

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM**

**1994 California Questionnaire**

**DRAFT 12/29/93**

**Revised 1/12/94**

**Updated 8/12/94**

**Questions about the BRFSS should be directed to:**

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**GENHLTH**

1. Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
  
- 7. Don't know/Not sure
- 9. Refused

**PHYSHLTH**

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

\_\_\_ Enter Number of days

- 00. None
- 77. Don't know/Not sure
- 99. Refused

**MENTHLTH**

3. 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?

\_\_\_ Enter Number of days

- 00. None
- 77. Don't know/Not sure
- 99. Refused

**POORHLT2**

(IF QUESTION 2 = 0 AND QUESTION 3 = 0, GO TO QUESTION 5)

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as selfcare, work, or recreation?

\_\_\_ Enter Number of days

- 00. None
- 77. Don't know/Not sure
- 99. Refused

**HAVEPLN2**

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare or Medi-cal?

- 1. Yes (Go to Q6A)
- 2. No
  
- 7. Don't know/Not sure (Go to Q6A)
- 9. Refused (Go to Q6A)

**PASTPLAN**

6. About how long has it been since you had health care coverage?

Read Only if Necessary

1. Within the past 6 months (1 to 6 months ago)
2. Within the past year (7 to 12 months ago)
3. Within the past 2 years (1 to 2 years)
4. Within the past 5 years (2 to 5 years)
5. 5 or more years ago
  
7. Don't know/Not sure
8. Never
9. Refused

(ALL RESPONDENTS GO TO QUESTION 6C AFTER ANSWERING)

**GOVPLAN**

6A. Is any of your health care coverage provided through a government program such as MEDICARE or Medi-Cal?

(INTERVIEWER, READ IF NECESSARY: Medicare is available to adults over the age of 62 or on social security retirement. Medi-CAL is available to low-income Californians, those on SSI or AFDC.)

1. Yes
2. No
7. Don't know
9. Refused

**PRIVPLAN**

6B. Is any of your health care coverage provided through a private health insurance plan, an HMO or Health Maintenance Organization, the military, or some other plan?

1. Yes
2. No
7. Don't know
9. Refused

**DENTPLN1**

6C. Are you covered by any kind of dental health insurance plan?

1. Yes
2. No
7. Don't know
9. Refused

**PAYNOGO**

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

1. Yes
2. No
  
7. Don't know/Not sure
9. Refused

**CHECKUP**

8. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine checkup? Was it within the past year, within the past two years, within the past 5 years, or more than 5 years ago?

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 5 years (2 to 5 years ago)
4. 5 or more years ago
  
7. Don't know/Not sure
8. Never
9. Refused

**BPCHECK2**

8A. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? Was it within the past six months, within the past year, within the past two years, within the past 5 years, or more than 5 years ago?

1. Within the past 6 months (1 to 6 months ago)
2. Within the past year (7 to 12 months ago)
3. Within the past 2 years (1 to 2 years)
4. Within the past 5 years (2 to 5 years)
5. 5 or more years ago
  
7. Don't know/Not sure
8. Never (go to question 9)
9. Refused

**BPHIGH1**

8B. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

1. Yes
2. No
  
7. Don't know/Not sure
9. Refused

**DIABCOR1**

9. Next I would like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?

1. Yes
2. No (Go to Q17)
3. Gestational diabetes (diabetes during pregnancy)  
(Go to Q17)
  
7. Don't know/Not sure (Go to Q17)
9. Refused (Go to Q17)

**DIABINS**

9A.

Are you now taking insulin?

1. Yes
2. No (Go to question 9C)
7. Don't know (Go to question 9C)
9. Refused (Go to question 9C)

**INSOFT**

**9B.**

Currently, about how often do you use insulin?

- 1xx = times per day
- 2xx = times per week
- 777 = Don't know
- 999 = Refused

**CHKGLU**

**9C.**

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times checked by a health professional.

- 1xx = times per day
- 2xx = times per week
- 3xx = times per month
- 4xx = times per year
- 555 = never
- 777 = Don't know
- 999 = Refused

**HEARDGH**

**9D.**

Have you ever heard of glycosylated hemoglobin (gli-ko-sil-ated he-mo-glo-bin) or hemoglobin "A one C"?

- 1. Yes
- 2. No (go to question 9G)
- 7. Don't know (go to question 9G)
- 9. Refused (go to question 9G)

**DIABDOC**

About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?

**9E.**

Number of times \_\_\_\_\_

None 8 8

Don't know/Not sure 7 7

Refused 9 9

**DIABDOC**

**9F.**

About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?

\_\_\_ number of times

7 7 Don't know

9 9 Refused

**CHKSORE**

**9G.**

About how many times in the last year has a health professional checked your feet for any sores or irritations?

\_\_\_ number of times

7 7 Don't know

9 9 Refused

**VISCHK**

**9H.**

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

1. Less than one month
2. 1 month to less than 12 months
3. 12 months to less than 24 months
4. 2 or more years
5. Never
7. Don't know
9. Refused

I would now like to ask you some questions about how well you see. If you use glasses or contacts, please tell me about the quality of your vision while wearing your glasses or contacts.

**VISFAR**

**9I.**

How much of the time does your vision limit you in recognizing people or objects across the street? Would you say all of the time, most of the time, some of the time, a little bit of the time, or none of the time?

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
7. Don't know
9. Refused

**VISNEAR**

**9J.**

How much of the time does your vision limit you in reading print like in a newspaper, magazine recipe, menu, or numbers on the telephone? Would you say all of the time, most of the time, some of the time, a little bit of the time, or none of the time?

