**Behavioral Risk Factor Surveillance System Logo**

**2019**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**22541**

**WYOMING**

***English and Spanish(state only)***

November 21, 2018

**Behavioral Risk Factor Surveillance System**

**22541**

**WY 2019 Questionnaire**

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# Interviewer’s Script Sample

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

|  |
| --- |
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**Interviewer’s Script**

HELLO, I am calling for the Wyoming department of health . My name is **(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.

**CATI NOTE: Don’t Know and Refused answer codes should be present only where specified in this script; do not add codes for Don’t Know or Refused.**

**ABT SRBI MASTER QUESTIONNAIRE NOTE (remove from state questionnaires**): For 2019, We will ask the screener questions in the order the CDC has set for each frame.

# **Landline Sample Screener**

**CATI: (ASK LANDLINE SAMPLE SCREENER IF FRAME=1);**

**IF FRAME=2; GO TO CELL PHONE SCREENER**

**CTELENUM1** Is this  **(phone number)** ?

**(LL.1)**

1. Yes **GO TO PVTRESID**

2. No

7. (VOL) Don’t Know/Not Sure

9. (VOL) Refused

**If "No”, “Don’t Know”, “Refused”**

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

**PVTRESID**. Is this a private residence?

**(LL.2)**

**READ ONLY IF NECESSARY: “By private residence, we mean someplace like a house or apartment.”**

**INTERVIEWER NOTE:** Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

1. Yes **GO TO STATERES**

2. No **GO TO COLGHOUS**

3. No, business phone only **THANK & END**

**Thank you very much but we are only interviewing persons on residential phone lines at this time.**

**College Housing**

**COLGHOUS** Do you live in college housing?

**(LL.3)**

**READ ONLY IF NECESSARY: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”**

1. Yes **GO TO STATERES**

2. No

**If “No,”**

**SOPVTRES** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

**State of Residence**

**STATERES** Do you currently live in \_\_\_\_Wyoming\_\_\_\_?

**(LL.4)**

Yes **[Go to CELLPH]**

No **[Go to STATE]**

**IF FRAME=1 (landline) SCREEN-OUT AT ‘STATE’. .**

**STATE** Thank you very much, but we are only interviewing persons who live in \_\_Wyoming\_\_\_\_ at this time.  **STOP**

**Cellular Phone**

**CELLPH** Is this a cell phone?

**(LL.5)**

**INTERVIEWER NOTE:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

**Read only if necessary:** “By cell phone we mean a telephone that is mobile and usable outside of your neighborhood.”

1. Yes

2. No

**CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO ‘CELLFON’. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).**

**CELLFON**

1 No, not a cellular telephone.

2 Yes

**CATI: IF FRAME=1 (landline) and CELLFON=1 (not a cell phone), GO TO RESPONDENT SELECTION.**

**IF FRAME=1 (landline) and CELLFON=2 (yes cell phone), THANK & END.**

**THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING AT THIS TIME. (STOP)**

CATI VARIABLE, SET BRF3200=1.

**CATI NOTE:**

* **IF COLGHOUS=1 (College Housing = Yes) continue;**
* **Otherwise go to Adult Random Selection**

**LADULT** Are you 18 years of age or older?

**(LL.6)**

1          Yes

                        2          No [TERMINATE]

**SOCOLAD** Thank you very much, but we are only interviewing persons aged 18 or older at this time.**STOP**

**LL7**  Are you male or female?

(LL.7)

1. Male
2. Female

7 Don’t know/Not sure [TERMINATE]

9 Refused [TERMINATE

**TERMINATE.** Thank you for your time, your number may be selected for another survey in the future.

**Adult Random Selection**

**CATI NOTE:**

* **IF COLGHOUS=1, Set NUMADULT=1 and Skip to [Core Section Introduction ]**

**IF FRAME=1, ASK:** I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

**NUMADULT** \_\_ Number of adults

**(LL.8)**

[**INTERVIEWER:** NUMBER OF ADULTS CANNOT BE ZERO IF RESPONDENT IS 18 OR OLDER:  PLEASE RE-ASK QUESTIONS.]

**If NUMADULT = 1, ASK:**

**NMADLT1** Are you the adult?

**If "yes,"**

Then you are the person I need to speak with.

**If "no,"**

May I speak with **[fill in (him/her) from previous question]**? **Go to LL9.**

* **IF NUMADULT=2 or more, GO TO NUMMEN**

CATI VARIABLE, SET BRF2111=1.

**CATI NOTE: IF NUMADULT=1, Ask LL09, otherwise skip to NUMMEN**

LL9 Are you male or female?

1 Male

2 Female

7 Don’t know/Not sure [TERMINATE]

9 Refused [TERMINATE]

TERMINATE. Thank you for your time, your number may be selected for another survey in the future.

**NUMMEN** How many of these adults are men?

**(LL10)**

\_\_ Number of men

**NUMWOMEN So, the number of women in the household is [NUMADULT – NUMMEN]. Is that correct**?

**(LL11)**

**[INTERVIEWER: ENTER NUMBER IF RESPONDENT AGREES IT IS CORRECT]**

\_\_ Number of women

CATI VARIABLE, SET BRF2112=1.

**IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:**

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

1. Continue **GO BACK TO NUMMEN**

* **IF NUMADULT<7 AND NUMWOMEN<4 AND NUMMEN<4, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

**RNAME** The person in your household that I need to speak with is the (Oldest/Middle/Youngest) (male/female) adult.

**[CATI: this should display as a text screen and then go to INTRO1]**

* **IF NUMADULT>6 OR NUMMEN>3 OR NUMWOMEN>3, ASK “ALLNA” TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

**(IF NUMMEN=1-10) ASK FOR THE NAME OF THE “OLDEST MALE”, THEN THE “SECOND OLDEST MALE, THEN “THIRD OLDEST MALE”, ETC.**

**(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE “OLDEST FEMALE”, THEN THE “SECOND OLDEST FEMALE, THEN “THIRD OLDEST FEMALE”, ETC.**

**ALLNA** Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF \_\_\_ OLDEST (MALE/FEMALE) ADULT]

**AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

**RNAME** The person in your household that I need to speak with is (display name of selected adult).

**[CATI: this should display as a text screen and then go to INTRO1]**

**INTRO1** May I speak with (him/her)?

1 Continue

2 Callback

3 (VOL) Refused

4 Not available duration

5 Language barrier / not Spanish

6 Physical / Mental incapacity / health / deaf

**To the correct respondent:**

HELLO, I am calling for the Wyoming department of health . My name is **(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.

**CATI NOTE: IF (NUMADULT>1 AND INTRO1=1), Ask LL12, otherwise skip to NUMMEN**

LL12 Are you male or female?

1 Male

2 Female

7 Don’t know/Not sure [TERMINATE]

9 Refused [TERMINATE]

**TERMINATE**. Thank you for your time, your number may be selected for another survey in the future.

# **Cell Phone Sample Screener**

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2021

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**CATI: (ASK CELL PHONE SAMPLE SCREENER IF FRAME=2); IF FRAME=1; GOTO CORE**

**IF FRAME=2 (CELL PHONE) ASK SAFE**

**SAFE** Is this a safe time to talk with you?

**(CP.1)**

Yes **[GO TO CTELNUM1]**

No **CALLBACK**

**[CATI NOTE: IF "NO”: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]**

**Phone**

**CTELNUM1** Is this (phone number) ? **(CP.2)**

1 Yes [GO TO CELLPH]

2 No INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER

7 (VOL) Don’t Know/Not Sure

9 (VOL) Refused

**[CATI NOTE: IF "NO”, “Don’t Know” or “REFUSED”: THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT’S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP]**

**CATI VARIABLE, SET BRF3200=1.**

**Cellular Phone**

**CELLPH** Is this a cell phone?

**(CP.3)**

**INTERVIEWER NOTE:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

**Read only if necessary: “By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”**

1. Yes

2. No

**CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO ‘CELLFON’. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).**

