

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 1999

**In Collaboration with The Center for Disease Control and Prevention's
Behavioral Risk Factor Surveillance System**

Final version
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Questions about the survey should be directed to:

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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 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 |

First I'd like to ask some questions about your health.

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

- 88. None

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

MENTHLTH (CDC-C)

Type VII

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

- 88. None

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

POORHLTH (CDC-C)

TYPE VII

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 self care, work or recreation?**

- ___ Enter Number of days

- 88. None

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

HAVEPLN3 (CDC-C, modified wording)

YESNO.

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

HLTHPLAN (CDC-C)

YESNO.

(If HAVEPLN3 = 2, 7, or 9 ask:)

6. **There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:**

(If HAVPLN3 = 1, ask:)

Do you receive health care coverage through:

	Yes	No	Dk/Ns	Ref	
A. Your employer	1	2	7	9	EMPPLAN
B. Someone else's employer (including spouse)	1	2	7	9	OEMPLAN
C. A plan that you or someone else buys on your own	1	2	7	9	OWNPLAN
D. Medicare	1	2	7	9	MEDICARE
E. Medi-Cal (Medicaid)	1	2	7	9	MEDICAL
F. The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA]	1	2	7	9	MILPLAN
G. The Indian Health Service	1	2	7	9	INDPLAN
H. Some other source	1	2	7	9	OTHPLAN

IF NO "YES" RESPONSES A-H GO TO PASTPLAN

IF HLTHPLAN 6A OR 6B = 1 THEN ASK PAYPART1; ELSE GO TO MAINPLAN

PAYPART1 (CA-UCB)

PAYPTA.

7. **How MUCH of the cost of your health insurance premium does your employer or some else's employer pay? All of the cost, part of the cost, or none of the cost? This does not include your co-pay.**

- 1. All of the cost
- 2. Part of the cost
- 3. None of the cost

- 7. Don't know/Not sure
- 9. Refused

(Ask if HLTHPLAN responses A – H >1)

MAINPLAN (CDC-C)

MAINPLN.

8. **What type of health care coverage do you use to pay for MOST of your medical care?**

Is it coverage through: (Read only if necessary)

- 1. Your employer
- 2. Someone else's employer (including your spouse)
- 3. A plan that you or someone else buys on your own
- 4. Medicare
- 5. Medi-Cal (Medicaid)
- 6. The military, CHAMPUS, Tricare, or the VA (or CHAMP-VA)
- 7. The Indian Health Service
- 8. Some other source
- 88. None (Go to PASTPLAN)

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

HLTHLIST (CA-UCB & KAISER)

HLTHLISTA.

9. **Not including any supplemental and medigap health insurance, what is the name of the health plan you use to pay for most of your medical care?**

- | | |
|--------------------------------------------|--------------------------------------|
| 1.Aetna Health Plans | 19.CCN |
| 2.Affordable/Health Care Compare | 20.CHAMPUS\VA\TRICARE |
| 3.Alameda Alliance for Health | 21.Chinese Community Health Plan |
| 4.AM. Western Life | 22.CIGNA Health Care |
| 5.Anthem Health | 23.CNA |
| 6.Anthem Health Companies | 24.Community Health Plan |
| 7.Beckwith, Hightower, & Renberg | 25.Community Health Group |
| 8.Beech Street | 26.Contra Costa Health Plan |
| 9.Blue Cross Standard (standard insurance) | 27.Delta Health Care |
| 10.Blue Cross CaliforniaCare | 28.Employer Self-Insured |
| 11.Blue Cross Senior California Care | 29.Employers Health (HMO California) |
| 12.Blue Cross Prudent Buyer | 30.Farm Bureau |
| 13.Blue Shield Access+/HMO | 31.Farmer's Insurance |
| 14.Blue Cross | 32.Foundation Health Systems |
| 15.Blue Shield | 33.Foundation |
| 16.BPS (Vivahealth) | 34.Foundation Senior Value |
| 17.Care First Health Plan | 35.Golden Outlook |
| 18.CareAmerica | 36.GOV. HOSP. ASSO. |

- | | |
|-----------------------------------------|-----------------------------------------|
| 37.Great Western | 78.PacifiCare of California |
| 38.Great American Health Plan | 79.PacifiCare Secure Horizons |
| 39.Greater Pacific Healthplan | 80. PERS Care |
| 40.Guardian | 81.PPO Alliance |
| 41.Health Net Elect | 82.Principal Financial Group |
| 42.Health Net Seniority Plus | 83.Prudential HealthCare of Ca, Inc. |
| 43.Health Net Select | 84.Provident Insurance |
| 44.Health Plan of Redwoods | 85.Pru Net (Prudential) |
| 45.Health Plan of San Mateo | 86.PruCare of California |
| 46.Health Plan of San Joaquin | 87.Qual Care |
| 47.Health Net | 88.San Francisco Health Plan |
| 48.Healthcare Foundation of Superior CA | 89.Santa Clara County Health Authority |
| 49.HMO California (Employers Health) | 90.Santa Cruz County Health Options |
| 50.Inland Empire Health Plan | 91.Santa Barbara Health Initiative |
| 51.Inter Valley Health Plan | 92.SCAN Health Plan |
| 52.Interplan | 93.Self Pay |
| 53.John Alden Life | 94.Sharp Health Plan |
| 54.John Hancock | 95.Shield 65 |
| 55.Joint Benefit Trust | 96.Sierra Comm. Care |
| 56.Kaiser Foundation Health Plan, Inc. | 97.Solano Partnership HealthPlan |
| 57.Kern Health Systems | 98.State Farm Ins. |
| 58.Key Health Plan | 99.Gallagher Basset Service PPO |
| 59.L.A. Care Health Plan | 100.Sutter preferred |
| 60.Lifeguard Health Plan | 101.Tower Health |
| 61.MASS. Mutual | 102.Travelers |
| 62.Maxicare | 103.Tricare Prime (CHAMPUS) |
| 63.MEDI-CAL | 104.UC Care |
| 64.MEDICARE | 105.ULLICO Inc |
| 65.MET LIFE | 106.Union Self-Insured |
| 66.Metra Health (United Health Care) | 107.United Health Care (Metra Health) |
| 67.Molina Medical Center | 108.United Health Plan |
| 68.National Health Plan | 109.United Insurance Company of America |
| 69.New York Life | 110.Universal Care, Inc |
| 70.Northwest Nat. Life | 111.Universal Health Network |
| 71.Omni Healthcare Inc | 112.Valley Health Plan |
| 72.One Health Plan of California, Inc | 113.Ventura County Health Care Plan |
| 73.Operating Engineers | 114.Western Health Advantage |
| 74.OUCH | 115.OTHER (Specify) |
| 75.Pacific Health Alliance | |
| 76.Pacific Mutual Life Insurance Co. | 777. Don't know/Not sure |
| 77.PacifiCare | 999. Refuse |

TIMEPLAN (CA-UCB)

HOWLNGD.

