The Attitudes and Behaviors Surveys on Health (TABS on Health). 2015 Questionnaire

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PROGRAMMER AND SAMPLING INFORMATION

CALLTYPE:
1 = LANDLINE
2 = CELL

CALLTYPE = 1 (Landline) – Select 1st respondent randomly. If eligible, select 2nd HH respondent based on selection process (Smoker, Young Adult, African American). 1st or 2nd selected respondent can complete survey at first contact. First contact completes survey before 2nd respondent’s survey can be administered.

PLEASE PLACE TIMERS AT THE BEGINNING AND END OF EACH SECTION.

Partial complete:
IF E1<> AND RECORD NOT A COMPLETE, THEN RECORD IS A PARTIAL COMPLETE

ANSWERING MACHINE AND PRIVACY MANAGER

DISPLAY ANSWERING MACHINE MESSAGE ON 1ST AND 4TH ATTEMPT

READMSG  This is {INTERVIEWER'S NAME} and I’m conducting an important health study for the University of Colorado, Denver. This study will interview adults in Colorado about their health. Your participation is very important. We will call back in the near future. If you have any questions, or to arrange a convenient time for us to contact you. Please call us at 1-888-772-4269. Please ask to speak with the Colorado Health Study Coordinator. Thank you.
CATI: START TIMER (T9)

IF CALLTYPE=1
RESIDE. Hello, this is {INTERVIEWER NAME} and I'm conducting an important health study for the University of Colorado, Denver. Your telephone number has been randomly selected for a short interview. I just have a few questions to see if you are eligible for the study.

Are you a member of this household and at least 18 years old?
[INTERVIEWER NOTE: HOUSEHOLDS EXCLUDE PHONES IN DORMITORIES, NURSING HOMES, AND VACATION HOMES (UNLESS PRIMARY RESIDENCE)]

1  YES  [GO TO A5 ]
2  NO  [GO TO A3 ]
3  PROBABLE BUSINESS  [GOTO SOSTATE]
4  NOT A COLORADO RESIDENT  [TERMINATE]
9  REFUSED

IF RESIDE=3
A2b. Is this phone number used for …
(BUSINESS)

[INTERVIEWER NOTE: PROBE HERE IF SOMEONE ANSWERS “DON’T KNOW” OR “REFUSE”]

1  Home use only  [GOTO A5 ]
2  Home and business use, or  [GOTO A5 ]
3  Business use only?  [GOTO THANK01]
7  NON-HOME / NON-BUSINESS (VACATION HOMES)  [GOTO THANK01]
8  DON’T KNOW  [GOTO THANK01]

[INTERVIEWER NOTE: HOME USE EXCLUDES PHONES IN DORMITORIES, NURSING HOMES, AND VACATION HOMES (UNLESS PRIMARY RESIDENCE)]

[IF ASKED: The study is collecting information and opinions about health so we can improve health programs.]

[INTERVIEWER: PROBE HERE IF SOMEONE ANSWERS “DON’T KNOW OR REFUSE”]

IF A2B= 3, 7, 8
THANK01 Thank you, but we are only interviewing in private residences.
1 S/O - PVTRESID - NO - NOT A PRIVATE RESIDENCE
IF RESIDE = 2
A3. May I speak to a household member who is at least 18 years old?
[INTERVIEWER NOTE: HOUSEHOLD (HH) MEMBERS INCLUDE PEOPLE WHO THINK OF THIS HH AS THEIR PRIMARY PLACE OF RESIDENCE, IT INCLUDES PERSONS WHO USUALLY STAY IN THE HH BUT ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR LIVING AT SCHOOL IN A DORM, FRATERNITY, OR SORORITY.]

1. AVAILABLE [CONTINUE]
2. NOT AVAILABLE [SCHEDULE CALL BACK]
3. THERE ARE NONE [GOTO X3]
9. REFUSED [TERMINATE]

IF A3 = 1
A4. Hello, this is (INTERVIEWER NAME) and I'm conducting an important health study for the University of Colorado, Denver. Your telephone number has been selected for a short interview. Are you a member of this household and at least 18 years old?

1. YES [CONTINUE]
2. NO [GOTO A3]
9. REFUSED [TERMINATE]

IF RESIDE = 1 OR A2B = 1, 2 OR A4 = 1
A5. This study will interview 7,500 adults in Colorado about their health. While your participation is voluntary, your cooperation is very important to the success of this study. Your answers will be kept strictly confidential and will be used only for this research. You may choose not to answer any question or end the interview at any time. This call may be monitored or recorded for quality control purposes.

1. CONTINUE
3. DOES NOT LIVE IN COLORADO [GO TO SOSTATE]

QUALIFIED LEVEL 1 (HOUSEHOLD LEVEL – Colorado, private residence with Adult)
IF RESIDE= 1,2 OR A2B= 1,2

A2C.  IS THIS A CELL PHONE?

1  YES  [GO TO SOFRAME]
2  NO

IF A2C=1

SOFRAME

THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING LANDLINE TELEPHONES.
1 S/O - TELEPHONE FRAME [SCREEN OUT]

IF RESIDE= 4 OR A5=3

SOSTATE  Thank you very much. We are only interviewing persons living in Colorado.
1 S/O - STATE - NOT RESIDENT

IF A5=1

[INTERVIEWER: READ TO RESPONDENT ONLY IF NECESSARY IF YOU ARE UNSURE ABOUT
LANGUAGE INTERVIEW SHOULD BE CONDUCTED. IF YOU ARE SURE, DO NOT READ AND
SELECT LANGUAGE TO CONTINUE]:

A5L  This interview is offered in English and Spanish. Which do you prefer?
(ENGLISH)
1  ENGLISH
2  SPANISH
3  OTHER LANGUAGE NEEDED      [SELECT FOREIGN LANGUAGE – NON
SPANISH FROM STOP MENU]

IF A5L=2

A5LL  INTERVIEWER: CAN YOU CONDUCT THE INTERVIEW IN SPANISH?

1  YES, CONTINUE
2  NO,  SELECT FOREIGN LANGUAGE – SPANISH FROM STOP MENU

IF A5LL= 1 OR A5L= 1

A6  First, we need to gather some information about each household member, 18 years or older, so
the computer can pick someone at random for the interview.

Can you please tell me how many members of your household, including yourself, are 18 years
of age or older?

_ _  NUMBER OF ADULTS [RANGE=0-18]
98  Don’t know  [GO TO X3]
99  Refused  [GO TO X3]

**IF A6=0**

**ADULT0** You are saying there are NO adults 18 or over in your household. Is that correct?
1  YES, CORRECT: NO ADULTS 18 OR OVER IN HOUSEHOLD  [GO TO X3]
2  NO, INCORRECT  [GO BACK TO A6]

**IF (ADULT0 =1) OR (A3=3) (A6=98, 99)**

**X3** Thank you very much, but we are only interviewing adults 18 or over. Thank you for your time.
1  S/O - NO ADULTS

**ONLY ASKED IF STRATUM IS AA:**  [ELSE GOTO PREA7]

**RACEAA** Is the race of anyone in this household:
Interviewer Note: Read list.

Please read:
**RACEAA_a**  White?
1  YES
2  NO
8  DON’T KNOW/NOT SURE
9  REFUSED

**RACEAA_b**  Black or African American?
1  YES  [GO TO PREA7]
2  NO
8  DON’T KNOW/NOT SURE
9  REFUSED

[IF RACEAA_b = 2,8,9 AND NOT SELECTED]  
ASK ZIPCCAA AND TERMINATE OUT UNLESS RANDOMLY SELECTED; IF SELECTED  
GO TO PREA7

**PROGRAMMER:**  SELECTED = 20% or (1 of EVERY 5) RACEAA_b=2,8,9

**ZIPCAA**  What is your zip code?  [GO TO THANK03]

_ _ _ _ _  (Record Zip)

**THANK03** THANK YOU VERY MUCH FOR THIS INFORMATION. WE HAVE ALREADY INTERVIEWED SUFFICIENT NUMBERS IN YOUR AREA. THOSE ARE ALL THE QUESTIONS I HAVE AT THIS TIME.
PREA7:

**IF A6=1**

A7 Are you the adult?

1  Yes and the respondent is a male  [GO TO A13]
2  Yes and the respondent is a female  [GO TO A13]
3  No

**IF A7 = 03**

ASKGENDR. Is the adult a man or a woman?

1  Male
2  Female

**IF A7=03**

A8a May I please speak with the adult?

1  YES, TRANSFERRING  [SCHEDULE CALLBACK]
2  NOT AVAILABLE  [SCHEDULE CALLBACK]
9  REFUSED  [TERMINATE]

**IF A8A= 1**

A8b Hello, this is (INTERVIEWER NAME) and I'm conducting an important health study for the University of Colorado, Denver. Your telephone number has been selected for a short interview. Are you the adult?

1  YES  [SCHEDULE CALLBACK]
2  NOT AVAILABLE  [SCHEDULE CALLBACK]
9  REFUSED  [TERMINATE]

**IF A8B= 1**

A8c This study will interview 7,500 adults in Colorado about their health. While your participation is voluntary, your cooperation is very important to the success of this study. Your answers will be kept strictly confidential and will be used only for this research. You may choose not to answer any question or end the interview at any time.

1  CONTINUE  [GO TO A13]

**IF A6=2-18**

WOMEN How many of those adults are women?

ENTER NUMBER /RANGE = 0-18

**IF A6=2-18**

MEN How many of those adults are men?

ENTER NUMBER /RANGE = 0-18

IF WOMEN + MEN DOES NOT EQUAL A6, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO WOMEN:

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

/ ADULT – SEL1
/ ASSIGN SELECTED VALUE FOR EACH ADULT RECORDED IN A6:
/ 01 OLDEST WOMAN
/ 02 2ND OLDEST WOMAN
/ 03 3RD OLDEST WOMAN
/ 04 4TH OLDEST WOMAN
/ 05 5TH OLDEST WOMAN
/ 06 6TH OLDEST WOMAN
/ 07 7TH OLDEST WOMAN
/ 08 8TH OLDEST WOMAN
/ 09 9TH OLDEST WOMAN
/ 11 OLDEST MAN
/ 12 2ND OLDEST MAN
/ 13 3RD OLDEST MAN
/ 14 4TH OLDEST MAN
/ 15 5TH OLDEST MAN
/ 16 6TH OLDEST MAN
/ 17 7TH OLDEST MAN
/ 18 8TH OLDEST MAN
/ 19 9TH OLDEST MAN
/ 20 NO RESPONDENT SELECTED
/ 21=ONE PERSON HH-MALE
/ 22=ONE PERSON HH-FEMALE

/ SEL2
/ RANDOMLY SELECT ADULT; ASSIGN SELECTED VALUE:
/ 01 OLDEST WOMAN
/ 02 2ND OLDEST WOMAN
/ 03 3RD OLDEST WOMAN
/ 04 4TH OLDEST WOMAN
/ 05 5TH OLDEST WOMAN
/ 06 6TH OLDEST WOMAN
/ 07 7TH OLDEST WOMAN
/ 08 8TH OLDEST WOMAN
/ 09 9TH OLDEST WOMAN
The Attitudes and Behaviors Surveys on Health (TABS on Health), 2015

SECTION A

/ 11 OLDEST MAN
/ 12 2ND OLDEST MAN
/ 13 3RD OLDEST MAN
/ 14 4TH OLDEST MAN
/ 15 5TH OLDEST MAN
/ 16 6TH OLDEST MAN
/ 17 7TH OLDEST MAN
/ 18 8TH OLDEST MAN
/ 19 9TH OLDEST MAN
/ 20 NO RESPONDENT SELECTED

IF A6=2-18
PROGRAMMER – LOOP THROUGH A9-A130TH FOR EACH ADULT RECORDED IN A6
VARIABLES WILL BE AX_01-AX_09, AX_11-AX_19

PREa9 We are next going to ask some [IF AA STRATUM: additional] questions about each adult over 18 in this household.

A9. As far as you know, has [INSERT ADULT] smoked at least 100 cigarettes during [his/her] entire life? (P?CIGS)
1 YES
2 NO
8 DON’T KNOW/NOT SURE
9 REFUSED

“?” IN LABEL IS ITERATION #

IF A9=1,8,9 CONTINUE; ELSE SKIP TO A12
A10. As far as you know, does [he/she] smoke cigarettes every day, some days, or not at all? (P?DAILY)
1 EVERY DAY [GO TO A12]
2 SOME DAYS [GO TO A12]
3 NOT AT ALL
8 DON’T KNOW/NOT SURE
9 REFUSED

IF A10=3, 8, 9 CONTINUE; ELSE SKIP TO A12
A11. As far as you know, has [he/she] smoked cigarettes any time in the past 12 months, that is, since [INSERT DATE ONE YEAR BEFORE DATE OF INTERVIEW]?
(P?MNTH)
1 YES
2 NO
8 DON’T KNOW/NOT SURE
9 REFUSED

IF A6=2 - 18
A12. Is [INSERT ADULT] between the ages of 18 and 24 years old? (P?YNGADULT)
   1 Yes,
   2 No,
   8 DON’T KNOW/NOT SURE
   9 REFUSED

IF A6 = 2 - 18
A13 Which one of the following categories best describes [INSERT ADULT]? Is [he/she] …[READ LIST] (P?RACE)
   01 Hispanic or Latino,
   02 White,
   03 Black, African American,
   04 Asian,
   05 Native Hawaiian, other Pacific Islander,
   06 American Indian, or Alaska Native?
   95 OTHER (Specify: ______________)
   98 DON’T KNOW/NOT SURE
   99 REFUSED

IF A13=95
A13oth. ENTER RESPONSE ___________________________________________

IF A6=1
A13. Which one of the following categories best describes you? Are you…. [READ LIST]? (P?RACE)
   01 Hispanic or Latino,
   02 White,
   03 Black, African American,
   04 Asian,
   05 Native Hawaiian, other Pacific Islander,
   06 American Indian, or Alaska Native?
   95 OTHER (Specify: ______________)
   98 DON’T KNOW/NOT SURE
   99 REFUSED

IF A13=95
A13o. ENTER RESPONSE ___________________________________________

IF A6=2-18
SELECTION
DEFINITION OF “CURRENT SMOKER” FOR SELECTION PROCESS:
ANYBODY WHO HAS SMOKED AT LEAST 100 CIGS IN THEIR LIFE AND CURRENTLY SMOKES
OR WHO HAS SMOKED IN THE PAST 12 MONTHS: A9=1 AND (A10=1, 2 OR A11=1)

SELECTION FOR SECOND PERSON:
IF THERE IS ALSO A SMOKER, SELECT THE SMOKER [(A9=1) AND (A10=1,2 OR A11=1)]
IF THERE IS NO SMOKER BUT THERE IS AN ADULT 18-24 YEARS OLD, SELECT THE YOUNG
ADULT (A12=1)(P?YNGADULT)
IF THERE IS NO YOUNG ADULT BUT THERE IS AN AFRICAN AMERICAN, SELECT THE
AFRICAN AMERICAN RESPONDENT (A13=3)(P?RACE=3)

IF THERE ARE NO SMOKERS, YOUNG ADULTS OR AFRICAN AMERICANS, NO SECOND
SURVEY

QUALIFIED LEVEL 2  (RESPONDENT LEVEL – known respondent(s)

IF A6=2-18
A14a  The computer has randomly selected
/INSERT FIRST SELECTED ADULT – SEL1/ and
/INSERT SECOND SELECTED ADULT – SEL2 – IF APPLICABLE/

Are you [IF ONE ADULT WAS SELECTED INSERT “this person?”]
[IF TWO ADULTS WERE SELECTED INSERT “one of these people?”]

