

# **BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM**

## **1995 California Questionnaire**

FINAL VERSION, DECEMBER 21, 1994

REVISED April 24, 1995

REVISED October 4, 1995

Questions about the BRFSS should be directed to:

Bonnie Davis, Ph.D.  
CATI Unit  
Cancer Surveillance Section  
601 North 7th Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 327-2768

INTROQ

HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the national Public Health Service.

Is this (phone number) ?

1. Yes---> (Continue)
2. No ---> **Thank you very much, but I seem to have dialed the wrong number.**  
(Stop)

PRIVRES

Is this a private residence?

1. Yes ---> **We're doing a study of the health practices of California residents. Your number has been randomly chosen to be included in the study, and we'd like to ask some questions about things people do which may affect their health.**
2. No ---> **Thank you very much, but we are only interviewing private residences.**  
(Stop)

NUMADULT

**Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?**

\_\_\_ Enter the number of adults

NUMMEN

(If NUMADULT GT 1)

**How many are men?**

\_\_\_ Enter the number of men (0-9)

NUMWOMEN

(If NUMADULT GT 1)

**How many are women?**

\_\_\_ Enter the number of women (0-9)

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED

(If NUMADULT GT 1)

**The person in your household I need to speak with is the \_\_\_\_\_.**

Are you the (SELECTED) ?

1. Yes---> Continue.
2. No ---> **May I speak with the \_\_\_\_\_?**

ONEADULT

(If ADULT = 1)  
**Are you the adult?**

1. Yes---> **Then you are the person I need to speak with. All the information obtained in this study will be confidential.**  
(Go to GENHLTH-Q1)
2. No ---> **May I speak with him or her?** (When selected adult answers:)

**Hello, I'm (interviewer name) calling on behalf of the the California Department of Health Services and the national Public Health Service.**

**We're doing a special study of California residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.**

**All the information obtained in this study will be confidential.**

SEX INTERVIEWER: Enter sex of respondent.

1. Male
2. Female

RESPOND  
(INTERVIEWER, DO NOT READ ALOUD) Identify the respondent ---->

- |                         |                           |
|-------------------------|---------------------------|
| 11. Oldest MALE         | 21. Oldest FEMALE         |
| 12. Second Oldest MALE  | 22. Second Oldest FEMALE  |
| 13. Third Oldest MALE   | 23. Third Oldest FEMALE   |
| 14. Fourth Oldest MALE  | 24. Fourth Oldest FEMALE  |
| 15. Fifth Oldest MALE   | 25. Fifth Oldest FEMALE   |
| 16. Sixth Oldest MALE   | 26. Sixth Oldest FEMALE   |
| 17. Seventh Oldest MALE | 27. Seventh Oldest FEMALE |
| 18. Eighth Oldest MALE  | 28. Eighth Oldest FEMALE  |
| 19. Ninth Oldest MALE   | 29. Ninth Oldest FEMALE   |

GENHLTH (CDC-C)

HEALTH.

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 (CDC-C)

TYPE VII

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

- 0. None (Go to MENTHLTH-Q4)
  
- 77. Don't know/Not sure (Go to MENTHLTH-Q4)
- 99. Refused (Go to MENTHLTH-Q4)

PHYSPOOR (CA, new)

TYPE VII

3. **Of those days, how many days did poor physical health keep you from doing your usual activities, such as selfcare, work, or recreation?**

\_\_\_ Enter Number of days

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

MENTHLTH (CDC-C)

TYPE VII

4. **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

- 0. None (Go to HAVEPLN2-Q8)
  
- 77. Don't know/Not sure (Go to HAVEPLN2-Q8)
- 99. Refused (Go to HAVEPLN2-Q8)

MENTPOOR (CA, new)

Type VII

5. **Of those days, how many days did poor mental health keep you from doing your usual**

**activities, such as selfcare, work, or recreation?**

\_\_\_ Enter Number of days

0. None

77. Don't know/Not sure

99. Refused

BOTHPOOR (CA, new)

Type VII

(If PHYSPOOR EQ 1-30 and MENTPOOR EQ 1-30, ask; else go to HAVEPLN2-Q8)

6. **You mentioned that in the past 30 days you had \_\_\_ day(s) when poor physical health and \_\_\_ day(s) when poor mental health kept you from doing your usual activities, such as selfcare, work, or recreation.**

(If PHYSPOOR+MENTPOOR = 2 ask:)

**Was this the same day?** (If yes, enter 1; else enter 0)

(If PHYSPOOR+MENTPOOR GT 2 ask:)

**For about how many days did these overlap?**

\_\_\_ Enter Number of days

0. None

77. Don't know/Not sure

99. Refused

POORHLT3

Type VII

7. (CA--substitution for CDC-C--derived by calculation: PHYSPOOR+MENTPOOR-BOTHPOOR)

HAVEPLN2 (CDC-C, modified wording)

YESNO.

8. **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 GOVPLAN-Q10)

2. No

7. Don't know/Not sure

(Go to GOVPLAN-Q10)

9. Refused

(Go to GOVPLAN-Q10)

PASTPLAN (CDC-C)

HOWLONGB.

9. **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) (Go to DENTPLN2-Q12)
- 2. Within the past year (7 to 12 months ago) (Go to DENTPLN2-Q12)
- 3. Within the past 2 years (1 to 2 years) (Go to DENTPLN2-Q12)
- 4. Within the past 5 years (2 to 5 years) (Go to DENTPLN2-Q12)
- 5. More than 5 years ago (Go to DENTPLN2-Q12)
- 7. Don't know/Not sure (Go to DENTPLN2-Q12)
- 8. Never (Go to DENTPLN2-Q12)
- 9. Refused (Go to DENTPLN2-Q12)

GOVPLAN (CA)

YESNO.

10. **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 (Go to DENTPLN2-Q12)
- 7. Don't know (Go to DENTPLN2-Q12)
- 9. Refused (Go to DENTPLN2-Q12)

GOVPLAN2 (CA-BCEDP; becomes variables MEDICARE-GPLAN on final dataset)

YESNO.

11. **Are you covered by:**

	Yes	No	Dk/Ns	Ref	
A. <b>Medicare?</b>	1	2	7	9	MEDICARE
B. <b>Medi-Cal?</b> (Medicaid)	1	2	7	9	MEDICAL
C. <b>Another state or county program?</b>	1	2	7	9	GPLAN

(If GPLAN=1, ask:)

D. **What program is that?** (specify) -----> GPLANTXT (Text)

DENTPLN2 (CDC-DH module)

YESNO.

12. **Are you covered by any kind of insurance coverage that pays for some or all of your dental care, including dental insurance, prepaid plans such as HMOs (Health Maintenance Organizations), or government plans such as Medi-Cal (Medicaid)?**

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

PRIMCARE (CA-from 1993; YR2k Obj 16.14/21.3)

YESNO.

13. **Is there one particular clinic, health center, doctors office, or other place that you usually**

**go to when you are sick or when you need routine health care?**

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

PAYNOGO (CDC-C)

YESNO.

14. **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 (CDC-C)

HOWLONGC.

15. **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?**

(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 5 years (2 to 5 years ago)
- 4. More than 5 years ago
  
- 7. Don't know/Not sure
- 8. Never
- 9. Refused

BPCHECK2 (CDC-C; YR2k Obj. 15.13)

BPCHECK.

16. **About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?**

(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. More than 5 years ago
  
- 7. Don't know/Not sure
- 8. Never (Go to BLOODCHO-Q20)
- 9. Refused

BPHIGH1 (CDC-C; YR2k Obj. 15.13)

YESNO.