10. **About how long have you had (Medicare/Medi-Cal/this particular health coverage)?**

Read only if necessary

1. For less than 12 months (more tan 0 months to 12 months)

- 2. For less than 2 years (more than 1 year to 2 years)
- 3. For less than 3 years (more than 2 years to 3 years)
- 4. For less than 5 years (more than 3 year to 5 years)
- 5. For 5 or more years (more than 5 years ago)

- 7. Don't know/Not sure
- 9. Refuse

HMOPPO (CDC-C)

YESNO.

11. Is there a book or list of doctors associated with your health CARE coverage?

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

PRIMDOCS (CA-UBC)

YESNO.

12. Does your (Medicare/Medi-Cal/Health coverage) require you to select a certain doctor or clinic for all your routine care?

- 1. Yes
- 2. No

- 7. Don't Know/Not sure
- 9. Refused

PRIMPRAC (NEW – UCB & KAISER)

YESNO.

13. Do you have ONE primary care practitioner who knows you and your medical history? (By primary care practitioner, I mean a doctor, nurse practitioner, or physician's assistant who diagnoses and treats routine health problems.)

- 1. Yes
- 2. No (Go to SATISFAC)

- 7. Don't Know/Not sure (Go to SATISFAC)
- 9. Refused (Go to SATISFAC)

PRIMSEE (NEW – KAISER)

YESNO.

14. During the past 12 months, did you see this one primary care practitioner for most of your routine health care?

- 1. Yes
- 2. No

- 7. Don't Know/Not sure
- 9. Refused

SATISFAC (CA-UCB)

SATISF.

15. Overall, how satisfied are you with your present health insurance plan? Would you say you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very

dissatisfied?

- 1. Very satisfied
- 2. Satisfied
- 3. Neither Satisfied nor dissatisfied (Neutral)
- 4. Dissatisfied
- 5. Very dissatisfied

- 7. Don't know/not sure
- 9. Refused

GAPPLN (CDC-C)

YESNO.

16. **In the past 12 months, was there any time that you did NOT have ANY health insurance or coverage?**

- 1. Yes (Go to NEEDDOC)
- 2. No (Go to NEEDDOC)

- 7. Don't know (Go to NEEDDOC)
- 9. Refused (Go to NEEDDOC)

PASTPLAN (CDC-C)

HOWLNGB.

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

Read Only if Necessary

- 1. Within the past 6 months (more than 0 months to 6 months)
- 2. Within the past year (more than 6 months to 1 year)
- 3. Within the past 2 years (more than 1 year to 2 years)
- 4. Within the past 5 years (more than 2 years to 5 years)
- 5. More than 5 years ago

- 7. Don't know/Not sure
- 8. Never
- 9. Refused

WHYNOPLA,WHYNOPLB,WHYNOPLC (CA-UCB-modified)

WHYNOPB.

18. **Many people do not have health insurance for various reasons. How important are each of the following in explaining why YOU are not covered by any health insurance?**

		Very im- portant	Im- portant	Not im- portant	DK/not Sure	Refused	
1.	You, your spouse or your parent lost a job or changed employers? Would you say this reason is very important, important or not important?	1	2	3	7	9	
2.	Insurance wasn't offered by the employer? Would you say this reason is very important, important or not important?	1	2	3	7	9	
3.	Insurance costs too much? Would you say this reason is very important, important or not important?		1	2	3	7	9

(If 1,2 and 3=3,7, or 9) then go to Q18.5; ELSE GO TO TRYPLN2

18.5 WHYNOTX3 -----> What is the most important reason why you are not insured?

TRYPLN2 (CA-UCB)

YESNO.

19. **You indicated that you are not currently covered by health insurance. Have you tried to find any PRIVATE health insurance coverage for yourself or your family in the last year?**

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

NEEDDOC (CA)

YESNO.

20. **Have you needed to see a doctor because of illness or injury in the past 12 months?**

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

PAYNOGO (CDC-C)

YESNO.

21. **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

RESTRIC2 (CDC-QOL Module)

YESNO.

22. **Are you limited in any way in any activities because of any impairment or health problem?**

1. Yes
2. No

7. Don't know/Not sure
9. Refused

CHECKUP (CDC-C; state added lead-in)

HOWLNGC.

23. **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 | (0 years to 1 year) |
| 2. Within the past 2 years | (more than 1 year to 2 years) |
| 3. Within the past 5 years | (more than 2 years to 5 years) |
| 4. More than 5 years ago | |
| 7. Don't know/Not sure | |
| 8. Never | |
| 9. Refused | |

BPCHECK2 (CDC-RC; YR2k Obj. 15.13)

BPCHECK.

24. **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 | (more than 0 to 6 months) |
| 2. Within the past year | (more than 6 months to 1 year) |
| 3. Within the past 2 years | (more than 1 year to 2 years) |
| 4. Within the past 5 years | (more than 2 years to 5 years) |
| 5. More than 5 years ago | |
| 7. Don't know/Not sure | |
| 8. Never | (Go to BLOODCHO) |
| 9. Refused | |

BPHIGH1 (CDC-RC; YR2k Obj. 15.13)

YESNO.

25. **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) |
| 7. Don't know/Not sure | (Go to BLOODCHO) |
| 9. Refused | (Go to BLOODCHO) |

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

HIGHGT.

26. **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)
- 7. Don't know/Not sure (Go to BLOODCHO)
- 9. Refused (Go to BLOODCHO)

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

YNNA.

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

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

BLOODCHO (CDC-RC; YR2k Obj 15.14)

YESNO.

28. **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)
- 7. Don't Know /Not sure (Go to DIABCOR1)
- 9. Refused (Go to DIABCOR1)

CHOLCHK (CDC-RC; YR2k Obj 15.14)

HOWLONGC.

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

(Read only if necessary)

- 1. Within the past year (0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 years)
- 3. Within the past 5 years (more than 2 years to 5 years)
- 4. More than 5 years ago
- 7. Don't Know /Not sure
- 8. Never (Go to DIABCOR1)
- 9. Refused

TOLDHI (CDC-C)

YESNO.

30. **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.

31. **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 SMOKE100)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)

- 7. Don't know/Not sure (Go to SMOKE100)
- 9. Refused (Go to SMOKE100)

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

DIABGEST (CA, 95)

YESNO.

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

- 1. Yes (Go to SMOKE100)
- 2. No (Includes never been pregnant)

- 7. Don't know/Not sure
- 9. Refused

DIABAGE (CA-DBCP, from 1996 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)

33. **How old were you when you were told you have diabetes?** Type XV

- __ Enter age in years
- 97. Don't know/Not sure
- 99. Refused

DIABINS (CA-DBCP, from 1996 CDC module)

YESNO.

