CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 1999

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

Final version
25 February 2000

Questions about the survey should be directed to:

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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 ____________?

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 ---->

12. Second Oldest MALE 22. Second Oldest FEMALE
13. Third Oldest MALE 23. Third 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
First I’d like to ask some questions about your health.

**GENHLTH (CDC-C)**
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)**
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)**
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)**
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:)
   Yes No Dk/Ns Ref
   Do you receive health care coverage through:
   A. Your employer
   B. Someone else's employer (including spouse)
   C. A plan that you or someone else buys on your own
   D. Medicare
   E. Medi-Cal (Medicaid)
   F. The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA]
   G. The Indian Health Service
   H. Some other source

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
4. Don't know/Not sure
5. 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
9. 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
2.Affordable/Health Care Compare
3.Alameda Alliance for Health
4.AM. Western Life
5.Anthem Health
6.Anthem Health Companies
7.Bechwith, Hightower, & Renberg
8.Beech Street
9.Blue Cross Standard (standard insurance)
10.Blue Cross CaliforniaCare
11.Blue Cross Senior California Care
12.Blue Cross Prudent Buyer
13.Blue Shield Access+/HMO
14.Blue Cross
15.Blue Shield
16.BPS (Vivathen)
17.Care First Health Plan
18.CareAmerica
19.CCN
20.CHAMPUS\VA\TRICARE
21.Chinese Community Health Plan
22.CIGNA Health Care
23.CNA
24.Community Health Plan
25.Community Health Group
26.Contra Costa Health Plan
27.Delta Health Care
28.Employer Self-Insured
29.Employers Health (HMO California)
30.Farm Bureau
31.Farmer's Insurance
32.Foundation Health Systems
33.Foundation
34.Foundation Senior Value
35.Golden Outlook
36.GOV. HOSP. ASSTO.
<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>37.</td>
<td>Great Western</td>
</tr>
<tr>
<td>38.</td>
<td>Great American Health Plan</td>
</tr>
<tr>
<td>39.</td>
<td>Greater Pacific Healthplan</td>
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<td>40.</td>
<td>Guardian</td>
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<td>41.</td>
<td>Health Net Elect</td>
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<td>42.</td>
<td>Health Net Seniority Plus</td>
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<td>43.</td>
<td>Health Net Select</td>
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<tr>
<td>44.</td>
<td>Health Plan of Redwoods</td>
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<td>45.</td>
<td>Health Plan of San Mateo</td>
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<td>46.</td>
<td>Health Plan of San Joaquin</td>
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<td>47.</td>
<td>Health Net</td>
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<td>48.</td>
<td>Healthcare Foundation of Superior CA</td>
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<tr>
<td>49.</td>
<td>HMO California (Employers Health)</td>
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<td>50.</td>
<td>Inland Empire Health Plan</td>
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<td>51.</td>
<td>Inter Valley Health Plan</td>
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<td>52.</td>
<td>Interplan</td>
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<td>53.</td>
<td>John Alden Life</td>
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<td>54.</td>
<td>John Hancock</td>
</tr>
<tr>
<td>55.</td>
<td>Joint Benefit Trust</td>
</tr>
<tr>
<td>56.</td>
<td>Kaiser Foundation Health Plan, Inc.</td>
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<tr>
<td>57.</td>
<td>Kern Health Systems</td>
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<td>58.</td>
<td>Key Health Plan</td>
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<td>59.</td>
<td>L.A. Care Health Plan</td>
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<td>60.</td>
<td>Lifeguard Health Plan</td>
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<td>61.</td>
<td>MASS. Mutual</td>
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<td>62.</td>
<td>Maxicare</td>
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<td>63.</td>
<td>MEDI-CAL</td>
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<td>64.</td>
<td>MEDICARE</td>
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<td>65.</td>
<td>MET LIFE</td>
</tr>
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<td>66.</td>
<td>Metra Health (United Health Care)</td>
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<td>67.</td>
<td>Molina Medical Center</td>
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<td>68.</td>
<td>National Health Plan</td>
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<td>69.</td>
<td>New York Life</td>
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<tr>
<td>70.</td>
<td>Northwest Nat. Life</td>
</tr>
<tr>
<td>71.</td>
<td>Omni Healthcare Inc</td>
</tr>
<tr>
<td>72.</td>
<td>One Health Plan of California, Inc</td>
</tr>
<tr>
<td>73.</td>
<td>Operating Engineers</td>
</tr>
<tr>
<td>74.</td>
<td>OUCH</td>
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<tr>
<td>75.</td>
<td>Pacific Health Alliance</td>
</tr>
<tr>
<td>76.</td>
<td>Pacific Mutual Life Insurance Co.</td>
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<td>77.</td>
<td>PacificCare</td>
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<td>78.</td>
<td>PacifiCare of California</td>
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<td>79.</td>
<td>PacifiCare Secure Horizons</td>
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<td>80.</td>
<td>PERS Care</td>
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<td>81.</td>
<td>PPO Alliance</td>
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<td>82.</td>
<td>Principal Financial Group</td>
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<td>83.</td>
<td>Prudential HealthCare of Ca, Inc.</td>
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<td>84.</td>
<td>Provident Insurance</td>
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<td>85.</td>
<td>Pru Net (Prudential)</td>
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<td>86.</td>
<td>PruCare of California</td>
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<td>87.</td>
<td>Qual Care</td>
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<td>88.</td>
<td>San Francisco Health Plan</td>
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<td>89.</td>
<td>Santa Clara County Health Authority</td>
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<td>90.</td>
<td>Santa Cruz County Health Options</td>
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<td>91.</td>
<td>Santa Barbara Health Initiative</td>
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<td>92.</td>
<td>SCAN Health Plan</td>
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<td>93.</td>
<td>Self Pay</td>
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<td>94.</td>
<td>Sharp Health Plan</td>
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<td>95.</td>
<td>Shield 65</td>
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<td>96.</td>
<td>Sierra Comm. Care</td>
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<td>97.</td>
<td>Solano Partnership HealthPlan</td>
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<td>98.</td>
<td>State Farm Ins.</td>
</tr>
<tr>
<td>99.</td>
<td>Gallagher Basset Service PPO</td>
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<td>100.</td>
<td>Sutter preferred</td>
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<td>101.</td>
<td>Tower Health</td>
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<td>102.</td>
<td>Travelers</td>
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<td>103.</td>
<td>Tricare Prime (CHAMPUS)</td>
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<td>104.</td>
<td>UC Care</td>
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<td>105.</td>
<td>ULLICO Inc</td>
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<td>106.</td>
<td>Union Self-Insured</td>
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<td>107.</td>
<td>United Health Care (Metra Health)</td>
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<td>108.</td>
<td>United Health Plan</td>
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<td>109.</td>
<td>United Insurance Company of America</td>
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<td>110.</td>
<td>Universal Care, Inc</td>
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<td>111.</td>
<td>Universal Health Network</td>
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<td>112.</td>
<td>Valley Health Plan</td>
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<td>113.</td>
<td>Ventura County Health Care Plan</td>
</tr>
<tr>
<td>114.</td>
<td>Western Health Advantage</td>
</tr>
<tr>
<td>115.</td>
<td>OTHER (Specify)</td>
</tr>
</tbody>
</table>

