

**2021**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**Wyoming**

**English & Spanish (state-added only)**

**December 8, 2020**

Table of Contents

[OMB Header and Introductory Text 3](#_Toc56088467)

[Landline Introduction 4](#_Toc56088468)

[Cell Phone Introduction 10](#_Toc56088469)

[Core Section 1: Health Status 15](#_Toc56088470)

[Core Section 2: Healthy Days 16](#_Toc56088471)

[Core Section 3: Health Care Access 18](#_Toc56088472)

[Core Section 4: Exercise 20](#_Toc56088473)

[Core Section 5: Hypertension Awareness 21](#_Toc56088474)

[Core Section 6: Cholesterol Awareness 22](#_Toc56088475)

[Core Section 7: Chronic Health Conditions 24](#_Toc56088476)

[Module 2: Diabetes 26](#_Toc56088477)

[Core Section 8: Arthritis 29](#_Toc56088478)

[Core Section 9: Demographics 31](#_Toc56088479)

[Core Section 10: Disability 37](#_Toc56088480)

[Core Section 11: Tobacco Use 39](#_Toc56088481)

[Core Section 12: Alcohol Consumption 40](#_Toc56088482)

[Core Section 13: Immunization 41](#_Toc56088483)

[Core Section 14: H.I.V./AIDS 44](#_Toc56088484)

[Core Section 15: Fruits and Vegetables 45](#_Toc56088485)

[Closing Statement/ Transition to Modules 49](#_Toc56088486)

[Optional Modules 50](#_Toc56088487)

[Module 16: Home/ Self-measured Blood Pressure 50](#_Toc56088488)

[Module 19: Caregiver 51](#_Toc56088489)

[Module 21: Marijuana Use 55](#_Toc56088490)

[Wyoming State-Added 1: Military (2020, WY State-Added 2) 56](#_Toc56088491)

[Wyoming State-Added 2: Excess Sun Exposure (2018, Optional Module 13) 57](#_Toc56088492)

[Wyoming State-Added 3: Radon (NEW) 59](#_Toc56088493)

[Wyoming State-Added 4: Tobacco Cessation (2020, STOPSMK2) 60](#_Toc56088494)

[Closing Statement 60](#_Toc56088495)

OMB Header and Introductory Text

|  |  |  |
| --- | --- | --- |
| Read if necessary | Read | Interviewer instructions (not read) |
| 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). |  | Form ApprovedOMB No. 0920-1061Exp. Date 3/31/2021Interviewers 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. |
|  | HELLO, I am calling for the Wyoming Department of Health. My name is (name). We are gathering information about the health of US 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. |  |

Landline Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| LL01. | Is this [PHONE NUMBER]? | CTELENM1 | 1 Yes | Go to LL02 |  | 63 |
| 2 No | TERMINATE | 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. |
| LL02. | Is this a private residence? | PVTRESD1 | 1 Yes | Go to LL04 | Read if necessary: By private residence we mean someplace like a house or apartment.Do not read: 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. | 64 |
| 2 No | Go to LL03 | If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time.NOTE: Business numbers which are also used for personal communication are eligible. |
| 3 No, this is a business |  | Read: Thank you very much but we are only interviewing persons on residential phones at this time.TERMINATE |
| LL03. | Do you live in college housing? | COLGHOUS | 1 Yes | Go to LL04 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. | 65 |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| LL04. | Do you currently live in\_\_Wyoming\_\_\_\_? | STATERE1 | 1 Yes | Go to LL05 |  | 66 |
| 2 No | TERMINATE | Thank you very much but we are only interviewing persons who live in Wyoming at this time. |
| LL05. | Is this a cell phone? | CELPHONE  | 1 Yes, it is a cell phone  | TERMINATE | Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time. | 67 |
| 2 Not a cell phone | Go to LL06 | Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services). |
| LL06. | Are you 18 years of age or older? | LADULT1 | 1 Yes | IF COLLEGE HOUSING = “YES,” CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION] |  | 68 |
| 2 No | IF COLLEGE HOUSING = “YES,” Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION] | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| LL07. | Are you male or female? | COLGSEX | 1 Male2 Female | ONLY for respondents who are LL and COLGHOUS= 1. |  | 69 |
| 7 Don’t know/Not sure9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future. |
| LL08. | 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 | 1 | Go to LL09 | Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household? | 70-71 |
| 2-6 or more | Go to LL10. |  |
| LL09.  | Are you male or female? | LANDSEX | 1 Male2 Female | GO to Transition Section 1.  |  | 72 |
| 7 Don’t know/Not sure9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future. |
| LL10. | How many of these adults are men? | NUMMEN | \_ \_ Number 77 Don’t know/ Not sure99 Refused |  |  | 73-74 |
| LL11. | So the number of women in the household is [X]. Is that correct? | NUMWOMEN |  |  | Do not read: Confirm the number of adult women or clarify the total number of adults in the household.Read: The persons in your household that I need to speak with is [Oldest/Youngest/ Middle//Male /Female]. | 75-76 |
| LL12 | The person in your household that I need to speak with is [Oldest/Youngest/ Middle//Male /Female]. Are you the [Oldest/Youngest/ Middle//Male /Female] in this household? | RESPSLCT | 1 Male2 Female | If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming) |  | 77 |
| 7 Don’t know/Not sure9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future.  |
| Transition to Section 1.  |  |  | 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. |  | Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence “Any information you give me will not be connected to any personal information” may be replaced by “Any personal information that you provide will not be used to identify you.” If the state coordinator approves the change.  |  |