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
7. Don't know
9. Refused

**VISTV**

**9K.**

How much of the time does your vision limit you in watching television? Would you say all of the time, most of the time, some of the time, a little bit of the time, or none of the time?

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
7. Don't know
9. Refused

**DIABAGE**

9L. How old were you when you were told you have diabetes?

\_\_\_ Enter age in years

97. Don't know/Not sure

99. Refused

The next few questions are about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties.

**10. EXERANY**

During the past MONTH, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?

1. Yes

2. No (Go to question 20)

7. Don't Know / Not Sure (Go to question 20)

9. Not Ascertained / Refused (Go to question 20)

**11. EXERACT1**

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

1. Jog

6. Aerobics

2. Run

7. Bicycling

3. Swim

8. Gardening

4. Walk

9. Golfing

5. Other (specify)\_\_\_\_\_

999. Refused (Go to question 15)

**12. EXERDIS1**

(ASK IF RESPONDENT ANSWERED JOG, RUN, SWIM, OR WALK TO QUESTION 11. ELSE GO TO QUESTION 13.)

How far did you usually JOG|RUN|SWIM|WALK?

\_\_\_\_\_

EXAMPLE: one half mile is coded as 0.5

1 mile is coded as 1.0

\_\_\_ Enter distance

777. Don't Know/ Not Sure

999. Refused

**13. EXEROFT**

How many times per WEEK or per MONTH did you take part in this activity during the past month?

1xx = enter #times a week

2xx = enter #times a month

7. Don't Know / Not Sure

9. Not Ascertained / Refused

14. EXERHMM1

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

EXAMPLE: for 30 MINUTES ENTER 30  
for AN HOUR AND 30 MINUTES ENTER 130)

\_\_\_ ENTER HOURS/MINUTES OR MINUTES ONLY

777. Don't Know / Not Sure

999. Refused

15. EXEROTH2

Was there another physical activity or exercise that you participated in during the last month?

1. Yes

2. No (Go to question 20)

7. Don't Know / Not Sure (Go to question 20)

9. Not Ascertained / Refused (Go to question 20)

16. EXERACT2

What other type of physical activity gave you the next most exercise during the past MONTH?

1. Jog 6. Aerobics

2. Run 7. Bicycling

3. Swim 8. Gardening

4. Walk 9. Golfing

5. Other (specify)\_\_\_\_\_

99. Refused (Go to question 20)

17 24. EXERDIS2

(ASK IF RESPONDENT ANSWERED JOG, RUN, SWIM, OR WALK TO QUESTION 16. ELSE GO TO QUESTION 18.)

How far did you usually JOG|RUN|SWIM|WALK?

EXAMPLE: one half mile is coded as 0.5

1 mile is coded as 1.0

\_\_\_ Enter distance

777. Don't Know/ Not Sure

999. Refused

18. EXEROFT2

How many times per WEEK or per MONTH did you take part in this activity ?

1xx = enter #times a week

2xx = enter #times a month

7. Don't Know / Not Sure

9. Not Ascertained / Refused



19. EXERHMM2

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

EXAMPLE: for 30 MINUTES ENTER 30  
for AN HOUR AND A HALF ENTER 130)

\_\_\_ ENTER HOURS/MINUTES OR MINUTES ONLY

777. Don't Know / Not Sure

999. Refused

SMOKE100

20. Now I would like to ask you a few questions about cigarette smoking ...

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

5 packs = 100 cigarettes

1. Yes

2. No (Go to Q25c)

7. Don't know/Not sure (Go to Q25c)

9. Refused (Go to Q25c)

SMOKENOW

21. Do you smoke cigarettes now?

1. Yes

2. No (Go to Q23a)

9. Refused (Go to Q23a)

SMOKENUM

23. On the average, about how many cigarettes a day do you now smoke?

1 pack = 20 cigarettes

\_\_\_ Enter Number of cigarettes

777. Don't smoke regularly

999. Refused

SMK30ANY

23a. Did you smoke ANY cigarettes during the past 30 days?

1. Yes

2. No (Go to 23d)

7. Don't know/Not sure (Go to 23d)

9. Refused (Go to 23d)

SMK30DAY

23b. On how many of the past 30 days did you smoke cigarettes?

\_\_\_ Enter number of days

30. Every day

77. Don't know

99. Refused

**SMK30NUM**

23c. During the past thirty days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?

-- Enter number of cigarettes

777. Don't know

999. Refused

**SMKWHOLE**

23d. About how old were you when you smoked your first whole cigarette?

\_\_ Code age in years

77. Don't know

99. Refused

**SMOKEAGE**

23e. About how old were you when you first started smoking cigarettes fairly regularly?

\_\_ Code age in years

00. Never smoked regularly

77. Don't know

99. Refused

**QUIT1DY2(STATE) STOPSMOK (CDC)**

(ASK IF R ANSWERED "YES" TO Q21 OR Q23a, else go to Q25)

24. During the past 12 months, have you quit smoking for 1 day or longer?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

(IF RESPONDENT ANSWERED "YES" TO Q21, CONTINUE. OTHERWISE GO TO Q25)

**SMKWAKE**

24a. How soon after you awake in the morning do you usually smoke your first cigarette?

EXAMPLE: for 30 minutes enter 30  
for 10 hours and 30 minutes enter 1030

Enter hours/minutes or minutes only

0000. Immediately

7777. Don't know

9999. Refused

**SMKBRAND**

24b. What brand do you usually buy?

Enter name of the brand below:

777. Don't know/Not sure

999. Refused



**LIKESTOP**

24c. Would you like to stop smoking?