1  /INSERT SEL1/
2  /INSERT SEL2/
3  No
8  NOT AVAILABLE   [SCHEDULE CALLBACK]

IF A14A=3
A14B  [IF ONE ADULT WAS SELECTED INSERT “May I speak to [him/her]?”]
[IF TWO ADULTS WERE SELECTED INSERT “May I speak to one of those respondents?”]

1  YES and transferring call
8  NOT AVAILABLE   [SCHEDULE CALLBACK]
9  REFUSED   [TERMINATE]

IF A14B=1
A14c  Hello, this is {INTERVIEWER NAME} and I'm conducting an important health study for the
University of Colorado, Denver. Your telephone number has been selected for a short interview.
Are you the
1  INSERT SEL1
2  or the INSERT SEL2
A14d  This study will interview 7,500 adults in Colorado about their health. While your participation is voluntary, your cooperation is very important to the success of this study. Your answers will be kept strictly confidential and will be used only for this research. You may choose not to answer any question or end the interview at any time. This call may be monitored or recorded for quality control purposes.

1  CONTINUE

A15L  This interview is offered in English and Spanish. Which do you prefer?

(ENGLISH)
1  ENGLISH
2  SPANISH
3  OTHER LANGUAGE NEEDED  [SELECT FOREIGN LANGUAGE – NON SPANISH FROM STOP MENU]

A15LL  INTERVIEWER: CAN YOU CONDUCT THE INTERVIEW IN SPANISH?

1  YES, CONTINUE
2  NO, SELECT FOREIGN LANGUAGE – SPANISH FROM STOP MENU
IF CALLTYPE=2
INTRO_C Hello, this is {INTERVIEWER NAME} and I'm conducting an important health study for the University of Colorado, Denver. Your telephone number has been randomly selected for a short interview. I just have a few questions to see if you are eligible for the study.

1 Continue

IF INTRO_C=1
CA30b Your safety is important. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety or confidentiality?

1 YES
2 NO [GO TO CA28a]
3 NOT A CELL PHONE [GO TO SOCELFON]

IF CA30B=1
CA30a I would like to call you at a more convenient time. What day and time would be best?
1 Schedule callback
9 REFUSED [TERMINATE]

IF CA30B=2
CA28a. Are you at least 18 years old and a Colorado resident?

1 YES [GO TO CA4B]
2 NO [GO TO CTHANK01]
9 REFUSED [TERMINATE]

CELL PHONE: qualified level 1

IF CA28A= 1
CA4b. Is this cell phone number used for…

1  Personal use,
2  Personal and business use, or
3  Business use only? [GO TO CTHANK02]
4  Not a Cell Phone [GO TO SOCELFON]
8  DON'T KNOW [GO TO CTHANK02]

IF CA4B=3, 8
CTHANK02 Thank you, but we are only interviewing personal phones.
1 S/O – BUSINESS LINE

IF CA30B=3 OR CA4B=4

SOCELFON
Thank you very much, but we are only interviewing cellular telephones.

1 S/O - Telephone Frame [SCREEN OUT]

CELL PHONE: qualified level 2

IF CA4B= 1, 2
CA5. This study will interview 7,500 adults in Colorado about their health. While your participation is voluntary, your cooperation is very important to the success of this study. Your answers will be kept strictly confidential and will be used only for this research. You may choose not to answer any question or end the interview at any time. This call may be monitored or recorded for quality control purposes.

1 CONTINUE [GO TO CA5L]
2 GENERAL CALLBACK SCHEDULE CALLBACK
3 SPECIFIC CALLBACK SCHEDULE CALLBACK
IF CA28A=2.

CTHANK01 Thank you very much, but we are only interviewing adults 18 or over. Thank you for your time.

1 S/O - NO ADULTS

IF CA5=01

[Interviewer: Read to Respondent only if necessary if you are unsure about language interview should be conducted. If you are sure, do not read and select language to continue]:

CA5L This interview is offered in English and Spanish. Which do you prefer?

(ENGLISH)
1 ENGLISH
2 SPANISH
3 OTHER LANGUAGE NEEDED [SELECT FOREIGN LANGUAGE – NON SPANISH FROM STOP MENU]

IF CA5L=2

CA5LL Interviewer: Can you conduct the interview in Spanish?

1 YES, CONTINUE
2 NO, SELECT FOREIGN LANGUAGE – SPANISH FROM STOP MENU

IF CA5L=1 IF CA5=1

CA13. Which one of the following categories best describes you? Are you…. [Read list]?

(PCARACE)
01 Hispanic or Latino,
02 White,
03 Black, African American,
04 Asian,
05 Native Hawaiian, other Pacific Islander,
06 American Indian, or Alaska Native?

95 OTHER (Specify: ______________)
98 DON’T KNOW/NOT SURE
99 REFUSED

IF CA13=95

CA13o. ENTER RESPONSE ____________________________________________

Only asked if stratum is AA: [Else goto CASKGNDR]

[If stratum is AA and CA13 not equal to 3]
ASK ZIPCCAA AND TERMINATE OUT UNLESS RANDOMLY SELECTED; IF SELECTED GO TO CASKGNDR

PROGRAMMER: SELECTED = 20% or (1 of EVERY 5) CA13 NE 3 AND STRATUM IS AA

ZIPCCAA  What is your zip code?  [GO TO THANK03]

_ _ _ _ _  (Record Zip)

THANK03  THANK YOU VERY MUCH FOR THIS INFORMATION. WE HAVE ALREADY INTERVIEWED SUFFICIENT NUMBERS IN YOUR AREA. THOSE ARE ALL THE QUESTIONS I HAVE AT THIS TIME.  [SCREEN OUT]

CASKGNDR. Is the adult a man or a woman?  (record by observation)

1  Male
2  Female

GO TO SECTION B
**SECTION B: CURRENT SMOKING STATUS**

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<tr>
<th>Questions</th>
<th>Responses</th>
<th>If B1=2</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1. Smoke 100 cigs in life?</td>
<td>Yes (IF B1=1,3)</td>
<td></td>
</tr>
<tr>
<td>B7. Smoke every day, some days, or not at all?</td>
<td>every day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>some days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>not at all</td>
<td></td>
</tr>
<tr>
<td>B9. Smoke any cigs in last 30 days?</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No, OR DK OR REF.</td>
<td></td>
</tr>
<tr>
<td>B28 first, then B28a if no answer to B28, to define: How long since smoked?</td>
<td>less than 1 year OR IF UNABLE TO COMPUTE how long since last smoked (IF DK/REF to B28a)</td>
<td>1 year or longer</td>
</tr>
</tbody>
</table>

**SMOKING STATUS**

<table>
<thead>
<tr>
<th>Daily</th>
<th>Nondaily</th>
<th>Recent Former</th>
<th>Established Former</th>
<th>Nonsmoker</th>
</tr>
</thead>
</table>

**DAILY** B7=1
**NON DAILY** B7=2 OR B9=1
**RECENT FORMER** IF (B28 =1 AND B28D<365) OR (B28=2 AND B28W<52) OR (B28=3 AND B28M<12) OR B28A=2,8,9)
**ESTABLISHED FORMER** IF (B28 =1 AND B28D>364) OR (B28=2 AND B28W>51) OR (B28=3 AND B28M>11) OR B28=4 OR B28A=1)
**NON-SMOKER** B1=2

**ASK ALL**

**CATI: START TIMER (T11)**

**RECORD TIME ELAPSED IN ALL OF SECTION B**

**ASK ALL**

**PREB0A** First, I have a few general health questions for you.

**LANDLINE QUALIFIED LEVEL 4** (2nd Respondent)

**CELL PHONE: qualified level 3**

**ASK ALL**

**B0a.** How much do you weigh without shoes?
(WTNOW)
1  Pounds
2  Kilograms
8  Don’t know
9  Refused

IF B0A=1
B0aP  How much do you weigh without shoes? [WTNOW]
Round fractions up

_ _ _  Weight
    (pounds) [Range 50-776]

IF B0AP=50-79 OR 351-776
B0aPV Just to double-check, you indicated [B0aP] pounds as your weight. IS THIS CORRECT?

1.  Yes
2.  No [go back to B0aP]

CREATE VARIABLE BOAP5 = 5% OF RESPONDENT’S WEIGHT (TO THE NEAREST POUND)

IF B0A=2
B0aK  How much do you weigh without shoes?
Round fractions up

_ _ _  Weight
    (kilograms) [Range 23-352]

ASK IF B0AK=23-352
B0aKV Just to double-check, you indicated [B0aK] kilograms as your weight. IS THIS CORRECT?

1.  Yes
2.  No  [go back to B0aK]

CREATE VARIABLE BOAK5 = 5% OF RESPONDENT’S WEIGHT (TO THE NEAREST KG)

ASK ALL
B0b.  How tall are you without shoes? (HEIGHT)

1  FEET
2  CENTIMETERS
8  DON’T KNOW
9  REFUSED

IF B0B=1
B0BF  How tall are you without shoes?
Round fractions down
[Enter height in Feet and Inches]
[Ex: 5 feet 9 inches would be entered as 509]

_IF B0BF=300-407 OR 609-711_

B0BFV Just to double check, you indicated you are [feet from B0BF] FEET [inches from B0BF] INCHES TALL. IS THIS CORRECT?

1. Yes
2. No [go back to B0BF]

_IF B0B=2_

B0BM How tall are you without shoes?

Round fractions down
[Enter height in centimeters]
[Ex: 2 meters 5 centimeters would be entered as 205]

-_ - _ Height [Range 90-254]

ASK IF B0BM=90-254

B0BMV Just to double check, you indicated you are [meters from B0BM] METERS [centimeters from B0BM] centimeters tall. IS THIS CORRECT?

1. Yes
2. No [go back to B0BM]

CALCULATE BMI USING ANSWERS FROM B0A AND B0B FOR DOWNSTREAM ALGORITHMS.

CONVERT KG TO POUNDS USING 2.2
CONVERT M TO INCHES USING 2.54

BMI=703*(WEIGHT IN POUNDS/SQUARED HEIGHT IN INCHES)

ASK ALL

B0C Has a doctor or other health care provider ever told you that you have...

(BPSCREEN)  B0C1a. high blood pressure?
(DIABSCREEN)  B0C1b. diabetes?

Read if necessary: “Other health professional” means a nurse practitioner, a physician assistant, or some other licensed health professional.

1  YES
2  NO
8  DON’T KNOW/UNSURE
9  REFUSED
**IF B0C1A = 1(YES) AND R IS FEMALE (SEL1=01-09,22) OR SEL2=01-09**

**B0c1a1. Was this only when you were pregnant?**

1. YES
2. NO
3. TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE
8. DON'T KNOW / NOT SURE
9. REFUSED

**IF B0C1B = 1(YES) AND R IS FEMALE (SEL1=01-09,22) OR (SEL2=01-09)**

**B0c1b1. Was this only when you were pregnant?**

1. YES
2. NO
3. TOLD PRE-DIABETES OR BORDERLINE DIABETES
8. DON'T KNOW / NOT SURE
9. REFUSED

**SAMPLE ELEMENT - MODULE**

**CREATE FLAG 'MODULE'**

**FEMALE:**

IF ((B0C1A=1 AND B0C1A1=3) AND (B0C1B=1 AND B0C1B1=3)) THEN MODULE=12
(IF RESPONDENT HAS HIGH BLOOD PRESSURE AND DIABETES, RESPONDENT GETS HIGH BLOOD PRESSURE AND DIABETES MODULES)

IF (B0C1A=1 AND B0C1A1=3) AND B0C1B<>1 THEN SET MODULE=01
(IF RESPONDENT HAS HIGH BLOOD PRESSURE BUT NOT DIABETES, RESPONDENT GETS HIGH BLOOD PRESSURE MODULE)

IF B0C1A<>1 AND (B0C1B=1 AND B0C1B1=3) THEN SET MODULE=02
(IF RESPONDENT DOES NOT HAVE HIGH BLOOD PRESSURE BUT DOES HAVE DIABETES, RESPONDENT GETS DIABETES MODULE)

**MALE:**

IF (B0C1A=1 AND R IS MALE) AND (B0C1B=1 AND R IS MALE) THEN MODULE=12

IF (B0C1A=1 AND R IS MALE) AND (B0C1B<>1) THEN MODULE=01

IF (B0C1A<>1) AND (B0C1B=1 AND R IS MALE) THEN MODULE=02

IF (B0C1A=1 AND CASKGNDR=1) AND (B0C1B=1 AND CASKGNDR=1) THEN MODULE=12

IF (B0C1A=1 AND CASKGNDR =1) AND (B0C1B<>1) THEN MODULE=01

IF (B0C1A<>1) AND (B0C1B=1 AND CASKGNDR=1) THEN MODULE=02

**B0D1a. To the best of your knowledge, is your blood pressure now normal, higher than normal, or lower than normal?**

**BPNL**

1. NORMAL,
2. HIGHER THAN NORMAL
3. LOWER THAN NORMAL
IF \((B0C1B=1 \text{ AND } B0C1B1=3) \text{ OR } (B0C1B=1 \text{ AND } R \text{ IS MALE})\)

\(B0D1b\). To the best of your knowledge, is your blood sugar now normal, higher than normal, or lower than normal? (DIABNL)

1. NORMAL,  
2. HIGHER THAN NORMAL  
3. LOWER THAN NORMAL  
4. DON'T KNOW/UNSURE  
5. REFUSED

// REFERENCES TO A9/A10 OF THE SELECTED PERSON (IF THEY ARE THE PERSON WHO COMPLETED THE SCREENER) //

AUTO-FILL B1 with A9 of SELECTED RESPONDENT who answered screener  
AUTO-FILL B7 with A10 of SELECTED RESPONDENT who answered screener

ASK ALL

PREB1 Now I’m going to ask you some questions about cigarette smoking. (CIGS100)

IF \((\text{CALLTYPE}=2) \text{ OR } [(\text{CALLTYPE}=1 \text{ AND } (A14A=3, 9 \text{ OR } A6=1)) \text{ OR } (\text{CALLTYPE}=1 \text{ AND SELECTED RESPONDENT DID NOT ANSWER SCREENER}]\)

B1. Have you smoked at least 100 cigarettes in your entire life?