Cell Phone Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  |  |  |
| CP01. | Is this a safe time to talk with you? | SAFETIME | 1 Yes | Go to CP02 |  | 78 |
| 2 No |  ([set appointment if possible]) TERMINATE] | Thank you very much. We will call you back at a more convenient time.  |
| CP02. | Is this [PHONE NUMBER]? | CTELNUM1 | 1 Yes | Go to CP03 |  | 79 |
| 2 No | TERMINATE |  |
| CP03. | Is this a cell phone? | CELLFON5 | 1 Yes | Go to CADULT1 |  | 80 |
| 2 No | TERMINATE | If "no”: thank you very much, but we are only interviewing persons on cell telephones at this time |
| CP04. | Are you 18 years of age or older? | CADULT1 | 1 Yes |  |  | 81 |
| 2 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| CP05. | Are you male or female? | CELLSEX | 1 Male2 Female |  |  | 82 |
| 7 Don’t Know/ Not sure9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future.  |
| CP06. | Do you live in a private residence? | PVTRESD3 | 1 Yes | Go to CP08 | Read if necessary: By private residence we mean someplace like a house or apartmentDo not read: 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. | 84 |
| 2 No | Go to CP07 |  |
| CP07. | Do you live in college housing? | CCLGHOUS | 1 Yes | Go to CP08 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. | 84 |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| CP08. | Do you currently live in\_\_\_Wyoming\_\_\_\_? | CSTATE1 | 1 Yes | Go to CP10 |  | 85 |
| 2 No | Go to CP09 |  |
| CP09. | In what state do you currently live? | RSPSTAT1 | 1 Alabama2 Alaska4 Arizona5 Arkansas6 California8 Colorado9 Connecticut10 Delaware11 District of Columbia12 Florida13 Georgia15 Hawaii16 Idaho17 Illinois18 Indiana19 Iowa20 Kansas21 Kentucky22 Louisiana23 Maine24 Maryland25 Massachusetts26 Michigan27 Minnesota28 Mississippi29 Missouri30 Montana31 Nebraska32 Nevada33 New Hampshire34 New Jersey35 New Mexico36 New York37 North Carolina38 North Dakota39 Ohio40 Oklahoma41 Oregon42 Pennsylvania44 Rhode Island45 South Carolina46 South Dakota47 Tennessee48 Texas49 Utah50 Vermont51 Virginia53 Washington54 West Virginia55 Wisconsin56 Wyoming66 Guam72 Puerto Rico78 Virgin Islands |  |  | 86-87 |
| 77 Live outside US and participating territories99 Refused | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in the US. |
| CP10. | Do you also have a landline telephone in your home that is used to make and receive calls? | LANDLINE | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | Read 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. | 88 |
| CP11. | How many members of your household, including yourself, are 18 years of age or older? | HHADULT | \_ \_ Number 77 Don’t know/ Not sure99 Refused | If CP07 = yes then number of adults is automatically set to 1 |  | 89-90 |
| Transition to section 1.  |  |  | 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. |  |  |  |

Core Section 1: Health Status

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHS.01 | Would you say that in general your health is—  | GENHLTH | Read:1 Excellent2 Very Good3 Good 4 Fair5 PoorDo not read:7 Don’t know/Not sure9 Refused |  |  | 101 |

