  
77. DON'T KNOW/NOT SURE
99. REFUSED

## Core 3: Exercise

-----  
C03Q01 - **EVERYBODY**  
-----

During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Core 4: 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.

-----  
C04Q01 - **EVERYBODY**  
-----

How often do you drink fruit juices such as orange, grapefruit, or tomato?

1. \_\_\_ \_\_\_ Per day
2. \_\_\_ \_\_\_ Per week
3. \_\_\_ \_\_\_ Per month
4. \_\_\_ \_\_\_ Per year
  
- 5 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

-----  
C04Q02 - **EVERYBODY**  
-----

Not counting juice, how often do you eat fruit?

1. \_\_\_ \_\_\_ Per day
2. \_\_\_ \_\_\_ Per week
3. \_\_\_ \_\_\_ Per month
4. \_\_\_ \_\_\_ Per year

5 5 5 NEVER  
7 7 7 DON'T KNOW/NOT SURE  
9 9 9 REFUSED

---

C04Q03 - **EVERYBODY**

---

How often do you eat green salad?

1. \_\_\_ \_\_\_ Per day  
2. \_\_\_ \_\_\_ Per week  
3. \_\_\_ \_\_\_ Per month  
4. \_\_\_ \_\_\_ Per year

5 5 5 NEVER  
7 7 7 DON'T KNOW/NOT SURE  
9 9 9 REFUSED

---

C04Q04 - **EVERYBODY**

---

How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

1. \_\_\_ \_\_\_ Per day  
2. \_\_\_ \_\_\_ Per week  
3. \_\_\_ \_\_\_ Per month  
4. \_\_\_ \_\_\_ Per year

5 5 5 NEVER  
7 7 7 DON'T KNOW/NOT SURE  
9 9 9 REFUSED

---

C04Q05 - **EVERYBODY**

---

How often do you eat carrots?

1. \_\_\_ \_\_\_ Per day  
2. \_\_\_ \_\_\_ Per week  
3. \_\_\_ \_\_\_ Per month  
4. \_\_\_ \_\_\_ Per year

5 5 5 NEVER  
7 7 7 DON'T KNOW/NOT SURE  
9 9 9 REFUSED

---

C04Q06 - **EVERYBODY**

---

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

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

- 1. \_\_\_ \_\_\_ Per day
- 2. \_\_\_ \_\_\_ Per week
- 3. \_\_\_ \_\_\_ Per month
- 4. \_\_\_ \_\_\_ Per year
  
- 5 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

### Core 5: Asthma

-----  
C05Q01 - **EVERYBODY**  
-----

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1. YES
- 2. NO - **SKIP TO C06Q01**
  
- 7. DON'T KNOW/NOT SURE - **SKIP TO C06Q01**
- 9. REFUSED - **SKIP TO C06Q01**

-----  
C05Q02 - **ONLY GET IF C05Q01 = 1**  
-----

Do you still have asthma?

- 1. YES
- 2. NO
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

### Core 6: Diabetes

-----  
C06Q01 - **EVERYBODY**  
-----

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

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

- 1. Yes
- 2. Yes, but female told only during pregnancy

- 3. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

## Core 7: Oral Health

-----  
C07Q01 - **EVERYBODY**  
-----

How long has it been since you last visited a dentist or a dental clinic for any reason?

Include visits to dental specialists, such as orthodontists.

INTERVIEWER: READ ONLY IF NECESSARY

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 5 years (2 years but less than 5 years ago)
- 4. 5 or more years ago
  
- 7. DON'T KNOW/NOT SURE
- 8. NEVER
- 9. REFUSED

-----  
C07Q02 - **EVERYBODY**  
-----

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"

- 1. 1 to 5
- 2. 6 or more but not all
- 3. All
  
- 7. DON'T KNOW/NOT SURE
- 8. NEVER
- 9. REFUSED

-----  
C07Q03 - **ONLY GET IF (C07Q01 <> 8) AND (C07Q02 <> 3)**  
-----

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

INTERVIEWER: Read only if necessary

12

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
  
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

## Core 8: Immunization

-----  
**C08Q01 - EVERYBODY**  
 -----

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

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
**C08Q02 - Only get if C08Q01 = 1**  
 -----

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

INTERVIEWER: READ ONLY IF NECESSARY

01. A doctor's office or health maintenance organization
02. A health department
03. Another type of clinic or health center [EXAMPLE: A COMMUNITY HEALTH CENTER]
04. A senior, recreation, or community center
05. A store [EXAMPLES: SUPERMARKET, DRUG STORE]
06. A hospital or emergency room
07. Workplace
08. Some other kind of place
  
77. DON'T KNOW/NOT SURE
99. REFUSED

-----  
**C08Q03 - EVERYBODY**  
 -----

Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal [new-mo-COCK-uhl] vaccine.

1. YES

- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

## Core 9: Tobacco Use

-----  
C09Q01 - **EVERYBODY**  
-----

Have you smoked at least 100 cigarettes in your entire life?