1. YES [GO TO B7]  
2. NO  
3. DON'T KNOW/NOT SURE  
4. REFUSED

IF \(B1=1\) SKIP TO B7; ELSE CONTINUE

IF \([B1=2, 8, 9]\)

B2. What would you say is the total number of cigarettes that you have ever smoked? (TOTLEVER)

[100 = 100 OR MORE CIGARETTES]  
[Range = 000-100]

NUMBER OF CIGARETTES | | |  [GO TO D3 IF <100]  
000 NONE [GO TO PREE1]  
998 DON'T KNOW/NOT SURE [GO TO PREE1]  
999 REFUSED [GO TO PREE1]

[IF \(B2 = 100\) ASK:]
The Attitudes and Behaviors Survey (TABS) on adult health topics, 2015

SECTION B

CHKB2  Your answer contradicts the previous question. I would like to confirm the total number of cigarettes that you have ever smoked.

1  SELECT  [Go to B1]

**SKIP TO B9 IF SELECTED RESPONDENT ANSWERED THEIR SCREENER**

**ASK B7 IF [B1= 1 OR B2=998,999]**

B7. Do you now smoke cigarettes every day, some days or not at all?
(DAILY)

1  EVERY DAY  [GO TO B18]
2  SOME DAYS  [GO TO B10]
3  NOT AT ALL

8  DON’T KNOW/NOT SURE  [GO TO B9]
9  REFUSED  [GO TO B9]

**IF (B7=3, 8, 9)**

B9. Did you smoke any cigarettes during the past 30 days?
(PAST30)

[IF NEEDED: When people say they now smoke “not at all,” I’m still required to ask whether they smoked any cigarettes during the past 30 days.]

1  YES  [GO TO PRE B28]
2  NO  [GO TO PRE B28]
8  DON’T KNOW/NOT SURE  [GO TO PRE B28]
9  REFUSED  [GO TO PRE B28]

**IF (B7=2) OR (B9= 1) CONTINUE. ELSE SKIP TO B28**

B10. On how many of the past 30 days did you smoke cigarettes?
(NUMDYS)

_ _ NUMBER OF DAYS  ___  [RANGE=01-30]

00  None
98  DON’T KNOW/NOT SURE
99  REFUSED

[IF B9=1 AND B10 = 00  ASK:]

CHKB10  Sorry, your answer contradicts the previous question. I would like to confirm.

1  SELECT  [Go to B9]
**IF (B7=2) OR (B9=1)**

**B11.** During the past 30 days, on the days that you did smoke, about how many cigarettes a day did you usually smoke?

*(PERDAY)*

*[IF NEEDED, 20 cigarettes are usually in a pack]*

<table>
<thead>
<tr>
<th>__ __ NUMBER OF CIGARETTES __ __</th>
<th>[RANGE=000-100]</th>
</tr>
</thead>
<tbody>
<tr>
<td>998 DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>999 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

**IF (B7=2) OR (B9=1)**

**B16.** Have you ever smoked daily for 6 months or more?

*(SMOK6MOS)*

1 YES
2 NO [GO TO PREB21D]
8 DON’T KNOW/NOT SURE [GO TO PREB21D]
9 REFUSED [GO TO PREB21D]

**B17.** How long has it been since you smoked on a daily basis?

*(LASTDLY) (LASTUNI1)*

1 DAYS
2 WEEKS
3 MONTHS
4 YEARS
8 DON’T KNOW/NOT SURE
9 REFUSED

**IF B17=1**

**B17D** ENTER DAYS [RANGE=1-999]

**IF B17=2**

**B17W** ENTER WEEKS [RANGE=1-999]

**IF B17=3**

**B17M** ENTER MONTHS [RANGE=1-999]

**IF B17=4**

**B17Y** ENTER YEARS [RANGE=1-999]

**IF (B7=1) (smoke every day) ASK B18 AND B19. ELSE SKIP TO PREB21D**
**B18.** How many cigarettes on average do you smoke per day?  
\((\text{SMKPERDY})\)  
\([\text{IF NEEDED, 20 cigarettes are usually in a pack}]\)

\([100 = 100 \text{ OR MORE CIGARETTES}]\)  
\([\text{RANGE=001-100}]\)

<table>
<thead>
<tr>
<th>_ _ _</th>
<th>NUMBER OF CIGARETTES</th>
<th>_ _ _</th>
</tr>
</thead>
<tbody>
<tr>
<td>998</td>
<td>DON’T KNOW/NOT SURE</td>
<td>999</td>
</tr>
<tr>
<td>999</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

**B19.** How soon after you awake in the morning do you usually smoke your first cigarette?  
\((\text{MORNUM})(\text{MORNUNIT})\)  
\([\text{IF NEEDED: How many minutes or hours before you smoke your first cigarette?}]\)

<table>
<thead>
<tr>
<th>1</th>
<th>IMMEDIATELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>MINUTES</td>
</tr>
<tr>
<td>3</td>
<td>HOURS</td>
</tr>
<tr>
<td>8</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**IF B19= 2**  
**B19M ENTER MINUTES [RANGE=1-120]**

**IF B19= 3**  
**B19H ENTER HOURS [RANGE=1-24]**

**PREB21D.** How much do you usually pay for a pack of cigarettes?  
\((\text{PAYPACK})\)  
\([\text{IF PREB21D=001}]\)

<table>
<thead>
<tr>
<th>001</th>
<th>gave response</th>
</tr>
</thead>
<tbody>
<tr>
<td>998</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>999</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**IF PREB21D=001**  
**B21D ENTER AMOUNT /RANGE=1.00-99.99/**

**IF PREB21D=001**  
**B21DV INTERVIEWER PLEASE VERIFY: [INSERT B21D] for a pack of cigarettes. Is that correct?**

1 correct, continue  
2 incorrect re-enter price [reset to B21D]
**B21e.** Do you usually buy your cigarettes in Colorado, in a store out of state, or over the Internet?  
(BUYCOLO)  
1  IN COLORADO  
2  IN A STORE OUT OF STATE  
3  OVER THE INTERNET  
8  DON'T KNOW/NOT SURE  
9  REFUSED

*IF (B7= 1, 2) OR (B9= 1) (smoke every day or some days)*

**B26a.** What best describes your intentions regarding quitting? Would you say you . . .  
(QUITINT)  
1  Never expect to quit  
[GO TO B27]  
2  Might quit in the future, but not in the next 6 months,  
3  Will quit in the next 6 months, or  
4  Will quit in the next month?  

[DO NOT READ]  
5  (VOL) ALREADY QUIT  
[GO TO B28]  
8  (VOL) DON'T KNOW/NOT SURE  
9  (VOL) REFUSED

**ASK IF B26a= 2,3,4,8,9**

**B26a1.** The next time you decide to quit smoking, what method do you think you’ll try?  

[IF NECESSARY, READ RESPONSES:] [Allow multiple answers; probe for ‘Anything else’…]  

01  COLD TURKEY, WILL POWER  
02  NICOTINE SUBSTITUTE [patch, gum, inhaler, spray, nicotine lozenges]  
03  ZYBAN [Wellbutrin, bupropion, anti-depressant]  
04  HYPNOSIS  
05  QUITLINE OR OTHER TELEPHONE COUNSELING  
12  MOBILE PHONE APP, TEXT MESSAGING  
13  INTERNET CESSATION PROGRAM  
06  GRADUALLY REDUCE NUMBER OF CIGS  
07  ALTERNATE THERAPIES  
08  CLASS, GROUP COUNSELING OR PROGRAM  
09  CHANTIX [Varenicline]  
10  E-CIGARETTES  
11  DIFFERENT TOBACCO PRODUCT (CHEWING TOBACCO, SNUFF, SNUS,  
Dissolvable Tobacco Product such as Tobacco strips, sticks, or ORBS) (IF NEEDED: THESE ARE PRODUCTS THAT ARE  
MADE BY A TOBACCO COMPANY.)  
95  Or Something else? OTHER (Specify) ________________________________  
98  (VOL) DON'T KNOW/NOT SURE  
99  (VOL) REFUSED
IF B26A1=95
B26a10th. ENTER RESPONSE ________________________________

IF (B7=1,2) OR (B9=1) (smoke every day or some days)
B27. How sure are you that you could stop smoking and stay off cigarettes for at least one month? Would you say . . . (QUITSURE)

1 Very sure  
2 Somewhat sure  
3 Somewhat unsure, or  
4 Very unsure?  
8 DON'T KNOW/NOT SURE  
9 REFUSED

IF B9=2, 8, 9; ELSE GO TO B30
B28. How long has it been since you last smoked regularly? (LASTSMO) (LASTUNI2)

[IF NEEDED: Regularly is at least a few cigarettes every few days.]  
[IF ASKED: A few is 4 or 5.]  
[NEVER SMOKED REGULARLY = 88]

88 NEVER SMOKED REGULARLY [GO TO B29]  
01 DAYS  
02 WEEKS  
03 MONTHS  
04 YEARS  
98 DON'T KNOW/NOT SURE  
99 REFUSED

IF B28=01
B28D ENTER DAYS [RANGE=1-999]

IF B28=02
B28W ENTER WEEKS [RANGE=1-999]

IF B28=03
B28M ENTER MONTHS [RANGE=1-999]

IF B28=04
B28Y ENTER YEARS [RANGE=1-999]
**IF B28=99 OR 98, CONTINUE. ELSE SKIP TO B29**

**B28a.** Was the last time you smoked regularly more than 12 months ago, that is, before [*autodate today minus 365*]?  
(LSTMRYR)  
1 YES  
2 NO  
8 DON’T KNOW/NOT SURE  
9 REFUSED

**IF B28=99, OR 98, OR 88**

**B29.** How long has it been since you smoked any cigarettes at all, even one puff on a cigarette?  
(LASTPUF) (LASTUNI3)  
01 DAYS  
02 WEEKS  
03 MONTHS  
04 YEARS  
98 DON’T KNOW/NOT SURE  
99 REFUSED

**IF B29=01**  
**B29D** ENTER DAYS [RANGE=1-999]

**IF B29=02**  
**B29W** ENTER WEEKS [RANGE=1-999]

**IF B29=03**  
**B29M** ENTER MONTHS [RANGE=1-999]

**IF B29=04**  
**B29Y** ENTER YEARS [RANGE=1-999]

**IF B7 = 1, 2 OR B9 = 1**  
**B30.** Have you ever used an electronic cigarette, also called an e-cigarette, or some other electronic "vaping product?  
(TOBECIG)  
1 YES [CONTINUE]  
2 NO [GO TO C1]  
8 DON’T KNOW/NOT SURE [GO TO C1]  
9 REFUSED [GO TO C1]
**IF B30 = 1**

B31. **In the past 30 days**, did you use an e-cigarette or other vaping product every day, some days, or not at all?  
*(TBECIG30)*  
1. EVERY DAY  
2. SOME DAYS  
3. NOT AT ALL  
8. DON’T KNOW/NOT SURE  
9. REFUSED

**IF B30 = 1**

B32. The last time you used an e-cigarette or other electronic “vaping” product, what was your main reason for using it?  
*[READ RESPONSES IF NECESSARY]*  
*(TBECIGRN)*  
01. IN A PLACE THAT DOESN'T ALLOW TOBACCO SMOKING  
02. TRYING TO QUIT SMOKING TOBACCO  
03. HEALTHIER (THAN CIGARETTES, CIGARS, OR PIPES)  
04. CLEANER (THAN CIGARETTES, CIGARS, PIPES (LESS SMELL, TAR, SMOKE))  
05. ENJOYMENT, PLEASURE, JUST LIKE IT  
95. OR SOMEWHERE ELSE? OTHER, SPECIFY ___  
98. DON’T KNOW/NOT SURE  
99. REFUSED

**IF B32=95**

B32oth. ENTER RESPONSE ___________________________________________________________
SECTION C: RECENT SMOKING HISTORY

[PROGRAMMER: ESTABLISHED FORMER SMOKERS SKIP TO SECTION D]
(B28 = 1 AND B28D > 364) OR (B28 = 2 AND B28W > 51) OR (B28 = 3 AND B28M > 11) OR B28 = 4 OR B28A = 1)

C1. During the past 12 months, did you quit smoking for one day or longer because you were trying to quit smoking?

(QUITONE)
1 YES
2 NO
8 DON’T KNOW/NOT SURE
9 REFUSED

IF C1 = 1 CONTINUE. ELSE SKIP TO C1E

C1b. During the past 12 months, how many times did you stop smoking for one day or longer because you were trying to quit smoking?

(QUITNUM12)
00 NONE
98 DON’T KNOW/NOT SURE
99 REFUSED

C1e. Since you first started smoking regularly, what is the longest time you have ever gone without smoking a cigarette?

(NOSMKNUM) (NOSMKUNI)
[IF LESS THAN 1 HOUR, CODE AS 1 HOUR; IF NEVER, ENTER 88]
[INTERVIEWER, READ IF NEEDED: WOULD THAT BE IN …?]

01 HOURS
02 DAYS
03 WEEKS
04 MONTHS
05 YEARS
88 NEVER
The Attitudes and Behaviors Survey (TABS) on adult health topics, 2015

SECTION C

98 DON’T KNOW/NOT SURE
99 REFUSED

IF C1E=01
C1EH ENTER HOURS [RANGE=1-999]

IF C1E=02
C1ED ENTER DAYS [RANGE=1-999]

IF C1E=03
C1EW ENTER WEEKS [RANGE=1-999]

IF C1E=04
C1EM ENTER MONTHS [RANGE=1-999]

IF C1E=05
C1EY ENTER YEARS [RANGE=1-999]

ASK IF DAILY OR NON-DAILY SMOKER WHO HAS MADE A QUIT ATTEMPT

IF [C1=1 AND (B7=1, 2 OR B9=1)] (smoke every day or some days)

C2. During the past 12 months how long ago was the start of your most recent attempt to quit smoking that lasted for one day or longer? (LASTQUIT) (LASTUNI4)

[INTERVIEWER, READ IF NEEDED: WOULD THAT BE IN…?]
01 DAYS
02 WEEKS
03 MONTHS
98 DON’T KNOW/NOT SURE
99 REFUSED

IF C2=01
C2D ENTER DAYS [RANGE=1-365]

IF C2=02
C2W ENTER WEEKS [RANGE=1-52]

IF C2=03
C2M ENTER MONTHS [RANGE=1-12]

IF [C1=1 AND (B7=1, 2 OR B9=1)] (smoke every day or some days)

C14. How long did you stay off cigarettes during the most recent attempt to quit smoking? (QUITOFFN) (QUITOFFU)
For this most recent attempt, did you use any of the following to adjust to life without cigarettes:

Did you use…

(C4) a. Group counseling?
(b) One-on-one counseling?
(e) A site on the internet?
(f) A mobile phone app or text messaging?