- 1. Yes
- 2. No
  
- 7. Don't know/Not sure
- 9. Refused

**QUIT30**

24d. Are you planning to quit smoking in the next 30 days?

- 1. Yes (Go to Q25c)
- 2. No
  
- 7. Don't know/Not sure
- 9. Refused

**QUIT6**

24e. Are you contemplating quitting smoking in the next six months?

- 1. Yes (Go to Q25c)
- 2. No (Go to Q25c)
  
- 7. Don't know/Not sure (Go to Q25c)
- 9. Refused (Go to Q25c)

**SMOKREG2**

25. About how long has it been since you last smoked cigarettes regularly? Was it less than 1 month, one month to less than 3 months, three months to less than 6 months, six months to less than one year, one year to less than 5 years, or five or more years ago?

- 1. Within the past month (0 to 1 month ago)
- 2. Within the past 3 months (1 to 3 months ago)
- 3. Within the past 6 months (3 to 6 months ago)
- 4. Within the past year (6 months to 1 year ago)
- 5. Within the past 5 years (1 year to 5 years ago)
- 6. 5 or more years ago
- 7. Don't know/Not sure
- 8. Never smoked regularly (Do not read)
- 9. Refused (Do not read)

25a. When did you last smoke or have a puff on a cigarette?

INTERVIEWER: Enter 00 if time frame doesn't apply.  
Enter 77 if "Don't Know" for that time frame.  
Enter 99 if "Refused" for that time frame.

YEARS since last smoked	PUFFYR1
MONTHS since last smoked	PUFFMO1
WEEKS since last smoked	PUFFWK1
DAYS since last smoked	PUFFDY1

- 77. Don't know
- 99. Refused

ALL CORRECT? (Y/N)

**RETURN12**

25b. Do you think it is likely or unlikely that you will return to smoking in the next 12 months?

- 1. Likely
- 2. Unlikely
  
- 7. Don't know/Not sure
- 9. Refused

**SMOKEA1-SMOKEA17**

25c. I would also like to find out if anyone else living in the household currently smokes cigarettes. You mentioned there are/is (number of adults) other than yourself living in this household.

Does the (oldest male, etc.) smoke cigarettes now?

- 1. Yes
- 2. No
  
- 7. Don't know/Not sure
- 9. Refused

**SMKELSE**

25d. (If number of adults is greater than one, ask: ) Other than the people I have listed and yourself, does anyone else living in the household smoke cigarettes now?

(If number of adults=1, ask:) Other than yourself, does anyone else living in the household smoke cigarettes now?

- 1. Yes
- 2. No (Go to Q26)
  
- 7. Don't know/Not sure (Go to Q26)
- 9. Refused (Go to Q26)

**SMKELSEN**

25e. How many other household members currently smoke?

- Enter number of household members
  
- 77. Don't know/Not Sure
- 99. Refused

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month and so forth. Remember I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

**26. JUICE94**

How often do you drink fruit juices such as orange, grapefruit or tomato ?

101-105 = times per day    301-375 = times per month  
201-221 = times per week    401-499 = times per year

- 1xx. Enter times per day
- 2xx. Enter times per week
- 3xx. Enter times per month
- 4xx. Enter times per year
- 5 5 5. Never
- 7 7 7. Don't Know / Not Sure
- 9 9 9. Not ascertained / Refused

27. FRUIT90

Not counting juice, how often do you eat FRUIT ?

101-105 = times per day 301-375 = times per month  
201-221 = times per week 401-499 = times per year

- 1xx. Enter times per day
- 2xx. Enter times per week
- 3xx. Enter times per month
- 4xx. Enter times per year
- 5 5 5. Never
- 7 7 7. Don't Know / Not Sure
- 9 9 9. Not ascertained / Refused

28. SALAD

How often do you eat green salad ?

101-105 = times per day 301-375 = times per month  
201-221 = times per week 401-499 = times per year

- 1xx. Enter times per day
- 2xx. Enter times per week
- 3xx. Enter times per month
- 4xx. Enter times per year
- 5 5 5. Never
- 7 7 7. Don't Know / Not Sure
- 9 9 9. Not ascertained / Refused

29. POTATOES

How often do you eat potatoes, (not including french fries, fried potatoes or potato chips) ?

101-105 = times per day 301-375 = times per month  
201-221 = times per week 401-499 = times per year

- 1xx. Enter times per day
- 2xx. Enter times per week
- 3xx. Enter times per month
- 4xx. Enter times per year
- 5 5 5. Never
- 7 7 7. Don't Know / Not Sure
- 9 9 9. Not ascertained / Refused

30. CARROTS

How often do you eat carrots ?

101-105 = times per day 301-375 = times per month  
201-221 = times per week 401-499 = times per year

- 1xx. Enter times per day
- 2xx. Enter times per week
- 3xx. Enter times per month
- 4xx. Enter times per year
- 5 5 5. Never
- 7 7 7. Don't Know / Not Sure
- 9 9 9. Not ascertained / Refused

31. VEG90

Not counting carrots, potatoes or salad, how many SERVINGS of vegetables do you usually eat ? (For example, a serving of vegetables at both lunch and dinner would be two servings)

101-110 = # servings per day 301-399 = # servings per month  
201-299 = # servings per week 401-499 = # servings per year

- 1xx. Enter number servings per day
- 2xx. Enter number servings per week
- 3xx. Enter number servings per month
- 4xx. Enter number servings per year
- 5 5 5. Never
- 7 7 7. Don't Know / Not Sure
- 9 9 9. Not ascertained / Refused

32. LOSEWT

Are you now trying to lose weight?

