### Wyoming 2006 BRFSS Questionnaire

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**Introduction and Random Adult Selection Module**

**INTROQST**

HELLO, I’m calling for the Wyoming Department of Health. My name is [INTERVIEWER NAME].

We are gathering information about the health of Wyoming residents. This project 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)  
   **SKP** → PRIVRES
2. NUMBER IS NOT THE SAME  
   **SKP** → WORNGNUM

**WRONGNUM - IF INTROQST = 2**

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

**PRIVRES - IF INTROQST = 1**

Is this a private residence?

1. YES, CONTINUE  
   **SKP** → ISCELL
2. NO, NON-RESIDENTIAL  
   **SKP** → NONRES

**NONRES - IF PRIVRES = 2**

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

**ISCELL**

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1. NO, NOT A CELLULAR TELEPHONE, CONTINUE  
   **SKP** → ADULTS
2. YES, A CELLULAR TELEPHONE  
   **SKP** → CELLYES

**CELYES - IF ISCELL = 2**

Thank you very much, but we are only interviewing land line telephones and private residences.
ADULTS - IF ISCELL = 1

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 NUMBER OF ADULTS  IF ADULTS = 1 SKP ➔ ONEADULT

MEN

How many of these adults are men?

_ _ ENTER NUMBER MEN

WOMEN

How many of these adults are women?

_ _ ENTER NUMBER WOMEN

WRONGTOT - 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  SKP ➔ MEN
2. CORRECT THE NUMBER OF WOMEN  SKP ➔ WOMEN
3. CORRECT THE NUMBER OF ADULTS  SKP ➔ ADULTS

SELECTED - IF ADULT > 1 & MEN + WOMEN = ADULTS

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

1. YES  SKP ➔ YOURTHE1
2. NO  SKP ➔ GETNEWAD
ONEADULT – IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1. YES AND THE RESPONDENT IS A MALE. SKP → YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE. SKP → YOURTHE1
3. NO

ASKGENDR – IF ADULT = 1 & ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT – IF ADULT > 1

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?
[IF ASKGENDR = 2 SHOW] ...her?

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

YOURTHE1 – IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE SKP → INTROSCLR
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

GETNEWAD – IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]? 

1. YES, SELECTED RESPONDENT COMING TO THE PHONE SKP → NEWADULT
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK SKP → NEWADULT
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS
NEWADULT – IF GETNEWAD = 1

HELLO, I am calling for the Wyoming Department of Health. My name is [INTERVIEWER NAME].

We are gathering information about the health of Wyoming residents. This project 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
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED

INTROSCR

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, 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
Core 1: Health Status

C01Q01

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

1. Excellent
2. Very good
3. Good
4. Fair, or
5. Poor

7. DON’T KNOW/NOT SURE
9. REFUSED

Core 2: Healthy Days – Health-Related Quality of Life

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 – IF CO2Q01 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

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<th>Responses</th>
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| 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? | 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 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. | 1. Within past year (anytime less than 12 months ago)  
2. Within past 2 years (1 year but less than 2 years ago)  
3. Within 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 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?

INTERVIEWER NOTE: IF “YES” AND RESPONDENT IS FEMALE, ASK: “Was this only when you were pregnant?”

INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY [SKP → C06Q01]
3. NO [SKP → C06Q01]
4. NO, PRE-DIABETES OR BORDERLINE DIABETES [SKP → C06Q01]
   [SKP → C06Q01]

7. DON’T KNOW/NOT SURE [SKP → C06Q01]
9. REFUSED [SKP → C06Q01]

Module 4: Diabetes

[CATI NOTE: INSERT AFTER C05Q01]

**M04Q01 - IF C05Q01 = 1**

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

_ _ CODE YEARS IN AGE [97 = 97 OR OLDER]

98. DON’T KNOW/NOT SURE
99. REFUSED
M04Q02 – IF C05Q01 = 1

Are you now taking insulin?

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

M04Q03 – IF C05Q01 = 1

Are you now taking diabetes pills?

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

M04Q04 – 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.

_ _ _ 101-199 = TIMES PER DAY
201-299 = TIMES PER WEEK
301-399 = TIMES PER MONTH
401-499 = TIMES PER YEAR

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

M04Q05 – 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.