[USE THE FOLLOWING RESPONSE OPTIONS FOR C4a-C4f]

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

For this most recent attempt to quit smoking, did you use a nicotine substitute such as patches, nicotine gum, nicotine lozenges or a nicotine inhaler?

(NRT)

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

Who paid for your nicotine substitute? Was it…

(PAYNR)

01. You completely,
02. You partially, and partially paid by health insurance or medical benefits,
    [IF NEEDED: this does not include health spending accounts.]
03. Completely paid by health insurance or medical benefits, or
Provided free by the Colorado QuitLine?

[DO NOT READ]:
05 [VOL] FREE FROM A RELATIVE OR FRIEND
06 [VOL] FREE FROM EMPLOYER
95 [VOL] OTHER (Specify:___________________)
98 [VOL] DON'T KNOW/NOT SURE
99 [VOL] REFUSED

IF C8=95
C8oth. ENTER RESPONSE ___________________________________________

IF C1=1
C9. For this last attempt to quit smoking, did you use a prescription medication called:

(ZYBAN) C9a. Zyban (or Wellbutrin or bupropion)?
(CHANTIX) C9b. Chantix (or varenicline)
(OTHER AD) C9c. Any other medication to help you quit smoking besides nicotine? (Specify:____)

1 YES
2 NO
8 DON'T KNOW/NOT SURE
9 REFUSED

IF C9C=1
C9coth. ENTER RESPONSE ___________________________________________

IF C9A=1 OR C9B=1 OR C9C=1 CONTINUE; ELSE SKIP TO C15

C12. Who paid for your prescription? Was it:

(PAYANTI) READ LIST
01 You completely,
02 You partially, and partially paid by health insurance or medical benefits
   [IF NEEDED: this does not include health spending accounts.], or
03 Completely paid by health insurance or medical benefits?
 DO NOT READ:
04 [VOL] FREE SAMPLES
05 [VOL] FREE FROM EMPLOYER
95 [VOL] OTHER (Specify:___________________)
98 [VOL] DON'T KNOW/NOT SURE
99 [VOL] REFUSED

IF C12=95
C12 oth. ENTER RESPONSE ___________________________________________
**IF (B7=1, 2) OR (B9=1) OR (B28D=(1-364)) OR (B28W=(1-51)) OR (B28M=(1-11)) OR (B28A=2, 8, 9)**

**DAILY OR NON-DAILY SMOKER OR RECENT FORMER SMOKER**

C15. Have you heard of the Colorado QuitLine?

**(QUITLINE)**

[IF ASKED: It’s a free telephone counseling service to help people quit smoking.]

[IF ASKED: The number is 1-800-QUIT-NOW.]

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

**IF C15=1 CONTINUE; IF C15=8, 9, GO TO C15D; ELSE SKIP TO SECTION D**

C15b. Have you ever called the Colorado QuitLine?

**(CALLQUIT)**

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

**IF C15B=1 CONTINUE; ELSE SKIP TO C15D**

C15bb. Have you called the Colorado QuitLine in the past 12 months?

**(CALLYEAR)**

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

**IF C15BB=2, 9, 8**

C15c. In the past 12 months, have you called a telephone smoking cessation helpline other than the Colorado QuitLine?

**(CALLOTHER)**

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

**IF C15=1, 8, 9**

C15d. What best describes your intentions regarding calling a smoking cessation quitline in the future? Would you say you . . . [READ RESPONSES]

**(QLINTENT)**

1 Never expect to call a QL,
2 Might call a QL in the future, but not in the next 6 months,
3 Will call a QL in the next 6 months, or
4 Will call a QL in the next month?
8 DON’T KNOW/NOT SURE
9 REFUSED
SECTION D: LIFETIME SMOKING HISTORY

ASK ALL
CATI: START TIMER (T13)

RECORD TIME ELAPSED IN ALL OF SECTION D
SECD

SECTION D ASKED OF ALL EVER-SMOKERS. (B1= 1)

D3. How old were you when you first began to smoke cigarettes regularly? (SMKAGE)

   [IF ASKED: Regularly is at least a few cigarettes every four or five days.]

   |   | YEARS OLD /RANGE=05-97/ [USE “97” for 97 AND OLDER]
   00  NEVER SMOKED REGULARLY
   98  DON’T KNOW/NOT SURE
   99  REFUSED
SECTION E: OTHER TOBACCO USE

IF \( B7 = 1, 2 \) OR \( B9 = 1 \), SKIP TO E1

CATI: START TIMER (T14)

RECORD TIME ELAPSED IN ALL OF SECTION E

SECE

PREE1 Now I would like to ask about other kinds of tobacco and nicotine products. The first questions are about electronic cigarettes (e-cigarettes) and other electronic “vaping” products, including electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine. They may also contain flavors such as fruit, mint, or candy.

EPR\(_E1\). Have you ever used an electronic cigarette or other electronic vaping product, even just one time?

1 YES [CONTINUE]
2 NO [GO TO E1]
8 DON’T KNOW/NOT SURE [GO TO E1]
9 REFUSED [GO TO E1]

EPR\(_E2\). Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

1 EVERY DAY
2 SOME DAYS
3 NOT AT ALL
8 DON’T KNOW/NOT SURE
9 REFUSED

EPR\(_E3\). The last time you used an e-cigarette, what was your main reason for using it?

[DO NOT READ]

01 TRYING TO QUIT SMOKING TOBACCO
02 HAVE QUIT TOBACCO, USE E-CIGS INSTEAD
03 HEALTHIER THAN TOBACCO
04 SOCIAL, FRIENDS DOING IT, SHARING
05 ENJOYMENT, PLEASURE, LIKE IT
95 OTHER, SPECIFY ____________________
98 DON’T KNOW/NOT SURE
99 REFUSED

IF EPR\(_E3\)=95

EPR\(_E3\)_oth ENTER RESPONSE ________________________________

ASK ALL

E1. Have you ever used any tobacco products other than cigarettes, such as chewing tobacco, snuff, snus, cigars, or dissolvable strips, sticks, or orbs?

(TOBPROD)

1 YES
2 NO [GO TO E14]
8 DON’T KNOW/NOT SURE
9 REFUSED
**LANDLINE QUALIFIED LEVEL 5** (2nd Respondent)

**CELL PHONE: qualified level 4**

E4. Have you ever smoked cigars, cigarillos, or little cigars?

   (SMKCIGAR)
   1  YES
   2  NO  GO TO E7
   8  DON’T KNOW/NOT SURE  GO TO E7
   9  REFUSED  GO TO E7

E5. Have you smoked at least 50 cigars in your entire life?

   (CIGAR50)
   1  YES
   2  NO
   8  DON’T KNOW/NOT SURE
   9  REFUSED

E6. Do you now smoke cigars every day, some days or not at all?

   (CIGARDAY)
   1  EVERY DAY
   2  SOME DAYS
   3  NOT AT ALL
   8  DON’T KNOW/NOT SURE
   9  REFUSED

E7. Have you ever used chewing tobacco, snus, or snuff?

   (TOBUSE)
   [IF NEEDED: Brand names such as Copenhagen, Skoal, Grizzly Bear, Kodiak]
   1  YES
   2  NO  GO TO E10
   8  DON’T KNOW/NOT SURE  GO TO E10
   9  REFUSED  GO TO E10

E8. Have you used chewing tobacco, snus, or snuff at least 20 times in your entire life?

   (TOB20)
   1  YES
   2  NO
   8  DON’T KNOW/NOT SURE
   9  REFUSED
E9. Do you now use chewing tobacco, snus or snuff every day, some days, or not at all? (TOBNOW)
1 EVERY DAY
2 SOME DAYS
3 NOT AT ALL
8 DON'T KNOW/NOT SURE
9 REFUSED

E10. Have you ever smoked a Hookah pipe? (HOOKAH)
[IF NEEDED: “ALSO KNOWN AS A WATERPIPE OR HUBBLY-BUBBLY”]
[HOOKAH IS PRONOUNCED “WHO-KAH”]
1 YES
2 NO GO TO E13
8 DON'T KNOW/NOT SURE GO TO E13
9 REFUSED GO TO E13

ASK IF E10=1
E10a. Do you now smoke a Hookah pipe every day, some days or not at all? (HOOKAHDAY)
1 EVERY DAY
2 SOME DAYS
3 NOT AT ALL
8 DON'T KNOW/NOT SURE
9 REFUSED

E13. In the past 30 days, have you used a dissolvable tobacco product, such as strips, sticks or orbs? (IF NEEDED: These are products made by a tobacco company that have tobacco in them.) (DISSOLVTOB30)
1 YES
2 NO
8 DON'T KNOW/NOT SURE
9 REFUSED

E14. Have you ever used marijuana or hashish?
1 YES [CONTINUE]
2 NO [GO TO SECTION F]
8 DON'T KNOW/NOT SURE [GO TO SECTION F]
9 REFUSED [GO TO SECTION F]
**E15.** The first time you used marijuana or hashish, how old were you?

01 AGE: __________ [RANGE: 03 - 97]
02 NEVER USED [GO TO SECTION F]
98 DON’T KNOW/NOT SURE
99 REFUSED

**PROGRAMMER NOTE: POPULATE [DATEFILL] WITH DATE 30 DAYS PRIOR TO CURRENT INTERVIEW DATE.**

**E16.** When was the last time you used marijuana or hashish? Was it . . .

[Read options 1-3 until selection is made.]
1 Within the past 30 days — that is, since [DATEFILL] [GO TO E17]
2 More than 30 days ago but within the past 12 months [GO TO SECTION F]
3 Or more than 12 months ago [GO TO SECTION F]
8 DON’T KNOW/NOT SURE [GO TO SECTION F]
9 REFUSED

**E17.** During the past 30 days, on how many days did you use marijuana or hashish?

[Programmer note: if respondent says 0, need to go back to E16 to verify response.]

___ Number of Days [Range 1-30]
98 DON’T KNOW/NOT SURE
99 REFUSED

IF E17=0, ASK CHKE17

CHKE17. Sorry, your answer contradicts the previous question. I would like to confirm.

1 SELECT [GO BACK TO E16]

**E18.** Next, I’ll ask how you used marijuana or hashish during the past 30 days:

**E18a.** Did you smoke it?
[IF NECESSARY: … Smoking includes using a joint, blunt, pipe, or bong.]

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

**E18b.** Did you vape it?
[IF NECESSARY … Vaping includes using a vape pen or other vaporizer.]

1 YES
2 NO
8 DON’T KNOW/NOT SURE
9 REFUSED
E18c. Did you consume it in food items such as brownies, gummies, or candy?

1  YES
2  NO
8  DON'T KNOW/NOT SURE
9  REFUSED

E18d. Did you smoke concentrated marijuana or hash oil, also known as “dabbing”.

1  YES
2  NO
8  DON'T KNOW/NOT SURE
9  REFUSED
ASK ALL

CATI: START TIMER (T15)

RECORD TIME ELAPSED IN ALL OF SECTION F
SECF

PREF1 Now I’d like to ask about smoking in your home and your workplace.

ASK ALL

F1. Which statement best describes the rules about smoking inside your home? Would you say that smoking inside your home...[READ RESPONSES]

(HOMERULE)

01 is not allowed anywhere,
02 is allowed in some places,
03 is allowed sometimes or for some people, or
04 is allowed everywhere?
05 (VOL) NO RULES
95 or something else? OTHER (Specify): __________________________
98 DON’T KNOW/NOT SURE
99 REFUSED

IF F1=95

F1 oth. ENTER RESPONSE ____________________________

ASK ALL

F4. In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere inside your home?

(SMOKHOME)

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

ASK ALL

F5. Which statement best describes the rules about smoking in your personal vehicle? Would you say that smoking in your personal vehicle...[READ RESPONSES]

(AUTORULE)

01 is never allowed,
02 is allowed sometimes,
03 is allowed with the windows open, or
04 there are no rules about smoking inside your vehicle? ......
05 (VOL) DON’T HAVE A VEHICLE [SKIP TO F6]
95 or something else? OTHER (Specify): __________________________
98 DON’T KNOW/NOT SURE
99 REFUSED
IF F5=95
F5 oth. ENTER RESPONSE ___________________________________________

IF F5=5, SKIP TO F6 (NO PERSONAL VEHICLE)
F5b. In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes inside your vehicle?
(SMOKAUTO)
1 YES
2 NO
8 DON'T KNOW/NOT SURE
9 REFUSED

ASK ALL
F6. In the last 12 months, have you ever asked someone not to smoke around you or your family?
(P2NOTSMOK)
1 YES
2 NO
8 DON'T KNOW/NOT SURE
9 REFUSED

ASK ALL
F7a. While working at your job, do you drive a taxi, truck or other vehicle more than half the time that you are working?
(WRKDRV)
1 YES [GO TO F7]
2 NO [GO TO F7]
3 DON'T WORK [GO TO F13]
8 DON'T KNOW/NOT SURE [GO TO F7]
9 REFUSED [GO TO F7]

F7b. Which of the following best describes the official policy about smoking in the vehicle? Would you say smoking is …[READ RESPONSES]
(DRVPLOCY)
1 not allowed at all,
2 not allowed for you but allowed for your passengers, or.
3 allowed for anyone?
4 (VOL) NO POLICY
8 DON'T KNOW/NOT SURE
9 REFUSED

F7. While working at your job, are you indoors most of the time?
(INDRJOB)
1 YES
2 NO /
3 DON'T WORK .... [GOTO F13]
8 DON'T KNOW/NOT SURE
9 REFUSED
ASK IF F7=1

F7a1. During the past 30 days, on how many days did you breathe the smoke indoors at your workplace from someone other than you who was smoking cigarettes, cigars, or pipes?

(WORK7)
[Interviewer note: Do not include exposures to marijuana smoke or electronic cigarettes (e-cigarettes).]

___ NUMBER OF DAYS [RANGE 1-30]
87 I did not work in the past 30 days [GOTO F13]
88 NONE
98 DON'T KNOW/NOT SURE
99 REFUSED

F10. In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes outdoors at your workplace?

(WORK30IN)
1 YES
2 NO
3 DO NOT WORK [GOTO F13]
8 DON'T KNOW/NOT SURE
9 REFUSED

F10a. During the past 30 days on how many days did you breathe the smoke outdoors at your workplace from someone other than you who was smoking cigarettes, cigars, or pipes?

(OUTWORK30DAYS)
87 I did not work in the past 30 days [GOTO F13]
88 NONE
98 DON'T KNOW/NOT SURE
99 REFUSED

F11. In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your workplace?