**[CATI NOTE: IF "NO”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELLULAR TELEPHONES. STOP]**

**CELLFON**

1 No, not a cellular telephone.

2 Yes

**CATI: IF FRAME=2 (cell phone) and CELLFON=1 (not a cell phone), THANK & END.**

**IF FRAME=2 (cell phone) and CELLFON=2 (yes cell phone), ASK CADULT.**

**Adult**

**CADULT** Are you 18 years of age or older?

**(CP.4)**

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

1          Yes,            **[GO TO PRIVATE RESIDENCE]**

                        2         No **[GO TO SOCOLAD]**

**SOCOLAD** Thank you very much, but we are only interviewing persons aged 18 or older at this time.**STOP**

**CATI VARIABLE, SET BRF2210=1.**

**CP5**  Are you male or female?

1. Male
2. Female

7 Don’t know/Not sure [TERMINATE]

9 Refused [TERMINATE]

**TERMINATE.** Thank you for your time, your number may be selected for another survey in the future.

**PVTRESID3** . Is this a private residence?

**(CP.6)**

**READ ONLY IF NECESSARY: “By private residence, we mean someplace like a house or apartment.”**

**INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

1. Yes **GO TO STATERES**

2. No **GO TO COLGHOUS**

3. No, business phone only **THANK & END**

**Thank you very much but we are only interviewing persons on residential phone lines at this time.**

**CATI VARIABLE, SET BRF2210=1.**

**College Housing**

**COLGHOUS** Do you live in college housing?

**(CP.7)**

**READ ONLY IF NECESSARY: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”**

1. Yes **GO TO STATERES**

2. No

**If “No,”**

**SOPVTRES** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

**State of Residence**

**STATERES** Do you currently live in \_\_\_\_Wyoming\_\_\_\_?

**(CP.8)**

Yes **[Go to LANDLINE]**

No **[Go to RSPSTATE]**

**RSPSTATE** In what state do you currently live?

**(CP.9)**

ENTER STATE

99 REFUSED **[THANK & END]**

**LANDLINE** Do you also have a landline telephone in your home that is used to make and receive calls?

**(CP.10)**

**READ ONLY IF NECESSARY:** “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.”

**Interviewer Note:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**[CATI NOTE: IF COLLEGE HOUSING = “YES”, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]**

**NUMADULT.** How many members of your household, including yourself, are 18 years of age or older?

**(CP.11)**

\_\_ Number of adults

**[CATI NOTE: IF COLLEGE HOUSING = “YES” THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]**

# **Core Sections**

**[INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]**

***CATI: SET SEX=1 IF LL7=1 or LL9=1 or LL12=1 or CP5=1,***

***SET SEX=2 IF IF LL7=2 or LL9=2 or LL12=2 or CP5=2***

CATI: START core TIMER

I will not ask for your last 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 not be connected to any personal information. If you have any questions about the survey, please call 877-551-6138.

## Section 1: Health Status

**GENHLTH** Would you say that in general your health is—

**(1.1)**

Please read:

1 Excellent

2 Very good

3 Good

4 Fair

Or

5 Poor

Do not read:

7 Don’t know / Not sure

9 Refused

***Qualified Level 1***

CATI VARIABLE, SET BRF2120=1.

## Section 2: Healthy Days — Health-Related Quality of Life

**PHYSHLTH** 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?

**(2.1)**

\_ \_ Number of days

88 None

77 Don’t know / Not sure

99 Refused

MENTHLTH 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?

(2.2)

\_ \_ Number of days

88 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**

77 Don’t know / Not sure

99 Refused

**POORHLTH** 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?

**(2.3)**

\_ \_ Number of days

88 None

77 Don’t know / Not sure

99 Refused

## Section 3: Health Care Access

**HLTHPLN1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

**(3.1)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**PERSDOC2.** Do you have one person you think of as your personal doctor or health care provider?

**(3.2)**

**INTERVIEWER NOTE: If No, ask: Is there more than one, or is there no person who 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

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

**(3.3)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHECKUP1** About how long has it been since you last visited a doctor for a routine checkup?

**(3.4)**

**INTERVIEWER NOTE:** A routine checkup is a general physical exam, not an exam for a specific injury,

illness, or condition.

**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

**Do not read:**

7 Don’t know / Not sure

8 Never

9 Refused

Section 4: Hypertension Awareness

**BPHIGH3** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

**Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.**

**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]**

**BPMEDS** Are you currently taking prescription medicine for your high blood pressure?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

Section 5: Cholesterol Awareness

**5\_1** Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

**Read only if necessary:**

1 Never [**GO TO NEXT SECTION]**

2 Within the past year (anytime less than 12 months ago)

3 Within the past 2 years (1 year but less than 2 years ago)

4 Within the past 3 years (2 years but less than 3 years ago)

1. Within the past 4 years (3 years but less than 4 years ago)
2. Within the past 5 years (4 years but less than 5 years ago)

8 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused **[GO TO NEXT SECTION]**

**TOLDHI2** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

**Interviewer note:** By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 Yes

2 No **[GO TO NEXT SECTION]**

7 Don’t know / Not sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

**5\_3** Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

## Section 6: Chronic Health Conditions

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.”

**CVDINFR4**  (Ever told) you that you had a heart attack also called a myocardial infarction?

**(6.1)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CVDCRHD4** (Ever told) you had angina or coronary heart disease?

**(6.2)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CVDSTRK3** (Ever told) you had a stroke?

**(6.3)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**ASTHMA3** (Ever told) you had asthma?

**(6.4)**

1 Yes

2 No **[Go to CHCSCNCR]**

7 Don’t know / Not sure **[Go to CHCSCNCR]**

9 Refused **[Go to CHCSCNCR]**

**ASTHNOW** Do you still have asthma?

**(6.5)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCSCNCR** (Ever told) you had skin cancer?

**(6.6)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCOCNCR** (Ever told) you had any other types of cancer?

**(6.7)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCCOPD** (Ever told) you had Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

**(6.8)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**ADDEPEV2** (Ever told) you had a depressive disorder, (including depression, major depression, dysthymia or minor depression)?

**(6.9)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCKIDNY** Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

**(6.10)**

**INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIABETE3** (Ever told) you had diabetes?

**(6.11)**

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

3 No

4 No, pre-diabetes or borderline diabetes

7 Don’t know / Not sure

9 Refused

**CATI note: If DIABETE3 = 1 (Yes), go to next question (DIABAGE2). If any other response to DIABETE3, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.**

**DIABAGE2** How old were you when you were told you have diabetes?

**(6.12)**

\_ \_ Code age in years **[97 = 97 and older]**

9 8 Don’t know / Not sure

9 9 Refused

**CATI: IF DIABAGE2>52 AND DIABAGE2<98, CONFIRM; ELSE GO to Diabetes Optional Module (if used). Otherwise, go to next section**

**CNFDBAG** INTERVIEWER: Is **[DISPLAY RESPONSE TO DIABAGE2]** the correct age when respondent was diagnosed with diabetes?

1 Yes, age is correct **GO TO next section**

2 No **GO TO DIABAGE2**

Module 2: Diabetes

**NOTE: To be asked following Core DIABAGE2; if response is "Yes" (code = 1) and Core DIABETE3 is “Yes” (code = 1).**

**NOTE: If resident does not live in Wyoming (STATERES=2), skip to next section.**

**INSULIN** Are you now taking insulin?

**(M2.1)**

1 Yes

2 No

9 Refused

**BLDSUGAR** About how often do you check your blood for glucose or sugar? Please answer in times per day, week, month, or year.

**(M2.2)**

**INTERVIEWER NOTE**: Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

**Interviewer Note:** If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in ‘98’ times per day.

1 \_ \_ Times per day

2 \_ \_ 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

**[if (BLDSUGAD > 5 AND < 76) OR (BLDSUGAW > 35 AND < 76) ASK:]**

**XBLDSGR** I would like to confirm you check your blood for glucose or sugar **[INSERT # FROM BLDSUGAD/BLDSUGAW]** times per [day/week]. Is that correct?