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

- 1. Yes
- 2. No (Go to BLOODCHO-Q20)
- 7. Don't know/Not sure (Go to BLOODCHO-Q20)
- 9. Refused (Go to BLOODCHO-Q20)

HIGHGT1 (CDC-C; YR2k Obj 15.4/15.5)

HIGHGT.

18. **Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?**

- 1. More than once
- 2. Only once (Go to BLOODCHO-Q20)
- 7. Don't know/Not sure (Go to BLOODCHO-Q20)
- 9. Refused (Go to BLOODCHO-Q20)

BPCNTL (CA; YR2k Obj. 15.5; becomes variables BPDJET-BPMED on final dataset)

YNNA.

19. **To control your high blood pressure, are you...**

	Yes	No	DK/NS	NA	REF	
A. <b>DiETING to lose weight?</b>	1	2	7	8	9	BPDJET
B. <b>Using less salt in your diet?</b>	1	2	7	8	9	BPSALT
C. <b>Exercising?</b>	1	2	7	8	9	BPEXER
D. <b>Taking medicine prescribed by a doctor?</b>	1	2	7	8	9	BPMED

BLOODCHO (CDC-C; YR2k Obj 15.14)

YESNO.

20. **Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?**

- 1. Yes
- 2. No (Go to DIABCOR1-Q23)
- 7. Don't know/Not sure (Go to DIABCOR1-Q23)
- 9. Refused (Go to DIABCOR1-Q23)



CHOLCHK (CDC-C; YR2k Obj 15.14)

HOWLONGC.

21. **About how long has it been since you last had your blood cholesterol checked?**

(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 5 years (2 to 5 years ago)
- 4. More than 5 years ago
  
- 7. Don't know/Not sure
- 8. Never (Go to DIABCOR1-Q23)
- 9. Refused

TOLDHI (CDC-C)

YESNO.

22. **Have you ever been told by a doctor or other health professional that your blood cholesterol is high?**

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

DIABCOR1 (CDC-C, modified wording; YR2k Obj 17.11)

DIABCORA.

23. **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 SEATBELT-Q37)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
  
- 7. Don't know/Not sure (Go to SEATBELT-Q37)
- 9. Refused (Go to SEATBELT-Q37)

If SEX EQ 1 go to DIABAGE	
If SEX EQ 2 go to DIABGEST	

DIABGEST (CA, new)

YESNO.

24. **Was this ONLY while you were pregnant?**

- 1. Yes (Go to SEATBELT-Q37)
- 2. No (Includes never been pregnant)
  
- 7. Don't know/Not sure
- 9. Refused

Type XV

DIABAGE (CA-DBCP, from 1995 CDC module, DK/REFs coded differently per 1994 CDC-C)  
(Note: Asked if SEX=1 and DIABCOR1=1, or SEX=2 and DIABCOR1=1 and DIABGEST ne 1)

25. **How old were you when you were told you have diabetes?**

\_\_\_ Enter age in years

97. Don't know/Not sure

99. Refused

DIABINS (CA-DBCP, from 1995 CDC module)

YESNO.

26. **Are you now taking insulin?**

1. Yes

2. No (Go to CHKGLU-Q28)

7. Don't know (Go to CHKGLU-Q28)

9. Refused (Go to CHKGLU-Q28)

INSOFT2 (CA-DBCP, from 1995 CDC module)

Type XVIII

27. **Currently, about how often do you use insulin?**

1xx = times per day

2xx = times per week

333 = Use insulin pump

777 = Don't know/Not sure

999 = Refused

CHKGLU (CA-DBCP, from 1995 CDC module)

Type XIX

28. **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 (CA-DBCP, from 1995 CDC module)

YES/NO.

29. **Have you ever heard of glycosylated hemoglobin (gly-KOS-ylated he-mo-glo-bin) or hemoglobin "A one C"?**

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

DIABDOC2 (CA-DBCP, from 1995 CDC module, coding is per 1994 CDC-C) Type I

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

\_\_\_ number of times

- |               |                     |
|---------------|---------------------|
| 88 None       | (Go to VISCHK2-Q33) |
| 77 Don't know | (Go to VISCHK2-Q33) |
| 99 Refused    | (Go to VISCHK2-Q33) |

DIABDOCB (CA-DBCP, from 1995 CDC module; coded per 1994 CDC-C) Type I

(If HEARDGH EQ 2, 7, 9, go to VISCHK2-Q33)

31. **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

- 88 None
- 77 Don't know
- 99 Refused

CHKSORE (CA-DBCP, from 1995 CDC module; coded per 1994 CDC-C) Type I

(Note: asked if DIABDOC2 ne 88, 77, or 99)

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

\_\_\_ number of times

- 88 None
- 77 Don't know
- 99 Refused

VISCHKB.

VISCHK2 (CA-DBCP, from 1995 CDC module, response categories different from 1994)

33. **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. Within the past month (0 to 1 month ago)
2. Within the past year (1 to 12 months ago)
3. Within the past 2 years (1 to 2 years)
4. 2 or more years ago
  
7. Don't know/Not sure
8. Never
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 (CA-DBCP, from 1995 CDC module)

VISOFT.

34. **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, some, a little bit, 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 (CA-DBCP, from 1995 CDC module)

VISOFT.

35. **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, some, a little bit, 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 (CA-DBCP, from 1995 CDC module)

VISOFT.

36. **How much of the time does your vision limit you in watching television? Would you say all of the time, most, some, a little bit, 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

SEATBELT (CDC-C; YR2k Obj 9.12)

SEATBELT.

37. **How often do you use seatbelts when you drive or ride in a car?**

**Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?**

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
  
7. Don't know/Not sure
8. Never drive or ride in a car
9. Refused

RIDEBIKE (CA-YR2k Obj. 9.13)

YESNO.

38. **Have you ridden a bicycle in the past 12 months?**

1. Yes
2. No (Go to SMKALARM-Q40)
7. Don't know/Not sure (Go to SMKALARM-Q40)
9. Refused (Go to SMKALARM-Q40)

HELMBIKE (CA-YR2k Obj. 9.13)

ALWNEV.

39. **When you ride a bicycle, do you wear a helmet or other head protection gear?**

**Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?**

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
7. Don't know/Not sure
9. Refused

SMKALARM (CDC-C new; YR2K Obj 9.17)

ALARM.

40. **When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the button or holding a source of smoke near them?**

1. Within the past month (0 to 1 month ago)
2. Within the past 6 months (1 to 6 months)
3. Within the past year (6 to 12 months)
4. One or more years ago
5. Never
  
6. No smoke detectors in home
7. Don't know/Not sure
9. Refused

**The next few questions are about exercise, recreation, or physical activities OTHER THAN your**

**REGULAR JOB duties.**

EXERANY (CDC Exercise module, YR2k Obj. 1.2/2.3/15.10) YESNO.

41. **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 SMOKE100-Q51)
- 7. Don't Know / Not Sure (Go to SMOKE100-Q51)
- 9. Refused (Go to SMOKE100-Q51)

EXERACT1 (CDC Exercise module; YR2k Obj. 1.3/1.4/15.11) EXERACT.

