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**2018**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**WYOMING**

November 21, 2017

**Behavioral Risk Factor Surveillance System**

**2018 Questionnaire**

**Table of Contents**

[Interviewer’s Script Sample 3](#_Toc499043335)

[Interviewer’s Script 4](#_Toc499043336)

[Landline Sample Screener 4](#_Toc499043337)

[Cell Phone Sample Screener 9](#_Toc499043338)

[Core Sections 13](#_Toc499043339)

[Section 1: Health Status 13](#_Toc499043340)

[Section 2: Healthy Days — Health-Related Quality of Life 13](#_Toc499043341)

[Section 3: Health Care Access 14](#_Toc499043342)

[Section 4: Exercise 15](#_Toc499043343)

[Section 5: Inadequate Sleep 15](#_Toc499043344)

[Section 6: Chronic Health Conditions 15](#_Toc499043345)

[Section 7: Oral Health 18](#_Toc499043346)

[Section 8: Demographics 19](#_Toc499043347)

[Section 9: Tobacco Use 27](#_Toc499043348)

[Section 10: Alcohol Consumption 28](#_Toc499043349)

[Section 11: Immunization 29](#_Toc499043350)

[Section 12: Falls 30](#_Toc499043351)

[Section 13: Seat Belt Use and Drinking and Driving 31](#_Toc499043352)

[Section 14: Breast and Cervical Cancer Screening 32](#_Toc499043353)

[Section 15: Prostate Cancer Screening 34](#_Toc499043354)

[Section 16: Colorectal Cancer Screening 35](#_Toc499043355)

[Section 17: HIV/AIDS 37](#_Toc499043356)

[Optional Modules 38](#_Toc499043357)

[Module 6: E-Cigarettes 38](#_Toc499043358)

[Module 7: Marijuana Use 39](#_Toc499043359)

[Module 10: Respiratory Health 39](#_Toc499043360)

[**CLOSING STATEMENT** 41](#_Toc499043361)

Pre-Diabetes added in December 2017

# Interviewer’s Script Sample

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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).

|  |
| --- |
| 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.  |

**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 2018, 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**

**CTELENUM** 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 the state of \_\_(state)\_\_\_\_ at this time.  **STOP**

**Cellular Phone**

**CELLPH** Is this a cell telephone?

**(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 (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).**

**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. (STOP)**

CATI VARIABLE, SET BRF3200=1.

**CATI NOTE:**

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

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

**(LL.6)**

**INTERVIEWER NOTE**: 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**

**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.7)**

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

[**INTERVIEWER**: Sex WILL BE ASKED AGAIN DEMOGRAPHICS SECTION]

 **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

**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 " To the 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?

**(LL.8)**

 \_\_ Number of men

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

**(LL.9)**

 \_\_ 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.

# **Cell Phone Sample Screener**

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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.  |

**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 CTELENUM]**

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**

**CTELENUM** 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 telephone?

**(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.

INTERVIEWER: Sex WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION

1          Yes, respondent is male            **[GO TO PRIVATE RESIDENCE]**

2          Yes, respondent is female         **[GO TO PRIVATE RESIDENCE]**

                        3          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.**

**PVTRESID** . Do you live in a private residence?

**1(CP.5)**

**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.6)**

**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.7)**

Yes **[Go to LANDLINE]**

No **[Go to RSPSTATE]**

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

**(CP.8)**

 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.9)**

**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.10)**

\_\_ 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]**

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 **If PPHF state, ASK MEDICARE**

 2 No **GO TO PERSDOC2**

 7 Don’t know / Not sure **GO TO PERSDOC2**

 9 Refused **GO TO PERSDOC2**

**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: 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?

**(4.1)**

**INTERVIEWER NOTE:** If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do

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?

**(5.1)**

**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?

**(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 have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

**(6.8)**

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?

**(6.9)**

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)?

**(6.10)**

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?

**(6.11)**

**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?

**(6.12)**

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?

**(6.13)**

 \_ \_ 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**

Section 7: Oral Health

**LASTDEN3** Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

**(7.1)**

 **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** Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

**(7.2)**

**INTERVIEWER NOTE:** If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

**READ IF NECESSARY:**

 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** (What is your sex? …

**(8.1)**

**CATI NOTE:** STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF FIRST FORMAT IS USED, READ OPTIONS.

 1 Male

 2 Female

 9 Refused

**AGE** What is your age?

**(8.2)**

 \_ \_ 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?

**(8.3)**

**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?

**(8.4)**

**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 ALEC: 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?

**(8.5)**

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

 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** 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.**

**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.**

**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)**

 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)**

 **Do not read:**

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.