5 packs = 100 cigarettes

- 1. YES
- 2. NO - **SKIP TO C10Q01**
- 7. DON'T KNOW/NOT SURE - **SKIP TO C10Q01**
- 9. REFUSED - **SKIP TO C10Q01**

-----  
C09Q02 - **ONLY GET IF C09Q01 = 1**  
-----

Do you now smoke cigarettes every day, some days, or not at all?

- 1. Every day
- 2. Some days
- 3. Not at all - **SKIP TO C10Q01**
- 9. REFUSED - **SKIP TO C10Q01**

-----  
C09Q03 - **ONLY GET IF C09Q02 < 3**  
-----

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

## Core 10: Alcohol Consumption

-----  
C10Q01 - **EVERYBODY**  
-----

A drink of alcohol 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. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?

101-107 Days per week                      201-230 Days in past 30

\_\_\_ \_\_\_ \_\_\_ Enter Days per week or per month

888. No drinks in past 30 days - **SKIP TO C12Q01**

777. DON'T KNOW/NOT SURE

999. REFUSED - **SKIP TO C12Q01**

---

C10Q02 - **ONLY GET IF C10Q01 <> 888 or C10Q01 <> 999**

---

On the days when you drank, about how many drinks did you drink on the average?

\_\_\_\_\_ Number of drinks

77. DON'T KNOW/NOT SURE

88. NONE

99. REFUSED

---

C10Q03 - **ONLY GET IF C10Q01 <> 888 or C10Q01 <> 999**

---

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

\_\_\_\_\_ Number of times

77. DON'T KNOW/NOT SURE

88. NONE

99. REFUSED

---

C10Q04 - **ONLY GET IF C10Q01 <> 888 and C10Q01<>999**

---

During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

\_\_\_\_\_ Number of times

77. DON'T KNOW/NOT SURE

88. NONE

99. REFUSED

## Core 11: Seat Belts

---

C11Q01 - **EVERYBODY**

-----  
How often do you use seatbelts when you drive or ride in a car?

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never
  
7. DON'T KNOW/NOT SURE
8. NEVER DRIVE OR RIDE IN A CAR
9. REFUSED

## Core 12: Demographics

-----

C12Q01 - **EVERYBODY**

-----

What is your age?

\_\_\_\_\_ Code age in years

7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C12Q02 - **EVERYBODY**

-----

Are you Hispanic or Latino?

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C12Q03 - **EVERYBODY**

-----

Which one or more of the following would you say is your race? Would you say:  
White, Black or African American, Asian, Native Hawaiian or Other Pacific  
Islander, American Indian or Alaska Native, or Other?

INTERVIEWER: Mark all that apply

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native

6. Other [specify]
7. DON'T KNOW/NOT SURE
8. NO ADDITIONAL CHOICES
9. REFUSED

-----  
C12Q04 - **ONLY GET IF MORE THAN ONE RESPONSE GIVEN FOR C12Q03**  
-----

Which one of these groups would you say best represents your race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native
6. Other [specify]
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C12Q05 - **EVERYBODY**  
-----

Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple
9. REFUSED

-----  
C12Q06 - **EVERYBODY**  
-----

How many children less than 18 years of age live in your household?

\_\_ \_\_ Number of children

77. DON'T KNOW/NOT SURE
88. NONE
99. REFUSED

-----  
C12Q07 - **EVERYBODY**  
-----

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

INTERVIEWER: READ ONLY IF NECESSARY

1. Never attended school or only attended kindergarten
2. Grades 1 through 8 (Elementary)
3. Grades 9 through 11 (Some high school)
4. Grade 12 or GED (High school graduate)
5. College 1 year to 3 years (Some college or technical school)
6. College 4 years or more (College graduate)
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C12Q08 - **EVERYBODY**  
-----

Are you currently: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

01. Employed for wages
02. Self-employed
03. Out of work for more than 1 year
04. Out of work for less than 1 year
05. A Homemaker
06. A Student
07. Retired
08. Unable to work
  
77. DON'T KNOW/NOT SURE
99. REFUSED

-----  
C12Q09 - **EVERYBODY**  
-----

Is your annual household income from all sources:

11. Less than \$10,000
12. Less than \$15,000 (\$10,000 to less than \$15,000)
13. Less than \$20,000 (\$15,000 to less than \$20,000)
14. Less than \$25,000 (\$20,000 to less than \$25,000)
15. Less than \$35,000 (\$25,000 to less than \$35,000)
16. Less than \$50,000 (\$35,000 to less than \$50,000)
17. Less than \$75,000 (\$50,000 to less than \$75,000)
18. \$75,000 or more
  
77. DON'T KNOW/NOT SURE
99. REFUSED

-----  
C12Q10 - **EVERYBODY**  
-----

-----  
About how much do you weigh without shoes?

Round fractions up

\_\_\_ \_\_\_ \_\_\_ Weight pounds

777. DON'T KNOW/NOT SURE

999. REFUSED

-----  
C12Q11 - **EVERYBODY**  
-----

About how tall are you without shoes?

