



**2005**

**Behavioral Risk Factor Surveillance System**

**Wyoming Questionnaire**

**December 2004**

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention

**National Center for Chronic Disease Prevention and Health Promotion**

**Division of Adult and Community Health**

## Wyoming BRFSS 2005 Questionnaire

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**INTROQ**

HELLO, I am calling for the       **(health department)**       . My name is       **(name)**       . We are conducting a survey to gather information about the health of       **(state)**       residents. The survey is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this XXX-XXX-XXXX?

1. Correct Number (Proceed to next question)
2. Number is not the same – **SKIP TO WRONGNUM**

**PRIVRES**

Is this a private residence?

1. Yes, continue.
2. No, non-residential – **SKIP TO NONRES**

**CELFON**

Is this a **cellular telephone**?

If **“Yes”**, thank you very much, but we are only interviewing land line telephones **and** private residents.

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

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

\*\*\*\*\*<F3>\*\*\*\*\*

**WRONGNUM – ONLY GET THIS IF INTROQ = 2 (NUMBER IS NOT THE SAME)**

Thank you very much, but it I seem to have dialed the wrong number. It’s possible that your number may be called at a later time.

\*\*\*\*<F3>\*\*\*\*

**ADULTS**

I need to 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

**ASKGENDER – ONLY GET IF ONEADULT = 3**

Is the Adult a man or a woman?

1. Male
2. Female

**GETADULT - ONLY GET IF ONEADULT = 3**

May I speak with him or her?

1. YES, ADULT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 AND SCHEDULE A CALL-BACK

**\*\*\*DO NOT USE <F3> 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.

1. PERSON INTERESTED, CONTINUE – **SKIP TO FIRSTSCR**
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 F3 AND SCHEDULE A CALL-BACK
3. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED

**\*\*\*DO NOT USE F3 ON THIS SCREEN\*\*\***

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

My name is       (name)       calling from the       (health department)       We are conducting a survey to gather information about the health of       (state)       residents. The survey is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

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

**INTROSCR – ONLY GET IF NEWADULT = 1 or Yourthe1 = 1**

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. Any information you give to me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

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**

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: Healthy Days

**C02Q01**

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

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

**C02Q02**

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

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

**C02Q03 – ONLY GET IF C02Q01 <> 88 OR C02Q02 <> 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

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

## Core 3: Health Care Access

**C03Q01**

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

**C03Q02**

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

**(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

**C03Q03**

Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

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

**C03Q04**

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within past yr (1-12 months ago)
- 2 Within past 2 yrs (1-2 yrs ago)
- 3 Within past 5 yrs (2-5 yrs ago)
- 4 5 or more years ago
- 7 DON'T KNOW / NOT SURE
- 8 Never
- 9 REFUSED

## Core 4: Exercise

**C04Q01**

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

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

## Core 5: Diabetes

**C05Q01**

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

**Note:** If respondent says 'pre-diabetes or borderline diabetes', use response **Code 4**.

1. Yes
2. Yes, but female told only during pregnancy
3. No
4. No, pre-diabetes or borderline diabetes
7. DON'T KNOW / NOT SURE
9. REFUSED

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

## Module 1: Diabetes

**M01Q01- only get if C05Q01 = 1**

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

- \_\_Code age in years [97=97 and older]
98. DON'T KNOW
  99. REFUSED

**M01Q02 only get if C05Q01 = 1**

Are you now taking insulin? (203)

1. Yes
9. REFUSED

**M01Q03 only get if C05Q01 = 1**

9

Are you now taking diabetes pills?

(204)

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

**M01Q04 only get if C05Q01 = 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. (205-207)

- 12 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 8 8 8 Never
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**M01Q05 only get if C05Q01 = 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. (208-210)

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 8 8 8 Never
- 5 5 5 NO FEET
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**M01Q06 only get if C05Q01 = 1**

Have you EVER had any sores or irritations on your feet that took more than four weeks to heal? (211)

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

**M01Q07 only get if C05Q01 = 1**

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (212-213)

- Number of times [**76=76 or more**]
- 8 8 None
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

**M01Q08 only get if C05Q01 = 1**

A test for "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 "A one C"? (214-215)

- Number of times [76=76 or more]
- 8 8 None
- 9 8 NEVER HEARD OF "A ONE C" TEST
- 7 7 DON'T KNOW / NOT SURE
- 9 9 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? (216-217)

- Number of times [76=76 or more]
- 8 8 None
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

**M01Q10 only get if C05Q01 = 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. (218)

**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 12 months 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 C05Q01 = 1**

Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy?