(WRK30OUT)
1 YES
2 NO
8 DON'T KNOW/NOT SURE
9 REFUSED
ASK ALL
F13. In Colorado, in the past 6 months, have you had to put up with tobacco smoke near you at any other place besides your home or your workplace?
(COSMK)
1 YES
2 NO [GO TO F18]
8 DON’T KNOW/NOT SURE [GO TO F18]
9 REFUSED [GO TO F18]

F14. In Colorado, the last time you breathed someone else’s tobacco smoke in an outdoor place, what kind of place were you in?
(COWHERE15)
[READ IF NECESSARY]
01 RESTAURANT PATIO
02 BAR PATIO
03 OUTSIDE DOORWAY OF BUILDING
04 SIDEWALK
05 BUS STOP/ TRANSPORT CENTER
06 PUBLIC PARK/OPEN SPACE
07 COMMUNITY EVENT (E.G., OUTDOOR FAIR, MARKET
08 SPORTS EVENT / ARENA
09 COMMON AREA OF MULTI-UNIT HOUSING/APARTMENT
10 PARKING LOT / GARAGE
95 OTHER(Specify)_________________ [GO TO F14 oth]
98 DON’T KNOW/NOT SURE
99 REFUSED

IF F14=95
F14 oth. ENTER RESPONSE________________________

ASK ALL
F18. How many of your close friends and relatives smoke cigarettes? Would you say…
(SMKFRNDS)
[READ RESPONSES]
0 none,
1 a few,
2 less than half,
3 about half,
4 or most?
8 (VOL) DON’T KNOW/NOT SURE
9 (VOL) REFUSED
SECTION L: HIGH BLOOD PRESSURE

ASK SECTION L IF MODULE=01 OR 12 ELSE SKIP TO SECTION N

CATI: START TIMER (T16)

RECORD TIME ELAPSED IN ALL OF SECTION L

SECL

PREL1 Now I have a few more questions about your high blood pressure.

L1. How old were you when a health care provider first told you that you had high blood pressure?
   (BPOLD)
   |___|___| YEARS OLD [RANGE=5-115]
   998 DON'T KNOW/UNSURE
   999 REFUSED

L2. During the last 12 months, have you been told to take prescription medicine because of your high blood pressure?
   (BPSCRIBE)
   1 YES
   2 NO
   8 DON'T KNOW/UNSURE
   9 REFUSED

L3. How many prescription medicines do you currently take for your high blood pressure?
   (BPMEDTAK)
   _ _ (enter number) [RANGE: 0-30]
   98 DON'T KNOW/UNSURE (GO TO L5)
   99 REFUSED (GO TO L5)

L4. How many different medications are currently prescribed for you to take for your high blood pressure?
   (BPMEDSCR)
   _ _ (enter number) [RANGE: 0-30]
   98 DON'T KNOW/UNSURE
   99 REFUSED

[if L4 < L3 ASK:]
CHKBPMED I would like to confirm that you take more medications [insert # from L3] than you are prescribed [insert # from L4]. Is that correct?
   1 Yes [Go to L5]
   2 No [Go back to L3]
L5. How sure are you that you can control your blood pressure? Would you say... (BPSURE) [READ LIST]  
1 Very sure,  
2 Somewhat sure,  
3 Somewhat unsure, or  
4 Very unsure?  
8 DON'T KNOW/UNSURE  
9 REFUSED

L6. Have you ever taken an educational course or class to teach you how to control your blood pressure? (BPCLASS)  
1 YES  
2 NO  
8 DON'T KNOW/UNSURE  
9 REFUSED

IF L4>0, THEN READ L7; ELSE SKIP TO SECTION N.

L7. Now I'll read some statements about the medicines that your health care provider has prescribed for your high blood pressure. For each statement, please tell me whether you strongly agree, agree, are neutral, disagree, or strongly disagree.

RANDOMIZE READ ORDER

(BPMEDC) L7a. I have someone in the health field I can call with questions about my blood pressure medicines.

(BPMEDD) L7b. I have to take too many blood pressure medicines each day.

(BPMEDH) L7h. Taking blood pressure medicines more than once a day is inconvenient.

[ANSWER CHOICES for L7]  
1 STRONGLY AGREE  
2 AGREE  
3 NEUTRAL  
4 DISAGREE  
5 STRONGLY DISAGREE  
8 DON'T KNOW/UNSURE  
9 REFUSED
**IF L4>0**

**L8.** Still thinking about the medicines your health care provider has prescribed for your high blood pressure, please tell me whether the following items happened very often, fairly often, not very often, or never during the past year.

- (BPSKIPG) **L8a.** skipping, stopping, not refilling, or taking less of a high blood pressure medicine when you felt like your symptoms were under control
- (BPSKIPA) **L8b.** [REPEAT AS NECESSARY: skipping, stopping, not refilling, or taking less of a high blood pressure medicine] because you didn’t think it was working
- (BPSKIPB) **L8c.** [skipping, stopping, not refilling, or taking less of a high blood pressure medicine] because it made you feel bad
- (BPSKIPD) **L8d.** [skipping, stopping, not refilling, or taking less of a high blood pressure medicine] because of the cost
- (BPMEDF15) **L8e.** [skipping, stopping, not refilling, or taking less of a high blood pressure medicine] because you forgot

[ANSWER CHOICES FOR for L8a-L8e]
1. VERY OFTEN
2. FAIRLY OFTEN
3. NOT VERY OFTEN
4. NEVER
8. DON’T KNOW/UNSURE
9. REFUSED
Now I have a few more questions about your diabetes.

N1. How old were you when a health care provider first told you that you have diabetes?
   (DIOLD)
   __________ YEARS OLD / RANGE=[0-97]
   98 DON’T KNOW/UNSURE
   99 REFUSED

N2. Were you told that you had Type 1 or Type 2 diabetes?
   (DITYPE)
   1 Type 1
   2 Type 2
   8 DON’T KNOW/UNSURE
   9 REFUSED

N3. During the last 12 months, have you been told to take any prescription medicine
    because of your diabetes?
   (DISCRIBE)
   1 YES
   2 NO
   8 DON’T KNOW/UNSURE
   9 REFUSED

N4. Are you currently taking any prescription medications to control your diabetes?
   (DIMEDS)
   1 YES
   2 NO [GO TO N13]
   8 DON’T KNOW/UNSURE [GO TO N5]
   9 REFUSED [GO TO N5]

IF N4=1,8,9

N5. Are you now taking insulin?
   (DIINS)
   1 YES
   2 NO
   8 DON’T KNOW/UNSURE
   9 REFUSED
**IF N4=1**

**N6.** Other than insulin, are you now taking any other diabetes pills or injection medicine? (DIPILLS)
1. YES
2. NO
8. DON'T KNOW/UNSURE
9. REFUSED

**N13.** How sure are you that you can control your diabetes? READ RESPONSES (DISURE)
1. Very sure,
2. Somewhat sure,
3. Somewhat unsure, or
4. Very unsure?
8. (VOL) DON'T KNOW/UNSURE
9. (VOL) REFUSED

**N14.** Have you ever taken an educational course or class to teach you how to control your diabetes? (DICLASS)
1. YES
2. NO
8. DON'T KNOW/UNSURE
9. REFUSED

**IF N4=1 ("YES"), ASK N15.**

**RANDOMIZE STATEMENTS FOR N15.**

**N15.** Now I'll read some statements about the medicines that your health care provider has prescribed for your diabetes. For each statement, please tell me whether you strongly agree, agree, are neutral, disagree, or strongly disagree.

**[PROGRAMMER, RANDOMIZE READ ORDER]**

(DIMEDC) N15a. I have someone in the health field whom I can call with questions about my diabetes medicines.

(DIMEDD) N15b. I have to take too many diabetes medicines a day.

(DIMEDH) N15c. Taking diabetes medicines more than once a day is inconvenient.

[ANSWER CHOICES for N15]
1. STRONGLY AGREE
2. AGREE
3. NEUTRAL
4. DISAGREE
5. STRONGLY DISAGREE
8. DON'T KNOW/UNSURE
9. REFUSED
IF N4=1

N16. Still thinking about the medicines your health care provider has prescribed for your diabetes, please tell me whether the following items happened very often, fairly often, not very often, or never during the past year.

(DISKIPG) N16a. skipping, stopping, not refilling, or taking less of a diabetes medicine when you felt like your symptoms were under control

(DISKIPA) N16b. [REPEAT AS NECESSARY: skipping, stopping, not refilling, or taking less of a diabetes medicine] because you didn’t think it was working

(DISKIPB) N16c. [skipping, stopping, not refilling, or taking less of a diabetes medicine] because it made you feel bad

(DISKIPC) N16d. [skipping, stopping, not refilling, or taking less of a diabetes medicine] because of the cost

(DISMEDF15) N16e. [skipping, stopping, not refilling, or taking less of a diabetes medicine] because you forgot

[ANSWER CHOICES for N16a-N16e]
1 VERY OFTEN
2 FAIRLY OFTEN
3 NOT VERY OFTEN
4 NEVER
8 DON’T KNOW/UNSURE
9 REFUSED
PREG1 Now I’d like to ask you a few questions about your health, your health insurance and your health care.

ASK ALL  

G1. What health insurance do you have?  
(INSTYPE) [IF MORE THAN ONE, ASK FOR THE PRIMARY HEALTH INSURANCE.]

42 AARP  
11 ACCESS / COLORADO ACCESS  
04 AETNA  
57 AFLAC  
22 ALLIANCE  
53 AMERIBEN  
52 AMERICAN FAMILY  
51 AMERICAN REPUBLIC  
03 ANTHEM/BLUE CROSS & BLUE SHIELD/ HMO COLORADO  
37 ASSURANT  
44 BANNER  
39 CELTIC  
06 CIGNA HEALTHCARE OF COLORADO  
56 COBRA  
62 COLORADO INDIGENT CARE PROGRAM (‘CICP’)  
20 COMMUNITY HEALTH PLAN OF THE ROCKIES  
41 DEFINITY  
12 DENVER HEALTH OR ‘DENVER HEALTH MEDICAL PLAN’  
58 EMPIRE  
45 FARMERS  
23 FIRST HEALTH  
21 FORTIS  
47 GEHA  
24 GOLDEN RULE  
32 GREAT-WEST HEALTHCARE OF COLORADO OR ‘GREAT WEST’  
46 GUARDIAN  
40 HARTFORD  
08 HUMANA  
31 INTERCARE
The Attitudes and Behaviors Survey (TABS) on adult health topics, 2015

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<tr>
<td>98</td>
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<td>99</td>
<td>REFUSED</td>
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**IF G1=95**

**G1 oth.** ENTER RESPONSE ___________________________________________

50
ASK ALL
G2. Would you say your health is . . .
   (GOODHLTH)
   1 Excellent,
   2 Very good,
   3 Good,
   4 Fair, or
   5 Poor?
   8 DON'T KNOW/NOT SURE
   9 REFUSED

ASK ALL
G14_15. 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?
   (MHDAYS)
   [INTERVIEWER NOTE: 1 week=7 days and 2 weeks=14 days]
   NUMBER OF DAYS.............. ____ [RANGE:01-30]
   00 NONE
   98 DON'T KNOW/NOT SURE
   99 REFUSED

ASK ALL
G16. Has a doctor or healthcare provider ever told you that you have a mental health
   condition or mental illness?
   (MHMENTAL)
   1 YES
   2 NO [GO TO G17]
   8 DON'T KNOW/NOT SURE [GO TO G17]
   9 REFUSED [GO TO G17]

G16b. Please tell me what the condition or illness is called.
   (MHCONDITION)
   [ALLOW MULTIPLE RESPONSES]
   01 DEPRESSION
   02 ANXIETY
   03 BIPOLAR DISORDER
   04 SCHIZOPHRENIA
   95 OTHER (Specify)__________.
   98 DON'T KNOW/NOT SURE ..... 
   99 REFUSED

IF G16B=95
G16b oth. ENTER RESPONSE ________________________________
ASK ALL
G17. Are you limited in any way in any activities because of mental or emotional conditions? (MHLIMIT)
1  YES
2  NO
8  DON'T KNOW/NOT SURE
9  REFUSED

ASK ALL
G18. Are you limited in any way in any activities because of physical problems? (PHYLIMIT)
1  YES
2  NO
8  DON'T KNOW/NOT SURE
9  REFUSED

ASK ALL
G19. How much did you weigh without shoes a year ago? (IF NEEDED: If you were pregnant a year ago, how much did you weigh before your pregnancy?) (WTYR)
1  POUNDS
2  KILOGRAMS
8  DON'T KNOW
9  REFUSED

IF G19=1
G19P How much did you weigh without shoes?
Round fractions up

_ _ _ _ Weight
(pounds) [Range 50-776]

IF G19P=50-79 OR 351-776
G19PV Just to double-check, you indicated [G19P] pounds as your weight. IS THIS CORRECT?
1. Yes
2. No [GO BACK TO G19P]
**IF G19=2**
G19K How much did you weigh without shoes?

Round fractions up

| Weight (kilograms) | [Range 23-352.] |

**ASK IF G19K=23-352**
G19KV Just to double-check, you indicated [G19K] kilograms as your weight. IS THIS CORRECT?

1. Yes
2. No [GO BACK TO G19K]

**IF F7A=3 OR F7=3, SKIP TO G26B**

G26a. When you are at work, which of the following best describes how you work? Would you say you are …

[If respondent has multiple jobs, include all jobs.]

[Please read:]

1. Mostly sitting or standing
2. Mostly walking, or
3. Mostly doing heavy labor or physically demanding work?
4. (VOL) DOESN'T GO TO WORK AND NOT SELF-EMPLOYED
8. DON'T KNOW / UNSURE
9. REFUSED

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

G26b. Now, thinking about the moderate activities you do [fill in “when you are not working” if G26a<>4] in a usual week, how much total time per week do you spend doing moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

<table>
<thead>
<tr>
<th></th>
<th>Hours and minutes per week [RANGE: 0 to 20:00 hours/]</th>
</tr>
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<tbody>
<tr>
<td>88 8 8</td>
<td>Do not do any moderate activities for at least 10 minutes at a time</td>
</tr>
<tr>
<td>99 9 8</td>
<td>DON'T KNOW / UNSURE</td>
</tr>
<tr>
<td>99 9 9</td>
<td>REFUSED</td>
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</table>
G26c. Now, thinking about the vigorous activities you do [fill in “when you are not working” if G26a<>4] in a usual week, how much total time per week do you spend doing vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

___:___ Hours and minutes per week [RANGE: /0-14:00 hours/]

88 8 8 Do not do any vigorous activities for at least 10 minutes at a time

99 9 8 DON’T KNOW / UNSURE
99 9 9 REFUSED

ASK ALL

G6. What kind of place do you USUALLY go to when you need routine preventive care, such as a physical examination or a check-up?

(WELKIND2)

[DO NOT READ LIST]

1 clinic or health center,
2 doctor’s office or HMO,
3 hospital emergency room,
4 hospital outpatient department
5 or some other place/other specify? [GO TO G6_OTH]
6 NO PLACE
8 DON’T KNOW/NOT SURE
9 REFUSED

IF G6=95

G6_oth __________ Enter Other Specify

ASK ALL

G7. During the past 12 months, how many times have you seen a doctor or other health care professional about your own health? Do not count times in the hospital overnight, emergencies, home health visits, or telephone calls to a doctor or other health professional.