1 Yes **[Go to FEETCHK2]**

2 No **[Go to BLDSUGAD/BLDSUGAW]**

**FEETCHK2** Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations? Please answer in times per day, week, month, or year.

**(M2.3)**

1 \_ \_ Times per day

2 \_ \_ Times per week

3 \_ \_ Times per month

4 \_ \_ Times per year

5 5 5 No feet

8 8 8 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

**[If (FTCHK2D > 5 AND < 76) OR (FTCHK2W > 35 AND < 76) ASK:]**

**XFTCH2** I would like to confirm you check your feet for any sores or irritations **[INSERT # FROM FTCHK2D/FTCHK2W]** times per [day/week]. Is that correct?

1 Yes **[Go to DOCTDIAB]**

2 No **[Go to FTCHK3D/FTCHK3W]**

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

**(M2.4)**

\_ \_ Number of times **[76 = 76 or more]**

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**[if (DOCTDIAB > 52 AND < 77) ASK:]**

**XDTDIAB** I would like to confirm you have seen a health professional for your diabetes **[INSERT # FROM DOCTDIAB]** times in the past 12 months. Is that correct?

1 Yes **[Go to CHKHEMO3]**

2 No **[Go to DOCTDIAB]**

**CHKHEMO3** About how many times in the past 12 months has a doctor, nurse, or other

health professional checked you for "A-one-C"?

**(M2.5)**

**INTERVIEWER NOTE: A test for “A one C” measures the average level of blood sugar over the past three months.**

\_ \_ 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

**CATI note: If FEETCHK2 = 555 (No feet), go to EYEEXAM.**

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

**(M2.6)**

\_ \_ Number of times **[76 = 76 or more]**

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**[if (FEETCHK > 52 AND < 77) ASK:]**

**XFTCHK** I would like to confirm a health professional has checked your feet for sores or irritations **[INSERT # FROM FEETCHK]** times in the past 12 months. Is that correct?

1 Yes **[Go to EYEEXAM]**

2 No **[Go to FEETCHK]**

**EYEEXAM** When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

**(M2.7)**

**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

**Do not read:**

7 Don’t know / Not sure

1. Never

9 Refused

**DIABEYE** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

**(M2.8)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

**(M2.9)**

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Section 7: Arthritis

*2017, Section 6, HAVARTH3*

**HAVARTH3** (Ever told) you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

**(7.1)**

1 Yes

2 No **[GO TO NEXT SECTION]**

7 Don’t know / Not sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

**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)

**ARTHEXER** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

**(7.2)**

**INTERVIE**

**WER NOTE: If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**ARTHEDU** Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

**(7.3)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**LMTJOIN2** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

**(7.4)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

**ARTHDIS2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

**(7.5)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.”**

**If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

**JOINPAIN** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

\_ \_ Enter number [00-10]

7 7 Don’t know / Not sure

9 9 Refused

## Section 8: Demographics

**AGE** What is your age?

**(8.1)**

\_ \_ Code age in years

0 7 Don’t know / Not sure

0 9 Refused

**{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to HISPANC3}**

**UPDTAGDI** I’m sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with Diabetes at age **{CATI: fill-in response from DIABAGE2}**. What was your age when you were FIRST diagnosed with diabetes?

Update age **GO TO AGE**

Update diabetes age **GO TO DIABAGE2**

**HISPANC3** Are you Hispanic, Latino/a, or Spanish origin?

**(8.2)**

**If yes, ask: Are you…**

**INTERVIEWER NOTE:**One or more categories may be selected.

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

5 No

8 No additional choices (DP code only)

7 Don’t know / Not sure

9 Refused

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

**(8.3)**

**Interviewer Note:** Select all that apply.

**INTERVIEWER NOTE:** IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. **(NOTE FOR TESTERS: THIS IS CORRECT THAT IT IS NOT IN THE PROGRAM)**

**Please read:**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

50 Pacific Islander

**Do not read:**

60 Other

88 No additional choices

77 Don’t know / Not sure

99 Refused

**IF MRACEA=40 OR 50, ASK MRACEB. ELSE SKIP TO MRACE2**

**CATI: IF MRACEA=40, SHOW CODES 41-47, 99. IF MRACEA=50, SHOW CODES 51-54, 99.**

**MRACEB** Would you say you are . . . [READ LIST, MULTIPLE RECORD]

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

99 (VOL) Refused

**MRACE2**: CATI dummy variable to hold the respondent race.

**CATI CODE RESPONSES FROM MRACEA AND MRACEB. IF MRACEA=40 AND MRACEB=99, CODE MRACE2=40. IF MRACEA=0 AND MRACEB=90, CODE MRACE2=50.**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

50 Pacific Islander

60 Other

77 (VOL) Don’t know/Not sure

88 No additional choices (DP code only)

99 (VOL) Refused

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**CATI note: If more than one response to MRACE2; continue. Otherwise, go to MARITAL.**

**SHOW RESPONSES IN MRACE2**

**ORACE3** Which one of these groups would you say best represents your race?

**(8.4)**

**READ LIST**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

60 Other

77 (VOL) Don’t know/Not sure

88 No additional choices (DP code only)

99 (VOL) Refused

**MARITAL** Are you…?

**(8.6)**

**Please read:**

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married,

**Or**

6 A member of an unmarried couple

**Do not read:**

9 Refused

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

**(8.7)**

**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)

**Do not read:**

9 Refused

**RENTHOM1** Do you own or rent your home?

**(8.8)**

**INTERVIEWER NOTE:** “Other arrangement” may include group home, staying with friends or family without paying rent.

**INTERVIEWER NOTE:** Home is defined as the place where you live most of the time/the majority of the year.

**INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION:** We ask this question in order to compare health indicators among people with different housing situations.

**Read only if necessary:**

1 Own

2 Rent

3 Other arrangement

7 Don’t know / Not sure

9 Refused

**CTYCODE1** In what county do you currently live?

**(8.9)**

\_ \_ \_ ANSI County Code (formerly FIPS county code)

7 7 7 Don’t know / Not sure

9 9 9 Refused

**ZIPCODE** What is the ZIP Code where you currently live?

**(8.10)**

\_ \_ \_ \_ \_ ZIP Code **[RANGE: 82001-83414]**

gg 7 7 7 7 7 Don’t know / Not sure

8 8 8 8 8 Other State Zip Code (SPECIFY)

9 9 9 9 9 Refused

**CATI NOTE: IF FRAME 2, SKIP TO CPDEMO1 (QSTVER GE 20)**

**NUMHHOL2** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

**(8.11)**

1 Yes

2 No **[Go to CPDEMO1]**

7 Don’t know / Not sure **[Go to CPDEMO1]**

9 Refused **[Go to CPDEMO1]**

**NUMPHON2** How many of these telephone numbers are residential numbers?

**(8.12)**

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

7 Don’t know / Not sure

9 Refused

**CPDEMO1** How many cell phones do you have for personal use?

**(8.13)**

**INTERVIEWER NOTE:** Include cell phone used for both business and personal use.

\_\_ Enter number (1-5)

6 Six or more

7 Don’t know / Not sure

8 None

9 Refused

**VETERAN3** 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?

**(8.14)**

**INTERVIEWER NOTE:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**EMPLOY1** Are you currently…?

**(8.15)**

**INTERVIEWER NOTE:** If more than one, say: “Select the category which best describes you.”

**Please read:**

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

4 Out of work for less than 1 year

5 A Homemaker

6 A Student

7 Retired, **or**

8 Unable to work

**Do not read:**

9 Refused

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

**(8.16)**

\_ \_ Number of children

8 8 None

9 9 Refused

CATI VARIABLE, SET BRF1200=1.