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

**M01Q12 only get if C05Q01 = 1**

Have you EVER taken a course or class in how to manage your diabetes yourself? (220)

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

## Core 6: Hypertension Awareness

**C06Q01**

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*

- 1 Yes
- 2 Yes, but female told only during pregnancy ⇒Go to next section
- 3 No ⇒Go to next section
- 4 Told borderline high or pre-hypertensive ⇒Go to next section
7. DON'T KNOW / NOT SURE ⇒Go to next section
- 9 REFUSED ⇒Go to next section

**C06Q02 Only get if C06Q01=1**

Are you currently taking medicine for your high blood pressure?

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

## Core 7: Cholesterol Awareness

**C07Q01**

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

- 1 Yes
- 2 No ⇒Go to next section
7. DON'T KNOW / NOT SURE ⇒Go to next section
9. REFUSED ⇒Go to next section

**C07Q02 only get if C07Q01=1**

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

**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

**C07Q03 only get if C07Q01=1**

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

## Core 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

For each, tell me "Yes", "No", or you're "Not sure":

**C08Q01**

(Ever told) you had a heart attack, also called a myocardial infarction?

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

**C08Q02**

(Ever told) you had angina or coronary heart disease?

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

**C08Q03**

(Ever told) you had a stroke?

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

## Core 9: Asthma

**C09Q01**

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

- 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**

13

Do you still have asthma?

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

## Core 10: Immunization

### C10Q01

A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

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

### C10Q02

During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™.

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

### C10Q03

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

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

## Core 11: Tobacco Use

### C11Q01

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

**Note:** 5 packs = 100 cigarettes

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 DON'T KNOW / NOT SURE ⇒ **Go to next section**
- 9 REFUSED ⇒ **Go to next section**

### C11Q02 only get if C11Q01=1

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

- 1 Every day
- 2 Some days
- 3 Not at all ⇒Go to next section
- 7 DON'T KNOW / NOT SURE⇒Go to next section
- 9 REFUSED ⇒Go to next section

**C11Q03 only get if C11Q02 < 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 12: Alcohol Consumption

**C12Q01**

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 Yes
- 2 No ⇒Go to next section
- 7 DON'T KNOW / NOT SURE ⇒Go to next section
- 9 REFUSED ⇒Go to next section

**C12Q02 only get if C12Q01 = 1**

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1 \_ \_ Days per week
- 2 \_ \_ Days in past 30 days
- 8 8 8 No drinks in past 30 days ⇒Go to next section
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**C12Q03 only get if C12Q02 < > 888**

One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many drinks did you drink on the average?

- \_ \_ Number of drinks
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

**C12Q04 only get if C12Q02 < > 888**

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

- Number of times
- 8 8 None
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

**C12Q05 only get if C12Q02 < > 888**

During the past 30 days, what is the largest number of drinks you had on any occasion?

- Number of drinks
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

## Core 13: Demographics

**C13Q01**

What is your age?

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

- 07. DON'T KNOW / NOT SURE
- 09. REFUSED

**C13Q02**

Are you Hispanic or Latino?

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

**C13Q03**

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?

**(Check all that apply)**

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian , Alaska Native or
- 6. Other **[specify]**\_\_\_\_\_
- 8. NO ADDITIONAL CHOICES

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

**C13Q04 – ONLY GET IF MORE THAN ONE RESPONSE FOR C13Q03**

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 or
6. Other **[specify]** \_\_\_\_\_
7. DON'T KNOW / NOT SURE
9. REFUSED

**C13Q05**

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

**C13Q06**

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

\_\_ \_\_ Number of children

88. NONE
99. REFUSED

**C13Q07**

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

**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)
  
9. REFUSED

**C13Q08**

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?

**Read only if necessary:**

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year
4. Out of work for less than 1 year
5. A Homemaker
6. A Student
7. Retired
8. Unable to work
  
9. REFUSED

**C13Q09**

Is your annual household income from all sources?