- 1. Yes (Go to question 34)
- 2. No
- 7. Don't know
- 9. Refused

33. KEEPWT

Are you now trying to maintain your current weight, that is to keep from gaining weight?

- 1. Yes
- 2. No (Go to Q37)
- 3. Don't know (Go to Q37)
- 4. Refused (Go to Q37)

FEWCAL2

34. If Q32=1 ask: Are you eating either fewer calories or less fat to lose weight?  
If Q33=1 ask: Are you eating either fewer calories or less fat to keep from gaining weight?

(INTERVIEWER: PROBE TO FIND OUT WHICH OPTION IS MOST APPROPRIATE)

- 1. Yes, fewer calories
- 2. Yes, less fat
- 3. Yes, fewer calories and less fat
- 4. No
- 7. Don't know
- 9. Refused

PHYACT94

35.

If Q32=1 ask: Are you using physical activity or exercise to lose weight?  
If Q33=1 ask: Are you using physical activity or exercise to keep from gaining weight?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

**WTADVICE**

36.

In the past 12 months has a doctor, nurse, or other health professional given you advice about your weight?

(INTERVIEWER: PROBE FOR WHETHER ADVICE WAS TO GAIN WEIGHT, TO LOSE WEIGHT, OR TO MAINTAIN THE SAME WEIGHT)

- 1. Yes, lose weight
- 2. Yes, gain weight
- 3. Yes, maintain current weight
- 4. No
- 7. Don't know
- 9. Refused

**AGE**

37. How old were you on your last birthday?

- Enter age in years
- 7. Don't know/Not sure
- 9. Refused

**HISPANIC**

37a. Are you of HISPANIC ORIGIN such as Mexican American, Latin American, Puerto Rican or Cuban?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

**ORACE**

38. What is your race?

Would you say: White, Black, Asian, Pacific Islander, American Indian, Alaska Native, or Other?

- 1. White
- 2. Black
- 3. Asian, Pacific Islander
- 4. American Indian, Alaska Native
- 5. Other: (specify)
- 7. Don't know/Not sure
- 9. Refused

**MARITAL**

40. Are you: Married, Divorced, Widowed, Separated, Never been married, or a member of an unmarried couple?

- 1. Married
- 2. Divorced
- 3. Widowed
- 4. Separated
- 5. Never been married
- 6. A member of an unmarried couple
- 9. Refused



**CHILD18**

41. How many children under age 18 live in this household?

\_\_ Enter Number of children

00. None (Go to Q42)

99. Refused (Go to Q42)

**CHILD1-CHILD9**

41a.

(If one child ask:) How old is the child?

(If more than one child ask:) How old are the children?

**INTERVIEWER NOTE:** List the ages of all children in the household from youngest to oldest. If child is less than one year old then age = 1.0.

**ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.**

**EXAMPLE:** 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year olds (.1=younger 5.1 5 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}  
5.2  
13.0

- Youths =
- \_\_\_ AGE OF YOUNGEST CHILD
  - \_\_\_ AGE OF SECOND YOUNGEST CHILD
  - \_\_\_ AGE OF THIRD YOUNGEST CHILD
  - \_\_\_ AGE OF FOURTH youngest child
  - \_\_\_ Age of fifth youngest child
  - \_\_\_ Age of sixth youngest child
  - \_\_\_ Age of seventh youngest child
  - \_\_\_ Age of eighth youngest child
  - \_\_\_ Age of ninth youngest child
  - \_\_\_ Age of tenth youngest child
  - 7 7 Don't know
  - 9 9 Refused

If child is less than one year age = 01

**EDUCA2**

42. What is the highest grade or year of school you completed?

Read Only if Necessary

- 1. Never attended school or kindergarten only
- 2. Grades 1 through 8 (Elementary)
- 3. Grade 9 through 11 (Some high school)
- 4. Grade 12 or GED (High school graduate)
- 5. College 1 year to 3 years (Some college or technical school)
- 6. College 4 years or more (College graduate)
- 9. Refused

**EMPLOY2**

43. Are you currently: Employed for wages, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?

- 1. Employed for wages
- 2. Self-employed
- 3. Out of work for more than 1 year
- 4. Out of work for less than 1 year
- 5. Homemaker
- 6. Student
- 7. Retired
- 8. Unable to work
- 9. Refused

**INCOM94**

44. Which of the following categories best describes your annual household income from all sources? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to \$75,000; or over \$75,000?

- 1. Less than \$10,000
- 2. \$10,000 to less than \$15,000
- 3. \$15,000 to less than \$20,000
- 4. \$20,000 to less than \$25,000
- 5. \$25,000 to less than \$35,000
- 6. \$35,000 to less than \$50,000
- 7. \$50,000 to \$75,000
- 8. Over \$75,000
- 77. Don't know/Not sure
- 99. Refused

**WEIGHT**

45. About how much do you weigh without shoes?

Round fractions up

Enter weight in whole pounds

- 777. Don't know/Not sure
- 999. Refused

**LIKEWT**

46.

How much would you like to weigh?