Round fractions down

\_\_\_ \_\_\_ \_\_\_ Height ft/inches (Ex. 5 feet 9 inches = 509)

777. DON'T KNOW/NOT SURE

999. REFUSED

-----  
ASKCNTY - **EVERYBODY (Recodes into C12Q12)**  
-----

What county do you live in?

\_\_\_ \_\_\_ \_\_\_ FIPS county code

777. DON'T KNOW/NOT SURE

999. REFUSED

-----  
C12Q13 - **EVERYBODY**  
-----

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. YES

2. NO - **SKIP TO C12Q15**

7. DON'T KNOW/NOT SURE - **SKIP TO C12Q15**

9. REFUSED - **SKIP TO C12Q15**

-----  
C12Q14 - **ONLY GET IF C12Q13 = 1**  
-----

How many of these are residential numbers?

1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more
  
7. DON'T KNOW/NOT SURE
8. NONE
9. REFUSED

-----  
 C12Q15 - **EVERYBODY**  
 -----

Indicate sex of respondent. Ask only if necessary.

1. Male - **SKIP TO C13Q01**
2. Female

-----  
 C12Q16 - **ONLY GET IF C12Q15 = 2 AND C12Q01 < 45 (FEMALE UNDER 45 YEARS OLD)**  
 -----

To your knowledge, are you now pregnant?

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

### **Core 13: Family Planning**

**ONLY GET THIS SECTION (IF C12Q15 = 2 AND C12Q01 < 45 AND C12Q16 <> 1) OR (IF C12Q15 = 1 AND C12Q01 < 60)**

The next few questions ask about pregnancy and ways to prevent pregnancy.

-----  
 C13Q01 - **EVERYBODY**  
 -----

Are you or your [if C12Q15 = 2, insert husband/partner; if C12Q15 = 1, insert wife/partner] doing anything now to keep [if C12Q15 = 2, insert Ayou@; insert Aher@ if C12Q15 = 1] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

(If multiple partners, consider usual method.)

1. Yes

2. No - **SKIP TO C13Q04**
3. No partner/not sexually active - **SKIP TO C14Q01**
4. Same sex partner - **SKIP TO C14Q01**
  
7. DON'T KNOW/NOT SURE - **SKIP TO C14Q01**
9. REFUSED - **SKIP TO C14Q01**

-----  
C13Q02 -**ONLY GET IF C13Q01 = 1**  
-----

What are you or your [if C12Q15 = 2, insert husband/partner; if C12Q15 = 1, insert wife/partner] doing now to **keep** [if C12Q15 = 2, insert Ayou@; insert Aher@ if C12Q15 = 1] from getting pregnant?

INTERVIEWER: RECORD RESPONDENT'S CONDITION IF BOTH HAVE HAD STERILIZATION PROCEDURES.

INTERVIEWER: READ ONLY IF NECESSARY

01. Tubes tied (sterilization) - **SKIP TO C14Q01**
02. Vasectomy (sterilization) - **SKIP TO C14Q01**
03. Pill
04. Condoms
05. Foam, jelly, cream
06. Diaphragm
07. Norplant
08. IUD
09. Shots (Depo-Provera)
10. Withdrawal
11. Not having sex at certain times (rhythm)
12. No partner/Not sexually active - **SKIP TO C14Q01**
13. Other method(s)
  
77. DON'T KNOW/NOT SURE - **SKIP TO C14Q01**
99. REFUSED - **SKIP TO C14Q01**

-----  
C13Q03 - **ONLY GET IF C13Q02 <> 01, 02, 12, 77, or 99**  
-----

What other method are you also using to prevent pregnancy?

INTERVIEWER: READ ONLY IF NECESSARY

11. Tubes tied (sterilization) - **SKIP TO C14Q01**
12. Vasectomy (sterilization) - **SKIP TO C14Q01**
13. Pill
14. Condoms
15. Foam, jelly, cream
16. Diaphragm
17. Norplant
18. IUD
19. Shots (Depo-Provera)
20. Withdrawal

- 21. Not having sex at certain times (rhythm)
- 22. No partner/Not sexually active - **SKIP TO C14Q01**
- 23. Other method(s)
  
- 77. DON'T KNOW/NOT SURE - **SKIP TO C14Q01**
- 99. REFUSED - **SKIP TO C14Q01**

-----  
 C13Q04 - **ONLY GET IF C13Q01 = 2**  
 -----

[**IF C12Q15 = 2**] What is your main reason for not doing anything to keep you from getting pregnant?

[**IF C12Q15 = 1**] What is your main reason for not doing anything to keep your partner from getting pregnant?