Core Section 2: Healthy Days

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHD.01 | 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?  | PHYSHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.  | 102-103 |
| CHD.02 | 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? | MENTHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. | 104-105 |
|  |  |  |  | Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88 |  |  |
| CHD.03 | 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? | POORHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. | 106-107 |

Core Section 3: Health Care Access

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHCA.01 | What is the current primary source of your health insurance? | PRIMINSR  | Read if necessary:01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private nongovernmental plan that you or another family member buys on your own 03 Medicare04 Medigap05 Medicaid06 Children's Health Insurance Program (CHIP)07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA08 Indian Health Service09 State sponsored health plan10 Other government program88 No coverage of any type77 Don’t Know/Not Sure 99 Refused  |  | If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverageask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.  | 108-109 |
|  |
| CHCA.02 | Do you have one person or a group of doctors that you think of as your personal health care provider? | PERSDOC3 | 1 Yes, only one2 More than one3 No 7 Don’t know / Not sure9 Refused |  | If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? | 110 |
| CHCA.03 | Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? | MEDCOST1 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 111 |
| CHCA.04 | About how long has it been since you last visited a doctor for a routine checkup? | CHECKUP1 | 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 agoDo not read:7 Don’t know / Not sure 8 Never9 Refused |  | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  | 112 |

Core Section 4: Exercise

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CEX.01 | 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? | EXERANY2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do | 113 |

Core Section 5: Hypertension Awareness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C05.01 | Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? | BPHIGH6 | 1 Yes |  | If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.  | 114 |
| 2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure7 Don’t know / Not sure 9 Refused | Go to next section |
| C05.02 | Are you currently taking prescription medicine for your high blood pressure? | BPMEDS | 1 Yes2 No7 Don’t know / Not sure9 Refused  |  |  | 115 |

Core Section 6: Cholesterol Awareness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C06.01 | Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked? | CHOLCHK3 | 1 Never | Go to next section. |   | 116 |
| 2 Within the past year (anytime less than one year ago)3 Within the past 2 years (1 year but less than 2 years ago)4 Within the past 3 years (2 years but less than 3 years ago)5 Within the past 4 years (3 years but less than 4 years ago)6 Within the past 5 years (4 years but less than 5 years ago)8 5 or more years ago |  |
| 7 Don’t know/ Not sure9 Refused | Go to next section |
| C06.02 | Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high? | TOLDHI3 | 1 Yes |  | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. | 117 |
| 2 No7 Don’t know / Not sure9 Refused |  |
| C06.03 | Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol? | CHOLMED2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If respondent questions why they might take drugs without having high cholesterol read: ‘High’ cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines.  | 118 |

Core Section 7: Chronic Health Conditions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | 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. |  |  |  |  |  |
| CCHC.01 | Ever told you that you had a heart attack also called a myocardial infarction? | CVDINFR4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 119 |
| CCHC.02 | (Ever told) (you had) angina or coronary heart disease? | CVDCRHD4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 120 |
| CCHC.03 | (Ever told) (you had) a stroke? | CVDSTRK3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 121 |
| CCHC.04 | (Ever told) (you had) asthma? | ASTHMA3 | 1 Yes |  |  | 122 |
| 2 No7 Don’t know / Not sure9 Refused | Go to CCHC.06 |  |
| CCHC.05 | Do you still have asthma? | ASTHNOW | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 123 |
| CCHC.06 | (Ever told) (you had) skin cancer? | CHCSCNCR | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 124 |
| CCHC.07 | (Ever told) (you had) any other types of cancer? | CHCOCNCR | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 125 |
| CCHC.08 | (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? | CHCCOPD3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 126 |
| CCHC.09 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 127 |
| CCHC.10 | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?  | CHCKDNY2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow. | 128 |
| CCHC.11 | (Ever told) (you had) diabetes? | DIABETE4 | 1 Yes |  | 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. | 129 |
| 2 Yes, but female told only during pregnancy3 No4 No, pre-diabetes or borderline diabetes7 Don’t know / Not sure9 Refused | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. |  |
| CCHC.12 | How old were you when you were told you had diabetes? | DIABAGE3 | \_ \_ Code age in years [97 = 97 and older] 98 Don‘t know / Not sure 99 Refused | Go to Diabetes Module if used, otherwise go to next section.  |  | 130-131 |