***Qualified Level 2***

**INCOME2** Is your annual household income from all sources—

**(8.17)**

**If respondent refuses at ANY income level, code ‘99’ (Refused)**

04 Less than $25,000 **If “no,” ask 05; if “yes,” ask 03**

($20,000 to less than $25,000)

03 Less than $20,000 **If “no,” code 04; if “yes,” ask 02**

($15,000 to less than $20,000)

02 Less than $15,000 **If “no,” code 03; if “yes,” ask 01**

($10,000 to less than $15,000)

01 Less than $10,000 **If “no,” code 02**

05 Less than $35,000 **If “no,” ask 06**

($25,000 to less than $35,000)

06 Less than $50,000 **If “no,” ask 07**

($35,000 to less than $50,000)

07 Less than $75,000 **If “no,” code 08**

($50,000 to less than $75,000)

08 $75,000 or more

**Do not read:**

77 Don’t know / Not sure

99 Refused

**WEIGHT2** About how much do you weigh without shoes?

**(8.18)**

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 183. (NOTE FOR TESTER: THIS WILL NOT BE IN THE PROGRAM)**

**ROUND FRACTIONS UP**

**\_ \_ \_ \_** Weight

*(pounds/kilograms)*

7 7 7 7 Don’t know / Not sure

9 9 9 9 Refused

**HEIGHT3** About how tall are you without shoes?

**(8.19)**

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 187. (NOTE FOR TESTER: THIS WILL NOT BE IN THE PROGRAM)**

**ROUND FRACTIONS DOWN**

**\_ \_ / \_ \_** Height

*(f t* / *inches/meters/centimeters)*

7 7 / 7 7 Don’t know / Not sure

9 9 / 9 9 Refused

**If SEX=1, go to S8.22, if female respondent is 50 years old or older, go to text screen prior to S8.21]**

**PREGNANT** To your knowledge, are you now pregnant?

**(8.20)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

**S8.22** Are you deaf or do you have serious difficulty hearing?

**(8.21/DEAF)**

1 Yes

2 No

7 Don’t know / Not Sure

9 Refused

**BLIND** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

**(8.22)**

1 Yes

2 No

7 Don’t know / Not Sure

9 Refused

**DECIDE** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

**(8.23)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIFFWALK** Do you have serious difficulty walking or climbing stairs?

**(8.24)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIFFDRES** Do you have difficulty dressing or bathing?

**(8.25)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIFFALON** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

**(8.26)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

## Section 9: Tobacco Use

**SMOKE100** Have you smoked at least 100 cigarettes in your entire life?

**(9.1)**

**INTERVIEWER NOTE:** “For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.”

**INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES**

1 Yes

2 No **[Go to USENOW3]**

7 Don’t know / Not sure **[Go to USENOW3]**

9 Refused **[Go to USENOW3]**

**SMOKDAY2** Do you now smoke cigarettes every day, some days, or not at all?

**(9.2)**

1 Every day

2 Some days

3 Not at all **[Go to LASTSMK2]**

7 Don’t know / Not sure **[Go to USENOW3]**

9 Refused **[Go to USENOW3]**

**STOPSMK2** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

**(9.3)**

1 Yes **[GO TO USENOW3]**

2 No **[GO TO USENOW3]**

7 Don’t know / Not sure **[GO TO USENOW3]**

9 Refused **[GO TO USENOW3]**

**LASTSMK2** How long has it been since you last smoked a cigarette, even one or two puffs?

**(9.4)**

**Read only if necessary:**

01 Within the past month (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 years or more

08 Never smoked regularly

**Do not read:**

77 Don’t know / Not sure

99 Refused

**USENOW3** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**(9.5)**

**INTERVIEWER NOTE:** Snus (rhymes with ‘goose’)

**INTERVIEWER NOTE:** Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

## Section 10: Alcohol Consumption

**ALCDAY5** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

**(10.1)**

**Interviewer note:** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

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 **[GO TO NEXT SECTION]**

9 9 9 Refused **[GO TO NEXT SECTION]**

**AVEDRNK2** 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?

**(10.2)**

**Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

\_ \_ Number of drinks

7 7 Don’t know / Not sure

9 9 Refused

**[if AVEDRNK2 > 9 AND < 77 ASK:]**

**CHKAVEDRNK2** I would like to confirm that during the past 30 days, on the days you drank, you drank on average **[insert # from AVEDRNK2]** drinks. Is that correct?

1 Yes **[Go to DRNK3GE5]**

2 No **[Go back to AVEDRNK2]**

**DRNK3GE5** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN]** or more drinks on an occasion?

**(10.3)**

\_ \_ Number of times

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

**(10.4)**

\_ \_ Number of drinks

7 7 Don’t know / Not sure

9 9 Refused

**CATI: IF** **DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF** **DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.**

**[if MAXDRNKS > 9 AND < 77 ASK:]**

**CHKMXDRNKS** I would like to confirm that during the past 30 days, the largest number of drinks you had was **//INSERT # FROM MAXDRNKS//** drinks. Is that correct?

1 Yes **[Go to NEXT SECTION]**

2 No **[Go back to MAXDRNKS]**

## Section 11: Exercise (Physical Activity)

.

**EXERANY3** 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?

**(11.1)**

**INTERVIEWER INSTRUCTION:** If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

1 Yes

2 No **[GO TO EXOFTSTR]**

7 Don’t know / Not sure **[GO TO EXOFTSTR]**

9 Refused **[GO TO EXOFTSTR]**

**EXERACT3** What type of physical activity or exercise did you spend the most time doing during the past month?

**(11.2)**

\_ \_ (Specify) **[See Physical Activity Coding List]**

7 7 Don’t know / Not Sure **[GO TO EXOFTSTR]**

9 9 Refused **[GO TO EXOFTSTR]**

**INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Physical Activity Coding List, choose the option listed as “Other”.**

**EXEROFT1** How many times per week or per month did you take part in this activity during the past month?

**(11.3)**

1\_ \_ Times per week

2\_ \_ Times per month

7 7 7 Don’t know / Not sure

9 9 9 Refused

**[if (EXROFT1W > 6 AND < 76) OR (EXROFT1M > 37 AND < 76) ASK:]**

**DUM\_EXROFT1** I would like to confirm you took part in this activity **[insert # from EXROFT1W/EXROFT1M]** times per [week/month]. Is that correct?

1 Yes **[Go to EXERHMM1]**

2 No **[Go to EXROFT1W/EXROFT1M]**

**EXERHMM1** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

**(11.4)**

\_:\_ \_ Hours and minutes

7 7 7 Don’t know / Not sure

9 9 9 Refused

**EXERACT4** What other type of physical activity gave you the next most exercise during the past month?

**(11.5)**

\_ \_ (Specify) **[See Physical Activity Coding List]**

88 No other activity **[GO TO EXOFTSTR]**

77 Don’t know / Not Sure **[GO TO EXOFTSTR]**

99 Refused **[GO TO EXOFTSTR]**

**INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding Physical Activity List, choose the option listed as “Other”.**

**EXEROFT2** How many times per week or per month did you take part in this activity during the past month?

**(11.6)**

1\_ \_ Times per week

2\_ \_ Times per month

7 7 7 Don’t know / Not sure

9 9 9 Refused

**[if (EXROFT2W > 6 AND < 76) OR (EXROFT2M > 37 AND < 76) ASK:]**

**DUM\_EXROFT2** I would like to confirm you took part in this activity **[insert # from EXROFT2W/EXROFT2M]** times per **[week/month]**. Is that correct?

1 Yes **[Go to EXERHMM2]**

2 No **[Go to EXROFT2W/EXROFT2M]**

**EXERHMM2** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

**(11.7)**

\_:\_ \_ Hours and minutes

7 7 7 Don’t know / Not sure

9 9 9 Refused

**EXOFTSTR** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles?

**(11.8)**

Interviewer note: Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1\_ \_ Times per week

2\_ \_ Times per month

8 8 8 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

**[if (EXROFTSW > 6 AND < 76) OR (EXROFTSM > 37 AND < 76) ASK:]**

**DUM\_EXROFTSW** I would like to confirm you took part in this activity **[insert # from EXROFTSW/EXROFTSM]** times per **[week/month]**. Is that correct?