INTERVIEWER: READ ONLY IF NECESSARY

- 11. Not sexually active/no partner
- 12. Didn't think was going to have sex/no regular partner
- 13. You want a pregnancy
- 14. You or your partner don't want to use birth control
- 15. You or your partner don't like birth control/fear side effects
- 16. You can't pay for birth control
- 17. Lapse in use of a method
- 18. Don't think you or your partner can get pregnant
- 19. You or your partner had tubes tied (sterilization)
- 20. You or your partner had a vasectomy (sterilization)
- 21. You or your partner had a hysterectomy
- 22. You or your partner are too old
- 23. You or your partner are currently breast-feeding
- 24. You or your partner just had a baby/postpartum
- 25. Other reason
- 26. Don't care if get pregnant
- 27. Same sex partner
- 28. Partner is pregnant now
  
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

## Core 14: Women's Health

**ONLY GET THIS SECTION IF C12Q15 = 2**

-----  
 C14Q01 - **EVERYBODY**  
 -----

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

- 1. YES
- 2. NO - **SKIP TO C140Q3**

- 7. DON'T KNOW/NOT SURE - **SKIP TO C140Q3**
- 9. REFUSED - **SKIP TO C140Q3**

-----  
C14Q02 - **ONLY GET IF C14Q01 = 1**  
-----

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

INTERVIEWER: READ ONLY IF NECESSARY

- 1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
- 2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
- 3. Within the past 3 years (2 to 3 years ago)
- 4. Within the past 5 years (3 to 5 years ago)
- 5. 5 or more years ago
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
C14Q03 - **EVERYBODY**  
-----

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?

- 1. YES
- 2. NO - **SKIP TO C140Q5**
  
- 7. DON'T KNOW/NOT SURE - **SKIP TO C140Q5**
- 9. REFUSED - **SKIP TO C140Q5**

-----  
C14Q04 - **ONLY GET IF C14Q03 = 1**  
-----

How long has it been since you had your last breast exam?

INTERVIEWER: READ ONLY IF NECESSARY

- 1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
- 2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
- 3. Within the past 3 years (2 to 3 years ago)
- 4. Within the past 5 years (3 to 5 years ago)
- 5. 5 or more years ago
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
C14Q05 - **EVERYBODY**  
-----

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

1. YES
2. NO - SKIP TO C140Q7
  
7. DON'T KNOW/NOT SURE - SKIP TO C140Q7
9. REFUSED - SKIP TO C140Q7

-----  
C14Q06 - ONLY GET IF C14Q05 = 1  
-----

How long has it been since you had your last pap smear?

INTERVIEWER: READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C14Q07 - ONLY GET IF C12Q15 = 2 AND (C13Q04 <> 11 OR C12Q16 <> 1)  
-----

Have you had a hysterectomy?

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

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Core 15: Prostate Cancer Screening

ONLY GET IF C12Q15 = 1 AND C12Q01 > 39 (MALES 40 AND OLDER)

-----  
C15Q01 - EVERYBODY  
-----

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1. YES
2. NO - SKIP TO C15Q03

7. DON'T KNOW/NOT SURE - **SKIP TO C15Q03**
9. REFUSED - **SKIP TO C15Q03**

-----  
C15Q02 - **ONLY GET IF C15Q01 = 1**  
-----

How long has it been since you had your last PSA test?

INTERVIEWER: READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
  
7. DON'T KNOW
9. REFUSED

-----  
C15Q03 - **EVERYBODY**  
-----

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. YES
2. NO - **SKIP TO C15Q05**
  
7. DON'T KNOW/NOT SURE - **SKIP TO C15Q05**
9. REFUSED - **SKIP TO C15Q05**

-----  
C15Q04 - **ONLY GET IF C15Q03 = 1**  
-----

How long has it been since your last digital rectal exam?

INTERVIEWER: READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C15Q05 - **EVERYBODY**  
-----

-----  
Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C15Q06 - **EVERYBODY**  
-----

Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer?

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Core 16: Colorectal Cancer Screening

**ONLY GET THIS SECTION IF C12Q01 > 49 (50 YEARS OLD OR OLDER)**

-----  
C16Q01 - **EVERYBODY**  
-----

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?

1. YES
2. NO - **SKIP TO C16Q03**
  
7. DON'T KNOW/NOT SURE - **SKIP TO C16Q03**
9. REFUSED - **SKIP TO C16Q03**

-----  
C16Q02 - **ONLY GET IF C16Q01 = 1**  
-----

How long has it been since you had your last blood stool test using a home kit?

Read only if necessary

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 5 years (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C16Q03 - **EVERYBODY**  
-----

Sigmoidoscopy [sig-moyd-OSS-cah-pee] or colonoscopy [coh-lon-OSS-cah-pee] are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

1. YES
2. NO - **SKIP TO C17Q01**
  
7. DON'T KNOW/NOT SURE - **SKIP TO C17Q01**
9. REFUSED - **SKIP TO C17Q01**

-----  
C16Q04 - **ONLY GET IF C16Q03 = 1**  
-----

How long has it been since you had your last Sigmoidoscopy [sig-moyd-OSS-cah-pee] or colonoscopy [coh-lon-OSS-cah-pee]?