**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 than 0 months to 12 months)

    777. Don’t know/Not sure

    999. Refuse
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
6. Don't know/not sure
7. 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)
3. Don't know (Go to NEEDDOC)
4. 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
6. Don't know/Not sure
7. Never
8. Refused
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?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Very important</th>
<th>Important</th>
<th>Not important</th>
<th>DK/not Sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>You, your spouse or your parent lost a job or changed employers?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Insurance wasn’t offered by the employer?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Insurance costs too much?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

(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)**

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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td></td>
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<tr>
<td>2. No</td>
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<tr>
<td>7. Don't know</td>
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<td>9. Refused</td>
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</table>

**NEEDDOC (CA)**

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
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<tr>
<td>2. No</td>
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<tr>
<td>7. Don't know/Not sure</td>
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<td>9. Refused</td>
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</table>

**PAYNOGO (CDC-C)**

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
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<tr>
<td>2. No</td>
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<tr>
<td>7. Don't know/Not sure</td>
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<td>9. Refused</td>
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</tbody>
</table>

**RESTRIC2 (CDC-QOL Module)**

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)
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)

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

<table>
<thead>
<tr>
<th>A. Dieting to lose weight?</th>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
<th>NA</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Using less salt in your diet?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>C. Exercising?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>D. Taking medicine prescribed by a doctor?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

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)

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
30. **TOLDHI (CDC-C)**
   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

31. **DIABCOR1 (CDC-C, modified wording; YR2k Obj 17.11)**
   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
   3. Gestational diabetes
      (if woman volunteers she had diabetes during pregnancy)
   7. Don’t know/Not sure
   9. Refused
   
   If SEX EQ 1 go to DIABAGE
   If SEX EQ 2 go to DIABGEST

32. **DIABGEST (CA, 95)**
   Was this ONLY while you were pregnant?
   1. Yes
   2. No
   (Includes never been pregnant)
   7. Don’t know/Not sure
   9. Refused