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

- 1. Yes
- 2. No (Go to CHKGLU)

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

INSOFT2 (CA-DBCP, from 1996 CDC module)

Type XVIII

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

- 1xx = times per day (verify if GT 104)

2xx = times per week

(verify if GT 228)

333 = Use insulin pump

777 = Don't know/Not sure

999 = Refused

CHKGLU (CA-DBCP, from 1996 CDC module)

Type XIX.

36. **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 when checked by a health professional.**

1xx = times per day

(verify if GT 105)

2xx = times per week

(verify if GT 235)

3xx = times per month

4xx = times per year

555 = Never

777 = Don't know

999 = Refused

HEARDGH (CA-DBCP, from 1996 CDC module)

YESNO.

37. **Have you ever heard of glycosylated hemoglobin (gli-KOS-ilated he-mo-glo-bin) or hemoglobin "A one C"?**

1. Yes

2. No

7. Don't know

9. Refused

DIABDOC2 (CA-DBCP, from 1996 CDC module, coding is per 1994 CDC-C) Type I

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

_____ number of times

(verify if GT 12)

88. None

(Go to VISCHK2)

77. Don't know

(Go to VISCHK2)

99. Refused

(Go to VISCHK2)

If HEARDGH EQ 2, go to CHKSORE

DIABDOC2 (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C) Type I

39. **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 (verify if GT DIABDOC2)

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

CHKSORE (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C) Type I

(Note: asked if DIABDOC2 ne 88)

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

_____ number of times (verify if GT DIABDOC2)

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

VISCHK2 (CA-DBCP, from 1996 CDC module, modified response categories) VISCHKB.

41. **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 (more than 0 months to 1 month)
- 2. Within the past year (more than 1 month to 1 year)
- 3. Within the past 2 years (more than 1 year to 2 years)
- 4. More than 2 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 1996 CDC module)

VISOFT.

42. **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/Not sure
- 9. Refused

VISNEAR (CA-DBCP, from 1996 CDC module)

VISOFT.

43. **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/Not sure
9. Refused

VISTV (CA-DBCP, from 1996 CDC module)

VISOFT.

44. **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/Not sure
9. Refused

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

SMOKE100 (CDC-C, Q25; YR2k 3.4/15.12/16.6) YESNO.

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

5 packs = 100 cigarettes

1. Yes
2. No (Go to SMKELSE2)

7. Don't know/Not sure (Go to SMKELSE2)
9. Refused (Go to SMKELSE2)

SMKEVDA2 (CDC-C, Q26)

EVDAY.

46. **Do you now smoke cigarettes everyday, some days, or not at all?**

1. Everyday (Go to SMOKENUM)
2. Somedays (Go to SMK30ANY)
3. Not at all (Go to SMK30ANY)

9. Refused (Go to SMK30ANY)

SMOKENUM (CDC-C, Q27)

Type V

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

(1 pack = 20 cigarettes)

____ Enter Number of cigarettes (verify if GT 70) (Go to SMKWHOLE)

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

SMK30ANY (CA-TCS)

YESNO.

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

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

SMK30DAY (CA-TCS, dropped from CDC-C 1996; YR2k Obj. 3.6/3.7)

Type VII

49. **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

IF SMKEVDA2 EQ 2 Go to SMK30NUM; ELSE Go To SMKWHOLE

SMK30NUM (CDC-C, Q27a; modified wording)

Type VIII

50. **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 (verify if GT 70)

- 777. Don't know
- 999. Refused

SMKWHOLE (CA-TCS; YR2k Obj. 4.5)

Type VII

51. **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

52. **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

SMKEVDA2	SMK30ANY	GO	TO
EQ 1			QUIT1DY2
EQ 2			QUITINT
EQ 3	EQ 1		QUITINT
EQ 3	NE 1		SMOKREG2

QUIT1DY2 (CDC-C, Q28) STOPSMOK (CDC-C,93) (YR2k Obj. 3.6) YESNO.

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

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

QUITINT (CA-TCS)

YESNO.

54. **During the past 12 months, on the days you did not smoke, was this because you were trying to quit smoking?**

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

SMKWAKE (CA-TCS)

Type XI

55. **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

SMKBRAN2 (CA-TCS, compatible with CATS)

SMKBRAND.

56. **What brand do you usually SMOKE?**

Enter the brand below:

- | | |
|----------------------|--------------------------------------------------|
| 1. Benson and Hedges | 28. Eve |
| 2. Camel | 29. F & L (Food and Liquor) |
| 3. Carlton | 30. Harley Davidsons |
| 4. Generic | 31. Hope |
| 5. Kent | 32. L&M |
| 6. Kool | 33. Lucky Strikes |
| 7. Marlboro | 34. Misty |
| 8. Merit | 35. Montclair |
| 9. More | 36. Moore's |
| 10. Newport | 37. Now |
| 11. Pall Mall | 38. Old Gold |
| 12. Salem | 39. Parliaments |
| 13. Vantage | 40. Players |
| 14. Virginia Slims | 42. Pure |
| 15. Winston | 43. Quality Smoke |
| 16. American Spirit | 44. Raliegh |
| 17. Austin | 45. Saratoga |
| 18. Basic | 46. Style |
| 19. Belair | 47. Summit |
| 20. Bonus Value | 48. Tarenton |
| 21. Bugler | 49. Viceroy |
| 22. Cambridge | 50. True |
| 23. Capri | 91. Other <u> (specify) </u> -----> SMKTXT |
| 24. Chester | 77. Don't Know/Not sure |
| 25. Chesterfields | 99. Refused |
| 26. Dunhill | |
| 27. Doral | |

SMKB2TXT

56.5 **Please specify the brand or describe the package**

LIKESTOP (CA-TCS)

YESNO.

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

1. Yes
2. No

7. Don't know/Not sure
9. Refused

QUIT30 (CA-TCS)

YESNO.

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

- 1. Yes (Go to SMOKEELSE2)
- 2. No
- 7. Don't know/Not sure
- 9. Refused

QUIT6 (CA-TCS)

YESNO.

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

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

IF SMKEVDA2=3 ASK SMOKREG2; ELSE Go to SMKELSE2

SMOKREG2 (CDC-C, Q29; modified wording & response categories) SMOKREGB.

60. **About how long has it been since you last smoked cigarettes regularly?**

(Read only if necessary)

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

PUFF (CA-TCS; appears as variables PUFFYR1-PUFFDY1 on final dataset)

Type VII

61. **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.