# Module 2: Diabetes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | To be asked following Core CCHC.12; if response to CCHC.11 is Yes (code = 1) |  |  |
| M02.01 | Are you now taking insulin?  | INSULIN | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 260 |
| M02.02 | About how often do you check your blood for glucose or sugar?  | BLDSUGAR | 1 \_ \_ Times per day2 \_ \_ Times per week3 \_ \_ Times per month 4 \_ \_ Times per year 888 Never 777 Don’t know / Not sure999 Refused |  | Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional. Do not read: 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.’ | 261-263 |
| M02.03 | Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?  | FEETCHK3 | 1 \_ \_ Times per day2 \_ \_ Times per week3 \_ \_ Times per month 4 \_ \_ Times per year555 No feet 888 Never 777 Don’t know / Not sure999 Refused |  |  | 264-266 |
| M02.04 | About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? | DOCTDIAB | \_ \_ Number of times [76 = 76 or more]88 None77 Don’t know / Not sure99 Refused |  |  | 267-268 |
| M02.05 | About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?  | CHKHEMO3 | \_ \_ Number of times [76 = 76 or more]88 None98 Never heard of A-one-C test77 Don’t know / Not sure99 Refused |  | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.  | 269-270 |
| M02.06 | About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?  | FEETCHK | \_ \_ Number of times [76 = 76 or more]88 None77 Don’t know / Not sure99 Refused | If M02.03 = 555 (No feet), go to M02.07 |  | 271-272 |
| M02.07 | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?  | EYEEXAM1 | Read if necessary:1 Within the past month (anytime less than 1 month ago)2 Within the past year (1 month but less than 12 months ago)3 Within the past 2 years (1 year but less than 2 years ago)4 2 or more years agoDo not read: 7 Don’t know / Not sure8 Never9 Refused |  |  | 273 |
| M02.08 | Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? | DIABEYE | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 274 |
| M02.09 | Have you ever taken a course or class in how to manage your diabetes yourself?  | DIABEDU | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 275 |

Core Section 8: Arthritis

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C08.01 | Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | HAVARTH5 | 1 Yes |  |  | 132 |
| 2 No7 Don’t know / Not sure9 Refused | Go to next section |
| C08.02 | Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? | ARTHEXER | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase. | 133 |
| C08.03 | Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? | ARTHEDU | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 134 |
| C08.04 | Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? | LMTJOIN3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment” | 135 |
| C08.05 | In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do? | ARTHDIS2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment." | 136 |
| C08.06 | Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be? | JOINPAI2 | \_\_ \_\_ Enter number [00-10]77 Don’t know/ Not sure99 Refused |  |  | 137-138 |

