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**2016**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**Wyoming**

**30354**

**June 28, 2016**

Form Approved

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|  |
| --- |
| NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.  |

**Behavioral Risk Factor Surveillance System**

**2016 Wyoming BRFSS Questionnaire**

**Table of Contents**

[Interviewer’s Script 4](#_Toc442180479)

[Core Sections 9](#_Toc442180480)

[Section 2: Healthy Days — Health-Related Quality of Life 9](#_Toc442180481)

[Section 3: Health Care Access 10](#_Toc442180482)

[Section 4: Exercise 11](#_Toc442180483)

[Section 5: Inadequate Sleep 11](#_Toc442180484)

[Section 6: Chronic Health Conditions 11](#_Toc442180485)

[Module 2: Diabetes 14](#_Toc442180486)

[Section 7: Oral Health 17](#_Toc442180487)

[Section 8: Demographics 17](#_Toc442180488)

[Section 9: Tobacco Use 26](#_Toc442180489)

[Section 10: E-Cigarettes 27](#_Toc442180490)

[Section 11: Alcohol Consumption 28](#_Toc442180491)

[Section 12: Immunization 29](#_Toc442180492)

[Section 13: Falls 30](#_Toc442180493)

[Section 14: Seatbelt Use 30](#_Toc442180494)

[Section 15: Drinking and Driving 31](#_Toc442180495)

[Section 16: Breast and Cervical Cancer Screening 31](#_Toc442180496)

[Section 17: Prostate Cancer Screening 33](#_Toc442180497)

[Section 18: Colorectal Cancer Screening 34](#_Toc442180498)

[Section 19: HIV/AIDS 35](#_Toc442180499)

[Module 10: Marijuana Use 37](#_Toc442180500)

[Wyoming State-Added Questions 37](#_Toc442180501)

**SAMPLE READ-IN: FRAME**

1. Landline
2. Cell Phone

**Interviewer’s Script**

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.

**IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO CTELENUM**

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

Yes **[Go to CTELENUM]**

No **CALLBACK**

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

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**

**IF FRAME=1, ASK:** Is this a private residence?

**IF FRAME=2, ASK:** Do you live in a private residence?

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

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?

**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?

Yes **[Go to CELLPH]**

No **[Go to state]**

**IF FRAME=1 (landline) SCREEN-OUT AT ‘STATE’. IF FRAME=2 (cell phone), GO TO RSPSTATE.**

**STATE** Thank you very much, but we are only interviewing persons who live in the state of Wyoming at this time.  **STOP**

**NOTE**: Items in parentheses at any place in the questions or response DO NOT need to be read.

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

 ENTER STATE

 99 REFUSED **[THANK & END]**

**Cellular Phone**

**CELLPH** Is this a cellular telephone?

**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 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).**

**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.**

 **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 LANDLINE.**

CATI VARIABLE, SET BRF3200=1.

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

**READ ONLY IF NECESSARY:** “By landline telephone, we mean a “regular” telephone in your home that is connected to outside telephone lines through a cable or cord and 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.).

PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

 1 YES

 2 NO

 7 DON’T KNOW / NOT SURE

9 REFUSED

**Adult Random Selection**

**CATI NOTE:**

* **IF CELLPH=1 (is a cell phone) or COLGHOUS=1 (College Housing = Yes) continue;**
* **Otherwise go to Adult Random Selection**

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

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

1          Yes, respondent is male

2          Yes, respondent is female

                        3          No

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

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

**IF FRAME=2, ASK:** How many members of your household, including yourself, are 18 years of age or older?

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

**IF (FRAME=2 AND NUMADULT=0), WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO CADULT:**

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

**IF FRAME=2, SKIP TO [CORE SECTION INTRODUCTION]**

 **If NUMADULT = 1, ASK:**

**NMADLT1** Are you the adult?

 **If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

**If "no,"**

Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent".**

* **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**
* **IF NUMADULT>4, ASK**

**PNMADULT**

Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

 1 Yes **GO TO NUMMEN**

 2 No **GO BACK TO NUMADULT AND RE-ASK IT**

 9 (VOL) Refused **GO TO NUMMEN**

CATI VARIABLE, SET BRF2111=1.