1. Less than \$10,000
2. Less than \$15,000 (\$10,000 to less than \$15,000)
3. Less than \$20,000 (\$15,000 to less than \$20,000)
4. Less than \$25,000 (\$20,000 to less than \$25,000)
5. Less than \$35,000 (\$25,000 to less than \$35,000)
6. Less than \$50,000 (\$35,000 to less than \$50,000)
7. Less than \$75,000 (\$50,000 to less than \$75,000)
8. \$75,000 or more
  
77. DON'T KNOW / NOT SURE
99. REFUSED

**C13Q10**

About how much do you weigh without shoes?

**Round fractions up**

\_\_\_ \_\_\_ \_\_\_ Weight (*pounds*)  
 9\_\_\_ \_\_\_ \_\_\_ Weight (*kilograms*)

7777. DON'T KNOW / NOT SURE  
9999. REFUSED

**C13Q11**

About how tall are you without shoes?

**Round fractions down**

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

7777. DON'T KNOW / NOT SURE  
9999. REFUSED

**C13Q12**

What county do you live in?

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

777. DON'T KNOW / NOT SURE  
999. REFUSED

**C13Q13**

What is your ZIP Code where you live?

\_\_\_ \_\_\_ ZIP Code  
7 7 7 7 7 DON'T KNOW / NOT SURE  
9 9 9 9 9 REFUSED

**C13Q14**

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 C13Q16**
  
7. DON'T KNOW / NOT SURE – **SKIP TO C13Q16**
9. REFUSED – **SKIP TO C13Q16**

**C13Q15 – ONLY GET IF C13Q14=1**

How many of these phone numbers are residential numbers?

\_\_\_ Residential telephone numbers [**6=6 or more**]

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

**C13Q16**

During the past 12 months, has your household been without telephone service for 1 week or more?

**Note: Do not include interruptions of phone service due to weather or natural disasters.**

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

**C13Q17**

Indicate sex of respondent. Ask only if necessary.

1. Male
2. Female

**C13Q18 – ONLY GET IF C13Q17=2 AND C13Q01<45**

To your knowledge, are you now pregnant?

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

**Core 14: Veteran's Status**

**C14Q01**

The next question relates to military service.

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

## Core 15: Disability

The next questions are about health problems or impairments you may have.

**C15Q01 –**

Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

**C15Q02 –**

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

**Note:** Include occasional use or use in certain circumstances.

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

## Core 16: Arthritis Burden

**C16Q01 –**

During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

- 1 Yes
- 2 No ⇒Go to Q16.4
- 7 DON'T KNOW / NOT SURE ⇒Go to Q16.4
- 9 REFUSED ⇒Go to Q16.4

**C16Q02 – only get if C16Q01 = 1**

Did your joint symptoms FIRST begin more than 3 months ago?

- 1 Yes
- 2 No ⇒Go to Q16.4
- 7 DON'T KNOW / NOT SURE ⇒Go to Q16.4
- 9 REFUSED ⇒Go to Q16.4

**C16Q03 – only get if C16Q02 = 1**

Have you EVER seen a doctor or other health professional for these joint symptoms?

- 1 Yes
- 2 No

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

**C16Q04 –**

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**C16Q05 – only get if C16Q02 = 1 or C16Q04 = 1**

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

**Note:** If a respondent question arises about medication, then the interviewer should reply: *“Please answer the question based on how you are when you are taking any of the medications or treatments you might use.”*

### Core 17: Fruits & 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.

**C17Q01 –**

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

**C17Q02 –**

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

**C17Q03 –**

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

**C17Q04 –**

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

**C17Q05 –**

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

**C17Q06 –**

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 18: Physical Activity

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

**C18Q01 – only get if C13Q08<3**

When you are at work, which of the following best describes what you do? Would you say?

**Note:** If respondent has multiple jobs, include all jobs.

**Please read**

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C18Q02 –**

Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1 Yes
- 2 No ⇒Go to Q18.5
- 7 DON'T KNOW / NOT SURE ⇒Go to Q18.5
- 9 REFUSED ⇒Go to Q18.5

**C18Q03 – only get if C18Q02 = 1**

How many days per week do you do these moderate activities for at least 10 minutes at a time?