**Do not read:**

 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)**

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)**

**INTERVIEWER 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 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: Immunization

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

**(11.1)**

**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 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?

**(11.2)**

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

 7 7 / 7 7 7 7 Don’t know / Not sure

 9 9 / 9 9 9 9 Refused

**IMFVPLAC.** At what kind of place did you get your last flu shot or vaccine?

**(11.3)**

**INTERVIEWER NOTE**: If respondent is unsure, probe with “How would you describe the place where you went to get your most recent flu vaccine”?

Read only if necessary:

 01 A doctor’s office or health maintenance organization (HMO)

 02 A health department

 03 Another type of clinic or health center (a community health center)

 04 A senior, recreation, or community center

 05 A store (supermarket, drug store)

 06 A hospital (inpatient)

 07 An emergency room

 08 Workplace

 09 Some other kind of place

 11 A school

 **Do not read:**

 10 Received vaccination in Canada/Mexico

 77 Don’t know / Not sure

99 Refused

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

**(11.4)**

**INTERVIEWER NOTE:** If respondent is confused read: There are two types of pneuomina 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 12: Falls

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

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

**(12.1)**

**INTERVIEWER NOTE:** By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

\_ \_ 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**.

**(12.2)**

**INTERVIEWER NOTE:** 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.

How many of these falls caused an injury that limited your regular activities for at least a day?

\_ \_ 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 13: Seat Belt Use and Drinking and Driving

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

**(13.1)**

 **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 14; otherwise continue.**

**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?

**(13.2)**

 \_ \_ Number of times

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

Section 14: 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** Have you ever had a mammogram?

**(14.1)**

**INTERVIEWER NOTE:** A mammogram is an x-ray of each breast to look for breast cancer.

 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?

**(14.2)**

**READ IF NECESSARY:**

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

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

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

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

5 5 or more years ago

1. Don’t know / Not sure

9 Refused

**HADPAP2**  Have you ever had a Pap test?

**(14.3)**

**INTERVIEWER NOTE:** A Pap test is a test for cancer of the cervix.

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?

**(14.4)**

**READ ONLY IF NECESSARY**

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

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

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

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

5 5 or more years ago

7 Don’t know / Not sure

9 Refused

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

**(14.5)**

**INTERVIEWER NOTE:** HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)

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 H.P.V. test?

**(14.6)**

**READ ONLY IF NECESSARY:**

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

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

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

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

5 5 or more years ago

7 Don’t know / Not sure

9 Refused

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

**HADHYST2** Have you had a hysterectomy?

**(14.7)**

**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 15: Prostate Cancer Screening

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

**PCPSAREC** Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

**(15.1)**

 **INTERVIEWER NOTE:** A prostate-specific antigen test, also called a P.S.A. Test, is a blood test used to check men for prostate cancer.

 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 P.S.A. test?

**(15.2)**

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 P.S.A. test?

**(15.3)**

1. Yes
2. No

 7 Don’t Know / Not sure

 9 Refused

**PSATEST1** Have you EVER HAD a P.S.A. test?

**(15.4)**

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 P.S.A. test?

**(15.5)**

 **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 P.S.A. test – was it …?

**(15.6)**

 **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 16: Colorectal Cancer Screening

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

**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?

**(16.1)**

 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?

**(16.2)**

 **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?

**(16.3)**

 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?

**(16.4)**

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?

**(16.5)**

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

**(17.1)**

 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?

(17.2)

**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.

**(17.3)**

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

# **Optional Modules**

Module 6: E-Cigarettes

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

**(M6.1)**

**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.

 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?

**(M6.2)**

 1 Every day

 2 Some days

 3 Not at all

 7 Don’t know / Not sure

 9 Refused

Module 7: Marijuana Use

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

**(M7.1)**

\_ \_ 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…

**(M7.2)**

**INTERVIEW NOTE: 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:

**(M7.3)**

**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

Module 10: Respiratory Health

**M3\_1**  During the past 3 months, did you have a cough on most days?

**(10.1)**

 1 Yes

 2 No

 7 Don’t know / Not sure

9 Refused

**M3\_2** During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?

**(10.2)**

 1 Yes

 2 No

 7 Don’t know / Not sure

9 Refused

**M3\_3** Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?

**(10.3)**

 1 Yes

 2 No

 7 Don’t know / Not sure

9 Refused

**M3\_4** Have you ever been given a breathing test to diagnose breathing problems?

**(10.4)**

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

**M3\_5** Over your lifetime, how many years have you smoked tobacco products?

**(10.5)**

\_ \_ Number of years **(RANGE: 01-76)**

8 8 Never smoked or smoked less than one year

7 7 Don’t know/Not sure

9 9 Refused

**{CATI: If (M3\_5 = 01-76 and AGE = 18-99) AND (M3\_5 > AGE), continue; else go to Next Module}**

**UPDTAGM3** I’m sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and have smoked tobacco products for **{CATI: fill-in response from M3\_5}**. How many years have your smoked tobacco products?

Update age **GO TO AGE**

Update years smoked **GO TO M3\_5**

**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