(SEEDOCTR)

[100 = 100 OR MORE VISITS]

___ ___ TIMES [range: 0-100]

998 DON’T KNOW/NOT SURE
999 REFUSED
ASK ALL
G7b  How long has it been since you last visited a dentist or a dental clinic for any reason? (DENTIST)

[DO NOT READ]
1  Within the past year (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
5  Never
8  DON'T KNOW
9  REFUSED

ASK ALL
G8.  Because of cost, in the last 12 months, was there any time that you did (INSERT OPTION FROM LIST a. – e. BELOW)?

(COSTMED)  G8a.  Not fill a prescription for medicine that you needed
(COSTDR)   G8b.  Not get doctor care that you needed
(COSTSPEC) G8c.  Not get specialist care that you needed
(COSTDENT) G8d.  Not get dental care that you needed
(COSTMH)  G8e.  Not get mental health care that you needed

1  Yes
2  No
8  Don’t know
9  Refused

PROGRAMMER: NONSMOKERS AND ESTABLISHED FORMER SMOKERS SKIP TO SECTION H: IF [(B28=1 AND B28D>364) OR (B28=2 AND B28W>51) OR (B28=3 AND B28M>11) OR B28=4 OR B28A=1] OR (B1=2) SKIP TO SECTION H

ASK IF [B7=01,02 OR B9=01 OR B28D=(1-364) OR B28W=(1-51) OR B28M=(1-11) OR B28A=2,8,9 OR B28=88] AND (G7>0 AND <998)

G9.  IF [B28D=(1-364) OR B28W=(1-51) OR B28M=(1-11) OR B28A=2,8,9 OR B28=88] INSERT “IN THE 12 MONTHS BEFORE YOU QUIT” “IF B7=01,02 OR B9=1 INSERT “IN THE LAST 12 MONTHS”/ DID A DOCTOR OR OTHER HEALTHCARE PROVIDER ADVISE YOU TO STOP SMOKING? (DRADVISE)

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

[GO TO G12]
**IF G9=1**

**G10. [IF (B28D=(1-364) OR B28W=(1-51) OR B28M=(1-11) OR B28A=2,8,9 OR B28=88] INSERT “IN THE 12 MONTHS BEFORE YOU QUIT” IF B7=01,02 OR B9=1 INSERT “IN THE LAST 12 MONTHS”/ did a doctor or other healthcare provider refer you to, or give you information about a smoking cessation program?**

<table>
<thead>
<tr>
<th>(DRREFER)</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW/NOT SURE</th>
<th>REFUSED</th>
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**G10a. What smoking cessation program was it?**

**[READ IF NECESSARY]**

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<tr>
<th></th>
<th>COLORADO QUITLINE</th>
<th>INTERNET PROGRAM</th>
<th>A CLASS OR A GROUP</th>
<th>PRESCRIPTIONS</th>
<th>OVER THE COUNTER PRODUCTS LIKE THE PATCH</th>
<th>PROGRAM thru INSURANCE</th>
<th>VA, HOSPITAL, CLINIC PROGRAM</th>
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**IF G10A=95**

**G10a oth.** ENTER RESPONSE ____________________________

**IF RESPONDENT HAS NO HEALTH INSURANCE (G1=01), SKIP TO SECTION H.**

**IF [(B7=1,2) OR (B9=01) OR (B28D=(1-364) OR B28W=(1-51) OR B28M=(1-11)) OR (B28A=2,8,9)] AND G1 >01**

**G12. Does your health insurance pay for help to quit smoking, such as counseling, prescriptions, or nicotine substitutes like gum or patches?**

<table>
<thead>
<tr>
<th>(HLTHPAY)</th>
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<th>DON'T KNOW/NOT SURE</th>
<th>REFUSED</th>
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<td>9</td>
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ASK ALL

PREH1 Now I would like your opinions on public policies and smoking.

H_1. Do you favor or oppose raising the legal minimum age to purchase all tobacco products from 18 to 21? You can say:
   (AGE21)
   1 strongly favor,
   2 somewhat favor
   3 somewhat oppose, or
   4 strongly oppose.
   8 DON’T KNOW/NOT SURE
   9 REFUSED

RANDOMIZE H1 and H2

H1. Under Colorado law, you must be at least 18 years old to buy cigarettes or other tobacco products. Do you think the law is adequately enforced or is not adequately enforced?
   (MINORS)
   1 YES, ENFORCEMENT ADEQUATE
   2 NO, ENFORCEMENT NOT ADEQUATE
   8 DON’T KNOW/NOT SURE
   9 REFUSED

H2. Stores in Colorado do not need a license to sell cigarettes and other tobacco products. Do you think the law should be changed to require a tobacco sales license, or do you think the law should stay the way it is without a tobacco sales license?
   (LICENSE)
   [IF NEEDED: A tobacco license is similar to a license to sell alcoholic beverages.]
   1 CHANGE, REQUIRE LICENSE
   2 NO CHANGE, STAY THE SAME, NO LICENSE
   8 DON’T KNOW/NOT SURE
   9 REFUSED
RANDOMIZE H4.

H4. For each of the following locations, do you think the law should allow smoking or prohibit smoking?...

(OUTDOOR) H4a. In outdoor public places such as parks, golf courses, zoos, sports stadiums?
(PATIO) H4b. In outdoor restaurant dining patios?
(CARS) H4c. Inside cars when children are traveling in them?
(MULTUNIT) H4d. In multi-unit rental housing such as apartment buildings and duplexes?
(OUTWORK) H4e. In outdoor workplaces such as construction sites, open pit mines, and landscaping sites?

1 ALLOW
2 PROHIBIT
3 NONE OF THE LAW’S BUSINESS
8 DON’T KNOW/NOT SURE
9 REFUSED
ASK ALL

CATI: START TIMER (T20)

RECORD TIME ELAPSED IN ALL OF SECTION J
SECJ

PREJ1 Now, I have some background questions.

Research has found that some health characteristics and behaviors differ by things like age, race, sexual orientation and so on. One purpose of this study is to help learn more about these factors.

I want to reassure you that all your answers are completely confidential. If we come to any question you’d prefer not to answer, just let me know and we’ll go on.

J1. How long have you lived in Colorado?

(LIVEDCOL)

[INTERVIEWER NOTE: IF ANSWER “ALL MY LIFE”, SELECT 04 ]

(RECORD 1 WEEK FOR LESS THAN ONE WEEK)

01 WEEKS

02 MONTHS

03 YEARS

04 ALL MY LIFE [GO TO J3]

05 [DO NOT READ] DOES NOT LIVE IN COLORADO [TERMINATE]

98 [DO NOT READ] DON’T KNOW/NOT SURE

99 [DO NOT READ] REFUSED

IF J1=01

J1W ENTER WEEKS [RANGE=1-999]

IF J1=02

J1M ENTER MONTHS [RANGE=1-999]

IF J1=03

J1Y ENTER YEARS [RANGE=1-999]

IF J1<>04,05

J2. Where did you last live before you began living in Colorado?

(LSTLIVE)

[IF NEEDED, PROBE FOR STATE OR COUNTRY]

[IF MORE THAN ONE RESPONSE, PROBE FOR MOST RECENT]
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<td>048</td>
<td>WEST VIRGINIA</td>
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</tbody>
</table>
049 WISCONSIN
050 WYOMING
051 DISTRICT OF COLUMBIA
052 GENERIC USA

055 MEXICO

995 OUTSIDE THE UNITED STATES
998 DON'T KNOW/NOT SURE
999 REFUSE

IF J2=006
J2VERIFY Just to confirm, you answered Colorado again. I need to re-ask the previous question.

1 SELECT [ GOTO J2 ]

IF J2=995
J2oth

OTHER SPECIFY

GREECE .....................................099
GUATEMALA..............................100
VIETNAM..................................101
HONDURAS ..............................102
HONG KONG .............................103
HAITI ....................................104
ICELAND ................................105
INDIA ...................................106
IRAN ......................................107
IRELAND ................................108
ISRAEL ...................................109
JAMAICA ................................110
KOREA ....................................111
KUWAIT ..................................112
LIBYA ....................................113
LITHUANIA ..............................114
MALAYSIA ...............................115
MARSHALL ISLANDS .................116
YEMEN ..................................117
MONGOLIA ..............................118
RUSSIA ..................................119
NEPAL ....................................120
NEW ZEALAND .........................121
NIGERIA ................................122
PANAMA ................................123
PERU ....................................124
PHILIPPINES .........................125
POLAND ................................126
PORTUGAL .............................127
ROMANIA ...............................128
NORTHERN MARIANA ISLANDS 129
SAUDI ARABIA ...................... 130
SCOTLAND .................. 131
SERBIA ...................... 132
SINGAPORE .................... 133
SOMALIA ...................... 134
SOUTH AFRICA .................. 135
SOUTH KOREA ..................... 136
SUDAN ......................... 137
SWAZILAND .................... 138
SWITZERLAND .................. 139
TAIWAN ....................... 140
THAILAND ..................... 141
TRINIDAD ..................... 142
UKRAINE ...................... 143
UGANDA ...................... 144
UNITED KINGDOM .............. 145
UNITED ARAB EMIRATES ....... 146
URUGUAY ...................... 147
VENEZUELA ..................... 148
GENERIC MILITARY .......... 149
GENERIC AFRICA ............... 150
GENERIC ASIA ................. 151
WEST GERMANY ................. 152
US EAST COAST ................. 153
EASTERN EUROPE ............. 154
GENERIC EUROPE .............. 155
US MIDWEST .................... 156
NEW ENGLAND .................. 157

995 OTHER OUTSIDE THE U.S.
998 DON'T KNOW/NOT SURE
999 REFUSED

ASK IF J2='055' [MEXICO] OR J2='995' [OUTSIDE US]

J2e. In what year did you come to live in the United States?
(LOVEDUS)

_ _ _ _ Year [Enter 4-digit year]
9998 Don't know
9999 Refused

[RECORD YEAR ]

8888 ALL MY LIFE [GO TO J3]
05 [DO NOT READ] DOES NOT LIVE IN UNITED STATES [TERMINATE]
**ASK ALL**

**J3.** What city do you live in now?

*(CTYLST)*

[IF ASKED: We are interested in looking at the study results by geographic area].

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<th>City</th>
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Center 041
Central Jefferson 042
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Cherry Hills Village 044
Cheyenne Mountain 045
Cimarron Hills 046
Clifton 047
Coal Creek 048
Colorado City 049
Colorado Springs 050
Columbine 051
Columbine Valley 052
Commerce City 053
Cortez 054
Cotopaxi 055
Cottonwood 056
Craig 057
Crested Butte 058
Cripple Creek 059
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Dakota Ridge 061
Del Norte 062
Delta 063
Denver 064
Derby 065
Divide 066
Dove Valley 067
Durango 068
Eagle 069
Eagle-Vail 070
East Adams 071
East Arapahoe 072
Eaton 073
Edgewater 074
Edwards 075
El Jebel 076
Elizabeth 077
Ellicott 078
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Estes Park 082
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Evergreen 084
Fairmount 085
Federal Heights 086
Firestone 087
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Fort Carson 089
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Fort Lupton 091
Fort Morgan 092
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Fraser 095
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Fruita 098
Fruitvale 099
Genesee 100
Georgetown 101
Gilcrest 102
Glade Park-Gateway 103
Glendale 104
Gleneagle 105
Glenwood Springs 106
Golden 107
Granby 108
Grand Junction 109
Grand Valley 110
Greeley 111
Greenwood Village 112
Gunbarrel 113
Gunnison 114
Gypsum 115
Hayden 116
Highlands Ranch 117
Holly Hills 118
Holyoke 119
Hudson 120
Huerfano Valley 121
Idaho Springs 122
Indian Hills 123
Inverness 124
Johnstown 125
Julesburg 126
Keenesburg 127
Ken Caryl 128
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Windsor 242
Woodland Park 243
Woodmoor 244
Wray 245
Yuma 246

Do not live in city/town/not within city limit 900

995 OTHER(SPECIFY: ______________________)
998 DON'T KNOW/NOT SURE
999 REFUSED

IF J3=995
J3 OTH. ENTER RESPONSE_________________

ASK ALL.
J20. What county do you live in?

(CNTY)

[IF ASKED: We are interested in looking at the study results by geographic area; IF NEEDED: Please ask respondent to verify the name of the county if it is not on the list; .

_ _ _ COUNTY CODE
995 OTHER
998 DON’T KNOW/NOT SURE
999 REFUSED

CNTY – 3-DIGIT CODES       COUNTY
001  ADAMS
003  ALAMOSA
005  ARAPAHOE
007  ARCHULETA
009  BACA
011  BENT
013  BOULDER
014  BROOMFIELD
015  CHAFFEE
017  CHEYENNE
019  CLEAR CREEK
021  CONEJOS
023  COSTILLA
025  CROWLEY
027  CUSTER
029  DELTA
031  DENVER
033  DOLORES
035  DOUGLAS
037  EAGLE
039  ELBERT
041  EL PASO
043  FREMONT
045  GARFIELD
047  GILPIN
049  GRAND
051  GUNNISON
053  HINSDALE
055  HUERFANO
057  JACKSON
059  JEFFERSON
061  KIOWA
063  KIT CARSON
065  LAKE
067  LA PLATA
068  LARIMER
071  LAS ANIMAS
073 LINCOLN
075 LOGAN
077 MESA
079 MINERAL
081 MOFFAT
083 MONTEZUMA
085 MONTROSE
087 MORGAN
089 OTERO
091 OURAY
093 PARK
095 PHILLIPS
097 PITkin
099 PROWERS
101 PUEBLO
103 RIO BLANCO
105 RIO GRANDE
107 ROUTT
109 SAGUACHE
111 SAN JUAN
113 SAN MIGUEL
115 SEDGWICK
117 SUMMIT
119 TELLER
121 WASHINGTON
123 WELD
125 YUMA

IF J20=995
J20_OTH ENTER RESPONSE________________________

ZIPCODE What is the ZIP Code where you live?

_ _ _ _ ZIP Code [80001 – 81658]
7 7 7 7 Don’t know / Not sure
9 9 9 9 Refused

J28. What type of residence do you live in? Is it a house, a duplex with 2 units, a building with 3 or more units, Dormitory/Group Housing or in a mobile home?