_ _ _ 101-199 = TIMES PER DAY
201-299 = TIMES PER WEEK
301-399 = TIMES PER MONTH
401-499 = TIMES PER YEAR

555. NO FEET
888. NEVER
777. DON’T KNOW/NOT SURE
999. REFUSED
M04Q06 – IF C05Q01 = 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

M04Q07 – 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?

_ _ NUMBER OF TIMES [76 = 76 OR GREATER]
77. DON’T KNOW/NOT SURE
99. REFUSED

M04Q08 – 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"?

_ _ NUMBER OF TIMES [76 = 76 OR GREATER]
88. NEVER
98. NEVER HEARD OF "A ONE C"
77. DON’T KNOW/NOT SURE
99. REFUSED

M04Q09 – IF C05Q01 = 1 & M04Q05 <> 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 GREATER]
88. NEVER
77. DON’T KNOW/NOT SURE
99. REFUSED
M04Q10 - 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.

READ 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

7. DON’T KNOW/NOT SURE
8. NEVER
9. REFUSED

M04Q11 - 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

M04Q12 - IF C05Q01 = 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
Core 6: Oral Health

C06Q01

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.

READ 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

C06Q02

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

1. 1 to 5
2. 6 or more but not all
3. All
4. None

7. DON’T KNOW/NOT SURE
8. NEVER
9. REFUSED

C06Q03 – IF C06Q01 <> 8 & C06Q02 <> 3

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

READ 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
Core 7: Cardiovascular Disease Prevalence

C07Q01

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.”

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

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

C07Q02

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

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

C07Q03

(Ever told) you had a stroke?

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

Core 8: Asthma

C08Q01

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

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

Wyoming 2006 BRFSS Questionnaire  
December 15, 2005  
Clearwater Research, Inc.
C08Q02 - IF C08Q01 = 1

Do you still have asthma?

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

Core 9: Disability

C09Q01

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

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

C09Q02

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?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
Core 10: Tobacco Use

C10Q01
Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1. YES
2. NO SKP → C11Q01
7. DON’T KNOW/NOT SURE SKP → C11Q01
9. REFUSED SKP → C11Q01

C10Q02 – IF C10Q01 = 1
Do you now smoke cigarettes every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all SKP → C11Q01
7. DON’T KNOW/NOT SURE SKP → C11Q01
9. REFUSED SKP → C11Q01

C10Q03 – IF C10Q01 = 1 & C10Q02 < 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 11: Demographics

C11Q01
What is your age?

_ _   CODE AGE IN YEARS

07. DON’T KNOW/NOT SURE
09. REFUSED
C11Q02

Are you Hispanic or Latino?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

C11Q03

Which one or more of the following would you say is your race?

INTERVIEWER NOTE: CHECK ALL THAT APPLY.

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

8. NO ADDITIONAL CHOICES
7. DON’T KNOW/NOT SURE
9. REFUSED

C11Q04 – IF C11Q03 HAS MORE THAN ONE RACE CHECKED

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 or Alaska Native, or
6. Other [SPECIFY]

8. NO ADDITIONAL CHOICES
7. DON’T KNOW/NOT SURE
9. REFUSED
C11Q05

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
7. REFUSED

C11Q06

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

_ _ NUMBER OF CHILDREN

88. NONE
99. REFUSED

C11Q07

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

READ 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. REFUSED

C11Q08

Are you currently...?

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, or
8. Unable to work
9. REFUSED
C11Q09

Is your annual household income from all sources...

01. Less than $10,000
02. Less than $15,000 ($10,000 to less than $15,000)
03. Less than $20,000 ($15,000 to less than $20,000)
04. Less than $25,000 ($20,000 to less than $25,000)
05. Less than $35,000 ($25,000 to less than $35,000)
06. Less than $50,000 ($35,000 to less than $50,000)
07. Less than $75,000 ($50,000 to less than $75,000)
08. $75,000 or more

77. DON’T KNOW/NOT SURE
99. REFUSED

C11Q10

About how much do you weigh without shoes?

_ _ _ _ ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =
9110)

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

C11Q11

About how tall are you without shoes?

_ _ _ _ ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES =
509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS =
9175)

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

C11Q12

What county do you live in?