Read only if necessary

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 5 years (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. Within the past 10 years (5 YEARS BUT LESS THAN 10 YEARS AGO)
5. 10 or more years ago
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Core 17: HIV/AIDS

**ONLY GET SECTION IF C12Q01 < 65**

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.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

-----  
C17Q01 - **EVERYBODY**  
-----

A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

1. TRUE
2. FALSE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C17Q02 - **EVERYBODY**  
-----

There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

1. TRUE
2. FALSE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
C17Q03 - **EVERYBODY**  
-----

How important do you think it is for people to know their HIV status by getting tested?

Would you say very important, somewhat important, or not at all important?

1. Very important
2. Somewhat important
3. Not at all important
  
7. DON'T KNOW/NOT SURE
8. DEPENDS ON RISK
9. REFUSED

-----  
C17Q04 - **EVERYBODY**  
-----

As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

Include saliva tests

1. YES
2. NO - **SKIP TO C17Q08**
  
7. DON'T KNOW/NOT SURE - **SKIP TO C17Q08**
9. REFUSED - **SKIP TO C17Q08**

-----  
C17Q05 - ONLY GET IF C17Q04 = 1  
-----

Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER: If month is unknown enter '77' for the month and then the given year  
- Ex. 7700

INTERVIEWER: If HIV test occurred before January 1985 please enter "7777".

PRESS "1" to enter the appropriate value.

Include saliva tests

\_\_ \_\_/\_\_ \_\_ Code month and year

7777. DON'T KNOW/NOT SURE  
6666. REFUSED

-----  
C17Q06 - ONLY GET IF C17Q04 = 1  
-----

I am going to read you a list of reasons why some people have been tested for HIV.  
Not including blood donations, which of these would you say was the MAIN reason  
for your last HIV test?

INTERVIEWER: PLEASE READ

\_\_\_ Reason code

- 11. It was required
- 12. Someone suggested you should be tested
- 13. You thought you may have gotten HIV through sex or drug use
- 14. You just wanted to find out whether you had HIV
- 15. You were worried that you could give HIV to someone
- 16. IF FEMALE: You were pregnant
- 17. It was done as part of a routine medical check-up
- 18. You were tested for some other reason
  
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

-----  
C17Q07 - ONLY GET IF C17Q04 = 1  
-----

Where did you have the HIV test in [fill in date from C17Q05.]?

INTERVIEWER: PLEASE READ

\_\_\_ Facility code

1. Private doctor or HMO
  2. Counseling and testing site
  3. Hospital
  4. Clinic
  5. In a jail or prison (or other correctional facility)
  6. Home
  7. Somewhere else
- 
77. DON'T KNOW/NOT SURE
  99. REFUSED

The next question is about sexually transmitted diseases other than HIV, such as syphilis [SIF-a-lis], gonorrhea [gon-a-REE-a], chlamydia [KLA-mid-e-a], or genital herpes.

-----  
C17Q08 - **EVERYBODY**  
-----

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

- You have used intravenous drugs in a the past year
- You have been treated for a sexually transmitted or venereal disease in the past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

Do any of these situations apply to you?

1. YES
  2. NO
- 
7. DON'T KNOW/NOT SURE
  9. REFUSED

-----  
C17Q09 - **EVERYBODY**  
-----

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?

1. YES
  2. NO
- 
7. DON'T KNOW/NOT SURE
  9. REFUSED

## Core 18: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries.

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

-----  
C18Q01 - **EVERYBODY**  
-----

Are any firearms now kept in or around your home?

1. YES
2. NO - **SKIP TO M01Q01**
  
7. DON'T KNOW/NOT SURE - **SKIP TO M01Q01**
9. REFUSED - **SKIP TO M01Q01**

-----  
C18Q02 - **ONLY GET IF C18Q01 = 1**  
-----

Are any of these firearms now loaded?

1. YES
2. NO - **SKIP TO M01Q01**
  
7. DON'T KNOW/NOT SURE - **SKIP TO M01Q01**
9. REFUSED - **SKIP TO M01Q01**

-----  
C18Q03 - **ONLY GET IF C18Q02 = 1**  
-----

Are any of these loaded firearms also unlocked? By unlocked we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Module 1: Diabetes

-----  
M01Q01 - **ONLY GET IF C06Q01 = 1**  
-----

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

\_\_\_ Code age in years (97 = 97 and older)

- 98. DON'T KNOW/NOT SURE
- 99. REFUSED

-----  
M01Q02 - ONLY GET IF C06Q01 = 1  
-----

Are you now taking insulin?

- 1. YES
- 2. NO
  
- 9. REFUSED

-----  
M01Q03 - ONLY GET IF C06Q01 = 1  
-----

Are you now taking diabetes pills?

- 1. YES
- 2. NO
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
M01Q04 - ONLY GET IF C06Q01 = 1  
-----

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.