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

 \_\_ Number of men

**NUMWOMEN** How many of these adults are women?

 \_\_ 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<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

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

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

* **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, 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

 7 Screen out location

**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.

**Core Sections**

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 be confidential. 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—

 **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?

 \_ \_ Number of days

 8 8 None

 7 7 Don’t know / Not sure

 9 9 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?

 \_ \_ Number of days

 8 8 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**

 7 7 Don’t know / Not sure

 9 9 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?

 \_ \_ Number of days

 8 8 None

 7 7 Don’t know / Not sure

 9 9 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?

 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?

 **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?

 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? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

 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

Section 4: Exercise

**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?

**INTERVIEWER NOTE:** 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

7 Don’t know / Not sure

 9 Refused

Section 5: Inadequate Sleep

**SLEPTIM1** On average, how many hours of sleep do you get in a 24-hour period?

**INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.**

\_ \_ Number of hours [01-24]

7 7 Don’t know / Not sure

 9 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?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

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?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCCOPD** (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE:** Arthritis diagnoses include:

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

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCKIDNY** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

**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 have diabetes?

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

 1 Yes

 2 Yes, but female told only during pregnancy

 3 No

 4 No, pre-diabetes or borderline diabetes

 7 Don’t know / Not sure

 9 Refused

**If DIABETE3 = 1 (Yes), CONTINUE (DIABAGE2), ELSE GO TO NEXT SECTION.**

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

(NOTE: We are interested in age when FIRST diagnosed, NOT current age)

 \_ \_ 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 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

**IF STATERES=1 (WYOMING RESIDENT) CONTINUE, ELSE SKIP TO SECTION 7.**

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

**IF DIABETE3 NE 1, SKIP TO SECTION 7.**

**INSULIN** Are you now taking insulin?

 1 Yes

 2 No

 9 Refused

**BLDSUGAR** 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.

 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

**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.’**

**[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** 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.

 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 FTCHK2D/FTCHK2W]**

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

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

 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** 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 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?

 \_ \_ 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? This would have made you temporarily sensitive to bright light.

 **Read only if necessary:**

 1 Within the past month (anytime less than 1 month ago)

 2 Within the past year (1 month but less than 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?

 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?

 1 Yes

 2 No

 7 Don't know / Not sure

 9 Refused

Section 7: Oral Health

**LASTDEN3** 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 only if necessary:**

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

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

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

 4 5 or more years ago

 **Do not read:**

 7 Don’t know / Not sure

 8 Never

 9 Refused

**RMVTETH3** 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.

**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

 8 None

 7 Don’t know / Not sure

 9 Refused

Section 8: Demographics

**SEX Are you …** [READ LIST]

**PROGRAMMER NOTE:** This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

 1 Male,

 2 Female?

**AGE** What is your age?

 \_ \_ 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?

**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?

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

 **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 (specify)

 88 No additional choices (DP code only)

 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?

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…?

 **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?

 **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:**

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

 9 Refused

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

 1 Own

 2 Rent

 3 Other arrangement

 7 Don’t know / Not sure

 9 Refused

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

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

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.**

**CTYCODE1** What county do you currently live in?

 \_ \_ \_ 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?

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

 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 VETERAN3 (QSTVER GE 20)**

**NUMHHOL2** 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 **[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?

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

 7 Don’t know / Not sure

 9 Refused

**CPDEMO1** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

 1 Yes

 2 No

 7 Don’t know / Not sure

 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?

 **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

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

**EMPLOY1** Are you currently…?

 **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?

 \_ \_ 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—

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

 **Read only if necessary:**

 0 4 Less than $25,000 **If “no,” ask 05; if “yes,” ask 03**

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

 0 3 Less than $20,000 **If “no,” code 04; if “yes,” ask 02**

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

 0 2 Less than $15,000 **If “no,” code 03; if “yes,” ask 01**

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

 0 1 Less than $10,000 **If “no,” code 02**

 0 5 Less than $35,000 **If “no,” ask 06**

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

 0 6 Less than $50,000 **If “no,” ask 07**

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

 0 7 Less than $75,000 **If “no,” code 08**

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

 0 8 $75,000 or more

 **Do not read:**

 7 7 Don’t know / Not sure

 9 9 Refused

**INTERNET** Have you used the internet in the past 30 days?

1. Yes
2. No

 7 Don’t know/Not sure

1. Refused

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

**NOTE: If respondent answers in metrics, put “9” in column 161.**

 **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?

 **NOTE: If respondent answers in metrics, put “9” in column 165.**

**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 45 years old or older, go to text screen prior to S8.22**

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

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?