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

- 1. Aerobics
- 5. Bicycling
- 14. Gardening
- 15. Golf
- 22. Jogging
- 30. Running
- 46. Swimming
- 51. Walking
- 53. Weight lifting
- 54. Other (specify) -----> EXERTXT1 (Text)
- 99. Refused (Go to EXEROTH2-Q46)

If EXERACT1 EQ JOG, RUN, SWIM, or WALK go to EXERDIS	
If EXERACT1 NE JOG, RUN, SWIM, or WALK go to EXEROFT	

EXERDIS1 (CDC Exercise module; YR2k Obj. 1.3/1.4/15.11) (not formatted)

43. **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

EXEROFT (CDC Exercise module; YR2k Obj. 1.3/1.4/15.11) Type III

44. **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. Refused

EXERHMM1 (CDC Exercise module; YR2k Obj. 1.3/1.4/15.11) (not formatted)

45. **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  
7777. Don't Know / Not Sure  
9999. Refused

EXEROTH2 (CDC Exercise module; YR2k Obj. 1.3/1.4/15.11) YES/NO.

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

- 1. Yes
- 2. No (Go to SMOKE100-Q51)
- 7. Don't Know / Not Sure (Go to SMOKE100-Q51)
- 9. Refused (Go to SMOKE100-Q51)

EXERACT2 (CDC Exercise module; YR2k Obj. 1.3/1.4/15.11) EXERACT.

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

- 1. Aerobics
- 5. Bicycling
- 14. Gardening
- 15. Golf
- 22. Jogging
- 30. Running
- 46. Swimming
- 51. Walking
- 53. Weight lifting
- 54. Other (specify) -----> EXERTXT2 (Text)
- 99. Refused (Go to SMOKE100-Q51)

If EXERACT2 EQ JOG, RUN, SWIM, or WALK go to EXERDIS2	
If EXERACT2 NE JOG, RUN, SWIM, or WALK go to EXEROFT2	

EXERDIS2 (CDC Exercise module; YR2k Obj. 1.3/1.4/15.11) (not formatted)

48. **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

EXEROFT2 (CDC Exercise module; YR2k Obj. 1.3/1.4/15.11) Type III

49. **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. Refused

EXERHMM2 (CDC Exercise module; YR2k Obj. 1.3/1.4/15.11) (not formatted)

50. **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

7777. Don't Know / Not Sure

9999. Refused



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

SMOKE100 (CDC-C, modified lead-in; YR2k 3.4/15.12/16.6) YESNO.

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

5 packs = 100 cigarettes

- 1. Yes
- 2. No (Go to SMOKEM1-Q68)
- 7. Don't know/Not sure (Go to SMOKEM1-Q68)
- 9. Refused (Go to SMOKEM1-Q68)

SMOKENOW (CDC-C; YR2k 3.4/15.12/16.6) YESNO.

52. **Do you smoke cigarettes now?**

- 1. Yes
- 2. No (Go to SMK30ANY-Q54)
- 9. Refused (Go to SMK30ANY-Q54)

SMOKENUM (CDC-C) Type V

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

(1 pack = 20 cigarettes)

\_\_\_ Enter Number of cigarettes

- 000. Don't smoke regularly [recoded on dataset as 888]
- 777. Don't Know
- 999. Refused

SMK30ANY (CA-TCS) YESNO.

54. **Did you smoke ANY cigarettes during the past 30 days?**

- 1. Yes
- 2. No (Go to SMKWHOLE-Q57)
- 7. Don't know/Not sure (Go to SMKWHOLE-Q57)
- 9. Refused (Go to SMKWHOLE-Q57)

SMK30DAY (CDC-C; YR2k Obj. 3.6/3.7) Type VII

55. **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 (CA-TCS) Type VIII

56. **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 (CA-TCS; YR2k Obj. 4.5)

Type VII

57. **About how old were you when you smoked your first whole cigarette?**

\_\_\_ Code age in years

- 77. Don't know
- 99. Refused

SMOKEAGE (CA-TCS)

Type XI

58. **About how old were you when you first started smoking cigarettes fairly regularly?**

\_\_\_ Code age in years

- 0. Never smoked regularly
- 77. Don't know
- 99. Refused

SMOKENOW	SMK30ANY	GO TO
EQ 1	NE 1	QUIT1DY2
NE 1	EQ 1	QUIT1DY2
EQ 1	EQ 1	QUIT1DY2
NE 1	NE 1	SMOKREG2

QUIT1DY2 (CA) STOPSMOK (CDC-C) (YR2k Obj. 3.6)

YESNO.

59. **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 SMOKENOW EQ 1 go to SMKWAKE	
If SMOKENOW NE 1 go to SMKREG2	

SMKWAKE (CA-TCS)

Type XI

60. **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.

SMKBRAND (CA-TCS, new, response categories modified to be compatible with CATS)

61. **What brand do you usually buy?**

Enter the brand below:

- |                      |  |
|----------------------|--|
| 1. Benson and Hedges | 10. Newport                                      |
| 2. Camel             | 11. Pall Mall                                    |
| 3. Carlton           | 12. Salem  |
| 4. Generic           | 13. Vantage                                      |
| 5. Kent              | 14. Virginia Slims                               |
| 6. Kool              | 15. Winston                                      |
| 7. Marlboro          | 91. Other <u>    (specify)    </u> -----> SMKTXT |
| 8. Merit             |  |
| 9. More              | 77. Don't Know/Not sure                          |
|                      | 99. Refused                                      |

LIKESTOP (CA-TCS)

YESNO.

62. **Would you like to stop smoking?**

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

QUIT30 (CA-TCS)

YESNO.

63. **Are you planning to quit smoking in the next 30 days?**

1. Yes (Go to SMOKEM1-Q68)
2. No
  
7. Don't know/Not sure
9. Refused

QUIT6 (CA-TCS)

YESNO.

64. **Are you contemplating quitting smoking in the next six months?**

1. Yes (Go to SMOKEM1-Q68)

- 2. No (Go to SMOKEM1-Q68)
- 7. Don't know/Not sure (Go to SMOKEM1-Q68)
- 9. Refused (Go to SMOKEM1-Q68)

SMOKREG2 (CDC-C; modified wording & response categories) SMOKREGB.  
 65. **About how long has it been since you last smoked cigarettes regularly?**

(Read only if necessary)

- 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)

PUFFYMWD (CA-TCS; appears as variables PUFFYR1-PUFFDY1 on final dataset) Type VII  
 66. **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

RETURN12 (CA-TCS) RETURN.  
 67. **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

SMOKEM1-SMOKEM9 SMOKEF1-SMOKEF9 (CA-TCS; YR2k Obj. 3.8) YESNO.

68. **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 (CA-TCS; YR2k Obj 3.8) YESNO.

69. (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 HHRULES2-Q71)
  
- 7. Don't know/Not sure (Go to HHRULES2-Q71)
- 9. Refused (Go to HHRULES2-Q71)

SMKELSEN (CA-TCS; YR2k Obj. 3.8) Type VII

70. **How many other household members currently smoke?**

\_\_\_ Enter number of household members

- 77. Don't know/Not Sure
- 99. Refused

HHRULES2 (CA-TCS/new, from CATS; YR2k Obj. 3.8) HHRULES.

71. **What are the smoking rules or restrictions in your household, if any? Would you say smoking is completely prohibited, smoking is generally prohibited with few exceptions, smoking is allowed in some rooms only, or there are no restrictions on smoking?**

- 1. Smoking is completely prohibited
- 2. Smoking is generally prohibited with few exceptions
- 3. Smoking is allowed in some rooms only
- 4. There are no restrictions on smoking
- 5. Other (specify) -----> HHTXT
  
- 7. Don't know/Not sure
- 9. Refused

**Now I would like to ask you a few questions about alcohol use.**

DRNKANY1 (CDC-C)

YESNO.