_ _ _ FIPS COUNTY CODE

77. DON’T KNOW/NOT SURE
99. REFUSED
C11Q13

What is your ZIP Code where you live?

_ _ _ _ _  ZIP CODE

77777. DON'T KNOW/NOT SURE
99990. REFUSED

C11Q14

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

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

C11Q15 – IF C11Q14 = 1

How many of these telephone numbers are residential numbers?

1. ONE
2. TWO
3. THREE
4. FOUR
5. FIVE
6. SIX OR MORE

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

C11Q16

During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

1. YES
2. NO

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

C11Q17

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

1. Male
2. Female

Wyoming 2006 BRFSS Questionnaire
December 15, 2005
Clearwater Research, Inc.
**Core 12: Veteran’s Status**

C12Q01

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 13: Alcohol Consumption**

C13Q01

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
7. DON’T KNOW/NOT SURE
9. REFUSED

C13Q02 - IF C13Q01 = 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?

ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS
(101-107 = DAYS PER WEEK; 201-230 = IN PAST 30 DAYS)

777. DON'T KNOW/NOT SURE
888. NO DRINKS IN PAST 30 DAYS
999. REFUSED
C13Q03 – IF C13Q01 = 1 & C13Q02 <> 888

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, 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
99. REFUSED

C13Q04 – IF C13Q01 = 1 & C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C11Q17= 1 SHOW] ...5...
[IF C11Q17= 2 SHOW] ...4...

...or more drinks on an occasion?

_ _ _ NUMBER OF TIMES

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

C13Q05 – IF C13Q01 = 1 & C13Q02 <> 888

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

_ _ _ NUMBER OF DRINKS

77. DON’T KNOW/NOT SURE
99. REFUSED

Core 14: Immunization/Adult Influenza Supplement

C14Q01

A flu shot is an influenza vaccine injected into 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
**C14Q02**

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

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

**C14Q09**

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

**C14Q10**

Have you ever received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
The next question is about behaviors related to Hepatitis B.

Tell me if any of these statements is true for you. Do not tell me which statement or statements are true for you, just if any of them are:

- You have hemophilia and have received clotting factor concentrate.  
  [IF C11Q17 = 1 SHOW] - You are a man who has had sex with other men, even just one time.
- You have taken street drugs by needle, even just one time.
- You traded sex for money or drugs, even just one time.
- You have tested positive for HIV.
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements.
- You had more than two sex partners in the past year.

Are any of these statements true for you?

1. YES AT LEAST ONE STATEMENT IS TRUE
2. NO, NONE OF THESE STATEMENTS IS TRUE
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 15: Falls

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 3 months, how many times have you fallen?

_ _ NUMBER OF TIMES [76 = 76 OR MORE]

88. NONE                      SKP  \rightarrow  C16Q01
77. DON'T KNOW/NOT SURE      SKP  \rightarrow  C16Q01
99. REFUSED                  SKP  \rightarrow  C16Q01

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

_ _ NUMBER OF TIMES [76 = 76 OR MORE]

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED
Core 16: Seatbelt Use

C16Q01

How often do you use seat belts when you drive or ride in a car? Would you say...

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 17: Drinking and Driving

C17Q01 - IF C13Q01 <> 2 & C16Q01 <> 8

The next question is about drinking and driving.

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

__ __ NUMBER OF TIMES

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

Core 18: Women’s Health

C18Q01 – C11Q17 = 2

The next questions are about breast and cervical cancer.

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

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

SKP ⇒ C18Q03
C18Q02 – C11Q17 = 2 & C18Q01 = 1

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

READ 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

C18Q03 – IF C11Q17 = 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 breast exam?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

C18Q04 – IF C11Q17 = 2 & C18Q03 = 1

How long has it been since your last breast exam?

READ 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

C18Q05 – IF C11Q17 = 2

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

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
How long has it been since you had your last Pap test?

READ 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

Have you had a hysterectomy?

READ IF NECESSARY: “A hysterectomy is an operation to remove the uterus (womb).”

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

Now, I will ask you some questions about prostate cancer screening.