1. HOUSE
2. DUPLEX
3. BUILDING WITH 3 OR MORE UNITS
4. MOBILE HOME
5. DORMITORY/GROUP HOUSING [SKIP to J4]
8. DON'T KNOW/UNSURE
9. REFUSED

J29. Do you own or rent your home?
1. OWN
2. RENT
3. OTHER ARRANGEMENT –
8. DON'T KNOW/UNSURE
9. REFUSED

AUTO-FILL J4 with A13 of SELECTED RESPONDENT who answered screener
AUTO-FILL J4 with CA13 of cell phone screener

Note: A13 within HH roster (A6=2-18) and A13 for single member households (A6=1)

IF (A14A=-3, 9) OR [CALLTYPE=1 AND SELECTED RESPONDENT DID NOT ANSWER SCREENER]

J4. Which one of the following categories best describes you? Are you…
(RACEA)
01 Hispanic or Latino,
02 White,
03 Black, African American,
04 Asian,
05 Native Hawaiian, other Pacific Islander,
06 American Indian, or Alaska Native?
95 OTHER (Specify: ____________________)
98 DON'T KNOW/NOT SURE
99 REFUSED
IF RACEA=95
J4oth. ENTER RESPONSE ___________________________________________

ASK ALL
J5. What language do you usually speak at home?
   (LANGHOME)
   01 ENGLISH
   02 SPANISH
   03 BOTH ENGLISH AND SPANISH
   04 FRENCH
   05 GERMAN
   06 CHINESE
   07 KOREAN
   08 CANTONESE
   95 OTHER (SPECIFY) ________
   98 DON'T KNOW
   99 REFUSED

IF J5=95
J5 oth. ENTER RESPONSE ___________________________________________

ASK ALL
J6. [INTERVIEWER: ONLY ASK IF NOT APPARENT]
   I just need to verify……Are you male or female?
   (SEX)
   1 MALE
   2 FEMALE
   8 DON'T KNOW
   9 REFUSE

ASK ALL
J8. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or something else?
   (GLB2)
   1 Heterosexual, that is, straight...
   2 Homosexual, that is gay or lesbian
   3 bisexual
   5 OTHER (Specify)
   8 DON'T KNOW
   9 REFUSED

IF J8=5
J8 oth. ENTER RESPONSE ___________________________________________
J6a  Do you consider yourself to be transgender?

If yes, ask “Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?”

INTERVIEWER NOTE: Please say the number before the “yes” text response. Respondent can answer with either the number or the text/word.

1  1 - Yes, Transgender, male-to-female
2  2 - Yes, Transgender, female to male
3  3 - Yes, Transgender, gender nonconforming
4  4 - No
8  Don’t know/not sure
9  Refused

INTERVIEWER NOTE: If asked about definition of transgender:
Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:
Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

J7. What is your age?

(AGE)
_ _ [RANGE=18-97]. [USE 97 for AGE 97 and OLDER]
98 DON’T KNOW/NOT SURE
99 REFUSED

IF J7=98,99
J7a. Are you between the ages of…

(AGEGROUP)
[READ LIST]
04  18-24 years,
05  25-29 years,
06  30-44 years,
07  45-54 years,
08  55-64 years,
09  65 years or older?
98 DON’T KNOW/NOT SURE
99 REFUSED..........................
ASK ALL

J9. What is the highest grade or year of regular school or college that you completed?

(EDUC)

[DO NOT READ]

01 GRADE 1
02 GRADE 2
03 GRADE 3
04 GRADE 4
05 GRADE 5
06 GRADE 6
07 GRADE 7
08 GRADE 8
09 GRADE 9
10 GRADE 10
11 GRADE 11
12 GRADE 12
13 POST SECONDARY SCHOOL
14 SOME COLLEGE
15 BA/BS-LEVEL DEGREE
16 BA/BS-LEVEL DEGREE + SOME
17 SOME GRADUATE SCHOOL
18 MA/MS, PHD OR HIGHER
19 NO FORMAL SCHOOLING

95 OTHER (SPECIFY) ____________________________
98 DON'T KNOW
99 REFUSED

IF J9=12 GO TO J9A, IF J9=95 GO TO J9_OTH, ELSE GO TO J10

IF J9=95

J9_oth. ENTER RESPONSE ________________________________

IF J9=12, ASK J9A. OTHERWISE, GO TO J10

J9a. Did you graduate from high school, or did you earn a GED (also called a general education diploma)?

(VERGED)

1 GRADUATED FROM HIGH SCHOOL
2 GED, GENERAL EDUCATION DIPLOMA
3 NEITHER, DID NOT GRADUATE
8 DON'T KNOW/NOT SURE
9 REFUSED
ASK ALL

J10. We may have already discussed your employment. However, we need to categorize your current status. Are you currently . . .

(CURRWORK)

[READ LIST: Read entire list even if respondent provides answer early]

01 Working for money, [GO TO J11]
02 not working outside the house, [GO TO J17]
03 Self-employed, [GO TO J11]
04 A student, [GO TO J14]
05 A student and working for money [AUTOCODE J15=1, GO TO J14]
06 Retired, [GO TO J17]
07 Unemployed, or [GO TO J10A]
09 Unable to work/DISABLED? [GO TO J17 ]
98 DON'T KNOW/UNSURE [GO TO J14A]
99 REFUSED [GO TO J14A]

J10a. For about how long have you been unemployed? (IF NECESSARY, ‘this time’)

(UEMPLOY)

01 WEEKS
02 MONTHS
03 YEARS
98 DON'T KNOW/UNSURE
99 REFUSED

IF J10A=01
J10AW ENTER WEEKS [RANGE=1-999]

IF J10A=02
J10AM ENTER MONTHS [RANGE=1-999]

IF J10A=03
J10AY ENTER YEARS [RANGE=1-999]

IF J10=01, 03, 07
J11. If J10=01, 03 then: What kind of business or industry are you working in?
If J10=07 then: What kind of business or industry did you work in the last time you were employed?
For example, hospital, elementary school, clothing manufacturing, restaurant.

(INDUSTRY)
1 SPECIFY ______________________
8 DON'T KNOW/NOT SURE
9 REFUSED

IF J11=1
J11 oth. ENTER RESPONSE

If J10=01,03,07

J12. If J10=01, 03 then: What kind of work are you doing? (For example: sales clerk, computer specialist, farming)
If J10=07 then: What kind of work were you doing the last time you were employed? (For example: sales clerk, computer specialist, farming)

INTERVIEWER NOTE: If respondent is unclear, ask “What [is/was] your job title?”
INTERVIEWER NOTE: If respondent has more than one job then ask, “What [is/was] your main job?”

(TYPEWORK)
1 SPECIFY __________________
8 DON’T KNOW/NOT SURE ..... 
9 REFUSED

If J12=1
J12 oth. ENTER RESPONSE

If J10=01,03

J13. On average, how many hours per week do you work at all of your jobs and businesses combined?

(HOURS)
__ HOURS (RANGE: 0-96 If >96, code as 96)
97 DOES NOT WORK
98 DON’T KNOW / NOT SURE
99 REFUSED

If J10=01,03

J13a. Do you usually spend most of your hours working on the job in the day time or the night time?

(DAYNITWK)
1 DAY TIME
2 NIGHT TIME
3 BOTH, ABOUT EQUAL
8 DON’T KNOW/NOT SURE
9 REFUSED
**IF J10=04**

**J14.** Are you a full time student or a part time student? (STUDENT)

1. FULL TIME
2. PART TIME
8. DON'T KNOW/NOT SURE
9. REFUSED

**IF J10=04**

**J15.** Are you also working at a job for money? (STUDWORK)

1. YES
2. NO
8. DON'T KNOW/UNSURE
9. REFUSED

**IF J15=01**

**J11a.** What kind of business or industry are you working in? For example, hospital, elementary school, clothing manufacturing, restaurant. (STUDIND)

1. SPECIFY ______________________
8. DON'T KNOW/NOT SURE
9. REFUSED

**IF J11A=1**

**J11a oth.** ENTER RESPONSE ________________________________

**IF J15=01**

**J12a.** What kind of work are you doing? (For example: sales clerk, computer specialist, farming)? (STUDTYPEWORK)

INTERVIEWER NOTE: If respondent is unclear, ask “What is your job title?”
INTERVIEWER NOTE: If respondent has more than one job then ask, “What is your main job?”

1. SPECIFY ______________________
8. DON'T KNOW/NOT SURE
9. REFUSED

**IF J12A=1**

**J12a oth.** ENTER RESPONSE ________________________________
**IF J15=1**  
**J13b.** On average, how many hours per week do you work at all of your jobs and businesses combined?  
(StudHours)  
_ _ _ HOURS (RANGE: 0-96 if >96, code as 96)  
97 DOES NOT WORK  
98 DON'T KNOW / NOT SURE  
99 REFUSED  

**IF J10=01,98,99**  
**J14a.** Now I am going to ask about services provided by your employer. Does your employer provide a private space other than a bathroom for nursing mothers to nurse or pump breast milk?  
1 YES  
2 NO  
8 DON'T KNOW/UNSURE  
9 REFUSED  

**IF J10=01,98,99**  
**J14b.** Does your employer provide nursing mothers adequate break and/or lunch time (paid or unpaid) to nurse or pump breast milk?  
1 YES  
2 NO  
8 DON'T KNOW/UNSURE  
9 REFUSED  

**IF J10=01,98,99**  
**J14c.** Does your employer provide flexible working (paid or unpaid) to change or reduce working hours or location of work for those who have childcare commitments?  
1 YES  
2 NO  
8 DON'T KNOW/UNSURE  
9 REFUSED
J17. During the past 12 months, was the total combined income of all members of this household …

(INCA-INCH)
[IF NECESSARY PROBE: Include income from all sources such as: salaries and wages; social security and public assistance; dividends, interest or rent; unemployment and worker’s compensation; pensions.]

CATI NOTE: If respondent ‘Refuse’ at ANY income level, skip to J19.

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<tr>
<th>YES</th>
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<tr>
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<td>1</td>
</tr>
<tr>
<td>(INCB) b. less than $20,000?</td>
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<td>(INCC) c. less than $15,000?</td>
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<td>(INCD) d. less than $10,000?</td>
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FOR J18, ONCE THE PERSON ANSWERS 01, ‘YES’ THEY SKIP TO J19

J18

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<td>(INCE) e. less than $35,000?</td>
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<td>(INCF) f. less than $50,000?</td>
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<td>(INCG) g. less than $75,000?</td>
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<td>(INCH) h. less than $90,000?</td>
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<td>(INCI) i. $90,000 or more?</td>
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9 REFUSED

ASK ALL

J19. Are you …[READ RESPONSES UNTIL RESPONDENT IDENTIFIES.]

(COUPLE)
1 Married,
2 Divorced,
3 Widowed,
4 Separated,
5 Never been married, or
6 A member of an unmarried couple/living as married? ....
8 DON’T KNOW/NOT SURE
9 REFUSED

IF (J6A=01) AND (J7A=04,05,06 OR J7=18-44)

J21. To your knowledge, are you now pregnant?

(PREGNOW)
1 YES
2 NO
8 DON’T KNOW/UNSURE
9 REFUSED
**IF CALLTYPE=2 CELL ELSE SKIP TO A38**

PRECA35 The next set of questions are about people who live in your household.

[IF NECESSARY, HOUSEHOLD (HH) INCLUDES PERSONS WHO USUALLY STAY IN THE HH BUT ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR LIVING AT SCHOOL IN A DORM, FRATERNITY, OR SORORITY]

**CALLTYPE=2 CELL AND J28=1-4,8,9**

CA35. Not including yourself, how many other adults age 18 and older live in your household?

[USE “97” TO CODE 97 OR MORE ADULTS]  
NUMBER OF ADULTS  
[IF ‘0’ GOTO A38]

98 DON’T KNOW/NOT SURE  
99 REFUSED  

**IF CA35=1-97 AND CALLTYPE=2 CELL AND J28=1-4,8,9**

CA36. **IF** (CA35>1) As far as you know, how many of the [insert answer from CA35] other adults who live in your household have ever smoked at least 100 cigarettes during their entire life?  
**IF** (CA35=1) As far as you know, how many of the [insert answer from CA35] other adult who lives in your household ever smoked at least 100 cigarettes during their entire life?

[IF NECESSARY, ‘NOT INCLUDING YOURSELF’]

[USE “97” TO CODE 97 OR MORE ADULTS]  
NUMBER OF ADULTS  
[IF ‘0’ GOTO A38]

98 DON’T KNOW/NOT SURE  
99 REFUSED  

**IF CA36=1-97 AND CALLTYPE=2 CELL AND J28=1-4,8,9**

CA37. **IF** (CA36>1) As far as you know, how many of the [insert answer from CA36] adults in your household who have smoked at least 100 cigarettes in their lifetime smoke cigarettes every day or some days?  
**IF** (CA36=1) As far as you know, how many of the [insert answer from CA36] other adult in your household who has smoked at least 100 cigarettes in their lifetime smoke cigarettes every day or some days?

[IF NECESSARY, ‘NOT INCLUDING YOURSELF’]

[USE “97” TO CODE 97 OR MORE ADULTS]  
NUMBER who smoke every day or some days  
[IF RANGE = 0-CA36 VALUE]

98 DON’T KNOW/NOT SURE
ASK ALL IF J28=1-4,8,9
A38. How many children less than 18 years of age live in your household?

ENTER NUMBER OF CHILDREN RANGE=0-18
98 DON’T KNOW/NOT SURE
99 REFUSED

ASK IF A38=01-18, ELSE SKIP TO PRECA27c
A38b. How many of these children are younger than five years old?

ENTER NUMBER OF CHILDREN RANGE=0-A38 VALUE
98 DON’T KNOW/NOT SURE
99 REFUSED

A38c. How many of these children are age 5 to 11 years old?

ENTER NUMBER OF CHILDREN RANGE=0-A38 VALUE
98 DON’T KNOW/NOT SURE
99 REFUSED

A38a. How many of these children are age 12 to 17 years old?

ENTER NUMBER OF CHILDREN RANGE=0-A38 VALUE
98 DON’T KNOW/NOT SURE
99 REFUSED

ASK IF A38A+A38B+A38C<>A38, ELSE SKIP TO PRECA27c
A38d. Let me check what I have entered. I recorded that [FILL IN NUMBER OF CHILDREN FROM A38] children aged 18 or younger live in your household. Did I get that right?

1. Yes [GO BACK TO A38B]
2. No [GO BACK TO A38]

ASK ALL
PRECA27c My next few questions are about your telephone use.

IF CALLTYPE=2
CA27c. How many cell phones do you use? Do not include cell phones that are used only for business.
[6=6 OR MORE]

__ NUMBER OF PHONES [RANGE 1-6]
8 DON’T KNOW/NOT SURE
9 REFUSED
**IF CALLTYPE=2**

CA31. In addition to your cell phone, does your home have at least one telephone that is currently working and is not a cell phone? Do not include telephones that are used only by a computer or fax machine.

[DO NOT READ]

1. YES (DUAL USER).
2. NO (CELL ONLY)
8. DON’T KNOW (CELL ONLY)
9. REFUSED (UNCLASSIFIED)

**IF CALLTYPE=1**

A25. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are used only by a computer or fax machine.