72. **During the past month, have you had a least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?**

- 1. Yes
- 2. No (Go to RIDEDRNK-Q81)
- 7. Don't know/Not sure (Go to RIDEDRNK-Q81)
- 9. Refused (Go to RIDEDRNK-Q81)

DRKBEER (CA-ADP; module below originally from 1988 CDC-C; YR2k Obj. 4.8) Type II

73. **During the past month, how many days per week or per month did you drink any beer?**

101-107 = days per week  
201-231 = days per month

\_\_\_ Enter Days per week or per month

- 0. None (Go to DRKWINE-Q75)
- 777. Don't know/Not sure (Go to DRKWINE-Q75)
- 999. Refused (Go to DRKWINE-Q75)

NBEEROCC (CA-ADP)

Type I

74. **On the days when you drank beer, about how many BEERS did you drink on the AVERAGE?**

\_\_\_ Enter Number of drinks (One half= .5)

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

DRKWINE (CA-ADP)

Type II

75. **During the past month, how many days per week or per month did you drink any wine?**

101-107 = days per week  
201-231 = days per month

\_\_\_ Enter Days per week or per month

- 777. Don't know/Not sure (Go to DRKLIQR-Q77)
- 0. Never or none (Go to DRKLIQR-Q77)
- 999. Refused (Go to DRKLIQR-Q77)

NWINEOCC (CA-ADP)

Type I

76. **On the days when you drank wine, about how many glasses of WINE did you drink on the AVERAGE?**

\_\_\_ Enter Number of drinks (One half= .5)

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

DRKLIQR (CA-ADP)

Type II

77. **During the past month, how many days per week or per month did you drink any LIQUOR?**

101-107 = days per week

201-231 = days per month

\_\_\_ Enter Days per week or per month

- 777. Don't know/Not sure (Go to DRINKGE5-Q79)
- 0. Never or none (Go to DRINKGE5-Q79)
- 999. Refused (Go to DRINKGE5-Q79)

NLIQROCC (CA-ADP)

Type I

78. **On the days when you drank LIQUOR, about how many DRINKS did you have on the AVERAGE?**

\_\_\_ Enter Number of drinks (One half= .5)

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

DRINKGE5 (CDC-C)

Type VII

79. **Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?**

\_\_\_ Enter Number of times

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

DRINKDRI (CDC-C)

Type VII

80. **During the past month, how many times have you driven when you've had perhaps too much to drink?**

\_\_\_ Enter Number of times

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

RIDEDRNK (CA-ADP, CDC-C in 1993)

Type VII

81. **During the past month, how many times have you ridden with a driver who has had perhaps too much to drink?**

\_\_\_ Enter Number of times

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

AGE (CDC-C, modified wording) (various)  
82. **How old were you on your last birthday?**

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

HISPANIC (CDC-C, modified wording and order) YESNO.

83. **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

ORACE2 (CDC-C, new--modified response categories) ORACEB.

84. **What is your race?**  
**Would you say: White, Black, Asian, Pacific Islander, American Indian, Alaska Native, or Other?**

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

MARITAL (CDC-C) MARITAL.

85. **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 (CA) Type VII

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



\_\_\_ Enter Number of children

00. None

(Go to EDUCA-Q91)

99. Refused

(Go to EDUCA-Q91)

CHILD1-CHILD9 (CA-TCS)

Type VII

87a.

(If CHILD18=1, ask:)

**How old is the child?**

(If CHILD18 GT 1, ask:)

**How old are the children? Beginning with the youngest...**

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

77 Don't know

99 Refused

\*\*\*--calculated variable--do not ask

CHLDLT6 87b. Number of children under age 6.

\*\*\*---calculated variable--do not ask

OLDCHILD 87c. Age of the oldest child in household under the age of 15.

CHLDSFTY (CDC-C #18)

SEATBELT.

(If OLDCHLD GE 5, ask:)

88. **How often does the oldest child in your household use a seatbelt when they ride in a car?**

(If OLDCHLD LT 5, ask:)

**How often does the oldest child in your household use a car safety seat when they ride in a car?  
Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?**

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
7. Don't know/Not sure
8. Never rides in a car
9. Refused

If AGE OF OLDEST CHILD GT 5 go to CHLDHELM		
If AGE OF OLDEST CHILD LE 5 go to CHILDPLN		

CHLDHELM (CDC-C)

CHLDHLM.

89. **During the past year, how often has the (age of OLDCHLD)-year-old child worn a helmet when riding a bicycle?**

**Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?**

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
7. Don't know/Not sure
8. Never rides a bicycle
9. Refused

CHILDPLN (CA-new)

YESNO.

(If CHILD18=1, ask:)

90. **Is your child covered by a health plan?**

(If CHILD18 GT 1, ask:)

**Are your children covered by a health plan?**

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

EDUCA (CDC-C, response categories are from 1992)

EDUCA.

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

(Read Only if Necessary)

1. Eighth grade or less

2. Some high school (grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
4. Some technical school
5. Technical School Graduate
6. Some College
7. College graduate
8. Post graduate or professional degree
9. Refused

EMPLOY2 (CDC-C)

EMPLOYA.

92. **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

\*\*\*---calculated variable--do not ask

HHSIZE (CA)

(not formatted)

93. Household size. (NUMADULT+CHILD18)

INCOM94 (CDC-C wording retained from previous years) INCOME.B.

94. 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

Find the point on the table where HHSIZE and INCOM94 intersect. |  
 If there is a table value and the table value is LT the "less than" |  
 value of the response to INCOM94, go to THRESH94. |

THRESH94 (CA) YES/NO.

95. Is your annual household income above \_\_\_\_\_ (table look up for income and household size)? (This is an income threshold used for statistical purposes.)

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

INCOM94 =	1	2	3	4	5	6	7	8
HHSIZE= 1	7,400	14,700						
(Household	2	9,800	19,700					
Size)	3	12,300	24,600					
	4	14,800		29,600				
	5		17,300	34,600				
	6		19,800		39,500			
	7			22,200	44,500			
	8			24,700	49,400			
	9				27,200	54,400		
	10				29,700	59,400		
	11				32,200	64,300		
	12				34,600	69,300		
	13					37,100	74,200	

(100% and 200% of Federal Poverty Line; From: Federal Register, Feb 10, 1994, rounded to nearest \$100.)

WEIGHT (CDC-C)

(not formatted)

96. **About how much do you weigh without shoes?**

Round fractions up

\_\_\_ Enter weight in whole pounds

777. Don't know/Not sure

999. Refused

HEIGHT (CDC-C)

(not formatted)

97. **About how tall are you without shoes?**

Round fractions down

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

\_\_\_ Enter height

777. Don't know/Not sure

999. Refused

COUNTY1 (CDC-C)

COUNTYA.

98. **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 (CDC-C)

YESNO.

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

- 1. Yes
- 2. No (Go to ZIPCODE-Q101)
- 7. Don't know (Go to ZIPCODE-Q101)
- 9. Refused (Go to ZIPCODE-Q101)

NUMPHON2 (CDC-C) (not formatted)

100. **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 (CA)

(not formatted)

101. **What is your zip code?**

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

- 77777. Don't know/Not sure
- 99999. Refused

HHSIZE = NUMADULT + CHILD18				
HHSIZE	NUMWOMEN	RESPONDENT	AGE	GO TO:
EQ 1	EQ 1	ANY FEMALE	NA	HADMAM
EQ 1	EQ 0	ANY MALE	NA	MAMMINTR
GE 2	EQ 0	ANY MALE	NA	MAMMINTR
GE 2	GE 1	ANY MALE	NA	F40
GE 2	EQ 1	ANY FEMALE	NA	HADMAM
GE 2	GT 1	OLDEST FEMALE	GE 40	F40
GE 2	GT 1	OLDEST FEMALE	LT 40	HADMAM
GE 2	GT 1	NOT OLDEST FEMALE	GE 40	F40
GE 2	GT 1	NOT OLDEST FEMALE	LT 40	F40

F40 (CA-BCEDP new)

YESNO.