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

- 1. Likely

- 2. Unlikely
- 3. Never a regular smoker

- 7. Don't know/Not sure
- 9. Refused

SMKELSE2 (CA-TCS; MODIFIED,YR2k Obj. 3.8) YESNO.

63. **Does anyone else living in the household smoke cigarettes now?**

- 1. Yes
- 2. No (Go to SMKICIGAR)

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

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

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

___ Enter number of household members

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

SMKICIGAR (CA-TCS) YESNO.

65. **Have you ever smoked a cigar, even just a few puffs? (Cigar=large cigar, cigarillo, or small cigar)**

- 1. Yes
- 2. No (Go to HHRULES2)

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

WHNCIGAR (CA-TCS)

66. **When was the last time you smoked a cigar?** (Read Only if Necessary)

- 1. Within the past month (0 months to 1 month ago)
- 2. Within the past 3 months (More than 1 months to 3 months ago) (Go to HHRULES2)
- 3. Within the past 6 months (More than 3 months to 6 months ago) (Go to HHRULES2)
- 4. Within the past year (More than 6 months to 12 months ago) (Go to HHRULES2)
- 5. Within the past 5 years (More than 1 year to 5 years ago) (Go to HHRULES2)
- 6. Within the past 15 years (More than 5 years to 15 years ago) (Go to HHRULES2)
- 7. 15 or more years ago (Go to HHRULES2)

- 77. Don't know/not sure (Go to HHRULES2)
- 99. Refused (Go to HHRULES2)

OFTCIGAR (CA-TCS)

67. **In the past month, did you smoke cigars everyday, several times per week, once per week, or less than once per week?**

- 1. Everyday
- 2. Several times per week
- 3. Once per week

4. Less than once per week

7. Don't know/Not sure

9. Refused

HHRULES2 (CA-TCS, YR2k Obj. 3.8)

HHRULE.

68. **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. Restrictions only when certain people are present (i.e. babies, children)
- 6. Smoking only in front or back yard
- 7. Other (specify) -----> HHTXT

77. Don't know/Not sure

99. Refused

PREVADV (CA-UCB, becomes PREVEXER-PREVSTD)

YN.

69. **In the last three years, has your physician or other health professional discussed any of the following health education topics with you?**

(Please read:)

	Yes	No	
A. Exercise	1	2	PREVEXER
B. Nutrition or Diet	1	2	PREVDIET
C. Smoking	1	2	PREVSMK
D. Gun Safety	1	2	PREVGUNS
E. Alcohol	1	2	PREVALC
F. Sexually Transmitted Disease or HIV		1 2	PREVSTD
G. Unknown (DK/NS Refused)		1 2	
H. None or No Others		1 2	

PREVPRG2 (CA-UCB-modified)

PREVPRG.

70. **A health improvement program helps you to change your health behaviors such as stop smoking, lose weight, reduce stress, or increase physical activity. Did you participate in any health improvement program in 1998 offered through your MAIN employer, your health plan and/or a community group?**

(If yes, mark all that apply.)

- 1. Yes, through my main employer

- 2. Yes, through my health plan
- 3. Yes, through a community organization or group
- 4. No

- 7. Don't know/Not sure
- 9. Refused

AGE (CDC-C) (modified wording) (various formats)

71. **How old were you on your last birthday?**

___ Enter age in years

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

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

72. **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 (Go to REF_DEMO)
- 9. Refused (Go to REF_DEMO)

ORACE2 (CDC-C, 95--expanded response categories) ORACEB.

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

- 1. White (Go to MARITAL)
- 2. Black (Go to MARITAL)
- 3. Asian (Go to ORACE2A)
- 4. Pacific Islander (Go to ORACE2A)
- 5. American Indian, Alaska Native (Go to MARITAL)
- 6. Other: (specify) -----> ORACETXT (Recoded, not retained) (Go to MARITAL)

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

ORACE2A

ORACE2A.

74. **Are you Chinese, Japanese, Korean, Filipino, or Other?**

- 1. Chinese
- 2. Japanese
- 3. Korean
- 4. Filipino
- 6. Other: (specify) -----> ORACTXT2 (Recoded, not retained)
- 7. Don't know/Not sure
- 9. Refused

REF_DEMO

ORACE2A.

74.5 **Our data analysis is based on several factors ---and AGE/ETHNICITY/RACE is one of the most important. You have already invested several minutes providing extremely important and useful data for this study. Also, please remember that your answers are confidential and will not be revealed to anyone. Would you be willing to tell me your AGE/ETHNICITY/RACE now?**

MARITAL (CDC-C)

MARITAL.

75. **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

76. **How many children or youths under age 18 live in this household?**

___ Enter Number of children

- 88. None (Go to SMKALARM)
- 99. Refused (Go to SMKALARM)

CHILDAGE (CA-TCS Previously CHILD1-CHILD9)

Type VII

77.

(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	CHILD1
___	AGE OF SECOND YOUNGEST CHILD	CHILD2
___	AGE OF THIRD YOUNGEST CHILD	CHILD3
___	AGE OF FOURTH youngest child	CHILD4
___	Age of fifth youngest child	CHILD5
___	Age of sixth youngest child	CHILD6
___	Age of seventh youngest child	CHILD7
___	Age of eighth youngest child	CHILD8
___	Age of ninth youngest child	CHILD9
___	Age of tenth youngest child	

77 Don't know

99 Refused

If AGE OF OLDEST CHILD >0 and <16 go to CHLDHELM

CHLDHELM (CDC-C)(CA-EPIC)

CHLDHLM.

78. **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

SMKALARM (CDC-C; YR2K Obj 9.17)(CA-EPIC)

ALARM.

79. **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

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

EDUCA.

80. **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.

81. **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 (Go to INCOM94)
4. Out of work for less than 1 year (Go to INCOM94)
5. Homemaker (Go to INCOM94)
6. Student (Go to INCOM94)
7. Retired (Go to INCOM94)
8. Unable to work (Go to INCOM94)
9. Refused (Go to INCOM94)

WORKHRS (CA-UCB)

Type VX

82. **On average, how many hours per week do you work on your MAIN job? Do not include hours worked at a second job.**

____ (number)

97. Don't Know
99. Refused

FIRMSIZ2 (CA-UCB, modified answer)
(If EMPLOY2=1 then ask:)

TYPE I.

83. **Counting ALL of the locations where your MAIN employer operates, about how many people, including part-time employees, work for your employer?** (Your best guess is fine.)
(If EMPLOY2=2 then ask:)

Counting ALL of the locations where your business operates, about how many people, including part-time employees, work for your business? (Your best guess is fine.)

_____ number of employees

77. Don't know

99. Refused

SICTXT2 (CA-UCB-modified)

SICTXT.

(If EMPLOY2=1 ask:)

84. **Thinking about your MAIN employer, which of the following best describes the business or industry?**

(If EMPLOY2=2 ask:)

Thinking about your business, which of the following best describes the industry?