 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?

 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?

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 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?

 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?

**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.”

 **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?

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?

 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?

 0 1 Within the past month (less than 1 month ago)

 0 2 Within the past 3 months (1 month but less than 3 months ago)

 0 3 Within the past 6 months (3 months but less than 6 months ago)

 0 4 Within the past year (6 months but less than 1 year ago)

 0 5 Within the past 5 years (1 year but less than 5 years ago)

 0 6 Within the past 10 years (5 years but less than 10 years ago)

 0 7 10 years or more

 0 8 Never smoked regularly

 7 7 Don’t know / Not sure

 9 9 Refused

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

 **Snus (rhymes with ‘goose’)**

 **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

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

Section 10: E-Cigarettes

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

**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.

 1 Yes

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

 7 Don’t know / Not sure

 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?

 1 Every day

 2 Some days

 3 Not at all

 7 Don’t know / Not sure

 9 Refused

Section 11: 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?

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?

**NOTE: 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 X = 5 for men, X = 4 for women]** or more drinks on an occasion?

\_ \_ 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?

\_ \_ 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 12: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

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

**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 PNEUVAC3]**

 7 Don’t know / Not sure **[Go to PNEUVAC3]**

 9 Refused **[Go to PNEUVAC3]**

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

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

 7 7 / 7 7 7 7 Don’t know / Not sure

 9 9 / 9 9 9 9 Refused

**PNEUVAC3** 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

**TETANUS** Since 2005, have you had a tetanus shot?

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 since 2005

7   Don’t know/Not sure

9   Refused

Section 13: Falls

**If respondent is 45 years or older continue, otherwise go to next section.**

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.

**FALL12MN** In the past 12 months, how many times have you fallen?

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

8 8 None **[Go to next section]**

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

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

**FALLINJ2** **[Fill in “Did this fall (from FALL12MN) cause an injury?”]. If only one fall from FALL12MN and response is “Yes” (caused an injury); code 01. If response is “No,” code 88**.

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 falls **[76 = 76 or more]**

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**CATI: If FALLINJ2>0 and FALLINJ2<77 and FALLINJ2> FALL12MN, CONFIRM RESPONSE; OTHERWISE GO TO NEXT SECTION.**

**CNFFAL INTERVIEWER:** Number of falls causing an injury [DISPLAY RESPONSE TO FALLINJ2] cannot exceed number of falls [DISPLAY RESPONSE TO FALL12MN].

 1 Correct number of falls **GO TO FALL12MN** (and then re-ask FALLINJ2)

 2 Correct number of falls causing injury **GO TO FALLINJ2**

Section 14: Seatbelt Use

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

 **Please read:**

 1 Always

 2 Nearly always

 3 Sometimes

 4 Seldom

 5 Never

 **Do not read:**

 7 Don’t know / Not sure

 8 Never drive or ride in a car

 9 Refused

**CATI note: If SEATBELT = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.**

Section 15: Drinking and Driving

**CATI note: If ALCDAY5= 888 (No drinks in the past 30 days); go to next section.**

**DRNKDRI2** During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?

 \_ \_ Number of times

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

Section 16: Breast and Cervical Cancer Screening

**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

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

 1 Yes

 2 No **[Go to HADPAP2]**

 7 Don’t know / Not sure **[Go to HADPAP2]**

 9 Refused **[Go to HADPAP2]**

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

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

1. Don’t know / Not sure

9 Refused

**HADPAP2** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1 Yes

2 No **[Go to PRE HPVTST1]**

1. Don’t know / Not sure **[Go to PRE HPVTST1]**

9 Refused **[Go to PRE HPVTST1]**

**LASTPAP2** How long has it been since you had your last Pap test?

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

Now, I would like to ask you about the Human Papillomavirus **(Pap·uh·loh·muh virus)** or HPV test.