101-109 = time per day                      301-399 = times per month  
201-263 = times per week                  401-499 = times per year

\_\_\_ Enter times per day,  
week, month or year

- 777. DON'T KNOW/NOT SURE
- 888. NEVER
- 999. REFUSED

-----  
M01Q05 - ONLY GET IF C06Q01 = 1  
-----

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

101-109 = time per day                      301-399 = times per month  
201-263 = times per week                  401-499 = times per year

\_\_\_ Enter times per day,  
week, month or year

- 555. NO FEET
- 777. DON'T KNOW/NOT SURE
- 888. NEVER
- 999. REFUSED

-----  
M01Q06 - ONLY GET IF C06Q01 = 1  
-----

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- 1. YES
- 2. NO
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
M01Q07 - ONLY GET IF C06Q01 = 1  
-----

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

\_\_\_ Number of times (76 = 76 or more)

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

-----  
M01Q08 - ONLY GET IF C06Q01 = 1  
-----

A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

\_\_\_ Number of times (76 = 76 or more)

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 98. NEVER HEARD OF HEMOGLOBIN "A one C" TEST
- 99. REFUSED

-----  
M01Q09 - ONLY GET IF M01Q05 <> 555  
-----

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

\_\_\_ Number of times (76 = 76 or more)

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

-----  
M01Q10 - ONLY GET IF C06Q01 = 1  
-----

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

- 1. Within the past month (ANYTIME LESS THAN 1 MONTH AGO)
- 2. Within the past year (1 MONTH BUT LESS THAN 1 YEAR AGO)
- 3. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
- 4. 2 or more years ago
  
- 8. NEVER
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
M01Q11 - ONLY GET IF C06Q01 = 1  
-----

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy [ret-in-OP-a-thee]?

- 1. YES
- 2. NO
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
M01Q12 - ONLY GET IF C06Q01 = 1  
-----

Have you ever taken a course or class in how to manage your diabetes yourself?

- 1. YES
- 2. NO
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

## Module 5: Healthy Days

-----  
M05Q01 - **EVERYBODY**  
-----

Earlier, I asked you to rate your general health as excellent, very good, good, fair, or poor.

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?

- \_\_\_\_\_ Number of days
- 7 7 DON'T KNOW/NOT SURE
  - 8 8 NONE
  - 9 9 REFUSED

-----  
M05Q02 - **EVERYBODY**  
-----

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?

- \_\_\_\_\_ Number of days
- 7 7 DON'T KNOW/NOT SURE
  - 8 8 NONE
  - 9 9 REFUSED

-----  
M05Q03 - **ONLY GET IF M05Q01 <> 88 OR M05Q02 <> 88**  
-----

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?

- \_\_\_\_\_ Number of days
- 7 7 DON'T KNOW/NOT SURE
  - 8 8 NONE

### Module 9: Childhood Asthma

ONLY GET THIS SECTION IF C12Q06 <> 88

M09Q01 - EVERYBODY

Earlier you said there were [C12Q06] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

\_\_\_\_\_ Number of children

- 7 7 DON'T KNOW/NOT SURE - SKIP TO M10Q01
- 8 8 None - SKIP TO M10Q01
- 9 9 REFUSED - SKIP TO M10Q01

M09Q02 - ON GET IF M09Q01 < 77

[Fill in (Does this child/How many of these children) from M09Q01] still have asthma?

INTERVIEWER: IF ONLY ONE CHILD FROM M09Q01 AND RESPONSE IS "YES" TO M09Q02 CODE "01". IF RESPONSE IS "NO" CODE "88".

\_\_\_\_\_ Number of children

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

### Module 10: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

M10Q01a - EVERYBODY

Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?

- 1. Yes



- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
M10Q01b - **EVERYBODY**  
-----

Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
M10Q01c - **EVERYBODY**  
-----

(Do you think) chest pain or discomfort (are symptoms of a heart attack?)

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
M10Q01d - **EVERYBODY**  
-----

(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
M10Q01e - **EVERYBODY**  
-----

(Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

-----  
M10Q01f - **EVERYBODY**  
-----

(Do you think) shortness of breath (is a symptom of a heart attack?)

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M10Q02a - **EVERYBODY**  
-----

Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure.

Do you think sudden confusion or trouble speaking are symptoms of a stroke?

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M10Q02b - **EVERYBODY**  
-----

Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M10Q02c - **EVERYBODY**  
-----

(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M10Q02d - **EVERYBODY**  
-----

(Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M10Q02e - **EVERYBODY**  
-----

(Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M10Q02f - **EVERYBODY**  
-----

(Do you think) severe headache with no known cause (is a symptom of a stroke?)

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M10Q03 - **EVERYBODY**  
-----

If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

INTERVIEWER: PLEASE READ

1. Take them to the hospital
2. Tell them to call their doctor
3. Call 911
4. Call their spouse or a family member
5. Do something else
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Module 14: Tobacco Indicators

-----  
M14Q01 - ONLY IF C09Q01 = 1  
-----

Previously you said you have smoked cigarettes.

How old were you the first time you smoked a cigarette, even one or two puffs?