1 Yes **[Go to next section]**

2 No **[Go to EXROFTSW/EXROFTSM]**

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

**INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.**

**12\_1** Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS ‘I DON’T KNOW’: INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_1D > 5 AND < 76) OR (12\_1W > 38 AND <76) ASK:]**

**DUM\_12\_1** I would like to confirm you eat **[insert # from 12\_1D/12\_1W]** servings of fruit per [day/week]. Is that correct?

1 Yes **[Go to 12\_2]**

2 No **[Go to 12\_1D/12\_1W]**

**12\_2** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: “DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS.”**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_2D > 5 AND < 76) OR (12\_2W > 38 AND <76) ASK:]**

**DUM\_12\_2** I would like to confirm you drink **[insert # from 12\_2D/12\_2W]** servings of fruit juice per [day/week]. Is that correct?

1 Yes **[Go to 12\_3]**

2 No **[Go to 12\_2D/12\_2W]**

**12\_3** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?**

**READ IF RESPONDENT ASKS ABOUT SPINACH: “INCLUDE SPINACH SALADS.”**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_3D > 5 AND < 76) OR (12\_3W > 38 AND <76) ASK:]**

**DUM\_12\_3** I would like to confirm you eat **[insert # from 12\_3D/12\_3W]** servings of green leafy or lettuce salad per [day/week]. Is that correct?

1 Yes **[Go to 12\_4]**

2 No **[Go to 12\_3D/12\_3W]**

**12\_4** How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?**

**READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “DO NOT INCLUDE POTATO CHIPS.”**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_4D > 5 AND < 76) OR (12\_4W > 38 AND <76) ASK:]**

**DUM\_12\_4** I would like to confirm you eat **[insert # from 12\_4D/12\_4W]** servings of fried potatoes per [day/week]. Is that correct?

1 Yes **[Go to 12\_5]**

2 No **[Go to 12\_4D/12\_4W]**

**12\_5** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES.”**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_5D > 5 AND < 76) OR (12\_5W > 38 AND <76) ASK:]**

**DUM\_12\_5** I would like to confirm you eat **[insert # from 12\_5D/12\_5W]** servings of any other kind of potatoes or sweet potatoes per [day/week]. Is that correct?

1 Yes **[Go to 12\_6]**

2 No **[Go to 12\_4D/12\_5W]**

**12.6** Not including lettuce salads and potatoes, how often did you eat other vegetables?

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: “INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE.”**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_6D > 5 AND < 76) OR (12\_6W > 38 AND <76) ASK:]**

**DUM\_12\_6** I would like to confirm you eat **[insert # from 12\_6D/12\_6W]** servings of other vegetables per [day/week]. Is that correct?

1 Yes **[Go to next section]**

2 No **[Go to 12\_6D/12\_6W]**

Section 13: Immunization

**FLUSHOT6** During the past 12 months, have you had either flu vaccine that was sprayed into your nose or flu shot injected into your arm?

**(13.1)**

**Read if necessary:** A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes

2 No **[Go to TETANUS]**

7 Don’t know / Not sure **[Go to TETANUS]**

9 Refused **[Go to TETANUS]**

**FLSHTMY2** During what month and year did you receive your most recent flu vaccine that was sprayed into your nose or flu shot injected into your arm?

**(13.2)**

\_ \_ / \_ \_ \_ \_ Month / Year

7 7 / 7 7 7 7 Don’t know / Not sure

9 9 / 9 9 9 9 Refused

**NOTE**: Module on Place of Flu Shot Vaccination may be inserted after this question.

**TETANUS.**  Have you received a tetanus shot in the past 10 years?

**(13.3)**

**IF YES, ASK:** Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?

1. Yes, received Tdap
2. Yes, received tetanus shot, but not Tdap
3. Yes, received tetanus shot but not sure what type
4. No, did not receive any tetanus shot in the past 10 years

7 Don’t know/Not sure

9   Refused

**PNEUVAC3** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

**(13.4)**

**INTERVIEWER NOTE:** If respondent is confused read: There are two types of pneumonia shots: Polysaccharide (poly-sack-ah-ride), also known as Pneuomovax, and conjugate, also known as prevnar.

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

Section 14: 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.

**HIVTST6** Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?

**(14.1)**

1 Yes

2 No **[Go to HIVRISK3]**

7 Don’t know / Not sure **[Go to HIVRISK3]**

9 Refused **[Go to HIVRISK3]**

**HIVTSTD3** Not including blood donations, in what month and year was your last HIV test?

**(14.2)**

**NOTE: If response is before January 1985, code “Don’t know.”**

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

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

7 7/ 7 7 7 7 Don’t know / Not sure

9 9/ 9 9 9 9 Refused / Not sure

**HIVRISK3** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

**(14.3/hivrisk5)**

You have injected any drug other than those prescribed for you in the past year

You have been treated for a sexually transmitted disease or STD 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.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

CATI: end core TIMER

IF STATERES=1 (Wyoming resident) CONTINUE, ELSE SKIP TO CLOSING STATEMENT.

Transition to Modules and/or State-Added Questions

# **Optional Modules**

Module 13: Cancer Survivorship

***CATI: START MOD13 TIMER***

**CATI note: If CHCSCNCR or CHCOCNCR = 1 (Yes) continue, else go to next module.**

You’ve told us that you have had cancer. I would like to ask you a few more questions about your cancer.

**CNCRDIFF** How many different types of cancer have you had?

**(M13.1**

**Do not read:**

1 Only one

2 Two

3 Three or more

7 Don’t know / Not sure **[GO TO NEXT MODULE]**

9 Refused **[GO TO NEXT MODULE]**

**CNCRAGE** At what age were you told that you had cancer?

**(M13.2)**

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

9 8 Don’t know / Not sure

9 9 Refused

**CATI note: If CNCRDIFF = 2 (Two) or 3 (Three or more), ask:** “At what age were you first diagnosed with cancer?”

**INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.**

**{CATI: if (CNCRAGE = 01-97 and AGE = 18-99) AND (CNCRAGE > AGE), continue; else go to CNCRTYPE }**

**UPDTAGCA** I’m sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with cancer at age **{CATI: fill-in response from CNCRAGE}.** What was your age when you were FIRST diagnosed with cancer?

Update age  **GO TO AGE**

Update cancer age **GO TO CNCRAGE**

**CATI note: If Core CHCSCNCR = 1 (Yes) and CNCRDIFF = 1 (Only one): ask** “Was it “Melanoma” or “other skin cancer?” **then code 21 if “Melanoma” or 22 if “other skin cancer”**

**CNCRTYP1** What type of cancer was it?

**(M13.3)**

**If CNCRDIFF = 2 (Two) or 3 (Three or more), ask:** “With your most recent diagnoses of cancer, what type of cancer was it?”

**INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:**

**Breast**

01 Breast cancer

**Female reproductive (Gynecologic)**

02 Cervical cancer (cancer of the cervix)

03 Endometrial cancer (cancer of the uterus)

04 Ovarian cancer (cancer of the ovary)

**Head/Neck**

05 Head and neck cancer

06 Oral cancer

07 Pharyngeal (throat) cancer

08 Thyroid

09 Larynx

**Gastrointestinal**

10 Colon (intestine) cancer

11 Esophageal (esophagus)

12 Liver cancer

13 Pancreatic (pancreas) cancer

14 Rectal (rectum) cancer

15 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

16 Hodgkin's Lymphoma (Hodgkin’s disease)

17 Leukemia (blood) cancer

18 Non-Hodgkin’s Lymphoma

**Male reproductive**

19 Prostate cancer

20 Testicular cancer

**Skin**

21 Melanoma

22 Other skin cancer

**Thoracic**

23 Heart

24 Lung

**Urinary cancer:**

25 Bladder cancer

26 Renal (kidney) cancer

**Others**

27 Bone

28 Brain

29 Neuroblastoma

30 Other

**Do not read:**

77 Don’t know / Not sure

99 Refused

**CSRVTRT2** Are you currently receiving treatment for cancer?

**(M13.4)**

**INTERVIEWER NOTE**: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

**Read if necessary:**

1 Yes **[GO TO NEXT MODULE]**

2 No, I’ve completed treatment

3 No, I’ve refused treatment **[GO TO NEXT MODULE]**

4 No, I haven’t started treatment **[GO TO NEXT MODULE]**

7 Don’t know / Not sure **[GO TO NEXT MODULE]**

9 Refused **[GO TO NEXT MODULE]**

**CSRVDOC1** What type of doctor provides the majority of your health care? Is it a…

**(M13.5)**

**INTERVIEWER NOTE: If the respondent requests clarification of this question, say:** “We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).”