(If SEX=2 and AGE GE 40, ask:)

105. **Other than yourself, is there a woman aged 40 or older living in your household?**

(Else ask:)

**Is there a woman aged 40 or older living in your household?**

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

HHSIZE = NUMADULT + CHILD18				
If F40 EQ 1:				
HHSIZE	NUMWOMEN	RESPONDENT	AGE	GO TO:
GE 2	EQ 1	ANY MALE	NA	F40A
GE 2	GE 2	ANY MALE	NA	F40NUM
GE 2	EQ 2	OLDEST FEMALE	GE 40	F40A
GE 2	GE 2	OLDEST FEMALE	GE 40	F40NUM
GE 2	EQ 2	NOT OLDEST FEMALE	GE 40	F40A
GE 2	GT 2	NOT OLDEST FEMALE	GE 40	F40NUM
GE 2	EQ 2	NOT OLDEST FEMALE	LT 40	F40A
GE 2	GE 2	NOT OLDEST FEMALE	LT 40	F40NUM
If F40 NE 1 go to HADMAM				

F40NUM (CA-BCEDP new)

Type VII

(If SEX=2 and AGE GE 40, ask:)

106. **Other than yourself, how many women aged 40 or older live in this household?**

(Else ask:)

**How many women aged 40 or older live in this household?**

\_\_\_\_\_ Enter number

- 77. Don't know/Not sure
- 99. Refused

F40A-F40C (CA-BCEDP new) (see AGE)

107. (Note: asked only if a woman aged 40 or older is living in the household)

(If F40NUM EQ 1, ask:)

**How old is this woman?**

\_\_\_\_\_ Enter age in years F40A

(If F40NUM NE 1, ask:)

**How old is the...**

**Oldest woman?** \_\_\_\_\_ Enter age in years F40A

**Second oldest woman?** \_\_\_\_\_ Enter age in years F40B

**Third oldest woman?** \_\_\_\_\_ Enter age in years F40C

7. Don't know/Not sure

9. Refused

HADMAM (CDC-C, modified lead-in) YESNO.

(Note: asked of all women)

108. **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.**

(If SEX=1 Go to MAMMEDIA-Q112; else ask)

**Have you ever had a mammogram?**

1. Yes

2. No (Go to MAMMEDIA-Q112)

7. Don't know/Not sure (Go to MAMMEDIA-Q112)

9. Refused (Go to MAMMEDIA-Q112)

HOWLONG2 (CDC-C) HOWLONGC.

109. **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. More than 5 years ago

7. Don't know/Not sure

9. Refused

MANYMAM (CDC-C, new) Type VII

110. **About how many mammograms have you had in the last five years?**



- \_\_\_\_ Enter number  
 00. None  
 77. Don't know/Not sure  
 99. Refused

WHYDONE (CDC-C)

WHYDONE.

111. **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

MAMMEDIA (CA-BCEDP new)

YESNO.

*(Note: Asked of all respondents)*

112. **In the past 30 days, have you noticed any posters, billboards, commercials or advertisements with a message about having a mammogram test?**

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

AGE	SEX	GO TO:
GE 40	FEMALE	F40GUIDE
LT 40	FEMALE	F50GUIDE
ANY	MALE	F50GUIDE

F40GUIDE (CA-BCEDP new)

BGUIDE.

113. **In general, how often do you think a woman your age should have a mammogram test?**

1. More frequently than once per year
2. Once per year
3. Less frequently than once per year, but at least once every two years
4. Less frequently than once every two years
5. Never
7. Don't Know/Not sure
9. Refused

AGE	GO TO:
GE 50	F50GUID2
LT 50	F50GUIDE

F50GUIDE (CA-BCEDP new)

BGUIDE.

*(Note: Asked of all respondents except women age 50 and over)*

114. **In general, how often do you think a woman over age 50 should have a mammogram test?**

1. More frequently than once per year
2. Once per year
3. Less frequently than once per year, but at least once every two years
4. Less frequently than once every two years
5. Never
  
7. Don't Know/Not sure
9. Refused

F50GUID2 (CA-BCEDP new)

IMPORT.

*(Note: Asked of all respondents.)*

115. **If a woman is over age 50 and has no history of breast cancer in her family, how important would you say it is for her to have a mammogram test once a year? Would you say very important, somewhat important, not very important, or not at all important?**

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important
  
7. Don't Know/Not sure
9. Refused

F50GUID3 (CA-BCEDP new)

IMPORT.

*(Note: Asked of all respondents.)*

116. **If a woman is over age 50 and has no symptoms of breast cancer, how important would you say it is for her to have a mammogram test once a year? Would you say very important, somewhat important, not very important, or not at all important?**

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important
  
7. Don't Know/Not sure
9. Refused

AGE	SEX	HADMAM	GO TO:
LT 40	FEMALE	NA	HADCBE
GE 40	FEMALE	EQ 1	F40RXMAM
GE 40	FEMALE	NE 1	F50RXMAM
ANY	MALE	NA	CBEGUIDE (read CBE intro)

F40RXMAM (CA-BCEDP new)

YESNO.

*(Note: asked if SEX=2 and AGE GE 40 and HADMAM EQ 1)*

117. **Did a doctor suggest that you have your most recent mammogram?**

- 1. Yes (Go to BCHAD-Q119)
- 2. No
  
- 7. Don't Know/Not sure
- 9. Refused

IF F40RXMAM EQ 1 go to BCHAD	
IF F40RXMAM NE 1 go to F50RXMAM	

F50RXMAM (CA-BCEDP new) YESNO.  
*(Note: asked if SEX=2 and AGE GE 40 and [F40RXMAM=2 or HADMAM NE 1])*

118. **Has a doctor ever told you that you need to have a mammogram?**

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

BCHAD (CA-BCEDP new) YESNO.  
*(Note: asked only if SEX=2 and AGE GE 40)*

119. **Have you ever had breast cancer?**

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

BCFAM (CA-BCEDP new) YESNO.  
*(Note: asked only if SEX=2 and AGE GE 40)*

120. **Have any of your family members ever had breast cancer?**

- 1. Yes
- 2. No (Go to F40INPAY-Q122)
  
- 7. Don't Know/Not sure (Go to F40INPAY-Q122)
- 9. Refused (Go to F40INPAY-Q122)

BCMEMA-BCMEMD (CA-BCEDP new) YESNO.

121. **Which family member has had breast cancer?**

Interviewer: Hit ENTER for all that apply.

- (recoded to)
- Mother BCMEMA (1 Yes 2 No)
  - Sister BCMEMB (1 Yes 2 No)
  - Daughter BCMEMC (1 Yes 2 No)
  - Other BCMEMD (1 Yes 2 No)

IF HAVEPLN2 EQ 1 go to F40INPAY	
IF HAVEPLN2 NE 1 go to F40SFPAY	

F40INPAY (CA-BCEDP new) YESNO.

(Note: asked only if SEX=2 and AGE GE 40 and HAVEPLN2=1.)

122. **Does your medical insurer or health insurance plan cover all or part of the costs of mammograms?)**

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

IF HADMAM EQ 1 go to F40SFPAY	
IF HADMAM NE 1 go to HADCBE	

F40SFPAY (CA-BCEDP new) YESNO.