Round fractions up

Enter weight in whole pounds

- 777. Don't know/Not sure
- 999. Refused

**HEIGHT**

47. About how tall are you without shoes?

Round fractions down

Enter height in feet and inches  
(Ex. 5 feet 11 inches = 511)

- 777. Don't know/Not sure
- 999. Refused

**COUNTY1**

48. What county do you live in?

- |                   |                     |                          |
|-------------------|---------------------|--------------------------|
| 001. ALAMEDA      | 041. MARIN          | 081. SAN MATEO           |
| 003. ALPINE       | 043. MARIPOSA       | 083. SANTA BARBARA       |
| 005. AMADOR       | 045. MENDOCINO      | 085. SANTA CLARA         |
| 007. BUTTE        | 047. MERCED         | 087. SANTA CRUZ          |
| 009. CALAVERAS    | 049. MODOC          | 089. SHASTA              |
| 011. COLUSA       | 051. MONO           | 091. SIERRA              |
| 013. CONTRA COSTA | 053. MONTEREY       | 093. SISKIYOU            |
| 015. DEL NORTE    | 055. NAPA           | 095. SOLANO              |
| 017. EL DORADO    | 057. NEVADA         | 097. SONOMA              |
| 019. FRESNO       | 059. ORANGE         | 099. STANISLAUS          |
| 021. GLENN        | 061. PLACER         | 101. SUTTER              |
| 023. HUMBOLDT     | 063. PLUMAS         | 103. TEHAMA              |
| 025. IMPERIAL     | 065. RIVERSIDE      | 105. TRINITY             |
| 027. INYO         | 067. SACRAMENTO     | 107. TULARE              |
| 029. KERN         | 069. SAN BENITO     | 109. TUOLUMNE            |
| 031. KINGS        | 071. SAN BERNARDINO | 111. VENTURA             |
| 033. LAKE         | 073. SAN DIEGO      | 113. YOLO                |
| 035. LASSEN       | 075. SAN FRANCISCO  | 115. YUBA                |
| 037. LOS ANGELES  | 077. SAN JOAQUIN    | 777. Don't Know/Not Sure |
| 039. MADERA       | 079. SAN L OBISPO   | 999. Refused             |

**NUMHOLD**

49. Do you have more than one telephone number in your household?

- 1. Yes
- 2. No (Go to Q50a)
- 7. Don't know (Go to Q50a)
- 9. Refused (Go to Q50a)

**NUMPHON2**

50. How many residential telephone numbers do you have?

(8 = 8 or more)

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Refused

**ZIPCODE**

50a. What is your zip code?

\_\_\_\_\_ Enter the five digit number

77777. Don't know/Not sure

99999. Refused

**SEX**

51. Indicate sex of respondent.

Ask only if necessary

1. Male (Go to Q62a)

2. Female

**HADMAM**

52. I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.

Have you ever had a mammogram?

1. Yes

2. No (Go to Q55)

7. Don't know/Not sure (Go to Q55)

9. Refused (Go to Q55)

**HOWLONG2**

53. How long has it been since you had your last mammogram?

Read only if necessary

1. Within the past year (1 to 12 months ago)

2. Within the past 2 years (1 to 2 years ago)

3. Within the past 3 years (2 to 3 years ago)

4. Within the past 5 years (3 to 5 years ago)

5. 5 or more years ago

7. Don't know/Not sure

9. Refused

**WHYDONE**

54. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

1. Routine checkup

2. Breast problem

3. Had breast cancer

7. Don't know/Not sure

9. Refused

**HADCBE**

55. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.

Have you ever had a clinical breast exam?

1. Yes
2. No (Go to Q58)
  
7. Don't know/Not sure (Go to Q58)
9. Refused (Go to Q58)

**WHENCBE**

56. How long has it been since your last breast exam?

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 3 years (2 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago
  
7. Don't know/Not sure
9. Refused

**WHYCBE**

57. Was your last breast exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

1. Routine Checkup
2. Breast problem other than cancer
3. Had breast cancer
  
7. Don't know/Not sure
9. Refused

**HADPAP**

58. A Pap smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present.

Have you ever had a Pap smear?

1. Yes
2. No (Go to Q61)
  
7. Don't know/Not sure (Go to Q61)
9. Refused (Go to Q61)

**WHENPAP2**

59. How long has it been since you had your last Pap smear?

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 3 years (2 or 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago
  
7. Don't know/Not sure

9. Refused

**WHYPAP**

60. Was your last Pap smear done as part of a routine exam, or to check a problem, or for some other reason?

1. Routine exam
2. Check current or previous problem
3. Other
  
7. Don't know/Not sure
9. Refused

**HYSTER2**

61. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?

1. Yes (Go to Q62a)
2. No
  
7. Don't know/Not sure
9. Refused

**PREGNANT**

(ASK ONLY OF FEMALE RESPONDENTS LESS THAN 45 YEARS OF AGE. OTHERWISE, GO TO Q62a)

62. To your knowledge, are you now pregnant?

1. Yes
2. No
  
7. Don't know/Not sure
9. Refused

**DESHEARD**

62a.

DES is a drug that was sometimes given to women during their pregnancies to prevent miscarriage and other problems. DES, also referred to as diethylstilbestrol, was used between 1941 and 1971. Because this drug was used so long ago, it may be difficult for you to answer the following questions. If you do not know the answer to any of these questions please say so, and we will move on to the next question.

Have you ever heard of diethylstilbestrol or DES before today?

1. Yes
2. No (Go to question 63)
7. Don't know (Go to question 63)
9. Refused (Go to question 63)

**PREGEVER**

62b.

(ASK ALL WOMEN AGED 39 OR OLDER. ELSE GO TO QUESTION 62g)

Have you ever been pregnant? (IF Q62=YES THEN ASK: Have you ever been pregnant before?)

1. Yes
2. No (Go to Q62g)
7. Don't know (Go to Q62g)
9. Refused (Go to Q62g)

**DESPREG**

**62c.**

Did you take or were you given DES during any pregnancy?

1. Yes
2. No
7. Don't know
9. Refused

**DESPREG2**

**62e.**

Have you ever tried to confirm whether or not you took or were given DES during any pregnancy?