\_\_ \_\_ Code age in years (76 = 76 years old or older)

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

-----  
M14Q02 - ONLY IF C09Q01 = 1  
-----

How old were you when you first started smoking cigarettes regularly?

\_\_ \_\_ Code age in years (76 = 76 years old or older)

- 88. Never smoked regularly - **SKIP TO M14Q06**
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

-----  
M14Q03 - ONLY GET IF M14Q02 <> 88 AND IF C09Q02 = 3 AND IF C09Q01 = 1  
-----

About how long has it been since you last smoked cigarettes regularly?

INTERVIEWER: READ ONLY IF NECESSARY

\_\_ \_\_ Enter Code

- 1. Within the past month (ANYTIME LESS THAN 1 MONTH AGO)
- 2. Within the past 3 months (1 MONTH BUT LESS THAN 3 MONTHS AGO)
- 3. Within the past 6 months (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
- 4. Within the past year (6 MONTHS BUT LESS THAN 1 YEAR AGO)
- 5. Within the past 5 years (1 YEAR BUT LESS THAN 5 YEARS AGO) - **SKIP TO M14Q06**
- 6. Within the past 10 years (5 YEARS BUT LESS THAN 10 YEARS AGO) - **SKIP TO M14Q06**
- 7. 10 or more years ago- **SKIP TO M14Q06**
- 77. DON'T KNOW/NOT SURE- **SKIP TO M14Q06**
- 99. REFUSED- **SKIP TO M14Q06**

-----  
M14Q04 - ONLY GET IF M14Q03 < 5 OR IF C09Q02 < 3  
-----

40

-----  
In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

1. YES
2. NO - **SKIP TO M14Q06**
  
7. DON'T KNOW/NOT SURE - **SKIP TO M14Q06**
9. REFUSED - **SKIP TO M14Q06**

-----  
M14Q05 - **ONLY GET IF M14Q04 = 1**  
-----

In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M14Q06 - **EVERYBODY**  
-----

Which statement best describes the rules about smoking inside your home?

INTERVIEWER: PLEASE READ

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside the home
4. There are no rules about smoking inside the home
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M14Q07 - **ONLY GET IF C12Q08 < 3 (EMPLOYED OR SELF-EMPLOYED)**  
-----

While working at your job, are you indoors most of the time?

1. YES
2. NO - **SKIP TO M16Q01**
  
7. DON'T KNOW/NOT SURE - **SKIP TO M16Q01**
9. REFUSED - **SKIP TO M16Q01**

-----  
M14Q08 - **ONLY GET IF M14Q07 = 1**  
-----

-----  
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?

Would you say not allowed in any public areas, allowed in some public areas, allowed in all public areas, or no official policy?

For workers who visit clients, "place of work" means their base location.

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas
4. No official policy
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M14Q09 - **ONLY GET IF M14Q07 = 1**  
-----

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

Would you say not allowed in any work areas, allowed in some work areas, allowed in all work areas, or no official policy?

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
4. No official policy
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Module 15: Other Tobacco Products

-----  
M15Q01 - **EVERYBODY**  
-----

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

1. Yes
2. No - **SKIP TO M15Q03**
  
7. DON'T KNOW/NOT SURE - **SKIP TO M15Q03**
9. REFUSED - **SKIP TO M15Q03**

-----  
M15Q02 - **ONLY GET IF M15Q01 = 1**  
-----

Do you currently use chewing tobacco or snuff every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M15Q03 - **EVERYBODY**  
-----

Have you ever smoked a cigar, even one or two puffs?

1. Yes
2. No - **SKIP TO M15Q05**
  
7. DON'T KNOW/NOT SURE - **SKIP TO M15Q05**
9. REFUSED - **SKIP TO M15Q05**

-----  
M15Q04 - **ONLY GET IF M15Q03 = 1**  
-----

Do you now smoke cigars every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M15Q05 - **EVERYBODY**  
-----

Have you ever smoked tobacco in a pipe, even one or two puffs?

1. Yes
2. No - **SKIP TO M15Q07**
  
7. DON'T KNOW/NOT SURE - **SKIP TO M15Q07**
9. REFUSED - **SKIP TO M15Q07**

-----  
M15Q06 - **ONLY GET IF M15Q05 = 1**  
-----

Do you now smoke a pipe every day, some days, or not at all?

1. Every day

2. Some days
3. Not at all
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
M15Q07 - **EVERYBODY**  
-----

A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?

1. Yes
2. No - **SKIP TO M16Q01**
  
7. DON'T KNOW/NOT SURE - **SKIP TO M16Q01**
9. REFUSED - **SKIP TO M16Q01**

-----  
M15Q08 - **ONLY GET IF M15Q07 = 1**  
-----

Do you now smoke bidis every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## **State Added 1: Second Hand Smoke**

-----  
WY01Q01 - **ONLY GET IF M14Q07 = 1**  
-----

How often are you exposed to secondhand cigarette smoke at your place of work?  
Would you say . . .