123. **Did you have to pay any portion of the cost for your last mammogram?**

- 1. Yes
- 2. No (Go to HADCBE-Q125)
  
- 7. Don't know/Not sure (Go to HADCBE-Q125)
- 9. Refused (Go to HADCBE-Q125)

F40DFPAY (CA-BCEDP new) DIFFIC.

124. **How difficult was it to pay for your last mammogram test? Would you say very difficult, somewhat difficult, a little difficult or not at all difficult?**

- 1. Very difficult
- 2. Somewhat difficult
- 3. A little difficult
- 4. Not at all difficult
  
- 7. Don't know/Not sure
- 9. Refused

HADCBE (CDC-C) YESNO.

125. **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 F40CBEG-Q128)
- 7. Don't know/Not sure (Go to F40CBEG-Q128)
- 9. Refused (Go to F40CBEG-Q128)

WHENCBE (CDC-C) HOWLONGC.

126. **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. More than 5 years ago
  
- 7. Don't know/Not sure
- 9. Refused

WHYCBE (CDC-C)

WHYCBE.

127. **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

IF AGE GE 40 go to F40CBEG	
IF AGE LT 40 go to CBEGUIDE	

F40CBEG (CA-BCEDP new)

BGUIDE.

(Note: Asked only of women age 40+.)

128. **How often do you think a woman your age should have a clinical breast exam?**

- 1. More frequently than once per year (Go to HADPAP-Q130)
- 2. Once per year (Go to HADPAP-Q130)
- 3. Less frequently than once per year,  
but at least once every two years (Go to HADPAP-Q130)
- 4. Less frequently than once every two years. (Go to HADPAP-Q130)
  
- 7. Don't Know/Not sure (Go to HADPAP-Q130)
- 9. Refused (Go to HADPAP-Q130)

CBEGUIDE (CA-BCEDP new)

BGUIDE.

(Note: Asked of all men, and women under age 40.)

129. **How often do you think a woman over age 40 should have a clinical breast exam?**

- 1. More frequently than once per year
- 2. Once per year
- 3. Less frequently than once per year, but at least once every two years

- 4. Less frequently than once every two years.
- 7. Don't Know/Not sure
- 9. Refused

IF SEX EQ 1 go to FLUSHOT2		
IF SEX EQ 2 go to HADPAP		

HADPAP (CDC-C, modified lead-in)

YESNO.

130. **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 HYSTER2-Q133)
- 7. Don't know/Not sure (Go to HYSTER2-Q133)
- 9. Refused (Go to HYSTER2-Q133)

WHENPAP2 (CDC-C)

HOWLONGB.

131. **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. More than 5 years ago
- 7. Don't know/Not sure
- 9. Refused

WHYPAP (CDC-C, modified wording)

WHYPAP.

132. **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 (CDC-C)

YESNO.

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

- 1. Yes (Go to FLUSHOT2-Q135)
- 2. No
- 7. Don't know/Not sure
- 9. Refused

IF AGE LT 45 go to PREGNANT	
IF AGE GE 45 go to FLUSHOT2	

PREGNANT (CDC-C)

YESNO.

134. **To your knowledge, are you now pregnant?**

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

FLUSHOT2 (CDC-C)

YESNO.

135. **During the past 12 months, have you had a flu shot?**

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

PNEUMVAC (CDC-C)

YESNO.

136. **Have you ever had a pneumonia vaccination?**

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

If AGE GE 40 go to HADDRE	
If AGE LT 40 go to AIDSGRD3	

HADDRE (CDC-C)

YESNO.

*(Note: Asked only of persons age 40 and over.)*

**A Digital Rectal Exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems.**

137. **Have you ever had a digital rectal exam?**

- 1. Yes
- 2. No (Go to HADSTOOL-Q139)
- 7. Don't know/Not sure (Go to HADSTOOL-Q139)
- 9. Refused (Go to HADSTOOL-Q139)

WHENDRE (CDC-C)

WHEN.

138. **When did you have your last digital rectal 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 5 years (2 to 5 years ago)
- 4. 5 or more years ago
- 7. Don't know/Not sure
- 9. Refused

HADSTOOL (CA-CSS from 1992 CDC-C; YR2k Obj 16.13)

YESNO.

139. **A BLOOD STOOL TEST is when the stool is examined to determine whether it contains blood. Have you ever had a Blood Stool Test?**

- 1. Yes
- 2. No (Go to HADSIG-Q141)
- 7. Don't know/Not sure (Go to HADSIG-Q141)
- 9. Refused (Go to HADSIG-Q141)

WHENSTO (CA-CSS; YR2k Obj 16.13)

WHEN.

140. **When did you have your Blood Stool Test?**

(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 5 years (2 to 5 years ago)
- 4. More than 5 years ago
- 7. Don't know/Not sure
- 9. Refused

HADSIG (CA--substitution for CDC-C on proctoscopy; measures ACS guidelines)

YESNO.

*(Note: Asked only of persons age 40 and over.)*

141. **A SIGMOIDOSCOPY is when a tube is inserted in the rectum to check for cancer and other health problems.**

**Have you ever HAD this exam?**

- 1. Yes
- 2. No (Go to AIDSGRD3-Q147)
- 7. Don't know/Not sure (Go to AIDSGRD3-Q147)
- 9. Refused (Go to AIDSGRD3-Q147)



WHENSIG (CA--substitution for CDC-C on proctoscopy; measures ACS guidelines) WHENB.  
142. **When did you have your last sigmoidoscopy?**

(Read only if necessary)

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

**These next questions are about a blood test to check for prostate cancer. This test may also be called PSA or Prostate Specific Antigen.**

PSAHEAR (CA-CSS) YESNO.  
(Note: Asked of males only.)

143. **Have you ever HEARD of a blood test to check for prostate cancer?**

1. Yes
2. No (Go to AIDSGRD3-Q147)
  
7. Don't know/Not sure (Go to AIDSGRD3-Q147)
9. Refused (Go to AIDSGRD3-Q147)

PSAHAD (CA-CSS) YESNO.  
144. **Have you ever HAD a blood test to check for prostate cancer?**

1. Yes
2. No (Go to AIDSGRD3-Q147)
  
7. Don't know/Not sure (Go to AIDSGRD3-Q147)
9. Refused (Go to AIDSGRD3-Q147)

PSAWHEN (CA-CSS) WHEN.  
145. **When did you have your last blood test to check for prostate cancer?**

(Read only if necessary)

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

PSAWHY (CA-CSS) WHYDONE.

146. **Was your last blood test for prostate cancer done as part of a routine checkup, because of a prostate problem, or because you've already had prostate cancer?**

1. Routine checkup
2. Prostate problem
3. Prostate cancer
  
7. Don't know
9. Refused

IF AGE LT 45 go to AIDSGRD3	
IF AGE GE 45 go to ASTHMA	

**The next few questions are about HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.**

AIDSGRD3 (CDC-C; modified selection criteria)

Type XXI.

147. **If you had a child in school, at what grade do you think he or she should begin receiving education about HIV infection and AIDS?**

- |              |       |
|--------------|-------|
| Enter grade  | _____ |
| Kindergarten | 5 5   |
| Never        | 8 8   |
| Don't know   | 7 7   |
| Refused      | 9 9   |

CONDUSE2 (CDC-C; modified selection criteria)

CONDUS.