1. Yes
2. No
7. Don't know
9. Refused

**DESMOM**

**62g.**

(ASK IF RESPONDENT IS AGED 18-53. ELSE GO TO QUESTION 62j)

Did your mother take DES while she was pregnant with you?

1. Yes
2. No
7. Don't know
9. Refused

**DESMOM2**

**62i.**

Have you ever tried to confirm whether your mother took DES while pregnant with you?

1. Yes
2. No
7. Don't know
9. Refused

**DESDAUT**

**62j.**

Some children were exposed to DES when their mothers took this drug while they were pregnant. Have you ever heard that a woman might have an increased risk of cancer if her mother took DES while she was pregnant with her?

1. Yes
2. No
7. Don't know
9. Refused

**DESSON**

**62k.**

Have you ever heard that a man might have an increased risk of cancer if his mother took DES while she was pregnant with him?

1. Yes
2. No
7. Don't know
9. Refused

DESCANC  
62l.

Have you ever heard that women who took DES while they were pregnant might have an increased risk of getting cancer?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

DESPROB  
62q.

We have been talking about cancer risk. Have you ever heard that people who were exposed to DES might have an increased risk of having any other special health problems?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

WORKAIDS

63. The next few questions are about the national health problem of AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

Would you be willing to work next to or near a person who you know is infected with the AIDS virus?

- 1. Yes
- 2. No
  
- 7. Don't know/Not sure
- 9. Refused

SCHLAID2

64. If you had a child in school, would you allow him or her to be in the same classroom with another child who is infected with the AIDS virus?

- 1. Yes
- 2. No
  
- 7. Don't know/Not sure
- 9. Refused

AIDSGRD2

65.

If you had a child in school, at what grade do you think he or she should begin AIDS education in school?

- Enter grade \_\_\_\_\_
- Kindergarten 5 5
- Never 8 8
- Don't know 7 7
- Refused 9 9



**CONDUSE1**

66. If you had a teenager who was sexually active, would you encourage him or her to use a condom?

1. Yes
2. No
3. Would give other advice
  
7. Don't know/Not sure
9. Refused

**GETAIDS**

67. What are your chances of getting the AIDS virus? Would you say: High, Medium, Low, or None?

1. High
2. Medium
3. Low
4. None
5. Not applicable (go to question 70)
  
7. Don't know/Not sure
9. Refused

**GETAIDS1**

68. In the past year, have your chances of getting the AIDS virus increased, decreased, or stayed the same?

1. Increased
2. Decreased
3. Stayed the same
  
7. Don't know/Not sure
9. Refused

**AIDSTST2**

69. Have you ever had your blood tested for the AIDS virus infection?

1. Yes (Go to question 70)
2. No
  
7. Don't know/Not sure
9. Refused

**AIDSDON**

69a. Have you donated blood since March 1985?

1. Yes
  
2. No (Go to Q75)
7. Don't know (Go to Q75)
9. Refused (Go to Q75)

LASTDON

69b.

When did you last donate blood?

\_\_\_\_ Probe for month and year  
(Ex. june of 1990 = 0690)

(if month is unknown use code 77: unknown month, 1988=7788)

7777. Don't know/Not sure  
9999. Refused

(ALL RESPONDENTS GO TO QUESTION 75 AFTER ANSWERING Q69b)

LASTTEST

70. When was your last AIDS test?

\_\_\_\_ Probe for month and year  
(Ex. june of 1990 = 0690)

(if month is unknown use code 77: unknown month, 1988=7788)

7777. Don't know/Not sure  
9999. Refused

REATEST

71. What was the main reason you had your last AIDS blood test?

Read Only if Necessary

1. For hospitalization or surgical procedure
2. To apply for health insurance
3. To apply for life insurance
4. For employment
5. To apply for a marriage license
6. For military induction or military service
7. For immigration
8. Just to find out if you were infected
9. Because of referral by a doctor
10. Because of referral by the Health Department
11. Referred by your sex partner
12. Because it was part of a blood donation process
13. For routine checkup
14. Because of occupational exposure
15. Because of illness
77. Don't know/Not sure (Don't Read)
87. Other reason
99. Refused (Don't Read)

**WHEREST**

72. Where did you have your last blood test for the AIDS virus?

Read Only if Necessary

Enter Facility Code

- |   |  |
|---|--|
| 1. Private doctor, HMO                            | 11. Clinic run by employer                           |
| 2. Blood bank, plasma center,<br>Red Cross        | 12. Insurance company clinic                         |
| 3. Health department                              | 13. Other public clinic                              |
| 4. AIDS clinic, counseling                        | 14. Drug treatment facility                          |
| 5. Hospital, emergency room,<br>outpatient clinic | 15. Military induction or<br>military service site   |
| 6. Family planning clinic                         | 16. Immigration site                                 |
| 7. Prenatal clinic                                | 17. At home, home visit by<br>nurse or health worker |
| 8. Tuberculosis clinic                            | 77. Don't know/Not sure                              |
| 9. STD clinic                                     | (Don't read)   |
| 10. Community health clinic                       | 87. Other  |
|   | 99. Refused (Don't read)                             |

**TSTRESLT**

73.

Did you receive the results of your last test?

1. Yes
2. No (Go to Q75)
7. Don't know (Go to Q75)
9. Refused (Go to Q75)

**COUNSEL2**

74. Did you receive counseling or talk with a health care professional about the results of your test?

1. Yes
2. No
  
7. Don't know/Not sure
9. Refused

**CONDEFF**

75. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say Very effective, Somewhat effective, or Not at all effective?

1. Very effective
2. Somewhat effective
3. Not at all effective
4. Don't know how effective
5. Don't know method
9. Refused

**KNOWPWA**

76.