(Please read)

1. Mining

2. Construction

3. Manufacturing

4. Transportation

5. Wholesale sales

6. Retail sales

7. Financial

8. Services

9. Government

10. Healthcare

11. High technology

12. Agriculture

13. Education

14. Entertainment/recreation

15. Other (Specify) -----> SICOTHR

77. Don't know/not sure

99. Refused

HHSIZE (CA) *** Calculated variable do not ask *** (not formatted)

85. Household size. ((NUMADULT-NHHADULT)+CHILD18)

INCOM94 (CDC-C wording retained from previous years)

INCOMEB.

86. **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 THRESH98.

THRESH98(CA)

YES/NO.

87. **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 | | 7. Don't know/Not sure |
| 2. No | | 9. Refused |

INCOM94 =	1	2	3	4	5	6	7	8
HHSIZE= 1	8,050		16,100				24,150	
(Household Size) 2		10,850					21,700	32,550
3	13,650			27,300				40,950
4		16,450		32,900				49,350
5		19,250			38,500			57,750
6			22,050		44,100			
7			24,850		49,700			66,150
8				27,650		55,300		
9				30,450		60,900		82,950
10				33,250		66,500		91,350
11					36,050	72,100	108,150	
12					38,850		77,700/116,550	99,750
13					41,650			83,300/124,950

(100%, and 200% of Federal Poverty Line; From: Federal Register, Feb 24, 1998.)

WEIGHT (CDC-C)

(not formatted)

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

Round fractions up

___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

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

HEIGHT (CDC-C)

(not formatted)

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

Round fractions down

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

___ Enter height (verify if less than 408 or greater than 608)

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

COUNTY1 (CDC-C)

COUNTYA.

90. **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.

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

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

NUMPHON2 (CDC-C)

(not formatted)

92. **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)

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

Enter the five digit number

77777
99999

Don't know/Not sure
Refused

IF SEX=1 Go to ORALCAN

HADMAM (CDC-C, modified lead-in)

YESNO.

(Note: asked of all women)

94. **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 HADCBE)
- 7. Don't know/Not sure (Go to HADCBE)
- 9. Refused (Go to HADCBE)

HOWLONG2 (CDC-C)

HOWLNGC.

95. **How long has it been since you had your last mammogram?**
(Read only if necessary)

- 1. Within the past year (more than 0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 years)
- 3. Within the past 3 years (more than 2 years to 3 years)
- 4. Within the past 5 years (more than 3 years to 5 years)
- 5. More than 5 years ago
- 7. Don't know/Not sure
- 9. Refused

WHYDONE (CDC-C)

WHYDONE.

96. **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 (CDC-C)

YESNO.

97. **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 HADPAP)

7. Don't know/Not sure (Go to HADPAP)
9. Refused (Go to HADPAP)

WHENCBE (CDC-C)

HOWLNGC.

98. **How long has it been since your last breast exam?**
(Read only if necessary)

1. Within the past year (more than 0 years to 1 year)
2. Within the past 2 years (more than 1 year to 2 years)
3. Within the past 3 years (more than 2 years to 3 years)
4. Within the past 5 years (more than 3 years to 5 years)
5. More than 5 years ago

7. Don't know/Not sure
9. Refused

WHYCBE (CDC-C)

WHYCBE.

99. **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
3. Had breast cancer

7. Don't know/Not sure
9. Refused

HADPAP (CDC-C, modified lead-in)

YESNO.

100. **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)
- 7. Don't know/Not sure (Go to HYSTER2)
- 9. Refused (Go to HYSTER2)

WHENPAP2 (CDC-C)

HOWLNGB.

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

(Read only if necessary)

- 1. Within the past year (more than 0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 years)
- 3. Within the past 3 years (more than 2 years to 3 years)
- 4. Within the past 5 years (more than 3 years to 5 years)
- 5. More than 5 years ago
- 7. Don't know/Not sure
- 9. Refused

WHYPAP (CDC-C, modified wording)

WHYPAP.

102. **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 problem
- 3. Other
- 7. Don't know/Not sure
- 9. Refused

HYSTER2 (CDC-C)

YESNO.

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

- 1. Yes (Go To WHENDENT2)
- 2. No
- 7. Don't know/Not sure
- 9. Refused

IF AGE LT 45 go to PREGNANT IF AGE GE 45 go to WHENDNT2

PREGNANT (CDC-C)

YES/NO.

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

1. Yes
2. No

7. Don't know/Not sure
9. Refused

I would now like to ask you a few questions about your dental health.

WHENDNT2 (CDC-Emerging Core-DOH)

WHENDENT.

105. **How long has it been since you last visited the dentist or a dental health clinic for any reason?**
(Interviewer note: this includes visits to a dental specialists like orthodontists).

1. Within the past year (0 to 12 months ago)
2. Within the past 2 years (1 year to 2 years)
3. Within the past 5 years (2 years to 5 years)
4. 5 or more years
5. Never

7. Don't Know /Not sure
9. Refused

DENTCLN (Emerging Core- DOH)

WHENDENT.

106. **How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist?**
(Interviewer note: If Respondent has dentures, probe for LAST TIME they had their teeth cleaned).

1. Within the past year (0 to 12 months ago)
2. Within the past 2 years (1 year to 2 years)
3. Within the past 5 years (2 years to 5 years)
4. 5 or more years
5. Never

7. Don't Know /Not sure
9. Refused

LOSTEETH (Emerging Core- DOH)

LOSTETH.

107. **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

FLUSHOT2 (CDC-RC)

YESNO.

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

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

FLUPLACE (CDC-Emerging Core)

109. **At what kind of place did you get your last flu shot? READ ONLY IF NECESSARY.**

- 1. A doctor's office or health maintenance organization
- 2. A health department or health department clinic [Includes county or local health departments]
- 3. Another type of clinic or health center [Example: a community health center]
- 4. A senior, recreation or community center
- 5. A store [Example: a supermarket or drugstore]
- 6. A hospital or emergency room
- 7. Workplace
- 8. Other (specify)
- 77. Don't Know /Not sure
- 99. Refused

PNEUMVAC (CDC-RC)

YESNO.

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

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

SUNBURN (NEW-Emerging Core)

YESNO.

111. **The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months?**

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

IF SUNBURN EQ 1 GO TO SUNBRNMY IF SUNBURN NE 1 AND (2 LE (CHILD1-CHILD9) LE 13) GO TO KIDCARE

SUNBRNMY (NEW-Emerging Core)

NOT FORMATTED.