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

7. DON’T KNOW/NOT SURE
9. REFUSED
C19Q02 – IF C11Q17 = 1 & C11Q01 >= 40 & C19Q01 = 1

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

READ 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

C19Q03 – IF C11Q17 = 1 & C11Q01 >= 40

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

7. DON’T KNOW/NOT SURE
9. REFUSED

C19Q04 – IF C11Q17 = 1 & C11Q01 >= 40 & C19Q03 = 1

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

READ 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

C19Q05 – IF C11Q17 = 1 & C11Q01 >= 40

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
Core 20: Colorectal Cancer Screening

C20Q01 - C11Q01 >= 50

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  SKP → C20Q03
7. DON'T KNOW/NOT SURE  SKP → C20Q03
9. REFUSED  SKP → C20Q03

C20Q02 - C11Q01 >= 50 & C20Q01 = 1

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

READ 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

C20Q03 - C11Q01 >= 50

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

1. YES
2. NO  SKP → C21Q01
7. DON'T KNOW/NOT SURE  SKP → C21Q01
9. REFUSED  SKP → C21Q01
How long has it been since you had your last sigmoidoscopy or colonoscopy?

READ 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 21: 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 don’t 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.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE “DON’T KNOW.”

_ _ _ _ _ _ CODE MONTH AND YEAR

777777. DON’T KNOW/NOT SURE
999999. REFUSED
C21Q03 - IF C11Q01 <= 65 & C21Q01 = 1

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

01. PRIVATE DOCTOR OR HMO OFFICE
02. COUNSELING AND TESTING SITE
03. HOSPITAL
04. CLINIC
05. JAIL OR PRISON (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE

77. DON’T KNOW/NOT SURE
99. REFUSED

C21Q04 - IF C11Q01 <= 65 & C21Q01 = 1 & C21Q02 < [WITHIN PAST 12 MONTHS]

Was it a rapid test where you could get your results within a couple of hours?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

Core 22: Emotional Support and Life Satisfaction

C22Q01

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

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

INTERVIEWER NOTE: IF ASKED, SAY, “Please include support from any source.”

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

7. DON’T KNOW/NOT SURE
9. REFUSED
In general, how satisfied are you with your life?

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied
5. DON’T KNOW/NOT SURE
6. REFUSED

Module 1: Random Child Selection

M01Q01 - IF C11Q06 < 88

[IF C11Q06 = 1 SHOW] Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

[IF C11Q01 > 1 & <88 SHOW] Previously, you indicated there were [ANS C11Q06] children age 17 or younger in your household. Think about those [ANS C11Q06] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [Xth] child in your household. All following about children will be about the [Xth] child.

What is the birth month and year of the [Xth] child?

_ _ _ _ _ _ CODE MONTH AND YEAR

777777. DON’T KNOW/NOT SURE
999999. REFUSED

M01Q02 - IF C11Q06 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL
3. REFUSED
M01Q03 - IF C11Q06 < 88

Is the child Hispanic or Latino?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

M01Q04 - IF C11Q06 < 88

Which one or more of the follow would you say is the race of the child?

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]

8. NO ADDITIONAL CHOICES
7. DON’T KNOW/NOT SURE
9. REFUSED

M01Q05 – IF C11Q06 < 88 & M01Q04 HAS MORE THAN ONE RESPONSE INDICATED

Which one of these groups would you say best represents the child’s race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]

8. NO ADDITIONAL CHOICES
7. DON’T KNOW/NOT SURE
9. REFUSED
How are you related to the child?

1. Parent (INCLUDE BIOLOGIC, STEP, OR ADOPTIVE PARENT)
2. Grandparent
3. Foster parent or guardian
4. Sibling (INCLUDE BIOLOGIC, STEP, AND ADOPTIVE SIBLING)
5. Other relative
6. Not related in any way
7. DON’T KNOW/NOT SURE
8. REFUSED

Module 3: Childhood Asthma Prevalence

The next two questions are about the [Xth] child.

Has a doctor, nurse or other health professional ever said that the child has asthma?

1. YES
2. NO  SKP  [NEXT MODULE]
7. DON’T KNOW/NOT SURE  SKP  [NEXT MODULE]
9. REFUSED  SKP  [NEXT MODULE]

Module 9: Folic Acid

Do you currently take any vitamin pills or supplements?