- \_ \_ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time ⇒Go to Q18.5
- 7 7 DON'T KNOW / NOT SURE ⇒Go to Q18.5
- 9 9 REFUSED ⇒Go to Q18.5

**C18Q04 – only get if C18Q03 <77**

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- \_ : \_ \_ Hours and minutes per day
- 7 7 7 DON'T KNOW / NOT SURE

**C18Q05 –**

Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1 Yes
- 2 No ⇒Go to next section
- 7 DON'T KNOW / NOT SURE ⇒Go to next section
- 9 REFUSED ⇒Go to next section

**C18Q06 – only get if C18Q05 = 1**

How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time ⇒Go to next section
- 7 7 DON'T KNOW / NOT SURE ⇒Go to next section
- 9 9 REFUSED ⇒Go to next section

**C18Q07 – only get if C18Q06 <77**

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- .\_:.\_ Hours and minutes per day
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

## Core 19: HIV/AIDS

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 do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**C19Q01 – ONLY GET IF C13Q01 <65**

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

**Include test-using fluid from your mouth.**

- 1. Yes
- 2. No – **SKIP TO C19Q04**
- 7. DON'T KNOW/ NOT SURE – **SKIP TO C19Q04**
- 9. REFUSED – **SKIP TO C19Q01**

**C19Q02 – ONLY GET C19Q01=1**

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

**(Include saliva tests)**

**NOTE: If response is before January 1985, code '777777' = DON'T KNOW/NOT SURE.**

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

77 7777. DON'T KNOW / NOT SURE

99 9999. REFUSED

**C19Q03 – ONLY GET C19Q01=1**

Where did you have your last HIV test at, a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?

\_\_ \_\_ Facility code

01. Private doctor or HMO office–

02. Counseling and testing site –

03. Hospital –

04. Clinic

05. Jail or prison –

06. Home –

07. Somewhere else –

77. DON'T KNOW / NOT SURE –

99. REFUSED –

**C19Q04 – ONLY GET C13Q01<65**

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 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

## **Core 20: Emotional Support & Life Satisfaction**

**The next two questions are about emotional support and your satisfaction with life.**

**C20Q01**

How often do you get the social and emotional support you need?

**Please read**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C20Q02**

In general, how satisfied are you with your life?

**Please read**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Module 8: Influenza

**M08Q01- ONLY GET IF C10Q01 =1 OR C10Q02=1**

Where did you go to get your most recent [flu shot / vaccine that was sprayed in your nose / vaccination (whether it was a shot or spray in your nose)]? [CATI fill in appropriate response from Immunization Core Questions 10.1 and 10.2]. (276-277)

**Read only if necessary:**

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center  
[Example: a community health center]
- 0 4 A senior, recreation, or community center
- 0 5 A store [Examples: supermarket, drug store]
- 0 6 A hospital [Example: in-patient]
- 0 7 An emergency room
- 0 8 Workplace  
or
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered-DO NOT READ)
- 7 7 DON'T KNOW / NOT SURE (Probe: "How would you describe the place where you went to get your most recent flu vaccine?")

**DO NOT READ**

- 9 9 REFUSED



## Module 13: Women's Health

### M13Q01 – ONLY GET IF C13Q17=2

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 M13Q03**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO M13Q03**
9. REFUSED – **SKIP TO M13Q03**

### M13Q02 – ONLY GET IF M13Q01=1

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

#### 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

### M13Q03 – ONLY GET IF C13Q17=2

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

1. Yes
2. No – **SKIP TO M13Q05**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO M13Q05**
9. REFUSED – **SKIP TO M13Q05**

### M13Q04 – ONLY GET IF M13Q03=1

How long has it been since your last breast exam?

#### 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

**M13Q05 – ONLY GET IF C13Q17=2**

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

1. Yes
2. No – **SKIP TO M13Q07**
7. DON'T KNOW/ NOT SURE – **SKIP TO M13Q07**
9. REFUSED – **SKIP TO M13Q07**

**M13Q06 – ONLY GET IF M13Q05=1**

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

**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

**M13Q07 – ONLY GET IF C13Q17=2 AND C13Q18<>1**

Have you had a hysterectomy?

**If necessary: A hysterectomy is an operation to remove the uterus (womb).**

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

## **Module 22: Secondhand Smoke Policy**

**M22Q01-**

Which statement best describes the rules about smoking inside your home? (365)

**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 your home
- or
- 4 There are no rules about smoking inside your home

**DO NOT READ**

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

**M22Q02- ONLY GET IF C13Q08 < 3**

While working at your job, are you indoors most of the time? (366)

- 1 Yes
- 2 No ⇒ **Go to next module**
- 7 DON'T KNOW / NOT SURE ⇒ **Go to next module**
- 9 REFUSED ⇒ **Go to next module**