112. **Including times when only a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?**

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six or more

- 7. Don't Know/Not sure
- 9. Refused

IF (CHILD1-CHILD9) GE 2 and LE 13 GO TO KIDCARE
ELSE IF AGE GE 40 GO TO HADSTLHM, ELSE IF AGE LE 40 GO TO AIDSGRD4

KIDCARE (NEW-CA-SCPP)

YESNO.

113. **Are you one of the primary care providers for the (age of CHILD)-year-old child in your household?**

- 1. Yes
- 2. No

- 7. Don't Know/Not sure
- 9. Refused

KIDBURN (NEW-CA-SCPP)

YESNO.

114. **Has the (age of CHILD)-year-old child had a sunburn within the past 12 months? By sunburn, I mean reddening of the skin that lasted at least 12 hours.**

- 1. Yes
- 2. No (GO TO KIDSCRN)

- 7. Don't Know/Not sure (GO TO KIDSCRN)
- 9. Refused (GO TO KIDSCRN)

KIDBRNHM (NEW-CA-SCPP)

115. **How many times has the (age of CHILD)-year-old child been sunburned in the past 12 months?**

_____ Enter the number of sunburns

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

KIDSUN

116. When the (age of CHILD)-year-old child goes outside on a sunny day for MORE than one hour, how often does s/he (READ STATEMENT) Would you say [READ RESPONSES]?		Never	Rarely	Sometimes	Often	Always	Child too young	DK	RF		
1.	Apply or wear sunscreen or sun block?	1	2	3	4	5	6		7	9	KIDSCRN
2.	Wear a wide-brimmed hat, with a brim all around?	1	2	3	4	5	6		7	9	KIDHAT
3.	Wear protective clothing such as long sleeved shirts and long pants?	1	2	3	4	5	6		7	9	KIDCLTH
4.	Stay in an area protected by shade?	1	2	3	45	6			7	9	SHADE

IF AGE GE 40 GO TO HADSTLHM
ELSE GO TO AIDSGRD4

Now I would like to ask you some questions about cancer screening tests.

HADSTLHM (CDC-RC)

YESNO.

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

117. **A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?**

- 1. Yes
- 2. No (Go to HADSIG2)
- 7. Don't Know/Not sure (Go to HADSIG2)
- 9. Refused (Go to HADSIG2)

WHENSTO2 (CDC-RC)

WHEN.

118. **When did you have your last blood stool test using a home kit?**

(Read only if necessary)

- 1. Within the past year (0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 years)
- 3. Within the past 5 years (more than 2 years to 5 years)
- 4. 5 or more years ago
- 7. Don't Know /Not sure
- 9. Refused

HADSIG2 (CDC-RC) (Note: Asked only of persons age 40 and over.) YESNO.

119. **A SIGMOIDOSCOPY or COLONOSCOPY is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever HAD this exam?**

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

WHENSIG3 (CDC-RC)

WHENB.

120. **When did you have your last sigmoidoscopy or colonoscopy?**

(Read only if necessary)

- | | |
|----------------------------|--------------------------------|
| 1. Within the past year | (0 years to 1 year) |
| 2. Within the past 2 years | (more than 1 year to 2 years) |
| 3. Within the past 3 years | (more than 2 years to 3 years) |
| 4. Within the past 5 years | (more than 2 years to 5 years) |
| 5. 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) YES/NO.

(Note: Asked of males only.)

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

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to AIDSGRD4) |
| 7. Don't know/Not sure | (Go to AIDSGRD4) |
| 9. Refused | (Go to AIDSGRD4) |

PSAHAD (CA-CSS) YES/NO.

122. **Have you ever HAD a blood test to check for prostate cancer?**

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to AIDSGRD4) |
| 7. Don't know/Not sure | Go to AIDSGRD4) |
| 9. Refused | (Go to AIDSGRD4) |

PSAWHEN (CA-CSS) WHEN.

123. **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) WHY/DONE.

124. **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
4. Some other reason (DO NOT READ)

- 7. Don't know
- 9. Refused

IF AGE LT 45 go to AIDSGRD4
 IF AGE GE 45 go to ASTHMA2

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.

AIDSGRD4 (CDC-C; modified categories)

Type XXI.

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

- ___ Enter grade
- 55. Kindergarten
- 88. Never
- 77. Don't know
- 99. Refused

CONDUSE2 (CDC-C; modified selection criteria)

CONDUS.

126. **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)

GETAIDS.

127. **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
- 7. Don't know/Not sure
- 9. Refused

(GO TO TSTBLYR2)

AIDSDON (CDC-C)

YESNO.

128. **Have you donated blood since March 1985?**

- 1. Yes
- 2. No (Go to AIDSTST5)
- 7. Don't know (Go to AIDSTST5)
- 9. Refused (Go to AIDSTST5)

DONBLD12 (CDC-C)

YESNO.

129. **Have you donated blood in the past 12 months?**

1. Yes
2. No

7. Don't know/Not sure
9. Refused

AIDSTST4 (CDC-C)

YESNO.

130. **Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (Include saliva tests).**

- | | |
|------------------------|------------------|
| 1. Yes | (Go to TSTBLYR1) |
| 2. No | (Go to ASTHMA2) |
| 7. Don't know/Not sure | (Go to ASTHMA2) |
| 9. Refused | (Go to ASTHMA2) |

AIDSTST5 (CDC-C)

YESNO.

131. **Have you ever been tested for HIV? (Include saliva tests).**

- | | |
|------------------------|------------------|
| 1. Yes | (Go to TSTBLYR2) |
| 2. No | (Go to ASTHMA2) |
| 7. Don't know/Not sure | (Go to ASTHMA2) |
| 9. Refused | (Go to ASTHMA2) |

TSTBLYR1 (CDC-C)

YESNO.

132. **Not including your blood donations, have you ever been tested for HIV in the past 12 months? (Include saliva tests).**

- | | |
|------------------------|------------------|
| 1. Yes | (Go to REASTST3) |
| 2. No | (Go to ASTHMA2) |
| 7. Don't know/Not sure | (Go to ASTHMA2) |
| 9. Refused | (Go to ASTHMA2) |

TSTBLYR2 (CDC-C)

YESNO.

133. **Have you been tested for HIV in the past 12 months? (Include saliva tests).**

- | | |
|------------------------|------------------|
| 1. Yes | (Go to REASTST3) |
| 2. No | (Go to ASTHMA2) |
| 7. Don't know/Not sure | (Go to ASTHMA2) |
| 9. Refused | (Go to ASTHMA2) |

REASTST3 (CDC-C)

REASTEST.

134. **What was the main reason you had your last 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 (Go to ASTHMA2)
- 13. For routine checkup
- 14. Because of occupational exposure
- 15. Because of illness
- 16. Because I am at risk for HIV

- 77. Don't know/Not sure (Don't Read)
- 87. Other reason
- 99. Refused (Don't Read)

WHERST4 (CDC-C)

WHERETST.