Core Section 9: Demographics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CDEM.01 | What is your age? | AGE | \_ \_ Age7 Don’t know9 Refused |  |  | 139-140 |
| CDEM.02 | Are you Hispanic, Latino/a, or Spanish origin? | HISPANC3 | If yes, read: Are you… 1 Mexican, Mexican American, Chicano/a2 Puerto Rican3 Cuban4 Another Hispanic, Latino/a, or Spanish originDo not read:5 No7 Don’t know / Not sure9 Refused |  | One or more categories may be selected. | 141-144 |
| CDEM.03 | Which one or more of the following would you say is your race? | MRACE1 | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other88 No additional choices77 Don’t know / Not sure99 Refused | . | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.One or more categories may be selected. | 145-172 |
|  |  |  |  | If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05 |  |  |
| CDEM.04 | Which one of these groups would you say best represents your race? | ORACE3 | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other77 Don’t know / Not sure99 Refused |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.If respondent has selected multiple races in previous and refuses to select a single race, code refused | 173-174 |
| CDEM.05 | Are you… | MARITAL | Please read:1 Married2 Divorced3 Widowed4 Separated5 Never marriedOr6 A member of an unmarried coupleDo not read:9 Refused |  |  | 175 |
| CDEM.06 | What is the highest grade or year of school you completed? | EDUCA | Read if necessary:1 Never attended school or only attended kindergarten2 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 |  |  | 176 |
| CDEM.07 | Do you own or rent your home? | RENTHOM1 | 1 Own2 Rent3 Other arrangement7 Don’t know / Not sure9 Refused |  | Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.  | 177 |
| CDEM.08 | In what county do you currently live? | CTYCODE2 | \_ \_ \_ANSI County Code 777 Don’t know / Not sure999 Refused |  |  | 178-180 |
| CDEM.09 | What is the ZIP Code where you currently live? | ZIPCODE1 | \_ \_ \_ \_ \_77777 Do not know99999 Refused |  |  | 181-185 |
|  |  |  |  | If cell interview go to CDEM12 |  |  |
| CDEM.10 | 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?  | NUMHHOL3 | 1 Yes |  |  | 186 |
| 2 No7 Don’t know / Not sure9 Refused | Go to CDEM.12 |  |
| CDEM.11 | How many of these telephone numbers are residential numbers? | NUMPHON3 | \_\_ Enter number (1-5)6 Six or more7 Don’t know / Not sure 8 None 9 Refused |  |  | 187 |
| CDEM.12 | How many cell phones do you have for personal use? | CPDEMO1B | \_\_ Enter number (1-5)6 Six or more7 Don’t know / Not sure 8 None 9 Refused | Last question needed for partial complete. | Read if necessary: Include cell phones used for both business and personal use. | 188 |
| CDEM.13 | 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? | VETERAN3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. | 189 |
| CDEM.14 | Are you currently…? | EMPLOY1 | Read:1 Employed for wages2 Self-employed3 Out of work for 1 year or more 4 Out of work for less than 1 year5 A Homemaker6 A Student7 RetiredOr8 Unable to workDo not read:9 Refused |  | If more than one, say “select the category which best describes you”. | 190 |
| CDEM.15 | How many children less than 18 years of age live in your household? | CHILDREN | \_ \_ Number of children88 None99 Refused |  |  | 191-192 |
| CDEM.16 | Is your annual household income from all sources— | INCOME3 | Read if necessary:01 Less than $10,000?02 Less than $15,000? ($10,000 to less than $15,000) 03 Less than $20,000? ($15,000 to less than $20,000)04 Less than $25,00005 Less than $35,000 If ($25,000 to less than $35,000)06 Less than $50,000 If ($35,000 to less than $50,000)07 Less than $75,000? ($50,000 to less than $75,000)08 Less than $100,000? ($75,000 to less than $100,000)09 Less than $150,000? ($100,000 to less than $150,000)?10 Less than $200,000? ($150,000 to less than $200,000)11 $200,000 or moreDo not read:77 Don’t know / Not sure99 Refused | SEE CATI information of order of coding;Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code ‘99’ (Refused) | 193-194 |
|  |  |  |  | Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or (Age >49) |  |  |
| CDEM.17 | To your knowledge, are you now pregnant? | PREGNANT | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 195 |
| CDEM.18 | About how much do you weigh without shoes? | WEIGHT2 | \_ \_ \_ \_ Weight (pounds/kilograms)7777 Don’t know / Not sure9999 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions up | 196-199 |
| CDEM.19 | About how tall are you without shoes? | HEIGHT3 | \_ \_ / \_ \_ Height (ft / inches/meters/centimeters)77/ 77 Don’t know / Not sure99/ 99 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions down | 200-203 |

Core Section 10: Disability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CDIS.01 | Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? | DEAF | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 204 |
| CDIS.02 | Are you blind or do you have serious difficulty seeing, even when wearing glasses? | BLIND | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 205 |
| CDIS.03 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | DECIDE | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 206 |
| CDIS.04 | Do you have serious difficulty walking or climbing stairs? | DIFFWALK | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 207 |
| CDIS.05 | Do you have difficulty dressing or bathing? | DIFFDRES | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 208 |
| CDIS.06 | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping? | DIFFALON | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 209 |

Core Section 11: Tobacco Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CTOB.01 | Have you smoked at least 100 cigarettes in your entire life? | SMOKE100 | 1 Yes |  | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes. | 210 |
| 2 No7 Don’t know/Not Sure9 Refused | Go to CTOB.03 |  |
| CTOB.02 | Do you now smoke cigarettes every day, some days, or not at all?  | SMOKDAY2 | 1 Every day2 Some days3 Not at all 7 Don’t know / Not sure 9 Refused |  |  | 211 |
| CTOB.03 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | USENOW3 | 1 Every day2 Some days3 Not at all7 Don’t know / Not sure9 Refused |  | Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. | 212 |
| CTOB.04 | Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all? | ECIGNOW | 1 Every day2 Some days3 Not at all4 Never smoked e-cigs7 Don’t know / Not sure9 Refused |  | 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. Brands you may have heard of are JUUL, NJOY, or blu. 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. | 213 |