**INTERVIEWER NOTE:** AN ONCOLOGIST IS A MEDICAL DOCTOR WHO MANAGES A PERSON’S CARE AND TREATMENT AFTER A CANCER DIAGNOSIS.

**Please read [1-10]:**

01 Cancer Surgeon

02 Family Practitioner

03 General Surgeon

04 Gynecologic Oncologist

05 General Practitioner, Internist

06 Plastic Surgeon, Reconstructive Surgeon

07 Medical Oncologist

08 Radiation Oncologist

09 Urologist

10 Other

**Do not read:**

77 Don’t know / Not sure

99 Refused

**CSRVSUM** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

**(M13.6)**

**Read only if necessary: “By ‘other healthcare professional’, we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.”**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CSRVRTRN** Have you EVER received instructions from a doctor, nurse, or other health professional about ***where*** you should return or ***who*** you should see for routine cancer check-ups after completing your treatment for cancer?

**(M13.7)**

1 Yes

2 No **[GO TO CSRVINSR]**

7 Don’t know / Not sure **[GO TO CSRVINSR]**

9 Refused **[GO TO CSRVINSR]**

**CSRVINST** Were these instructions written down or printed on paper for you?

**(M13.8)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CSRVINSR** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

**(M13.9)**

**INTERVIEWER NOTE:** “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CSRVDEIN** Were you EVER denied health insurance or life insurance coverage because of your cancer?

**(M13.10)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CSRVCLIN** Did you participate in a clinical trial as part of your cancer treatment?

**(13.11)**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CSRVPAIN** Do you currently have physical pain caused by your cancer or cancer treatment?

**(M13.12)**

1 Yes

2 No **[GO TO NEXT MODULE]**

7 Don’t know / Not sure **[GO TO NEXT MODULE]**

9 Refused **[GO TO NEXT MODULE]**

**CSRVCTL1** Would you sayyour pain currently under control….?

**(M13.13)**

**Please read:**

1 With medication (or treatment)

2 WITHOUT medication (or treatment)

3 Not under control, with medication (or treatment)

4 Not under control, WITHOUT medication (or treatment)

**Do not read:**

7 Don’t know / Not sure

9 Refused

Module 16: Home/ Self-measured Blood Pressure

***CATI: START MOD16 TIMER***

**M16\_1** Has your doctor, nurse, or other health professional recommended you check your blood pressure outside of the office or at home?

**Interviewer note:** By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**M16\_2** Do you regularly check your blood pressure outside of your healthcare professional’s office or at home?

1 Yes

2 No **[GO TO NEXT MODULE]**

7 Don’t know / Not sure **[GO TO NEXT MODULE]**

9 Refused **[GO TO NEXT MODULE]**

**M16\_3** Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

1 At home

2 On a machine at a pharmacy, grocery or similar location

3 Do not check it

7 Don’t know / Not sure

9 Refused

**M16\_4** How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

**Do not read:**

1 Telephone

2 Other methods such as email, internet portal, or fax, or

3 In person

4 Do not share information

7 Don’t know / Not sure

9 Refused

Module 19: Excess Sun Exposure

***CATI: START MOD19 TIMER***

**NUMBURN2**  During the past 12 months, how many times have you had a sunburn?

**(M19.1)**

\_\_ \_\_ \_\_ (0-365) days

7 7 7 Don’t know/Not sure

9 9 9 Refused

**M12\_2**. When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that….

**(M19.2)**

**INTERVIEWER NOTE:** PROTECTION FROM THE SUN MAY INCLUDE USING SUNSCREEN, WEARING A WIDE-BRIMMED HAT, OR WEARING A LONG-SLEEVED SHIRT

**PLEASE READ:**

1 Always

2 Most of the time

3 Sometimes

4 Rarely

5 Never

**DO NOT READ:**

6 Don’t stay outside for more than one hour on warm sunny days

8 Don’t go outside at all on warm sunny days

7 Don’t know/ Not sure

9 Refused

**M12\_3**.    On weekdays, in the summer, how long are you outside per day between 10am and 4pm?

**(M19.3)**

**INTERVIEWER NOTE:** FRIDAY IS A WEEKDAY

**INTERVIEWER NOTE:** IF RESPONDENT SAYS NEVER CODE 01

**DO NOT READ:**

01 Less than half an hour

02 (More than half an hour) up to 1 hour

03 (More than 1 hour) up to 2 hours

04 (More than 2 hours) up to 3 hours

05 (More than 3 hours) up to 4 hours

06 (More than 4 hours) up to 5 hours

07 (More than 5) up to 6 hours

77 Don’t know/ Not sure

99 Refused

**M12\_4.**    On weekends in the summer, how long are you outside each day between 10am and 4pm?

**(M19.4)**

**INTERVIEWER NOTE:** FRIDAY IS A WEEKDAY

**INTERVIEWER NOTE:** IF RESPONDENT SAYS NEVER CODE 01

**DO NOT READ:**

01 Less than half an hour

02 (More than half an hour) up to 1 hour

03 (More than 1 hour) up to 2 hours

04 (More than 2 hours) up to 3 hours

05 (More than 3 hours) up to 4 hours

06 (More than 4 hours) up to 5 hours

07 (More than 5) up to 6 hours

77 Don’t know/ Not sure

99 Refused

Module 23 Family Planning

***CATI: START MOD23 TIMER***

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]**

**M23\_1** The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

1 Yes

2 No **[GO TO M23\_4]**

3 No partner/not sexually active **[GO TO NEXT MODULE]**

4 Same sex partner **[GO TO NEXT MODULE]**

7 Don’t know/Not sure **[GO TO NEXT MODULE]**

9 Refused **[GO TO NEXT MODULE]**

**M23\_2** The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING “CONDOMS,” PROBE TO DETERMINE IF “FEMALE CONDOMS” OR MALE CONDOMS.”**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE BE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

**Read only if necessary:**

01 Female sterilization (ex. Tubal ligation, Essure, Adiana) **[GO TO NEXT MODULE]**

02 Male sterilization (vasectomy) **[GO TO NEXT MODULE]**

03 Contraceptive implant (ex. Implanon) **[GO TO NEXT MODULE]**

04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) **[GO TO NEXT MODULE]**

05 Copper-bearing IUD (ex. ParaGard) **[GO TO NEXT MODULE]**

06 IUD, type unknown **[GO TO NEXT MODULE]**

07 Shots (ex. Depo-Provera) **[GO TO NEXT MODULE]**

08 Birth control pills, any kind **[GO TO NEXT MODULE]**

09 Contraceptive patch (ex. Ortho Evra) **[GO TO NEXT MODULE]**

10 Contraceptive ring (ex. NuvaRing) **[GO TO NEXT MODULE]**

11 Male condoms **[GO TO NEXT MODULE]**

12 Diaphragm, cervical cap, sponge **[GO TO NEXT MODULE]**

13 Female condoms **[GO TO NEXT MODULE]**

14 Not having sex at certain times (rhythm or natural family planning) **[GO TO NEXT MODULE]**

15 Withdrawal (or pulling out) **[GO TO NEXT MODULE]**

16 Foam, jelly, film, or cream **[GO TO NEXT MODULE]**

17 Emergency contraception (morning after pill) **[GO TO NEXT MODULE]**

18 Other method **[GO TO NEXT MODULE]**

Do not read:

77 Don’t know/Not sure

99 Refused

**M23\_4** Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

**INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

**Read only if necessary:**

1. You didn’t think you were going to have sex/no regular partner

02 You just didn’t think about it

03 Don’t care if you get pregnant

04 You want a pregnancy

05 You or your partner don’t want to use birth control

06 You or your partner don’t like birth control/side effects

07 You couldn’t pay for birth control

08 You had a problem getting birth control when you needed it

09 Religious reasons

10 Lapse in use of a method

11 Don’t think you or your partner can get pregnant (infertile or too old)

12 You had tubes tied (sterilization)

13 You had a hysterectomy

14 Your partner had a vasectomy (sterilization)

15 You are currently breast-feeding

16 You just had a baby/postpartum

17 You are pregnant now

18 Same sex partner

19 Other reasons

77 Don’t know/Not sure

99 Refused

Module 25: Marijuana Use

***CATI: START MOD25 TIMER***

**M7\_1** During the past 30 days, on how many days did you use marijuana or cannabis?

**(M25.1)**

Interviewer note: Marijuana and cannabis include both CBD and THC products.