**HPVTST1** An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test?

1 Yes

2 No **[Go to PRE HADHYST2]**

7 Don’t know/Not sure **[Go to PRE HADHYST2]**

9 Refused **[Go to PRE HADHYST2]**

**HPVTST2** How long has it been since you had your last HPV test?

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

**CATI note: If response to PREGNANT = 1 (is pregnant); then go to next section.**

**HADHYST2** Have you had a hysterectomy?

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

Section 17: Prostate Cancer Screening

**CATI note: If respondent is <39 years of age, or is female, go to next section.**

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

**PCPSAREC** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check

 men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

 1 Yes

 2 No

 7 Don’t Know / Not sure

9 Refused

**PCPSADI1** Has a doctor, nurse, or other health professional EVER talked with you about the

 disadvantages of the PSA test?

1 Yes

 2 No

 7 Don’t Know / Not sure

 9 Refused

**PCPSARE1** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

1. Yes
2. No

 7 Don’t Know / Not sure

 9 Refused

**PSATEST1** Have you EVER HAD a PSA test?

1. Yes
2. No **[Go to next section]**

 7 Don’t Know / Not sure **[Go to next section]**

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

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

 **Read only if necessary:**

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

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

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

 4 Within the past 5 years (3 years but less than 5 years)

 5 5 or more years ago

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

**PCPSARSN** What was the MAIN reason you had this PSA test – was it …?

 **Please read:**

 1 Part of a routine exam

 2 Because of a prostate problem

 3 Because of a family history of prostate cancer

 4 Because you were told you had prostate cancer

 5 Some other reason

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

Section 18: Colorectal Cancer Screening

**CATI note: If respondent is < 49 years of age, go to next section.**

The next questions are about colorectal cancer screening.

**BLDSTOOL** 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 **[Go to HADSIGM3]**

 7 Don't know / Not sure **[Go to HADSIGM3]**

 9 Refused **[Go to HADSIGM3]**

**LSTBLDS3** How long has it been since you had your last blood stool test using a home kit?

 **Read only if necessary:**

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

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

 3 Within the past 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

 **Do not read:**

 7 Don't know / Not sure

 9 Refused

**HADSIGM3** 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 **[Go to next section]**

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

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

**HADSGCO1** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems.

 A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or

 a colonoscopy?

1. Sigmoidoscopy
2. Colonoscopy

7 Don’t know / Not sure

9 Refused

**LASTSIG3** How long has it been since you had your last sigmoidoscopy or colonoscopy?

 **Read only if necessary:**

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

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

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

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

 5 Within the past 10 years (5 years but less than 10 years ago)

 6 10 or more years ago

 **Do not read:**

 7 Don't know / Not sure

 9 Refused

Section 19: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you 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** Not counting tests you may have had as part of a blood donation, have you ever been tested for HIV?  Include testing fluid from your mouth.

 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?

**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.

You have used intravenous drugs in the past year.

You have been treated for a sexually transmitted or venereal disease in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

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

**IF STATERES=1 (WYOMING RESIDENT) CONTINUE, ELSE SKIP TO CLOSING STATEMENT.**

Transition to Modules and/or State-Added Questions

**Please read:**

Now I have some questions about other health topics.

Module 10: Marijuana Use

**M10\_1.** During the past 30 days, on how many days did you use marijuana or hashish?

\_ \_ 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]**

**M10\_2.** During the past 30 days, how did you use marijuana? Please tell me all that apply. Did you….

**[INTERVIEWER NOTE: Use clarification in parentheses only if needed. Please slowly read all modes in succession]**

 **(Select all that apply)**

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)

5 Dab it? (for example using butane hash oil, wax or concentrates)

or

6 Was it used in some other way?

7 Don’t know/Not sure

9 Refused

Wyoming State-Added Questions

**CATI: ASK WY1 AND WY2 IF CORE CHCSCNCR=1 OR CHCOCNCR=1 (Yes to Skin cancer (6.6) or Other type of cancer (6.7)). ELSE SKIP TO WY4.**

**WY1** Earlier you stated you had been told you have some type of cancer. These next few questions are about that diagnosis. Were you given a summary of care for past, current, or future care you should receive?