Core Section 12: Alcohol Consumption

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CALC.01 | 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? | ALCDAY5 | 1 \_ \_ Days per week2 \_ \_ Days in past 30 days |  | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. | 214-216 |
| 888 No drinks in past 30 days 777 Don’t know / Not sure999 Refused | Go to next section |
| CALC.02 | 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? | AVEDRNK3 | \_ \_ Number of drinks88 None77 Don’t know / Not sure99 Refused |  | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. | 217-218 |
| CALC.03 | 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? | DRNK3GE5 | \_ \_ Number of times 77 Don’t know / Not sure99 Refused | CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted) |  | 219-220 |
| CALC.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? | MAXDRNKS | \_ \_ Number of drinks77 Don’t know / Not sure99 Refused |  |  | 221-222 |

Core Section 13: Immunization

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CIMM.01 | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?  | FLUSHOT7 | 1 Yes |  | 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. | 223 |
| 2 No7 Don’t know / Not sure9 Refused  | Go to CIMM.04 |
| CIMM.02 | During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? | FLSHTMY3 | \_ \_ / \_ \_ \_ \_ Month / Year77 / 7777 Don’t know / Not sure09 / 9999 Refused |  |  | 224-229 |
| C11.03 | At what kind of place did you get your last flu shot or vaccine? | IMFVPLAC | Read if necessary:01 A doctor’s office or health maintenance organization (HMO)02 A health department03 Another type of clinic or health center (a community health center)04 A senior, recreation, or community center05 A store (supermarket, drug store)06 A hospital (inpatient)07 An emergency room08 Workplace09 Some other kind of place11 A schoolDo not read:12 A drive though location at some other place than listed above10 Received vaccination in Canada/Mexico77 Don’t know / Not sure99 Refused |  | Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code “12” | 230-231 |
| CIMM.04 | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? | PNEUVAC4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar. | 232 |

Core Section 14: H.I.V./AIDS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHIV.01 | Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V? | HIVTST7 | 1 Yes |  | 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. | 233 |
| 2 No7 Don’t know/ not sure9 Refused | Go to Next section |
| CHIV.02 | Not including blood donations, in what month and year was your last H.I.V. test? | HIVTSTD3 | \_ \_ /\_ \_ \_ \_ Code month and year 77/ 7777 Don’t know / Not sure 99/ 9999 Refused  | If response is before January 1985, code "777777". | INTERVIEWER NOTE: 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. | 234-239 |

Core Section 15: Fruits and Vegetables

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CFV.01 | Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.  | FRUIT2 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 Refused |  | If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “was that per day, week, or month?”Read if respondent asks what to include or says ‘i don’t know’: include fresh, frozen or canned fruit. Do not include dried fruits. | 240-242 |
| CFV.02 | Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?  | FRUITJU2 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 Refused |  | Read if respondent asks about examples of fruit-flavored drinks: “do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends.”Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”  | 243-245 |
| CFV.03 | How often did you eat a green leafy or lettuce salad, with or without other vegetables? | FVGREEN1 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 Refused |  | Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?” Read if respondent asks about spinach: “Include spinach salads.” | 246-248 |
| CFV.04 | How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns? | FRENCHF1 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 Refused |  | Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”Read if respondent asks about potato chips: “Do not include potato chips.” | 249-251 |
| CFV.05 | How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? | POTATOE1 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 Refused |  | Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”Read if respondent asks about what types of potatoes to include: “Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes.” | 252-254 |
| CFV.06 | Not including lettuce salads and potatoes, how often did you eat other vegetables? | VEGETAB2 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 Refused |  | Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”Read if respondent asks about what to include: “Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.” | 255-257 |

# Closing Statement/ Transition to Modules

|  |  |  |
| --- | --- | --- |
| Read if necessary | Read | CATI instructions (not read) |
| That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in Wyoming. Thank you very much for your time and cooperation. |  | Read if no optional modules follow, otherwise continue to optional modules. |

# Optional Modules

# Module 16: Home/ Self-measured Blood Pressure

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M16.01 | Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home? | HOMBPCHK | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. | 358 |
| M16.02 | Do you regularly check your blood pressure outside of your healthcare professional’s office or at home?  | HOMRGCHK | 1 Yes |  |  | 359 |
| 2 No7 Don’t know / Not sure9 Refused | Go to next module |  |
| M16.03 | Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location? | WHEREBP | 1 At home 2 On a machine at a pharmacy, grocery or similar location 3 Do not check it 7 Don’t know / Not sure 9 Refused |  |  | 360 |
| M16.04 | How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person? | SHAREBP | Do not read:1 Telephone 2 Other methods such as email, internet portal, or fax, or3 In person  |  |  | 361 |
| Do not read:4 Do not share information7 Don’t know / Not sure9 Refused |