**M22Q03- ONLY GET IF M22Q02 = 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? (367)

**Note:** For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.

**Please read**

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas
- or
- 4 No official policy

**DO NOT READ**

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

**M22Q04- ONLY GET IF M22Q02 = 1**

Which of the following best describes your place of work's official smoking policy for work areas? (368)

**Please read**

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas
- or
- 4 No official policy

**DO NOT READ**

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

## State Added Section 1: Tobacco Use

WY01Q01 – M22Q2=1

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

**Please Read:**

- 1 Never
- 2 Seldom
- 3 Sometimes
- 4 Frequently

**Do not read:**

- 5 Do not work outside of home
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

WY01Q02 – C11Q2=3

Previously you said you have smoked cigarettes:  
About how long has it been since you last smoked cigarettes?

**Read only if necessary:**

- 01 Within the past month (anytime less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)**
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 or more years ago

**Do not read:**

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

WY01Q03

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

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

WY01Q04 – WY01Q03=1

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

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

**WY01Q05 – WY01Q04<3**

**During the past 12 months, have you stopped using chewing tobacco or snuff for one day or longer because you were trying to quit?**

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

**WY01Q06 – WY01Q04=3**

How long has it been since you last used chewing tobacco or snuff on a regular basis?

**READ ONLY IF NECESSARY:**

- 01 Within the past month (anytime less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)**
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 or more years ago
- 08 Never used on a regular basis

**DO NOT READ:**

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

**WY01Q07**

**In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?**

- Number of times (1-76)
- 88 None
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**WY01Q08 – WY01Q02=01, 02, 03, 04 and WY01Q07<> 88; or C11Q02 = 1,2 and WY01Q07<>88**



In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

- \_\_\_ Number of times **(1-76)**  
88 None  
  
77 DON'T KNOW / NOT SURE  
99 REFUSED

**WY01Q09 – WY01Q08<>88**

On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/ Zyban/ Bupropion?

**(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)**

- \_\_\_ Number of times **(1-76)**  
88 None  
  
77 DON'T KNOW / NOT SURE  
99 REFUSED

**WY01Q10 – WY01Q08<>88**

**On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?**

- \_\_\_ Number of times **(1-76)**  
88 None  
  
77 DON'T KNOW / NOT SURE  
99 REFUSED

**WY01Q11 – WY01Q04=1,2 AND WY01Q07<>88; WY01Q06=01,02,03,04 AND WY01Q07<>88**

In the last 12 months, on how many visits were you advised to quit using smokeless tobacco by a doctor or other health provider?

- \_\_\_ Number of times **(1-76)**  
88 None  
  
77 DON'T KNOW / NOT SURE  
99 REFUSED

**WY01Q12 – C11Q03=1 OR WY01Q05=1 OR WY01Q02=1,2,34 OR WY01Q06=01,02,03,04**

[If C11Q03=1] **The last time you tried to quit smoking cigarettes, did you use any of the following:**

[If WY01Q05=1 and C11Q03<>1] **The last time you tried to quit using chewing tobacco or snuff, did you use any of the following:**

[If WY01Q06=1-4 and C11Q03<>1] **When you stopped using chewing tobacco or snuff, did you use any of the following:**

**"[If WY01Q02=1-4] When you stopped smoking cigarettes, did you use any of the following:**

**...medication such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?**

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

**WY01Q13 – C11Q03=1 OR WY01Q05=1 OR WY01Q02=1,2,34 OR WY01Q06=01,02,03,04**

**a clinic or class in your community?**

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

**WY01Q14 – C11Q03=1 OR WY01Q05=1 OR WY01Q02=1,2,34 OR WY01Q06=01,02,03,04**

**one on one counseling from a cessation counselor?**

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

**WY01Q15 – C11Q03=1 OR WY01Q05=1 OR WY01Q02=1,2,34 OR WY01Q06=01,02,03,04**

**one on one counseling from a doctor or nurse?**

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

**WY01Q16 – C11Q03=1 OR WY01Q05=1 OR WY01Q02=1,2,34 OR WY01Q06=01,02,03,04**

**Wyoming Quitline?**

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

**WY01Q17 – C11Q03=1 OR WY01Q05=1 OR WY01Q02=1,2,34 OR WY01Q06=01,02,03,04**

**Wyoming Quitnet?**

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

**WY01Q18 – C11Q03=1 OR WY01Q05=1 OR WY01Q02=1,2,34 OR WY01Q06=01,02,03,04**

**Wyoming Quit Tobacco Program that provides cessation medications for free or at reduced cost?**

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

**WY01Q19 – C11Q03=1 OR WY01Q05=1 OR WY01Q02=1,2,34 OR WY01Q06=01,02,03,04**

**some other kind of assistance?**

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

**WY01Q20 – WY01Q12-WY01Q19 all=2. Autocode as 2 if any WY01Q12-WY01Q19 = 1.**

**Or did you do it on your own?**

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

**WY01Q21**



Do you currently use any tobacco products other than cigarettes, chewing tobacco or snuff, such as cigars, pipes, bidis, kreteks, or any other tobacco product?