(ADDPHON)

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

**ASK IF A25=1; ELSE SKIP TO A27B**

A26. How many of these are residential numbers?

[6=6 OR MORE]

NUMBER OF NUMBERS _ (Range=1-6)
8. DON’T KNOW/NOT SURE
9. REFUSED

**IF CALLTYPE=1**

A27b. In addition to your residential landline telephone, do you also use one or more cell phone numbers? Do not include cell phones that are used only for business.

1. YES (DUAL USER)
2. NO (LANDLINE ONLY)
8. DON’T KNOW/NOT SURE
9. REFUSED
SECTION HEAL: HEALTHY EATING AND ACTIVE LIVING FOR FAMILIES

CATI: START TIMER (T21)

RECORD TIME ELAPSED IN ALL OF SECTION HEAL
ASK ALL
RANDOMIZE M1-M3

M1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say---
PLEASE READ:
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
7 (VOL) Not applicable
8 (VOL) Don’t know / Not sure
9 (VOL) Refused

M2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say---
PLEASE READ:
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
7 (VOL) Not applicable
8 (VOL) Don’t know / Not sure
9 (VOL) Refused

M3. In the past 12 months, did you or anyone in your household receive SNAP food stamp benefits?
1 Yes
2 No
8 Don’t Know/Not Sure
9 Refused
**IF A38=01-18**

**M4.** For the next set of questions please report how many days in an average week you do the following:
- **RANDOMIZE M4a-c**
  - **M4a.** Some members of your family eat at least one meal together?
  - **M4b.** Some members of your family eat meals while watching TV or using a mobile phone, tablet, or computer?
  - **M4c.** Your family use packaged “ready-to-eat” foods for dinner? *This includes purchased frozen or on-the-shelf entrees, often designed to be microwaved.*

[Response options for M4a-M4c]

- NUMBER of days in an average week _ [RANGE = 0-7]
  - 8 Don’t know
  - 9 Refused

**IF A38=01-18**

**M5.** For the next set of questions, please reply with *Often, Sometimes, Rarely, or Never*  
- **RANDOMIZE M5a-f**
  - **M5a.** How often does your family limit the amount of candy, chips, and cookies the [child eats / children eat]?
  - **M5b.** How often does your family use candy, ice cream or other foods or drinks as a reward for the [child’s / children’s] good behavior?
  - **M5c.** How often does your family limit the amount of “screen time” the [child has / children have]?
  - **M5d.** How often does your family encourage the [child / children] to be physically active?
  - **M5e.** How often does your family provide opportunities for physical activity?
  - **M5f.** How often [does the child / do the children] do physical activities with at least one other family member?

[Response options for M5a-M5f]

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 8 Don’t know
- 9 Refused
**IF A38=1-18, CONTINUE, OTHERWISE SKIP TO QUESTION M7**

M6. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you and your family? Tell me how often the following is a problem for your family using: *Often a problem, sometimes a problem, or never problem.*

**RANDOMIZE M6a-j**

M6a. Problems having *enough* food to feed your family.

M6b. Problems having *enough money to buy healthy* food to feed your family.

M6c. Problems with motivating your family to eat more healthy foods.

M6d. Problems with motivating your family to eat less unhealthy foods.

M6e. Problems with having *time* to prepare healthy meals.

M6f. Problems knowing *how* to prepare healthy meals.

M6g. Problems with different schedules making it hard to eat meals together.

M6h. Problems with motivating your family to be physically active.

M6i. Problems with finding *time* to be physically active.

M6j. Problems with finding *safe places* to be physically active

[Response options for M6a-M6j]

1. Often a problem
2. Sometimes a problem
3. Never a problem
8. Don’t know
9. Refused

**ASK IF A38=1-18**

M7. Are you or anyone in your family limited in being physically active because of physical, mental, or emotional problems?

1. Yes
2. No
8. Don’t know / Not Sure
9. Refused
IF A38=0 [WORDING IF NO CHILDREN IN THE HOUSEHOLD...]

M8. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for your household? Would you say Often a problem, sometimes a problem, or never a problem?

RANDOMIZE M8a-i

M8a. Problems having enough food to eat.
M8b. Problems having enough money to buy healthy food to eat.
M8c. Problems with motivating yourself to eat more healthy food.
M8d. Problems with motivating yourself to eat less unhealthy food.
M8e. Problems with having time to prepare healthy meals.
M8f. Problems knowing how to prepare healthy meals.
M8g. Problems with motivating yourself to be physically active.
M8h. Problems with finding time to be physically active.
M8i. Problems with finding safe places to be physically active.

[Response options for M8a-M8i]
1 Often a problem
2 Sometimes a problem
3 Never a problem
8 Don’t know
9 Refused

SECTION BE: BUILT ENVIRONMENT

CATI: START TIMER (T22)

RECORD TIME ELAPSED IN ALL OF SECTION BE

BEPRE1: THE NEXT SEVERAL QUESTIONS ASK ABOUT YOUR NEIGHBORHOOD WHICH INCLUDES THE STREETS AND SIDEWALKS, PARKS SCHOOLS AND FIELDS CLOSEST TO YOUR HOME.

BE1. Please rate your neighborhood on each of the following characteristics. Please respond with Very good, Good, Acceptable, or Poor.

RANDOMIZE BE1a-h

BE1a. Access to parks
BE1b. Fitness opportunities at parks, such as trails, playgrounds, and sports facilities
BE1c. Shade availability in parks
BE1d. Access to safe places to walk
BE1e. Access to safe places to bike
BE1f. Access to sidewalks in good condition
BE1g. Ease of travel via bus or light rail
BE1h. Personal safety while walking on sidewalks

[Response options for BE1a-BE1h]
1 Very Good
2 Good
BE2. Now rate how important the availability of each of the neighborhood characteristics is to you. Please respond with Very important, Somewhat important, or Not important.

**RANDOMIZE BE2a-h**

- **BE2a.** Access to parks
- **BE2b.** Fitness opportunities at parks, such as trails, playgrounds, and sports facilities
- **BE2c.** Shade availability in parks
- **BE2d.** Access to safe places to walk
- **BE2e.** Access to safe places to bike
- **BE2f.** Access to sidewalks in good condition
- **BE2g.** Ease of travel via bus or light rail
- **BE2h.** Personal safety while walking on sidewalks

[Response options for BE2a-BE2h]

1. Very important
2. Somewhat important
3. Not important
7. DO NOT READ Does not apply/not in neighborhood/isolated home
8. Don’t know
9. Refused
BE3. Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:

**RANDOMIZE BE3a-e**

BE3a. The lack of shade keeps me from being active in parks or public open spaces.

BE3b [If A38=1-18] The lack of shade keeps [my child / my children] from being active in parks, playgrounds, or public open spaces.

BE3c [If A38=1-18] There are people in my neighborhood who might be a bad influence on [my child / my children].

BE3d We watch out for each other’s children in my neighborhood.

BE3e People in my neighborhood can be trusted.

[Response options for BE3a-BE3e]

1. Strongly agree
2. Agree
3. Disagree, or
4. Strongly disagree
7. DO NOT READ Does not apply/not in neighborhood/isolated home
8. Don’t know
9. Refused

BE4. Do you feel safe in your neighborhood. [READ RESPONSE OPTIONS]

1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. NONE OF THE TIME
7. DO NOT READ Does not apply/not in neighborhood/isolated home
8. DON’T KNOW / UNSURE
9. REFUSED

BE5. In the past 30 days, have you been to a park, playground or public open space? [NOTE: An open space refers to a beach, sports field, hiking trail or other recreation area. Include public places for walking, hiking, biking, golf, basketball, baseball, tennis, soccer, football, skateboarding, etc.]

1. Yes
2. No [GO TO BE6]
7. DO NOT READ Does not apply/not in neighborhood/isolated home [GO to BE6]
8. DON’T KNOW / UNSURE [GO TO BE6]
9. REFUSED [GO TO BE6]

BE5a. Was that in your neighborhood, outside of your neighborhood, or both?

1. YES, in neighborhood
2. YES, outside of neighborhood
3. YES, both in neighborhood and outside of neighborhood
8. DON’T KNOW / UNSURE
9. REFUSED

**IF A38=1-18**

**BE6.** In the past 30 days, [has your child/have any of your children] been to a park, playground or public open space? [NOTE: An open space refers to a beach, sports field, hiking trail or other recreation area. Include public places for walking, hiking, biking, golf, basketball, baseball, tennis, soccer, football, skateboarding, etc.]

1. Yes
2. No [GO TO BE7]
7. DO NOT READ Does not apply/not in neighborhood/isolated home [GO TO BE7]
8. DON'T KNOW /UNSURE [GO TO BE7]
9. REFUSED [GO TO BE7]

**BE6a.** Was that in your neighborhood, outside of your neighborhood, or both?

1. YES, in neighborhood
2. YES, outside of neighborhood
3. YES, both in neighborhood and outside of neighborhood
8. DON'T KNOW/UNSURE
9. REFUSED

**BE7.** In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more?

7. Zero
1. One
2. Two
3. Three
4. Four
5. Five or more
8. Don't know / Not sure
9. Refused

**BE8.** When you go outside on a sunny summer day for more than one hour, how often do you try to protect your skin from sunburn by using sunscreen, wearing a hat or long-sleeved shirt, or staying in the shade? Would you say: Please read options

[Interviewer notes: Summer means June, July, and August. Sunny is what respondent considers sunny.]

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never
Do not read these responses
6 (VOL) Don’t stay out more than an hour
8 (VOL) Don’t know/Not sure
9 (VOL) Refused

SECTION K: OBTAIN NAME AND ADDRESS FOR FUTURE CONTACTS

ASK ALL
CATI: START TIMER (T23)

RECORD TIME ELAPSED IN ALL OF SECTION K
SECK

ALETTER Do you remember receiving an advance letter about this survey?

1 Yes
2 No
8 Don’t know
9 Refused

PREK1 This concludes the main portion of the survey. I have one more thing I want to let you know about. The University of Colorado, Denver intends to follow-up with some people who complete this survey with new studies about health. In the future, would you like to be considered in the future for these short follow-up surveys?

1 YES
2 NO [GO TO PRE OTHERGUY]

PREK1b For your convenience, future health surveys may be completed through other means such as mail or online. To offer you these options for survey completion, we would like to collect further contact information from you. You are welcome to provide only the information you wish.

IF PREK1=1
K1. May I have your full name, please?
[ENTNAME]

1 YES
2 NO
8 DON’T KNOW/UNSURE
9 REFUSED

IF K1=1 CONTINUE; ELSE SKIP TO PREK1B

FIRST NAME __________________________________________________________

(SPFNAM)

IF K1=1
SPLNAM1 What is your last name?
   1 gave response
   9 refused

IF SPLNAM1=1
   LAST NAME _______________________________________
   (SPLNAM)

IF PREK1=1
PreK1b. May I have an alternate phone number other than the one I called you on today, which was [insert phone number here]?
   1 RECORD RESPONSE
   2 NO OTHER NUMBER
   9 REFUSED

IF PREK1B=1
MIN/MAX 10 DIGITS
K1b ENTER PHONE NUMBER __ - ___ - ___

IF PREK1B=1.
K1c. Which type of phone line is that?
   1 land line
   2 cell phone
   3 other (specify) ______________________________________
   8 DON'T KNOW/UNSURE
   9 REFUSED

IF K1C=3
K1COTH SPECIFY________________________

PREK1=1
K2. May I have your mailing address?
   1 RECORD RESPONSE
   9 REFUSED

ASK ADDRESS IF K2=1
   [PROBE FOR APARTMENT NUMBER]
   STREET ____________________________________________
   (RESPADDR)
   CITY ________________________________
   (RESPCITY)
   ZIP _______________________________
   (RESPZIP)
**PREK1=1**

**PREK4.** May I have your email address? (We will not email you for any reason other than invitation to participate in a future health related survey)

1. GAVE EMAIL
2. DON'T HAVE AN EMAIL ADDRESS
3. REFUSED
IF PREK4=1

[PROGRAMMING NOTE: ALLOW: [ANYCHARACTER]@[ANYCHARACTER].[ANYCHARACTER]
K4 ENTER EMAIL ADDRESS_____________________________________________

IF PREK4=1
K4a. Let me read that back to you to make sure I have that right.
[INTERVIEWER READ BACK THE ADDRESS SPELLING OUT NAMES AND PUNCTUATION]

/INSERT K4 VALUE/
1 CORRECT
2 INCORRECT [RESET TO K4]

END SECTION K TIMER

LANDLINE QUALIFIED LEVEL 6 (2nd Respondent) COMPLETE
IF (CALLTYPE=2) OR (CALLTYPE=1 AND NO 2ND RESPONDENT), GO TO END/CLOSING

LANDLINE SEGUE TEXT FOR 2ND HH INTERVIEW
IF CALLTYPE=1 AND ELIGIBLE FOR 2ND RESPONDENT. (SEL2<>)

SAMPLE ELEMENT STAT=2, IF RESPONDENT 1 COMPLETE AND RESPONDENT 2 ELIGIBLE

LANDLINE QUALIFIED LEVEL 3 (2nd Respondent) (only set if respondent 1 complete and eligible for 2nd respondent interview)

OTHERGUY Thank you very much for your cooperation. Your assistance has been very helpful. May I now please speak to the [INSERT 2ND RESPONDENT] who has also been selected to answer more questions about tobacco use and attitudes in Colorado?

1 CONTINUE
2 NOT AVAILABLE [SCHEDULE CALLBACK]
9 REFUSED [GO TO ENDLL]

IF OTHERGUY = 1
CONFIRM2 Hello, this is (INTERVIEWER NAME) and I’m conducting an important health study for the University of Colorado, Denver. Earlier we spoke with another member of your household and you were also selected to participate. Am I speaking with [INSERT 2ND RESPONDENT]? 

1 AVAILABLE
2 NOT AVAILABLE [SCHEDULE CALLBACK]
9 REFUSED [GO TO ENDLL]

IF CONFIRM2 = 1
CONSENT2 This study will interview 7,500 adults in Colorado about their health. While your participation is voluntary, your cooperation is very important to the success of this study. Your answers will be kept strictly confidential and will be used only for this research. You may choose not to answer any question or end the interview at any time. This call may be recorded for quality control purposes. May I continue with the study?

[IF RESPONDENT WANTS TO SPEAK WITH SOMEONE AT CU, YOU CAN GIVE THE FOLLOWING NUMBER: Katherine James at 303-724-8169.]

1 YES, CONTINUE [BEGIN 2ND INTERVIEW – SECTION B]
2 NOT AVAILABLE – INTERVIEW TO BE CONDUCTED IN ENGLISH [SCHEDULE CALLBACK]
3 NOT AVAILABLE – INTERVIEW TO BE CONDUCTED IN SPANISH [SCHEDULE CALLBACK]
9 REFUSED [GO TO ENDLL]

ENDLL Those are all the questions I have for you. I want to thank you very much for your time and participation.