INTERVIEWER: PLEASE READ

1. Never
2. Seldom
3. Sometimes
4. Frequently
  
7. DON'T KNOW/NOT SURE
8. DO NOT WORK OUTSIDE OF HOME
9. REFUSED

## State Added 2: Diabetes

-----  
WY02Q01 - **EVERYBODY**  
-----

Have you heard of any activities to address the problem of diabetes in your community?

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## State Added 3: Radon

-----  
WY03Q01 - **EVERYBODY**  
-----

Have you ever heard of radon, which is a radioactive gas that occurs in nature?

1. Yes
2. No - **SKIP TO**
  
7. DON'T KNOW/NOT SURE - **SKIP TO WY04Q01a**
9. REFUSED - **SKIP TO WY04Q01a**

-----  
WY03Q02 - **ONLY GET IF WY03Q01 = 1**  
-----

Has your household air been tested for the presence of radon gas?

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
WY03Q03a - **ONLY GET IF WY03Q01 = 1**  
-----

Which, if any, of the following conditions do you think can be caused by prolonged radon exposure?

Headache

1. Agree
2. Disagree
  
7. DON'T KNOW/NOT SURE

9. REFUSED

---

WY03Q03b - ONLY GET IF WY03Q01 = 1

---

Asthma

- 1. Agree
- 2. Disagree
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

---

WY03Q03c - ONLY GET IF WY03Q01 = 1

---

Arthritis

- 1. Agree
- 2. Disagree
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

---

WY03Q03d - ONLY GET IF WY03Q01 = 1

---

Lung cancer

- 1. Agree
- 2. Disagree
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

---

WY03Q03e - ONLY GET IF WY03Q01 = 1

---

Other cancers beside lung

- 1. Agree
- 2. Disagree
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

## State Added 4: Children's Health

---

WY04Q01a - ONLY GET IF C12Q06 = 1

-----  
My next questions are about children's health.

Earlier you told me that one child under 18 lives in your household. What is that child's name?

Name\_\_\_\_\_ (go to S7)

-----  
WY04Q01b - ONLY GET IF 1 < C12Q06 < 88  
-----

My next questions are about children's health.

In order to randomly choose one child in your household to ask about, I need to know the first name of the child who had the most recent birthday and is less than 18 years old.

Name\_\_\_\_\_

-----  
WY04Q02 - ONLY GET IF C12Q06 < 88  
-----

What is [Fill in name]'s age?

\_\_\_ = code age in years

- 77. DON'T KNOW/NOT SURE
- 88. LESS THAN ONE YEAR
- 99. REFUSED

-----  
WY04Q03 - ONLY GET IF (C12Q06 < 88) AND (WY04Q02 > 4)  
-----

During the past 12 months, about how many days did [Fill in name] miss school because of illness or injury?

\_\_\_\_\_ = number of days

- 555. CHILD DOES NOT GO TO SCHOOL
- 777. DON'T KNOW/NOT SURE
- 888. NONE
- 999. REFUSED

-----  
WY04Q04 - ONLY GET IF C12Q06 < 88  
-----

About how long has it been since [Fill in name] last visited a doctor for a routine checkup or physical examination?

1. Within the past year (0-12 months)
2. Within the past 2 years (1-2 years ago)
3. Within the past 5 years (2-5 years ago)
4. More than 5 years ago
  
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

-----  
 WY04Q05 - **ONLY GET IF C12Q06 < 88**  
 -----

Was there a time during the past 12 months when **[Fill in name]** needed to see a doctor but could not because of the cost?

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
 WY04Q06 - **ONLY GET IF C12Q06 < 88**  
 -----

Does **[Fill in name]** have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

1. Yes
2. No - **SKIP TO WY04Q08**
  
7. DON'T KNOW/NOT SURE - **SKIP TO WY04Q08**
9. REFUSED - **SKIP TO WY04Q08**

-----  
 WY04Q07 - **ONLY GET IF (C12Q06 < 88) AND (WY04Q06 = 1)**  
 -----

What type of health care coverage does **[Fill in name]** have? Is it . . .

INTERVIEWER: PLEASE READ

1. Through your or someone else's employer
2. Through Medicaid or Title 19
3. Through Kid Care
4. Through some other form of health care coverage
  
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
WY04Q08 - ONLY GET IF (C12Q06 < 88) AND (WY04Q06 <> 1)  
-----

There are some types of health care coverage you may not have considered. Does [Fill in name] have coverage through your employer, someone else's employer, the military, Medicaid, Title 19, Kid Care, Medicare, the Indian Health Service, or some other source?

INTERVIEWER: DO NOT READ

1. Through your or someone else's employer
2. Through Medicaid or Title 19
3. Through Kid Care
4. Through some other form of health care coverage
  
7. DON'T KNOW/NOT SURE
8. NO HEALTH CARE COVERAGE
9. REFUSED

-----  
Closing Statement  
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That's my last question. Everyone's answers will be combined to give us information about the health practices of people in Wyoming. Thank you very much for your time and cooperation.