INCLUDE LIQUID SUPPLEMENTS.

1. YES
2. NO  SKP  M09Q05
7. DON’T KNOW/NOT SURE  SKP  M09Q05
9. REFUSED  SKP  M09Q05
M09Q02 – IF M09Q01 = 1

Are any of these a multivitamin?

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

M09Q03 – IF M09Q01 = 1 & M09Q02 > 1

Do any of the vitamin pills or supplements you take contain folic acid?

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

M09Q04 – IF M09Q01 = 1 & (M09Q02 = 1 OR M09Q03 = 1)

How often do you take this vitamin pill or supplement?

_ _ _ ENTER TIMES PER DAY WEEK OR MONTH

101-199 = TIME PER DAY
201-299 = TIMES PER WEEK
301-399 = TIMES PER MONTH

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

M09Q05 – IF C11Q01 < 45

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

1. To make strong bones  
2. To prevent birth defects  
3. To prevent high blood pressure, or  
4. Some other reason

7. DON’T KNOW/NOT SURE  
9. REFUSED
Module 10: Secondhand Smoke Policy

M10Q01

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

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
4. There are no rules about smoking inside your home

7. DON’T KNOW/NOT SURE
9. REFUSED

M10Q02 – IF C11Q08 = 1, 2

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

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

M10Q03 – IF C11Q08 = 1, 2 & M10Q02 = 1

Which of the following best describes your place of work’s official smoking policy for indoor public or common areas, such as lounges, rest rooms, and lunch rooms?

INTERVIEWER 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.

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

7. DON’T KNOW/NOT SURE
9. REFUSED
Module 14: Anxiety and Depression

M10Q04 – IF C11Q08 = 1, 2 & M10Q02 = 1

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

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

M14Q01

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

_ _ 01-14 DAYS

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

M14Q02

Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

_ _ 01-14 DAYS

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

M14Q03

Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

_ _ 01-14 DAYS

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
M14Q04

Over the last 2 weeks, how many days have you felt tired or had little energy?

_ _   01-14 DAYS

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

M14Q05

Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

_ _   01-14 DAYS

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

M14Q06

Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

_ _   01-14 DAYS

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

M14Q07

Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

_ _   01-14 DAYS

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
M14Q08

Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?

_ _ 01-14 DAYS
88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

M14Q09

Has a doctor or other healthcare provider ever told you that you had an anxiety disorder including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?

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

M14Q10

Has a doctor or other healthcare provider ever told you that you had a depressive disorder including depression, major depression, dysthymia, or minor depression?

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

State Added Section 1: Second Hand Smoke

WY01Q01 - IF M10Q02 = 1

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

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. DO NOT WORK OUTSIDE OF HOME
7. DON’T KNOW/NOT SURE
9. REFUSED
State Added Section 2: Tobacco Cessation

WY02Q01 – IF C10Q02 = 3

Previously you said you have smoked cigarettes:

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

READ 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

77. DON’T KNOW/NOT SURE
99. REFUSED

WY02Q02

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

WY02Q03 – IF WY02Q02 = 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
Wyoming 2006 BRFSS Questionnaire
December 15, 2005
Clearwater Research, Inc.

WY02Q04 – IF WY02Q02 = 1 & WY02Q03 <> 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

WY02Q05 – IF WY02Q02 = 1

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

READ 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
77. DON’T KNOW / NOT SURE
99. REFUSED

WY02Q06

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

WY02Q07 – IF (WY02Q01 <= 4 OR C10Q02 < 3) & WY02Q06 <> 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
WY02Q08 – IF (WY02Q01 <= 4 OR C10Q02 < 3) & WY02Q06 <> 88 & WY02Q07 <> 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

WY02Q09 – IF (WY02Q01 <= 4 OR C10Q02 < 3) & WY02Q06 <> 88 & WY02Q07 <> 88 & WY02Q08 <> 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

WY02Q10 – IF (WY02Q03 < 3 OR WY02Q05 <= 4) & WY02Q06 <> 88 & WY02Q08 <> 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
[IF C10Q03 = 1 SHOW] The last time you tried to quit smoking cigarettes, did you use any of the following:

[IF WY02Q04 = 1 & C10Q03 <> 1 SHOW] The last time you tried to quit using chewing tobacco or snuff, did you use any of the following:

[IF WY02Q01 <= 4 SHOW] When you stopped smoking cigarettes, did you use any of the following:

[IF WY02Q05 <= 4 & WY02Q01 > 4 & C10Q03 <> 1 SHOW] When you stopped using chewing tobacco or snuff, did you use any of the following:

Medication such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Buproprion?