 [NOTE: If respondent has had more than one cancer diagnosis, R should answer regarding the MOST RECENT diagnosis.]

1 = Yes

2 = No

7 = (VOL) Don’t know/not sure

9 = (VOL) Refused

**WY2** Have you been offered non-medical supportive care such as support groups, or transportation services? [READ LIST]

[NOTE: If respondent has had more than one cancer diagnosis, R should answer regarding the MOST RECENT diagnosis.]

1 = You have been offered these services, but did not use them.

2 = You have been offered these services and tried at least once to use them.

3 = You have been offered these services and use them regularly.

4 = No, you have not been offered these services.

7 = (VOL) Don’t know/not sure

9 = (VOL) Refused

**ASK WY3 IF WY2=2 or 3 (Offered and used services). ELSE SKIP TO WY4.**

**WY3**  What type of services did you use? [READ LIST, MULTIPLE RECORD]

[NOTE: If respondent has had more than one cancer diagnosis, R should answer regarding the MOST RECENT diagnosis.]

1 = Support Group

2 = Transportation services

3 = Individual Counseling/Social Work

4 = Pastoral/Religious service

5 = American Cancer Society or other cancer Organization service

6 = Financial services

7 = Or some other service (specify)

77 = (VOL) Don’t know/not sure

99 = (VOL) Refused

**ASK ALL**

**WY4**  Have you ever been tested for hepatitis C? Do not count tests you may have had as part of a blood donation.

1 = Yes

2 = No

7 = (VOL) Don’t know/not sure

9 = (VOL) Refused

**ASK ALL**

**INTRO:** The next questions are about your sexual behavior. We realize that this is a very personal topic, but we ask these questions of everyone because the answers people give helps the Department of Health to plan services for Wyoming residents. Please remember that your answers are strictly confidential and that you do not have to answer any question you don’t want to.

**WY5** During the past 12 months with how many people did you have sexual intercourse?

 (76 = 76 or more, 88 = None/Zero, 77 = Don’t Know, 99 = Refused)

\_\_\_\_ [RANGE 1-77, 88, 99]

**CONFIRM IF WY5=20-76.**

**CHKWY5** I would like to confirm during the past 12 months, you have had sexual intercourse with [insert # from **WY5**] people. Is that correct?

 1 Yes **[Go to WY6]**

 2 No **[Go back to WY5]**

**IF WY5=1-76, CONTINUE.**

**IF WY5 = 77, 88, or 99, SKIP TO CLOSING STATEMENT.**

**WY6** Was a condom used the last time you had sexual intercourse?

1 = Yes

2 = No **SKIP TO WY8**

7 = (VOL) Don’t know/not sure **SKIP TO WY8**

9 = (VOL) Refused **SKIP TO WY8**

(asked of those who respond Yes to previous question)

**WY7**  The last time you had sexual intercourse was the condom used…. [READ LIST]

1 = To prevent pregnancy,

2 = To prevent diseases like syphilis, gonorrhea and AIDS

3 = For both of these reasons,

4 = Or for some other reason?

7 = (VOL) Don’t know/not sure

9 = (VOL) Refused

**WY8**  How did you meet your most recent sexual partner?

[NOTE: If most recent sexual partner is spouse, partner, boy/girlfriend, ASK: How did you meet your (spouse, partner, boy/girlfriend)?]

 [IF NECESSARY, READ LIST]

1 = Met through mutual friend

2 = Met at work or school (college)

3 = Met on blind date

4 = Met on social media or dating website like Facebook, Plenty of Fish, or Match.com

5 = Met through dating/hook-up app such as Tinder, Grinder, or Adam4Adam

6 = Other (specify)

7 = (VOL) Don’t know/not sure

9 = (VOL) Refused

**BRFSS 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