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

(Read only if necessary)

- | | |
|---------------------------------------------------|------------------------------------------------------|
| 1. Private doctor, HMO | 12. Insurance company clinic |
| 2. Blood bank, plasma center,
Red Cross | 13. Other public clinic |
| 3. Health department | 14. Drug treatment facility |
| 4. AIDS clinic, counseling, testing site | 15. Military induction or
military service site |
| 5. Hospital, emergency room,
outpatient clinic | 16. Immigration site |
| 6. Family planning clinic | 17. At home, home visit by
nurse or health worker |
| 7. Prenatal clinic/obstetrician's office | 18. At home, using self-sampling kit |
| 8. Tuberculosis clinic | 19. In jail or prison |
| 9. STD clinic | 77. Don't know/Not sure (Don't read) |
| 10. Community health clinic | 87. Other |
| 11. Clinic run by employer | 99. Refused (Don't read) |

TSTRESLT (CDC-C)

YESNO.

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

- 1. Yes
- 2. No (Go to ASTHMA2)

- 7. Don't know (Go to ASTHMA2)
- 9. Refused (Go to ASTHMA2)

COUNSEL3 (CDC-C)

YESNO.

137. **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

Now I would like to ask you some questions about asthma.

ASTHMA2 (CA-EHIB, 98; YR2K Obj. 17.4)

YESNO.

138. **Have you ever been told by a doctor or other health professional that you have asthma?**

1. Yes
2. No

7. Don't know
9. Refused

If AGE LE 64, GO TO EATLESS; If AGE GE 65 GO TO OABATH

I would like to ask you about some everyday activities. Because of a health or physical problem, do you have any difficulty doing the following activities? Please tell me for each activity whether you have no difficulty at all, some difficulty, or if you are unable to do the activity.

OABATH (NEW- Older Adults)

138. **How much difficulty do you have fully bathing or showering yourself without help?**

1. No difficulty
2. Some difficulty
3. Not able to do it

7. Don't know/Not sure
9. Refused

OADDRESS (NEW- Older Adults)

139. **How much difficulty do you have dressing and grooming yourself without help?**

1. No difficulty
2. Some difficulty
3. Not able to do it

7. Don't know/Not sure
9. Refused

OAEAT (NEW- Older Adults)

140. **How much difficulty do you have eating food and drinking liquids yourself without help?**

1. No difficulty
2. Some difficulty
3. Not able to do it

7. Don't know/Not sure
9. Refused

OAMOVE (NEW- Older Adults)

141. **How much difficulty do you have moving in and out of bed or a chair without help?**

1. No difficulty

2. Some difficulty
3. Not able to do it

7. Don't know/Not sure
9. Refused

OATOILET (NEW- Older Adults)

142. **How much difficulty do you have using the toilet without help?**

1. No difficulty
2. Some difficulty
3. Not able to do it

7. Don't know/Not sure
9. Refused

OABLAD (NEW- Older Adults)

143. **How much difficulty do you have voluntarily controlling your bladder or your bowels?**

1. No difficulty
2. Some difficulty
3. Not able to do it

7. Don't know/Not sure
9. Refused

OAWALK (NEW- Older Adults)

144. **How much difficulty do you have walking on a level surface inside your home?**

1. No difficulty
2. Some difficulty
3. Not able to do it

7. Don't know/Not sure
9. Refused

OATRAVEL (NEW- Older Adults)

145. **How much difficulty do you have getting to places outside your home and not within walking distance without help? For example, travel alone on buses, taxis, or drive a car.**

1. No difficulty
2. Some difficulty
3. Not able to do it

7. Don't know/Not sure
9. Refused

OAWRITE (NEW- Older Adults)

146. **How much difficulty do you have either writing or handling and grasping small objects?**

1. No difficulty
2. Some difficulty
3. Not able to do it

- 7. Don't know/Not sure
- 9. Refused

Next, I would like to ask you about your hearing.
OAHRAID (NEW- Older Adults)

147. **Do you wear a hearing aid every day?**

- 1. Yes, one ear
- 2. Yes, both ears
- 3. No

- 7. Don't know/Not sure
- 9. Refused

OAHEAR (NEW- Older Adults)

YESNO.

148. **Can you hear most of the things people say (with a hearing aid if that is how you hear best)?**

- 1. Yes
- 2. No

- 7. Don't Know/Not sure
- 9. Refused

Next, I would like to ask you about your vision. If you use glasses or contact lenses, please answer according to the way you see with them.

OAVISION (NEW- Older Adults)

149. **Do you have vision in both eyes or only one eye?**

- 1. Yes, both eyes
- 2. Yes, only one eye
- 3. No, I am blind in both eyes (Go to EATLESS)

- 7. Don't know/Not sure
- 9. Refused

OAREAD (NEW- Older Adults)

YESNO.

150. **Can you see well enough to read newspaper print (with your glasses or contacts if that is how you see best)?**

- 1. Yes
- 2. No

- 7. Don't Know/Not sure
- 9. Refused

EATLESS (CA)

EATLESS.

151. **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

Now I would like to ask you about firearms.

HAVEGUN2 (CA-EPIC)

YESNO.

152. **Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.**

- 1. Yes
- 2. No (Go to DRNKANY1)
- 7. Don't know/Not sure (Go to DRNKANY1)
- 9. Refused (Go to DRNKANY1)

HANDGUN4 (CA-EPIC)

YESNO.

153. **Are any of the firearms in or around your home handguns, such as pistols or revolvers?**

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

LONGGUN (CA-EPIC)

YESNO.

154. **Are any of the firearms in or around your home long guns, such as rifles or shotguns?**

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

IF HANDGUN4=1 GO TO LOCKED3
IF HANDGUN4=2,7, or 9 GO TO LOCKED4

LOCKED3 (CA-EPIC)

YESNO.

155. **Firearms are sometimes kept locked up by using trigger locks or by keeping the firearms locked in a cabinet, drawer, lockbox, or other locked container.**

Are any handguns in or around your home now loaded and not locked up?

- 1. Yes
- 2. No
- 3. Refused to continue with gun module (Go to DRNKANY1)
- 7. Don't know/Not sure
- 9. Refused

IF LONGGUN=1 GO TO LOCKED4
IF LONGGUN=2,7, or 9 GO TO WHYGUN2

LOCKED4 (CA-EPIC)

YESNO.

156. If (HANDGUN3=2,7, or 9 then read intro. If HANDGUN3=1 then skip intro.)

(INTRO) Firearms are sometimes kept locked up by using trigger locks or by keeping the firearms locked in a cabinet, drawer, lockbox, or other locked container.

Are any long guns in or around your home now loaded and not locked up?