148. **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

GETAIDS2 (CDC-C; modified selection criteria)

GETAIDS.x

149. **What are your chances of getting infected with HIV, the virus that causes AIDS? Would you say: High, Medium, Low, or None?**

1. High
2. Medium
3. Low
4. None
5. Not applicable (Go to LASTTST2-Q153)
  
7. Don't know/Not sure
9. Refused

AIDSTST3 (CDC-C; modified selection criteria)

YESNO.

150. **Have you ever had your blood tested for HIV?**

- 1. Yes (Go to LASTTST2-Q153)
- 2. No
  
- 7. Don't know/Not sure
- 9. Refused

AIDSDON (CDC-C; modified selection criteria) YESNO.  
 151. **Have you donated blood since March 1985?**

- 1. Yes
- 2. No (Go to CONDEFF2-Q158)
  
- 7. Don't know (Go to CONDEFF2-Q158)
- 9. Refused (Go to CONDEFF2-Q158)

LASTDON2 (CDC-C; modified selection criteria) Type XVI  
 152. **When did you last donate blood?**

- \_\_\_\_ Probe for month and year (Go to CONDEFF2-Q158)  
 (Ex. june of 1990 = 0690)  
 (if month is unknown use code 77: unknown month, 1988=7788)
  
- 7777. Don't know/Not sure (Go to CONDEFF2-Q158)
- 9999. Refused (Go to CONDEFF2-Q158)

IF AIDSTST3 NE 1 go to CONDEFF2	
---------------------------------	--

LASTTST2 (CDC-C; modified selection criteria) Type XVI  
 153. **When was your last blood test for HIV?**

- \_\_\_\_ 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

REASTST2 (CDC-C, modified response categories) REASTEST.  
 154. **What was the main reason you had your last blood test for HIV?**

(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 pregnancy
- 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)

WHERST3 (CDC-C)

WHERETST.

155. **Where did you have your last blood test for HIV?**

(Read only if necessary)

- |  |   |
|--|---|
| 1. Private doctor, HMO                         | 11. Clinic run by employer                        |
| 2. Blood bank, plasma center, Red Cross        | 12. Insurance company clinic                      |
| 3. Health department                           | 13. Other public clinic                           |
| 4. AIDS clinic, counseling, testing site       | 14. Drug treatment facility                       |
| 5. Hospital, emergency room, outpatient clinic | 15. Military induction or military service site   |
| 6. Family planning clinic                      | 16. Immigration site                              |
| 7. Prenatal clinic                             | 17. At home, home visit by nurse or health worker |
| 8. Tuberculosis clinic                         | 18. At home, using self-test kit                  |
| 9. STD clinic                                  | 77. Don't know/Not sure (Don't read)              |
| 10. Community health clinic                    | 87. Other   |
|  | 99. Refused (Don't read)                          |

TSTRESLT (CDC-C)

YESNO.

156. **Did you receive the results of your last test?**

- 1. Yes
- 2. No (Go to CONDEFF2-Q158)
  
- 7. Don't know (Go to CONDEFF2-Q158)
- 9. Refused (Go to CONDEFF2-Q158)

COUNSEL3 (CDC-C; modified selection criteria)

YESNO.

157. **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

CONDEFF2 (CDC-C; modified selection criterion)

CONDOM.

158. **Some people use condoms to keep from getting infected with HIV 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

HIVCHG (CDC-C; modified selection criteria)

YESNO.

159. **Due to what you know about HIV, have you changed your sexual behavior in the last 12 months?**

- 1. Yes
- 2. No (Go to ASTHMA-Q161)
- 7. Don't know/Not sure (Go to ASTHMA-Q161)
- 9. Refused (Go to ASTHMA-Q161)

HIVCHG3-HIVCHG5 (CDC-C; modified selection criteria)

YESNO.

160. **Have you:**

	Yes	No	Dk/Ns	Ref	
a. <b>Had sexual intercourse with only one partner?</b>	1	2	7	9	HIVCHG3
b. <b>Used condoms for protection?</b>	1	2	7	9	HIVCHG4
c. <b>Been more careful in selecting sexual partners?</b>	1	2	7	9	HIVCHG5

**Now I would like to ask you some questions about allergies.**

ASTHMA (CA-EHIB; YR2K Obj. 17.4)

YESNO.

161. **Have you ever experienced or been told by a doctor that you had asthma?**

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

HAYFEVER (CA-EHIB new)

YESNO.

162. **Do you ever get hayfever symptoms such as sneezing and red eyes?**

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

**Some people have allergies or unusual sensitivities to chemicals, such as those in paints, perfumes, solvents and pesticides.**

MCSDIAG (CA-EHIB new)

YESNO.

163. **Have you ever been told by a doctor that you had environmental illness or multiple chemical sensitivity?**

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

SENSITIV (CA-EHIB new)

YESNO.

164. **Do you consider yourself allergic or unusually sensitive to everyday chemicals like those in household cleaning supplies, paints, perfumes, soaps, garden sprays or things like that?**

1. Yes
2. No (Go to SENPERFM-Q170)
7. Don't know/Not sure (Go to SENPERFM-Q170)
9. Refused (Go to SENPERFM-Q170)

SENSMANY (CA-EHIB new)

SMANY.

165. **Are you unusually sensitive to one chemical or one type of chemical, a few different chemicals, or a lot of chemicals?**

1. One chemical or type of chemical
2. A few different chemicals
3. A lot of chemicals
7. Don't know/Not sure
9. Refused

SENSDIET (CA-EHIB new)

YESNO.

166. **Because of your chemical sensitivities, do you need to follow a special diet?**

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

SENSHOME (CA-EHIB new)

YESNO.

167. **Because of your chemical sensitivities, do you take special precautions in your home or with your home furnishings?**

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

SENSSHOP (CA-EHIB new)

YESNO.

168. **Because of your chemical sensitivities, do you have trouble shopping in stores or eating in restaurants?**

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

SENSJOB (CA-EHIB new)

YESNO.

169. **Because of your chemical sensitivities, have you ever lost or had to give up a job or occupation?**

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

**Next I'm going to read a short list of products or situations. Please tell me if you have no problem with them, if they bother you, if they make you a little sick, or if they make you very sick. By sick, I mean they give you a headache, an upset stomach, make you dizzy, or if you don't know for sure, please tell me that.**

SENPERFM (CA-EHIB new)

SICK.

170. **Cologne, aftershave or perfume**

1. No problem
2. Bother
3. A little sick
4. Very sick
  
7. Don't know
8. Not applicable
9. Refused

SENDETRG (CA-EHIB new)

SICK.

171. **Walking down the detergent aisle at the grocery store**

1. No problem
2. Bother
3. A little sick
4. Very sick
  
7. Don't know
8. Not applicable
9. Refused

SENHAIR (CA-EHIB new)

SICK.

172. **Going into a beauty salon or barber shop**

1. No problem
2. Bother
3. A little sick
4. Very sick
  
7. Don't know
8. Not applicable
9. Refused

SENCARPT (CA-EHIB new)

SICK.

173. **Walking into a room with brand new carpets**

1. No problem
2. Bother
3. A little sick
4. Very sick
  
7. Don't know
8. Not applicable
9. Refused

SENNEWS (CA-EHIB new)

SICK.

174. **Reading freshly printed newspaper**



1. No problem
2. Bother
3. A little sick
4. Very sick
  
7. Don't know
8. Not applicable
9. Refused

SENSMK (CA-EHIB new)

SICK.