# Module 19: Caregiver

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M19.01 | During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? | CAREGIV1 | 1 Yes |  | If caregiving recipient has died in the past 30 days, code 8 and say: I’m so sorry to hear of your loss | 370 |
| 2 No 7 Don’t know/Not sure  | Go to M19.09 |
| 8 Caregiving recipient died in past 30 days  | Go to next module |
| 9 Refused | Go to M19.09 |
| M19.02 | What is his or her relationship to you? | CRGVREL3 | 01 Mother02 Father03 Mother-in-law04 Father-in-law05 Child06 Husband07 Wife08 Live-in partner09 Brother or brother-in-law10 Sister or sister-in-law11 Grandmother12 Grandfather13 Grandchild14 Other relative 15 Non-relative/ Family friend77 Don’t know/Not sure99 Refused |  | If more than one person, say: Please refer to the person to whom you are giving the most care. | 371-372 |
| M19.03 | For how long have you provided care for that person?  | CRGVLNG1 | Read if necessary:1 Less than 30 days2 1 month to less than 6 months3 6 months to less than 2 years4 2 years to less than 5 years5 More than 5 yearsDo not read:7 Don’t Know/ Not Sure9 Refused |  |  | 373 |
| M19.04 | In an average week, how many hours do you provide care or assistance?  | CRGVHRS1 | Read if necessary: 1 Up to 8 hours per week2 9 to 19 hours per week3 20 to 39 hours per week4 40 hours or moreDo not read:7 Don’t know/Not sure9 Refused |  |  | 374 |
| M19.05 | What is the main health problem, long-term illness, or disability that the person you care for has? | CRGVPRB3 | 01 Arthritis/ rheumatism02 Asthma03 Cancer04 Chronic respiratory conditions such as emphysema or COPD05 Alzheimer’s disease, dementia or other cognitive impairment disorder06 Developmental disabilities such as autism, Down’s Syndrome, and spina bifida07 Diabetes08 Heart disease, hypertension, stroke09 Human Immunodeficiency Virus Infection (H.I.V.)10 Mental illnesses, such as anxiety, depression, or schizophrenia11 Other organ failure or diseases such as kidney or liver problems12 Substance abuse or addiction disorders13 Injuries, including broken bones 14 Old age/ infirmity/frailty15 Other77 Don’t know/Not sure99 Refused | If M19.05 = 5 (Alzheimer’s disease, dementia or other cognitive impairment disorder), go to M19.07.Otherwise, continue |  | 375-376 |
| M19.06 | Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder?  | CRGVALZD | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  | 377 |
| M19.07 | In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?  | CRGVPER1 | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 378 |
| M19.08 | In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals? | CRGVHOU1 | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 379 |
|  |  |  |  | If M19.01 = 1 or 8, go to next module |  |  |
| M19.09 | In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?  | CRGVEXPT | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 380 |

# Module 21: Marijuana Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M21.01 | During the past 30 days, on how many days did you use marijuana or cannabis? | MARIJAN1 | \_ \_ 01-30 Number of days |  | If asked, participants should be advised NOT to include hemp-based CBD products. | 394-395 |
| 88 None 77 Don’t know/not sure 99 Refused | Go to next module |
| M21.02 | During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually… | USEMRJN2 | 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, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using a dabbing rig, knife, or dab pen), or6 Use it some other way.Do not read:7 Don’t know/not sure 9 Refused |  | Select one. If respondent provides more than one say: Which way did you use it most often?Read parentheticals only if asked for more detail. | 396 |
| M21.03 | When you used marijuana or cannabis during the past 30 days, was it usually: | RSNMRJN1 | Read: 1 For medical reasons 2 For non-medical reasons or 3 For both medical and non-medical reasons. Do not read:7 Don’t know/Not sure9 Refused  |  |  | 397 |

Wyoming State-Added 1: Military (2020, WY State-Added 2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI NoteASK IF STATERE1=1 | Interviewer Note (s) | Column(s) |
| WY1.1 | Are you a member of the Wyoming Military Department?¿Es usted miembro del Departamento Militar de Wyoming? | WY1.1 | 1 Yes2 No7 Don’t Know/Not Sure9 Refused | If WY1.1 = 2, 7, or 9, go to next module. |  | 901 |
| WY1.2 | Which branch of the Wyoming Military Department are you a member of?¿De qué rama del Departamento Militar de Wyoming es miembro? | WY1.2 | Read if necessary:1 Army National Guard2 Air National Guard3 Wyoming Veterans CommissionDO NOT READ:6 Other7 Don’t know / Not sure9 Refused1 Guardia Nacional del Ejército (Army National Guard)2 Guardia Nacional Aérea (Air National Guard)3 Comisión de Veteranos de Wyoming (Wyoming Veterans Commission) |  |  | 902 |