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

[IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4]

A clinic or class in your community?

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

[IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4]

One on one counseling from a cessation counselor?

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

[IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4]

One on one counseling from a doctor or nurse?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
Wyoming Quitline?

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

Wyoming Quitnet?

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

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

Some other kind of assistance?

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

Or did you do it on your own?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
Do you currently use any tobacco products other than cigarettes, chewing tobacco or snuff, such as cigars, pipes, bidis, kretteks, or any other tobacco product?

INTERVIEWER NOTE: BIDIS ARE SMALL, BROWN, HAND-ROLLED CIGARETTES FROM INDIA AND OTHER SOUTHEAST ASIAN COUNTRIES. KRET ECS 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 3: Diabetes Awareness

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 4: Skin Cancer

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

Have you had a sunburn within the past 12 months?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
**WY04Q02 - IF WY04Q01 = 1**

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

1. ONE  
2. TWO  
3. THREE  
4. FOUR  
5. FIVE  
6. SIX OR MORE  
7. DON’T KNOW/NOT SURE  
9. REFUSED

**WY04Q03**

How often do you use tanning booths, tanning beds, or sun lamps in order to tan your skin? Would you say...

1. Never  
2. Seldom  
3. Sometimes  
4. Frequently  
7. DON’T KNOW/NOT SURE  
9. REFUSED

**State Added Section 5: Providing Care**

**WY05Q01**

The next two questions are about situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability.

During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older?

1. YES  
2. NO  
7. DON’T KNOW/NOT SURE  
9. REFUSED
WY05Q02

During the past month, did you provide any such care or assistance to a family member or friend who has dementia or Alzheimer’s disease?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

State Added Section 6: Child Health

WY06Q01 – IF C11Q06 < 88

I have a few additional questions about the [SELECTED RANDOM CHILD] child.

Has a doctor, nurse, or other health professional ever said that the child has diabetes?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

WY06Q02 – IF C11Q06 < 88

Thinking back over the past 12 months, tell me as best as you can whether this child has had any sunburns during that time. By sunburn, I mean any reddening or burn of the skin that lasts until the next day.

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

WY06Q03 – IF C11Q06 < 88

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

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
WY06Q04 – IF C11Q06 < 88

Does this child 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
7. DON’T KNOW/NOT SURE
9. REFUSED

WY06Q05 – IF C11Q06 < 88 & WY06Q04 = 1

What type of health care coverage does this child have? Is it...

1. Through your or someone else’s employer
2. Through Medicaid
3. Through the government’s children’s health insurance program also known as CHIP or Kid Care?
4. Through some other form of health care coverage
7. DON’T KNOW/NOT SURE
9. REFUSED

WY06Q06 – IF C11Q06 < 88 & (WY06Q04 = 2 OR WY06Q04= 7)

There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else’s employer, the military, Medicaid, Medicare, the Indian Health Service, or some other source?

READ IF NECESSARY
NOTE: IF RESPONDENT GIVES COVERAGE NOT IN LIST BELOW CODE AS “4”

1. THROUGH YOUR OR SOMEONE ELSE’S EMPLOYER
2. THROUGH MEDICAID
3. THROUGH THE GOVERNMENT’S CHILDREN’S HEALTH INSURANCE PROGRAM also known as CHIP or Kid Care?
4. THROUGH SOME OTHER FORM OF HEALTH CARE COVERAGE
5. NO HEALTH CARE COVERAGE
7. DON’T KNOW/NOT SURE
9. REFUSED
**State Added Section 7: Injury**

**WY07Q01 - ASK IN MAY AND JUNE ONLY**

In the past 12 months, on how many days have you ridden a horse?

_______ NUMBER OF DAYS

777. DON’T KNOW/NOT SURE
888. NONE
999. REFUSED

**CLOSING**

That is 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.