33. **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)
   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

34. **DIABINS (CA-DBCP, from 1996 CDC module)**
   Are you now taking insulin?
   1. Yes
   2. No
   (Go to CHKGLU)
   7. Don’t know
   9. Refused

35. **INSOFT2 (CA-DBCP, from 1996 CDC module)**
   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
39. **DIABDOCB (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C) Type I**
   
   **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

40. **CHKSORE (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C) Type I**
   
   *(Note: asked if DIABDOC2 ne 88)*
   
   **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

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

   **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.

42. **VISFAR (CA-DBCP, from 1996 CDC module) VISOFRT.**

   **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

43. **VISNEAR (CA-DBCP, from 1996 CDC module) VISOFRT.**

   **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) VISOST.
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 (Go to SMKELSE2)
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

<table>
<thead>
<tr>
<th>SMKEVDA2</th>
<th>SMK30ANY</th>
<th>GO TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQ 1</td>
<td></td>
<td>QUIT1DY2</td>
</tr>
<tr>
<td>EQ 2</td>
<td></td>
<td>QUITINT</td>
</tr>
<tr>
<td>EQ 3</td>
<td>EQ 1</td>
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</tr>
<tr>
<td>EQ 3</td>
<td>NE 1</td>
<td>SMOKREG2</td>
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</tbody>
</table>

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

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 SMOKELSE2)
   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 SMKCIGAR)
   7. Don't know/Not sure (Go to SMKCIGAR)
   9. Refused (Go to SMKCIGAR)

SMKELEN (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

SMKCIGAR (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:)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Exercise</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B. Nutrition or Diet</td>
<td>1</td>
<td>2</td>
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<tr>
<td>C. Smoking</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>D. Gun Safety</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>E. Alcohol</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>F. Sexually Transmitted Disease or HIV</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>G. Unknown (DK/NS Refused)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>H. None or No Others</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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

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

REF_DEMO  
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)  
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
7. Refused

CHILD18 (CA)  
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)
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

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

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
8. 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 ) TYPE I.
(If EMPLOY2=1 then ask:)
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 ***
85. Household size.  ((NUMADULT-NHHADULT)+CHILD18)

(not formatted)
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)

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

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<th>2</th>
<th>3</th>
<th>4</th>
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<td>16,100</td>
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(100%, and 200% of Federal Poverty Line; From: Federal Register, Feb 24, 1998.)

WEIGHT (CDC-C)

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?**

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   Don't know/Not sure
   99999   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
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)

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

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

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
To your knowledge, are you now pregnant?

1. Yes
2. No
3. Don't know/Not sure
4. Refused

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

How long has it been since you last visited the dentist or a dental health clinic for any reason?

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

How long has is been since you had your teeth “cleaned” by a dentist or dental hygienist?

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

How many of your permanent teeth have been removed because of tooth decay or gum disease?

1. Five or fewer
2. 6 or more, but not all
3. All
4. None
5. Don't know/Not sure
6. Refused
FLUSHOT2 (CDC-RC)     YESNO.
108. **During the past 12 months, have you had a flu shot?**
   1. Yes
   2. No
   7. Don’t Know/Not sure
   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  
7. Don’t Know/Not sure  
9. Refused

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
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 4 5 6 7 9 SHADE

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

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)

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

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)

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 that 2 years to 3 years)
4. Within the past 5 years (more than 2 years to 5 years)
5. More than 5 years ago
6. Don’t Know /Not sure
7. 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.
(Refer to page 38 for 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) YESNO.
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) WHYDONE.
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)
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 (GO TO TSTBLYR2)
7. Don't know/Not sure
9. Refused

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) REATEST.** 
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)

WHERESTST4 (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, 13. Other public clinic
   Red Cross 14. Drug treatment facility
3. Health department 15. Military induction or
4. AIDS clinic, counseling, testing site military service site
   Red Cross 16. Immigration site
5. Hospital, emergency room, 17. At home, home visit by
   outpatient clinic 18. At home, using self-sampling kit
6. Family planning clinic 19. In jail or prison
7. Prenatal clinic/obstetrician’s office 8. STD clinic
8. Tuberculosis clinic 9. STD clinic
9. Community health clinic 77. Don't know/Not sure (Don't read)
10. Clinic run by employer 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

OADRESS (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
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
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)**

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)**

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)**

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
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

GUSED2 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)  
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

**DRKANOY** (CA-ADP, CAGE)  
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)  
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)  
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 (go to closing)
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
(SPANINT)
(TO INTERVIEWER:) Was this interview completed in English or Spanish?

1. Spanish
2. English