Wyoming State-Added 2: Excess Sun Exposure (2018, Optional Module 13)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI NoteASK IF STATERE1=1 | Interviewer Note (s) | Column(s) |
| WY2.1 | During the past 12 months, how many times have you had a sunburn?En los últimos 12 meses, ¿cuántas veces ha tenido una quemadura solar? | WY2.1 | Enter number (0-365) \_\_ \_\_ \_\_777 Don’t know/ Not sure999 Refused |  |  | 903-905 |
| WY2.2 | When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that….Cuando usted sale en un día cálido y soleado durante más de una hora, ¿con qué frecuencia se protege del sol? ¿Es ... | WY2.2 | READ:1 Always2 Most of the time3 Sometimes4 Rarely5 NeverDO NOT READ:6 Don’t stay outside for more than one hour on warm sunny days 8 Don’t go outside at all on warm sunny days7 Don’t know/ Not sure9 RefusedPor favor léale:1 Siempre2 La mayoría de las veces3 A veces4 Casi nunca5 NuncaNo le lea:6 No se queda afuera por más de una hora en días cálidos y soleados 8 No sale para nada en días cálidos y soleados7 No sabe/No está seguro9 Se niega a contestar |  |  | 906 |
| WY2.3 | On weekdays, in the summer, how long are you outside per day between 10am and 4pm? En los días de semana, en el verano, ¿cuánto tiempo está afuera cada día entre las 10 de la mañana y las 4 de la tarde?  | WY2.3 | DO NOT READ:1 Less than half an hour2 (More than half an hour) up to 1 hour3 (More than 1 hour) up to 2 hours4 (More than 2 hours) up to 3 hours5 (More than 3 hours) up to 4 hours6 (More than 4 hours) up to 5 hours7 (More than 5) up to 6 hours77 Don’t know/ Not sure99 Refused |  |  | 907-908 |
| WY2.4 | On weekends in the summer, how long are you outside each day between 10am and 4pm?En los fines de semana, en el verano, ¿cuánto tiempo está afuera cada día entre las 10 de la mañana y las 4 de la tarde? | WY2.4 | DO NOT READ:1 Less than half an hour2 (More than half an hour) up to 1 hour3 (More than 1 hour) up to 2 hours4 (More than 2 hours) up to 3 hours5 (More than 3 hours) up to 4 hours6 (More than 4 hours) up to 5 hours7 (more than 5) up to 6 hours77 Don’t know/ Not sure99 Refused |  |  | 909-910 |

Wyoming State-Added 3: Radon (NEW)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI NoteASK IF STATERE1=1 | Interviewer Note (s) | Column(s) |
| WY3.1 | Have you ever heard of radon, which is a radioactive gas that occurs in nature?¿Ha oído hablar del radón, que es un gas radiactivo que se produce en la naturaleza? | WY3.1 | 1 Yes 2 No 7 Don’t know / Not sure9 Refused |  |  | 911 |
| WY3.2 | Has your household air been tested for the presence of radon gas?¿Se ha analizado el aire de su casa para detectar la presencia de gas radón? | WY3.2 | 1 Yes 2 No 7 Don’t know / Not sure9 Refused |  |  | 912 |
| WY3.3 | Do you agree or disagree with the following statement: Prolonged exposure to radon gas can increase your risk of lung cancer?¿Está de acuerdo o no con la siguiente declaración: La exposición prolongada al gas radón puede aumentar su riesgo de cáncer de pulmón? | WY3.3 | 1 Agree2 Disagree7 Don’t know9 Refused |  |  | 913 |

Wyoming State-Added 4: Tobacco Cessation (2020, STOPSMK2)

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI NoteASK IF STATERE1=1 | Interviewer Note (s) | Column(s) |
| WY4.1 | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?En los últimos 12 meses, ¿ha dejado de fumar durante un día o más debido a que estaba intentando dejar de fumar? | WY4.1 | 1 Yes 2 No 7 Don’t know / Not sure9 Refused | If SMOKDAY2=1 OR 2, CONTINUE. If not, go to closing statement. |  | 914 |

# Closing Statement

|  |
| --- |
| Read |
| That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in Wyoming. Thank you very much for your time and cooperation. |