\_ \_ 01-30 Number of Days

8 8. None **[Go to next module]**

7 7. Don’t know/not sure  **[Go to next module]**

9 9. Refused **[Go to next module]**

**M7\_2** During the past 30 days, which of the following ways did you use marijuana the most often? Did you usually…

**(M25.2)**

**INTERVIEW NOTE: Select one. If respondent provides more than one say: which way did you use it most often.**

**PLEASE READ:**

1 Smoke it? (for example: in a joint, bong, pipe, or blunt)

2 Eat it? (for example, in brownies, cakes, cookies, or candy)

3 Drink it? (for example, in tea, cola, alcohol)

4 Vaporize it? (for example in an e-cigarette-like vaporizer or another vaporizing device)

5 Dab it? (for example using waxes or concentrates)*,* or

6 Use it some other way?

**Do not read:**

7 Don’t know/Not sure

9 Refused

**M7\_3** When you used marijuana or cannabis during the past 30 days, was it usually:

**(M25.3)**

**Please Read:**

1 For medical reasons (like to treat or decrease symptoms of a health condition);

2 For non-medical reasons (like to have fun or fit in), or

3 For both medical and non-medical reasons;

**Do not read:**

7 Don’t know/Not sure

9 Refused

Wyoming State-Added 1: E-Cigarettes (2018 WY, Module 6)

**S10.1** Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

¿Alguna vez ha usado un cigarrillo electrónico u otro producto de “vapor” electrónico, aun cuando lo haya hecho una sola vez en toda su vida?

**Read if necessary**: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**INTERVIEWER NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

**Lea lo siguiente si es necesario:** Los cigarrillos electrónicos (e-cigarrillos o *e-cigarettes*) y otros productos de “vapor” electrónicos incluyen pipas de agua (narguiles) electrónicas (*e-hookahs*), plumas de vapor, cigarros electrónicos (e-cigarros o *e-cigars*) entre otros. Estos productos funcionan con batería y, por lo general, contienen nicotina y sabores como de frutas, menta o dulces.

**Nota para el encuestador**: Estas preguntas se refieren a productos de “vapor” electrónicos para el consumo de nicotina. En estas preguntas no se incluye el uso de productos de “vapor” electrónicos para el consumo de marihuana.

1 Yes

2 No **[go to next section]**

7 Don’t know / Not sure **[go to next section]**

9 Refused **[go to next section]**

**S10.2** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

¿En la actualidad usa cigarrillos electrónicos (e-cigarrillos o *e-cigarettes*) u otros productos de “vapor” electrónico todos los días, algunos días o para nada?

1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

1 Todos los días

2 Algunos días

3 Para nada

Wyoming State-Added 2: Sexual Violence (WY 2005; module 25)

I’d like to ask you some questions about physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section I will give you phone numbers for organizations that can provide information and referral for both of these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip to the next topic area.

Quisiera hacerle algunas preguntas acerca de la violencia física y/o sexual, y de otro tipo de experiencias sexuales no deseadas. Esta información nos permitirá comprender mejor el problema de la violencia y el contacto sexual no deseado, y nos permitirá ayudar a otras personas en el futuro. Comprendemos que se trata de un tema delicado. Algunas personas se sienten incómodas contestando este tipo de preguntas. Recuerde que su número telefónico ha sido seleccionado al azar, y que sus respuestas son estrictamente confidenciales. Al final de esta sección, le daré números telefónicos de organizaciones que pueden brindarle información y referencias a los profesionales del caso respecto de ambos temas. Por favor, recuerde que puede pedirme que saltee cualquier pregunta que no desee responder. Si no se encuentra en el lugar adecuado para contestar este tipo de preguntas, puedo pasar al próximo tema. Las primeras preguntas que le haré tratan sobre experiencias sexuales no deseadas en las que usted puede haber estado involucrado/a.

**WY2.1** In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, or making you look at sexual photos or movies.

En los últimos meses, ¿alguien le ha expuesto a situaciones sexuales no deseadas que no incluyeran contacto físico? Por ejemplo, exposición de los órganos sexuales, fisgonear, acosamiento sexual u obligarle a ver fotos o películas con contenido sexual.

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**WY2.2** In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent?

En los últimos 12 meses, ¿alguien le ha tocado partes íntimas sin su consentimiento o después de que usted hubiera dicho o demostrado que no lo deseaba?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE:** If needed: “Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [if female], anus, or mouth or making you do these things to them after you said or showed that you didn’t want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused”.

**GUÍA PARA EL ENCUESTADOR / LA ENCUESTADORA:** Para los casos en que sólo se incluye uno de los módulos (Módulo 25 o 26): Ahora voy a hacerle algunas preguntas sobre sexo no deseado. Sexo no deseado incluye situaciones como introducirle cualquier cosa en la vagina [si es mujer], el ano o la boca, o hacer que usted se lo haga a otros, a pesar de que usted dijera o demostrara que no deseaba hacerlo. Esto incluye las ocasiones en las que no podía dar su consentimiento, por ejemplo, si estaba borracho/a o dormido/a, o si pensó que lo/la lastimarían o castigarían si se negaba.

**WY2.3** In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn’t want to or without your consent, BUT SEX DID NOT OCCUR?

En los últimos 12 meses, ¿alguien INTENTÓ tener sexo con usted sin su consentimiento o luego de que usted hubiese dicho o demostrado que no lo deseaba, PERO NO TUVO RELACIONES SEXUALES?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**WY2.4** In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn’t want to or without your consent?

En los últimos 12 meses, ¿alguien HA TENIDO SEXO con usted sin su consentimiento, o después de que usted hubiese dicho o demostrado que no lo deseaba?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CATI Note:** Ask WY2.5 only if WY2.3 or WY2.4=1 (Yes). If not, go to WY2.7.

**[CATI Instruction]:** Apply the following logic: If WY2.4=1 (regardless of response to WY2.3) then WY2.5 reads “…the person who had sex with you…” If WY2.4=2 and WY2.3=1 then WY2.5 reads “…the person who attempted to have sex with you…”

**[INSTRUCCIÓN CATI:** Aplique la siguiente lógica: Si P4=1 (independientemente de la respuesta a la P3), entonces lea la P5 “… la persona que tuvo sexo con usted…” Si la respuesta a la P4=2 y a la P3=1, entonces lea la P5 “… la persona que intentó tener sexo con usted…”]

**WY2.5** At the time of the most recent incident, what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn’t want to or without your consent?

Cuando ocurrió el incidente más reciente, ¿cuál era su relación con la persona que [tuvo/intentó tener sexo] con usted sin su consentimiento, o después de que usted hubiese dicho o demostrado que no lo deseaba?