Have you personally ever known anyone with AIDS or the AIDS virus?

1. Yes
2. No
7. Don't know
9. Refused

Now I have a few questions about dentists and dental health issues.

**LOSTTOOTH**

97. Have you ever lost any permanent teeth as the result of an accident or injury, such as a car accident or while playing at sports?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

**FLWATER**

98. Some communities add fluoride to their drinking water to help prevent tooth decay. This process is called fluoridation. Does your tap water contain fluoride?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

**FLUORIDE**

100. Some communities add fluoride to their drinking water to help prevent tooth decay. This process is called fluoridation. If an election were being held today and your community DID NOT have fluoridated water, would you vote for or against a ballot measure to fluoridate your water supply?

- 1. For
- 2. Against
  
- 7. Don't know/Not sure
- 9. Refused

**SEALANT**

(ASK IF ONE OR MORE CHILDREN LIVE IN THE HOUSEHOLD. OTHERWISE, GO TO Q113)

These next few questions are about dental care for children living in this household, even if they are not your children, Do not include children you may have who do not live with you in this household.

101. Have you ever heard of dental sealants?

- 1. Yes
- 2. No
  
- 7. Don't know/Not sure
- 9. Refused

**HADSEAL**

102. Dental sealants are plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are different from fillings, caps, crowns, and fluoride treatments.

Has your child/have any of your children ever had dental sealants painted on their teeth?

- 1. Yes
- 2. No
  
- 7. Don't know
- 9. Refused

**DENTICAL**

103. Is your child/are any of your children covered for dental care by Medi-Cal or Denti-Cal?

- 1. Yes
- 2. No
  
- 7. Don't know
- 9. Refused

**DENTMIL**

104. Is your child/are any of your children provided with dental care by the military?

Interviewers: this includes CHAMPUS

- 1. Yes
- 2. No
  
- 7. Don't know
- 9. Refused

**DENTPLAN**

105. Is your child/are any of your children covered for dental care by any insurance plan other than Medi-Cal or the military?

- 1. Yes
- 2. No
  
- 7. Don't know
- 9. Refused

**DENTCOST**

106. Was there a time during the last twelve months when your child/children needed to see a dentist, but could not because of the cost?

- 1. Yes
- 2. No
  
- 7. Don't know
- 9. Refused

**RESTRICT**

113. Do you have a health problem or impairment that restricts your ability to do ordinary daily activities such as bathing, shopping or working?

- 1. Yes
- 2. No (Go to Q117)
  
- 7. Don't know/Not sure (Go to Q117)
- 9. Refused (Go to Q117)

**TEMPPROB**

114. How long have you had this health problem? Has it been less than 1 month, one month to less than six months, six months to less than one year, or one year or more?

- 1. Less than one month
- 2. One month to less than six months
- 3. Six months to less than one year
- 4. One year or more
  
- 7. Don't know/Not sure
- 9. Refused

**NEEDHELP**

115. Do you need help to carry out these ordinary daily activities?

- 1. Yes
- 2. No ( Go to Q117)
  
- 7. Don't know/Not sure ( Go to Q 117)
- 9. Refused ( Go to Q 117)

**GETHELP**

116. Are you able to get the help you need to carry out these ordinary daily activities?

- 1. Yes
- 2. No
  
- 7. Don't know/Not sure
- 9. Refused

**RAWMILK**

117. My next questions are about raw milk. Raw milk is milk that has never been pasteurized or commercially treated with heat to kill germs. Raw milk is different from whole milk, canned milk, or powdered milk. In the past year, did you ever drink any kind of raw milk?

- 1. Yes
- 2. No (go to question 136)
- 7. Don't know (Go to question 136)
- 9. Refused (Go to question 136)

**GLASSYR**

118. In the past year, how many glasses of raw milk did you drink per month, on average?

- \_\_\_ \_\_\_ Enter number of glasses here
- 7 7 7 Don't know
- 9 9 9 Refused
- 8 8 8 Less than one glass per month
- 0 0 0 Zero glasses per month--not a regular raw milk drinker

**GOTMILK**

126. Where did you most often obtain the raw milk you drank?

1. At home
2. Neighbor's farm
3. Farm store
4. Grocery store
5. Health food store
6. Restaurant
7. Don't know
8. Other (specify)
9. Refused

**WHYRAW**

131. What is the most important reason you drank raw milk?

1. Health reasons
2. Cost
3. Convenience
4. Taste
5. Nutritional value
6. Religious reasons
7. Others in family do
8. Recommended by physician
9. Only milk available in home
10. Other (specify)
11. Experimented only--no other reason (go to question 136)
77. Don't know (Go to question 136)
99. Refused (Go to question 136)

**WHYRAW2**

132. Is there another reason you drank raw milk?

1. Yes
2. No (go to QUESTION 136)
7. Don't know (go to QUESTION 136)
9. Refused (go to QUESTION 136)

**WHYRAW3**

133. What is the next most important reason you drank raw milk?

1. Health reasons
2. Cost
3. Convenience
4. Taste
5. Nutritional value
6. Religious reasons
7. Others in family do
8. Recommended by physician
9. Only milk available in home
10. Other (specify)
11. Experimented only--no other reason
77. Don't know
99. Refused

**EATLESS**

136. How frequently do you eat less than you feel you should because there is not enough food or money to buy food? Would you say never, one to three times per month, four to seven times per month, or more than seven times per month?

1. Never
2. One to Three times per month
3. Four to Seven times per month
4. More than Seven times per month
7. Don't know/Not sure
9. Refused

Finally, I would like to ask you about firearms.