1. Yes
2. No
3. Refused to continue with gun module (Go to DRNKANY1)
7. Don't know/Not sure
9. Refused

WHYGUN2 (CA-EPIC)

WHYGUN.

157. (If NUMGUNS=1 then ask:)

What is the main reason there are firearms in or around your home?

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

GUNSAFE (CA-EPIC)

YESNO.

158. **Have you ever attended a firearm safety workshop, class, or clinic?**

1. Yes
2. No
3. Refused to continue with gun module (Go to DRNKANY1)
7. Don't know/Not sure
9. Refused

GUNUSED2

YESNO.

159. **In the past year, have any of the firearms been used to shoot at or scare off an intruder that was seen in or around your home?**

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

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

DRNKANY1 (CDC-RC)

YESNO.

160. **During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine,**

wine coolers, or liquor?

- 1. Yes
- 2. No (Go to RIDEDRNK)

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

DRKBEER (CA-ADP; module below originally from 1988 CDC-C; YR2k Obj. 4.8) Type II
161. **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

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

NBEEROCC (CA-ADP) Type I
162. **On the days when you drank beer, about how many BEERS did you drink on the AVERAGE?**

____ Enter Number of drinks (One half= .5) (verify if GT 11)

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

DRKWINE (CA-ADP) Type II
163. **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)
- 888. Never or none (Go to DRKLIQR)
- 999. Refused (Go to DRKLIQR)

NWINEOCC (CA-ADP) Type I
164. **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) (verify if GT 11)

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

DRKLIQR (CA-ADP) Type II
165. **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)

888. Never or none

(Go to DRINKGE5)

999. Refused

(Go to DRINKGE5)

NLIQROCC (CA-ADP)

Type I

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

____ Enter Number of drinks

(One half= .5)

(verify if GT 11)

88. None

77. Don't know/Not sure

99. Refused

DRINKGE5 (CDC-RC)

Type VII

167. **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

(verify if GT 15)

88. None

77. Don't know/Not sure

99. Refused

DRINKDRI (CDC-RC)

Type VII

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

____ Enter Number of times

(verify if GT 15)

88. None

77. Don't know/Not sure

99. Refused

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

Type VII

169. **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

(verify if GT 15)

88. None

77. Don't know/Not sure

99. Refused

These next four questions refer to experiences you may or may not have had with alcohol over your entire lifetime. If you have had less than 20 drinks in your life, or you feel that these questions do not apply to you, please tell us and we will move on.

DRKCUT (CA-ADP, CAGE)

YNNAB.

170. **Have you EVER felt you ought to cut down on your drinking?**

1. Yes
2. No
3. Not Applicable, had less than 20 drinks (Go to YTHSAMP)
4. Not Applicable, discontinue CAGE module (Go to YTHSAMP)

7. Don't know/Not sure
9. Refused

DRKANOEY (CA-ADP, CAGE)

YESNO.

171. **Have people EVER annoyed you by criticizing your drinking?**

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)

7. Don't know/Not sure
9. Refused

DRKGLTY (CA-ADP, CAGE)

YESNO.

172. **Have you EVER felt bad or guilty about your drinking?**

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)

7. Don't know/Not sure
9. Refused

DRKMORN (CA-ADP, CAGE)

YESNO.

173. **Have you EVER had a drink first thing in the morning to steady your nerves or get rid of a hangover?**

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)

7. Don't know/Not sure
9. Refused

If GETAIDS2 equals NA (HIV positive) or if AGE greater than 65, go to closing

174. HIV_TEST

Do you think you will be tested for HIV, the virus that causes AIDS, in the next 12 months? Would you say...

1. definitely yes
2. probably yes
3. maybe

- 4. probably not
- 5. definitely not (go to closing)

- 8. NA (HIV positive) (go to closing)
- 7. Don't know
- 9. Refused (go to closing)

175. HIV_WHR

If you were going to be tested for HIV in the next 12 months would you prefer to get tested..

1. at a public clinic
2. at a doctor's office
3. at home using a home test kit
4. No opinion (DO NOT READ)
5. None of these places (DO NOT READ)
6. Do not plan to be tested (DO NOT READ)(go to closing)

8. NA (HIV positive) (go to closing)
7. Don't know
9. Refused (go to closing)

176. HIV_HOW

If you were going to be tested for HIV in the next 12 months would you prefer to get tested by..

1. Pricking your finger to get a few drops of blood
2. Putting a cotton swab in your mouth, or
3. urinating in a cup
4. No opinion (DO NOT READ)
5. None of these places (DO NOT READ)
6. Do not plan to be tested (DO NOT READ)(go to closing)

8. NA (HIV positive) (go to closing)
7. Don't know
9. Refused (go to closing)

177. HIV_RSLT

If you were going to be tested for HIV in the next 12 months, how soon would you want your results?

1. within 2 weeks, or
2. at once, even if this means you may have to be tested again to be sure the results were correct.
3. No opinion (DO NOT READ)
4. Do not plan to be tested (DO NOT READ)(go to closing)

8. NA (HIV positive) (go to closing)
7. Don't know
9. Refused

178. HIV_KIT

HIV home testing kits may soon be available in drug stores or by mail. This test kit would let you know at once if you were infected with HIV.

Do you think you would use a home test kit if you were tested in the next 12 months? Would you say...

1. definitely yes
2. probably yes
3. maybe
4. probably not (go to closing)
5. definitely not (go to closing)
6. Do not plan to be tested in next 12 months (DO NOT READ)(go to closing)

8. NA (HIV positive) (go to closing)
7. Don't know
9. Refused

179. HIV_BUY

Would you buy a home test kit if it cost \$50?

1. definitely yes
2. probably yes
3. maybe
4. probably not
5. definitely not
6. Do not plan to be tested (DO NOT READ)

8. NA (HIV positive)
7. Don't know
9. Refused

MEDI_FUP (ask if age>=65.and. did not say "yes" to Medicare)

180. **Could you please tell me if you have ever had a Medicare card?**

1. Yes
2. No

7. Don't know/Not sure
9. Refused

PLAN_FUP (ask if hlthlist >0)

181. **Just to double check, I have one final question about your health care coverage. Could you locate your health care card and read the provider information on the card, please? Do not include your name or policy number.**

TYPE RESPONSE AND ASK RESPONDENT TO SPELL THE NAME IF YOU ARE UNFAMILIAR WITH THE PLAN.

If there is at least one child aged 11 through 17 read YTHSAMP; Else go to Closing Statement.

YTHSAMP

Your answers indicate that there _____ is a youth/are youths_____ between the ages of 12 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 and other issues.

All answers will be kept confidential. While participation is voluntary, your cooperation and the cooperation of the youth in this survey is very important to the success of our study. May we interview _____ for this study?

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.

SPANINT

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

SPANINT.

1. Spanish
2. English