Note: **Bidis** are small, brown, hand-rolled cigarettes from India and other Southeast Asian countries. **Kretecs** are clove cigarettes made in Indonesia that contain clove extract and tobacco.

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

## State Added Section 2: Poisoning

WY02Q01

If someone in your household was poisoned, who would you call first?

**Do not read:**

- 01 911
- 02 Poison control center
- 03 Doctor
- 04 Emergency room
- 05 Pharmacist
- 06 Relative or friend
- 07 Fire department
- 08 Other\_\_\_\_\_
  
- 77 DON'T KNOW / NOT SURE
- 99 **REFUSED**

WY02Q02

Do you have the number for a Poison Control Center in your area?

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

## State Added Section 3: Antibiotics

WY03Q01

For the next four questions, please tell me how much you agree or disagree with the following statements. If I visit a health care provider for an upper respiratory illness such as the cold or flu, I expect to receive a prescription for an antibiotic. Do you:

**Please read:**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree

**Do not read:**

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

**WY03Q02**

**Most colds and the flu are viral infections.**

Do not read unless necessary

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 **REFUSED**

**WY03Q03**

**Viral infections can be cured with antibiotics.**

Do not read unless necessary

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree

**Do not read:**

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

**WY03Q04**

**Bacterial infections are becoming more difficult to treat because of antibiotic resistance.**

Do not read unless necessary

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- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree

**Do not read:**

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

**WY03Q05**

Within the past year, have you seen, read, or heard anything on the inappropriate use of antibiotics?

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

**State Added Section 4: Diabetes Awareness**

**WY04Q01**

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 Section 5: West Nile**

**WY05Q01**

Have you heard of West Nile Virus?

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

**WY05Q02 – WY05Q01 = 1**

How worried are you about becoming infected with West Nile Virus? Would you say:

**PLEASE READ**

- 1 Very worried
- 2 Somewhat worried
- 3 Not worried at all

DO NOT READ

- 4 Have already been infected with West Nile Virus
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## State Added Section 6: Chronic Wasting Disease

**WY06Q01**

Have you heard of chronic wasting disease?

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

**WY06Q02 – WY06Q01 = 1**

How much would you say you know about chronic wasting disease? Would you say:

**PLEASE READ:**

- 1 A lot
- 2 Some
- 3 Not much at all

DO NOT READ

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

**WY06Q03**

Have you ever hunted wild deer or elk in Wyoming or Colorado?

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

**WY06Q04**

Have you ever eaten wild deer or elk that came from Wyoming or Colorado?

- 1 Yes

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

**WY06Q05 – WY06Q01=1**

Would you eat wild deer or elk meat if it came from an area where chronic wasting disease had been found?  
Please assume that the meat has not been tested for this disease.

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

**WY06Q06 – WY06Q01=1**

How concerned are you about the risk of chronic wasting disease to human health?  
Would you say:

**PLEASE READ**

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not at all concerned

**DO NOT READ**

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

## State Added Section 7: Epilepsy and Seizure Disorder

**WY07Q01**

Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

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

**WY07Q02 ONLY GET IF WY07Q01 = 1**

Are you currently taking any medicine to control your seizure disorder or epilepsy?

- 1 Yes
- 2 No

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

**WY07Q03 ONLY GET IF WY07Q01 = 1**

How many seizures of any type have you had in the last three months?

**Note:** If the respondent mentions and counts "auras" as seizures, accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

- 1 None
- 2 One
- 3 More than one
- 4 No longer have epilepsy or seizure disorder
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**WY07Q04 – WY07Q03<>4**

**In the past year, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?**

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

**WY07Q05 – WY07Q03<>4**

**During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say:**

PLEASE READ

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

DO NOT READ

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

**CLOSING**

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