**HAVEGUN**

137. Is there a gun in your house?

1. Yes
2. No (Go to QEND)
7. Don't know/Not sure (go to QEND)
9. Refused (go to QEND)

**GUNGT1**

138. Is there more than one gun in your house?

1. Yes
2. No
7. Don't know
9. Refused

**RIFLE**

139.

(If there is one gun ask:) Is the gun a rifle?

(If there is more than one gun ask:) Are any of the guns rifles?

1. Yes (if Q138=no, go to QEND)
2. No
7. Don't know/Not sure
9. Refused

**SHOTGUN**

140.

(If there is one gun ask:) Is the gun a shotgun?

(If there is more than one gun ask:) Are any of the guns shotguns?

1. Yes (if Q138=no, go to QEND)
2. No
7. Don't know/Not sure
9. Refused



**HANDGUN3**

141.

(If there is one gun ask:) Is the gun a handgun?

(If there is more than one gun ask:) Are any of the guns handguns?

1. Yes
2. No (go to QEND)
  
7. Don't know/Not sure (go to QEND)
9. Refused (go to QEND)

**NUMGUNS**

142. How many handguns are there in your household?

(If Q138=2 then Q142=1 and respondent goes to Q143)

\_\_\_ enter number

77. Don't know
99. Refused

**LOCKED2**

143. Guns are sometimes kept locked up by using a trigger lock or by keeping the gun locked in a cabinet, drawer, box, or other locked container.

If Q142=1 then ask: Is the handgun ever kept locked up?

If Q142 ne 1 then ask: Are any of the handguns ever kept locked up?

1. Yes
2. No (Go to Q145)
3. Refused to continue with gun module (go to QEND)
  
7. Don't know/Not sure (Go to Q145)
9. Refused (Go to Q145)

**LOCKNOW**

144.

If Q142=1 then ask: Is the handgun locked up now?

If Q142 ne 1 then ask: Are any of the handguns locked up now?

1. Yes
2. No
3. Refused to continue with gun module (go to QEND)
  
7. Don't know/Not sure
9. Refused

**LOADED2**

145.

If Q142=1 then ask: Is the handgun loaded now?

If Q142 ne 1 then ask: Are any of the handguns loaded now?

1. Yes
2. No
3. Refused to continue with gun module (go to QEND)
  
7. Don't know/Not sure
9. Refused

**WHYGUN**

146.

If Q142=1 then ask: What is the most important reason a handgun is kept in your household?

If Q142 ne 1 then ask: What is the most important reason handguns are kept in your household?

- 1. Safety/self-protection
- 2. Requirement of employment for someone in the household
- 3. Hunting
- 4. Target practice/hobby/gun collector/recreation (other than hunting)
- 5. Other (specify)
- 7. Don't know
- 9. Refused

**GUNUSED**

147.

If Q142=1 then ask: Has the handgun ever been used to shoot at or scare off an intruder?

If Q142 ne 1 then ask: Have any of the handguns ever been used to shoot at or scare off an intruder?

- 1. Yes (go to QEND)
- 2. No (go to QEND)
- 3. Refused to continue with gun module (go to QEND)
- 7. Don't know/Not sure (go to QEND)
- 9. Refused (go to QEND)

\*\*\*\*\*

If there is at least one child aged 11 through 17 read QEND. Else go to closing statement:

**QEND.** Your answers indicate that there is a youth/there are youths between the ages of 11 and 17 living in this household. We would like to interview this youth/one of these youths as part of a study on youth attitudes toward smoking. The purpose of this research is to obtain information on the attitudes and beliefs of teenagers about smoking and other issues. During the interview we will be asking questions about the youth's beliefs and perceptions pertaining to smoking. We will also be asking general questions about school and how much teenagers think other people their age are concerned about tobacco use.

Any answers given during the survey will be kept confidential and will be used only for the purposes of this research, or as required by law. While participation is voluntary, your cooperation and the cooperation of the youth in this survey is very important to the success of our study. We will be calling back to speak to the youth within the next 4 to 6 weeks.

**Closing statement:**

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

**RESPOND**

**INTERVIEWER DO NOT READ OUT LOUD**

Who completed the interview?

- |                         |                           |
|-------------------------|---------------------------|
| 01. Oldest Male         | 01. Oldest Female         |
| 02. Second Oldest Male  | 02. Second Oldest Female  |
| 03. Third Oldest Male   | 03. Third Oldest Female   |
| 04. Fourth Oldest Male  | 04. Fourth Oldest Female  |
| 05. Fifth Oldest Male   | 05. Fifth Oldest Female   |
| 06. Sixth Oldest Male   | 06. Sixth Oldest Female   |
| 07. Seventh Oldest Male | 07. Seventh Oldest Female |
| 08. Eighth Oldest Male  | 08. Eighth Oldest Female  |
| 09. Ninth Oldest Male   | 09. Ninth Oldest Female   |

**YTHSAMP**

**INTERVIEWER DO NOT READ OUT LOUD:**

At least one youth aged 11-17 lives in this household. Enter '1' to include this household in the youth sample, unless there is a reason to eliminate this household from the sample. If the household should be eliminated, enter the number of the applicable reason from the list below.

1. YES, include this household in the youth sample
2. No, adult objected
3. No, youth will not be available in 4 to 6 weeks (because he/she will be away from home)
4. No, youth is physically/mentally impaired
5. No, other specify \_\_\_\_\_

**SPANINT**

**INTERVIEWER DO NOT READ OUT LOUD**

Was this interview completed in English or Spanish?

1. ENGLISH
9. SPANISH