**Do not read:**

0 1 Complete stranger

0 2 A person known for less than 24 hours

0 3 Acquaintance

0 4 Friend

0 5 Date

0 6 Current boyfriend/girlfriend

0 7 Former boyfriend/ girlfriend

0 8 Spouse or live-in partner

0 9 Ex-spouse or ex live-in partner

1 0 Co-worker

1 1 Neighbor

1 2 Parent

1 3 Step-parent

1 4 Parent’s partner

1 5 Other relative

1 6 Other non-relative

1 7 Multiple perpetrators [GO TO WY2.7]

7 7 Don’t know / Not sure

9 9 Refused

**INTERVIEWER NOTE:** If the respondent indicates the gender of the person, please complete question WY2.6. If the respondent does not indicate the gender of the person, please ask question WY2.6.

**NOTA PARA EL ENCUESTADOR / LA ENCUESTADORA**: Si el encuestado / la encuestada indica el sexo de la persona, por favor complete la pregunta 6. Si el encuestado / la encuestada no indica el sexo de la persona, por favor haga la pregunta 6.

**WY2.6** Was the person who did this male or female?

¿La persona que lo hizo, era hombre o mujer?

1 Male

2 Female

7 Don’t know / Not sure

9 Refused

**CATI Note:** If WY2.3=2, 7, 9 (No, Don’t know, Refused); continue. Otherwise, go to WY2.8.

**WY2.7** Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn’t want to or without your consent, BUT SEX DID NOT OCCUR?

¿Alguien INTENTÓ ALGUNA VEZ tener sexo con usted sin su consentimiento o después de que usted hubiese dicho o demostrado que no lo deseaba, PERO NO TUVO RELACIONES SEXUALES?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CATI Note:** If WY2.4=2, 7, 9 (No, Don’t know, Refused); continue, otherwise, go to next module.

**WY2.8** Has anyone EVER had sex with you after you said or showed that you didn’t want them to or without your consent?

¿Alguien ha tenido sexo con usted EN ALGUNA OCASIÓN sin su consentimiento, o después de que usted hubiese dicho o demostrado que no lo deseaba?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Closing Statement:** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656- HOPE (4673). Would you like me to repeat this number?

**Párrafo de cierre:** Somos conscientes de que este tema puede haberle traído recuerdos de experiencias pasadas dolorosas, pero que algunas personas se sentirían mejor hablando de ello. Si usted o alguien que usted conoce quisiera hablar con un/a consejero/a especializado/a, por favor llame al 1-800-656- HOPE (4673) ¿Quiere que le repita este número?

Wyoming State-Added 3: Radon (WY 2014)

**WY3.1** Have you ever heard of radon, which is a radioactive gas that occurs in nature?

¿Alguna vez ha oído hablar de radón, que es un gas radiactivo que se produce en la naturaleza?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**WY3.2** Has your household air been tested for the presence of radon gas?

¿Se ha analizado el aire de su hogar para detectar la presencia de gas radón?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**WY3.3** Do you agree or disagree with the following statement: Prolonged exposure to radon gas can increase your risk of lung cancer?

¿Está de acuerdo o en desacuerdo con la siguiente afirmación: La exposición prolongada al gas radón puede aumentar su riesgo de cáncer de pulmón?

1 De acuerdo

2 En desacuerdo

7 Don’t know / Not sure

9 Refused

Wyoming State-Added 4: Air Quality (NEW)

The next couple of questions are about the outdoor air quality where you live. In these questions, air quality refers to how clean the air is, or how polluted the air is.

El siguiente par de preguntas son sobre la calidad del aire exterior donde vive. En estas preguntas, la calidad del aire se refiere a qué tan limpio está el aire, o qué tan contaminado está el aire.

**WY4.1** Please think of the past 12 months. How many times did you reduce or change your outdoor activity level because you thought the air quality was bad or was affecting how well you felt? For example, avoiding outdoor exercise or strenuous outdoor activity. Please do not include times when you made changes because of high pollen levels.

Por favor, piense en los últimos 12 meses. ¿Cuántas veces redujo o cambió su nivel de actividad al aire libre porque pensó que la calidad del aire era mala o que estaba afectando su bienestar? Por ejemplo, evitar el hacer ejercicio al aire libre o la actividad extenuante al aire libre. Por favor, no incluya las veces en que hizo cambios debido a los altos niveles de polen.

**Please read:**

1 None

2 1 to 3 times

3 4 to 6 times

4 More than 6 times

7 Don’t know / Not sure

9 Refused

1 Ninguno

2 1 a 3 veces

3 4 a 6 veces

4 Más de 6 veces

**WY4.2** Has a doctor, nurse, or other health professional ever told you to reduce your outdoor activity level when the air quality is bad?

¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que redujera su nivel de actividad al aire libre cuando la calidad del aire es mala?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**WY4.3** In the past 12 months, have you had an illness or symptom that you think was caused by bad air quality?

En los últimos 12 meses, ¿ha tenido una enfermedad o síntoma que cree que fue causado por la mala calidad del aire?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

Wyoming State-Added 5: Military (NEW)

**WY5.1** Are you a member of the Wyoming Military Department?

¿Es usted miembro del Departamento Militar de Wyoming?

1 Yes **[GO TO WY5.2]**

2 No **[GO TO CLOSING STATEMENT]**

7 Don’t know / Not sure **[GO TO CLOSING STATEMENT]**

9 Refused **[GO TO CLOSING STATEMENT]**

**WY5.2** Which branch of the Wyoming Military Department are you a member of?

¿De qué rama del Departamento Militar de Wyoming es miembro?

1 Army National Guard

2 Air National Guard

3 Wyoming Veterans Commission

**DO NOT READ:**

6 Other

7 Don’t know / Not sure

9 Refused

1 Guardia Nacional del Ejército (Army National Guard)

2 Guardia Nacional Aérea (Air National Guard)

3 Comisión de Veteranos de Wyoming (Wyoming Veterans Commission)

**CLOSING STATEMENT**

That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in **[IF STATERES=1, DISPLAY “Wyoming**”**, ELSE DISPLAY “**this state”**].** Thank you very much for your time and cooperation.

**Language Indicator**

**[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]**

**Lang1.** In what language was this interview completed?

(QSTLANG)

1 English

2 Spanish

## Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity)

**Code Description (Physical Activity, Questions EXERACT3 and EXERACT4 above)**

01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)

02 Aerobics video or class

03 Backpacking

04 Badminton

05 Basketball

06 Bicycling machine exercise

07 Bicycling

08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)

09 Bowling

10 Boxing

11 Calisthenics

12 Canoeing/rowing in competition

13 Carpentry

14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.

15 Elliptical/EFX machine exercise

16 Fishing from river bank or boat

17 Frisbee

18 Gardening (spading, weeding, digging, filling)

19 Golf (with motorized cart)

20 Golf (without motorized cart)

21 Handball

22 Hiking – cross-country

23 Hockey

24 Horseback riding

25 Hunting large game – deer, elk

26 Hunting small game – quail

27 Inline Skating

28 Jogging

29 Lacrosse

30 Mountain climbing

31 Mowing lawn

32 Paddleball

33 Painting/papering house

34 Pilates

35 Racquetball

36 Raking lawn/trimming hedges

37 Running

38 Rock climbing

39 Rope skipping

40 Rowing machine exercises

41 Rugby

42 Scuba diving

43 Skateboarding

44 Skating – ice or roller

45 Sledding, tobogganing

46 Snorkeling

47 Snow blowing

48 Snow shoveling by hand

49 Snow skiing

50 Snowshoeing

51 Soccer

52 Softball/Baseball

53 Squash

54 Stair climbing/Stair master

55 Stream fishing in waders

56 Surfing

57 Swimming

58 Swimming in laps

59 Table tennis

60 Tai Chi

61 Tennis

62 Touch football

63 Volleyball

64 Walking

66 Waterskiing

67 Weight lifting

68 Wrestling

69 Yoga

71 Childcare

72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)

73 Household Activities (vacuuming, dusting, home repair, etc.)

74 Karate/Martial Arts

75 Upper Body Cycle (wheelchair sports, ergometer

76 Yard work (cutting/gathering wood, trimming, etc.)

98 Other\_\_\_\_\_

99 Refused