175. **Sitting in a room where someone else is smoking**

1. No problem
2. Bother
3. A little sick
4. Very sick
  
7. Don't know
8. Not applicable
9. Refused

IF	EQ:	GO TO:
SENPERFM	3 or 4	SENSAGE
SENDETRG	3 or 4	SENSAGE
SENHAIR	3 or 4	SENSAGE
SENCARPT	3 or 4	SENSAGE
SENSNEWS	3 or 4	SENSAGE
ELSE GO TO RESTRICT		

SENSAGE (CA-EHIB new)

Type XXII

176. **How old were you when you first noticed this sensitivity? (Your best guess is fine.)**

\_\_\_\_ Enter age in years

- 887 Entire life
- 888 Don't remember what age, but not entire life
  
- 777 Don't know/Not sure
- 999 Refused

SENSMPTM (CA-EHIB new)

SMPTM.

177. **Do you usually have the same set of symptoms to the things that bother you or do you have different symptoms to different things?**

1. Usually have the same symptoms
2. Has different symptoms to different things
  
7. Don't know/Not sure
9. Refused

**Now I would like to ask you some general questions about activity limitation.**

RESTRICT (CA)

YESNO.

178. **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 EATLESS-Q182)
  
- 7. Don't know/Not sure (Go to EATLESS-Q182)
- 9. Refused (Go to EATLESS-Q182)

TEMPPROB (CA)

TEMPPROB.

179. **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 (CA)

YESNO.

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

- 1. Yes
- 2. No (Go to EATLESS-Q182)
  
- 7. Don't know/Not sure (Go to EATLESS-Q182)
- 9. Refused (Go to EATLESS-Q182)

GETHELP (CA)

YESNO.

181. **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

EATLESS (CA)

EATLESS.

182. **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

If ORACE2 EQ 1 AND HISPANIC EQ 2 go to SUN15MIN	
IF ORACE2 NE 1 OR HISPANIC NE 2 go to WHENDNT2	

**Now I'd like to ask you a few questions about the time you spend outdoors.**

SUN15MIN (CA-CCS)

Type VII

*(Note: Asked of Non-hispanic Whites only.)*

183. **During the past 30 days, on how many days did you spend at least 15 minutes outside in the sun?**

\_\_\_ Enter number of days

30. Every day
77. Don't know/Not sure
99. Refused

SUNAVOID (CA-CSS)

SUNAVOID.

184. **How often do you avoid going out in the sun between 10 am and 4 pm: Would you say always, almost always, sometimes, seldom, or never?**

1. Always
2. Almost always
3. Sometimes
4. Seldom
5. Never
7. Don't know/Not sure
9. Refused

IF SUN15MIN EQ 1 to 30 go to SUNSCRN	
IF SUN15MIN NE 1 to 30 go to WHENDNT2	

SUNSCRN (CA-CSS)

SUNAVOID.

185. **A sunscreen is a lotion with a sun protection factor, also known as SPF. During the past 30 days, when you went outside in the sun for 15 minutes or more, would you say you used a sunscreen always, almost always, sometimes, seldom, or never?**

1. Always
2. Almost always
3. Sometimes
4. Seldom
5. Never
  
7. Don't know/Not sure
9. Refused

SUNCLOTH (CA-CSS)

SUNAVOID.

186. **Some people keep the sun from reaching their skin when they go outside by using protective clothing such as a hat or long sleeves. During the past 30 days, when you went outside in the sun for 15 minutes or more, would you say you wore protective clothing always, almost always, sometimes, seldom, or never?**

1. Always
2. Almost always
3. Sometimes
4. Seldom
5. Never
  
7. Don't know/Not sure
9. Refused

SUNLAMP (CA-CSS)

YESNO.

187. **During the past 30 days, have you used a sun lamp or tanning booth?**

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

SKINTONE (CA-CSS)

SKINTONE.

188. **Would you say your complexion, that is your skin tone, is fair, medium, or dark?**

1. Fair
2. Medium
3. Dark
  
7. Don't know
9. Refused

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

WHENDNT2 (CDC-DH module)

WHENDENT.

189. **How long has it been since you last visited the dentist or a dental clinic?**

(Read only if necessary)

1. Less than Six months (Go to LOSTEETH-Q191)
2. Six months to less than One year (Go to LOSTEETH-Q191)
3. One year to less than Two years
4. Two years to less than Five years
5. Five or more years ago
6. Never
  
7. Don't know/Not sure (Go to LOSTEETH-Q191)
9. Refused

DENTNOGO (CDC-DH module)

DENTNO.

190. **What is the main reason you have not visited the dentist in the last year?**

1. Fear, apprehension, nervousness, pain, dislike going (or similar response)
2. Cost
3. Do not have/know a dentist
4. Can't get to the office/clinic (too far away, no transportation, no appointments available)
5. No reason to go (e.g., no pain, no problems, no teeth)
6. Other priorities
7. Didn't think of it.
87. Other
  
77. Don't know, not sure
99. Refused

LOSTEETH (CDC-DH module)

LOSTETH.

191. **How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.**

1. Five or fewer
2. 6 or more, but not all
3. All
4. None
7. Don't know/not sure
9. Refused

FLUORIDE (CA-DH)

FLUORIDE.

192. **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

**Finally, I would like to ask you about firearms.**

HAVEGUN (CA-EPIC)

YESNO.

193. **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 (CA-EPIC) YESNO.  
 194. **Is there more than one gun in your house?**

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

RIFLE (CA-EPIC) YESNO.  
 195. (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 GUNGT1=2, go to QEND)
- 2. No
- 7. Don't know/Not sure
- 9. Refused

SHOTGUN (CA-EPIC) YESNO.  
 196. (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 GUNGT1=2, go to QEND)
- 2. No
- 7. Don't know/Not sure
- 9. Refused

HANDGUN3 (CA-EPIC)

YESNO.

197. (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)

IF GUNGT1 EQ 2 go to LOCKED2	
IF GUNGT1 NE 2 go to NUMGUNS	

NUMGUNS (CA-EPIC)

Type VII

198. **How many handguns are there in your household?**

(If GUNGT1=2 go to LOCKED2)

\_\_\_ enter number

- 77. Don't know
- 99. Refused

LOCKED2 (CA-EPIC)

YESNO.

199. **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 GUNGT1=2 then ask:)

**Is the handgun ever kept locked up?**

(If NUMGUNS ne 1, 77, or 99 then ask:)

**Are any of the handguns ever kept locked up?**

- 1. Yes
- 2. No (Go to LOADED2-Q201)
- 3. Refused to continue with gun module (Go to QEND)
- 7. Don't know/Not sure (Go to LOADED2-Q201)
- 9. Refused (Go to LOADED2-Q201)

LOCKNOW2 (CA-EPIC) YESNO.

200. (If NUMGUNS=1 then ask:)

**Is the handgun locked up now?**

(If NUMGUNS ne 1, 77 or 99 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 (CA-EPIC) YESNO.

201. (If NUMGUNS=1 then ask:)

**Is the handgun loaded now?**

(If NUMGUNS 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 (CA-EPIC) WHYGUN.

202. (If NUMGUNS=1 then ask:)

**What is the most important reason a handgun is kept in your household?**

(If NUMGUNS ne 1, 77, or 99 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) -----> WHYGNTXT (Text)
7. Don't know
9. Refused

GUNUSED YESNO.

203. (If GUNGT1=1, ask:)

**Has the handgun ever been used to shoot at or scare off an intruder?**

(If GUNGT1 ne 1, 77, or 99 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 2 to 3 months.**

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.**

\*\*\*\*\*

**YTHSAMP**

(TO INTERVIEWER:) 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

**SPANINT**

**SPANINT.**

(TO INTERVIEWER:) Was this interview completed in English or Spanish?

1. Spanish
2. English