

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2001

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

Final Draft
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Questions about the survey should be directed to:

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INTROQ

HELLO, I'm (interviewer name) calling on from the California Department of Health Services is Sacramento and the Centers for Disease Control and Prevention.

EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 2,800 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important health issues facing Californians today.

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 from the California Department of Health Services and the Centers for Disease Control and Prevention.

We're doing a special study of California residents regarding their health practices and day-to-day living habits to guide state and federal health policies. You have been randomly chosen to represent 5,500 other {men/women} in California. This voluntary survey will take a few minutes of your time, but your participation will contribute valuable information used by state and federal health policy makers. You may refuse to answer any question. We will collect NO information that can identify you. All information you give us will be confidential. If you have any questions about this survey, I can provide a toll free telephone number for you to call to get more information.

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 |

Is this (phone number) ?

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

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

GENHLTH (CDC-CORE)

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-CORE)

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-CORE)

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-CORE)

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-CORE)

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 (CA)

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 PERSDOC

(Ask if HLTHPLAN responses A – H >1)

MAINPLAN (CA)

MAINPLN.

7. 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
77. Don't know/Not sure
99. Refused

(Go to PERSDOC)

HMOPLAN (CA)

YESNO.

8. Is your health care coverage provided by an HMO (health maintenance organization), for example, Kaiser or Health Net, which allows you to see the HMO's doctors for no fee or for a small fee at each visit?

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

GAPPLN2 (CDC-CORE)

YESNO.

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

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

PERSDOC (CDC-CORE- NEW)

YESNO.

10. Do you have one person you think of as your personal doctor or health care provider? (if no, ask "Is there more than one or is there "no" person who you think of?")

1. Yes, only one
2. More than one
3. No
7. Don't know/Not sure
9. Refused

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

HOWLNGC.

11. **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

BPHIGH1 (CDC-CORE; YR2k Obj. 15.13)

YESNO.

12. **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 (CA- ADDED in for calculating prevalence of high blood pressure)

HIGHGT.

13. **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
7. Don't know/Not sure
9. Refused

BPMED (NEW CDC-CORE)

14. **Are you currently taking medicine for your high blood pressure?**

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

BLOODCHO (CDC-CORE; YR2k Obj 15.14)

YESNO.

15. **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-CORE; YR2k Obj 15.14)

HOWLONGC.

16. **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-CORE)

YESNO.

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

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

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

DIABCORA.

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

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

DIABGEST (CA, 95)

YESNO.

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

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

DIABAGE (CA-DBCP, from CDC module)

TYPE XV

(Note: Asked if SEX=1 and DIABCOR1=1, or SEX=2 and DIABCOR1=1 and DIABGEST ne 1)

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

___ Enter age in years

97. Don't know/Not sure

99. Refused

DIABINS (CA-DBCP, from 2001 CDC module)

YESNO.

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

1. Yes

2. No

7. Don't know/Not sure

9. Refused

DIABPILL (CA-DBCP, from 2001 CDC module, NEW)

YESNO.

22. **Are you now taking diabetes pills?**

1. Yes

2. No

7. Don't know/Not sure

9. Refused

CHKGLU (CA-DBCP, from 2001 CDC module)

Type XIX.

23. **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

CHKSORE2 (CA-DBCP, from 2001 CDC module)

Type I

24. **About how often do you check your feet for any sores or irritations? 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 = No Feet

888 = Never

777 = Don't know

999 = Refused

FEETSORE (CA-DBCP, from 2001 CDC module)

YESNO.

25. **Have you ever had any sores or irritations on your feet that took more than four weeks to heal?**

1. Yes
2. No

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

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

26. **About how many times in the past 12 months 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)

DIABDOC3 (CA-DBCP, from CDC module; modified wording) Type I

27. **A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for 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)

28. **About how many times in the past 12 months 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.

29. **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

RETINHAD (CA-DBCP, from 2001 CDC module)

YESNO.

30. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1. Yes
- 2. No

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

DIABCRSE (CA-DBCP, from 2001 CDC module)

YESNO.

31. Have you ever taken a course or class in how to manage your diabetes yourself?

- 1. Yes
- 2. No

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

DIABCRSE (CDC-CORE)

YESNO.

32. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?

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

SYMPARTH (CDC-CORE)

YESNO.

33. Were these symptoms present on most days for at least one month?

- 1. Yes
- 2. No

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

LIMITJNT (CDC-CORE)

YESNO.

34. Are you now limited in any way in any activities because of joint symptoms?

- 1. Yes
- 2. No

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

JNTDOC (NEW CDC-CORE)

YESNO.

35. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms?

- 1. Yes
- 2. No

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

ARTHRITB (CDC-CORE) YESNO.
36. **Have you ever been told by a doctor that you have arthritis?**
1. Yes
2. No

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

ARTHDR (CDC-CORE) YESNO.
37. **Are you currently being treated by a doctor for arthritis?**
1. Yes
2. No

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

ARTFND (CA- CDCB) YESNO.
38. **Have you ever contacted the Arthritis Foundation?**
1. Yes
2. No

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

FLUSHOT2 (CDC-CORE) YESNO.
39. **During the past 12 months, have you had a flu shot?**

1. Yes
2. No (Go to NOFLUWHY)

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

FLUMNTH (NEW CA-IMMUN) MONTH.
40. **In which month did you receive your flu shot?**

_____Month (1-12)

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

FLUPLACE (NEW CA-IMMUN)

FLUPLACB.

41. **At what kind of place did you get your last flu shot? (DO NOT READ)**

1. A doctor's office or health maintenance organization
2. A community health center or other type of clinic
3. A mobile health unit (for example, a van)
4. A senior, recreation, or community center
5. A market, drugstore, or pharmacy
6. A hospital or emergency room
7. A health department
8. A nursing home or long-term-care facility
9. Workplace
96. Other. Specify: _____
77. Don't know/Not sure
99. Refused.

NOFLUWHY (NEW CA-IMMUN)

NOFLUWHY.

42. **What is the main reason you didn't get a flu shot in the last 12 months? (DO NOT READ)**

1. Didn't know I needed it
2. Doctor didn't recommend it
3. Didn't think of it/forgot
4. Tried to get a flu shot, but no flu shots were available
5. Tried to get a flu shot, but my doctor said I didn't need it
6. Didn't think it would work
7. Don't need a flu shot/not at risk/flu is not serious
8. Shot could give me the flu/allergic reaction/other health problem
9. Doctor recommended against getting the shot/medical reasons
10. Don't like shots or needles/don't want it
96. Other. Specify: _____
77. Don't know/Not sure
99. Refused.

FLUSHORT (NEW CA-IMMUN)

FLUSHORT.

43. **If you heard about a possible delay or shortage of flu vaccine last year, how did you hear about it? (DO NOT READ)**

1. Didn't know/hear about it
2. Was informed by newspaper
3. Was informed by tv or radio
4. Saw it on the internet
5. Was informed by health department
6. Was informed by doctor or HMO
7. Was informed by family, friends, other associates
96. Was informed by other (Specify): _____
77. Don't know/Not sure
99. Refused.

(NEW CDC-CORE)

YESNO.

44. **Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (new-ma-COCK-all)**

- 1. Yes
- 2. No

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

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

SMOKE100 (CDC-C, Q7.1; 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, Q7.2)

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, Q7.3)

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)
 49. **On how many of the past 30 days did you smoke cigarettes?**

Type VII

___ 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, Q7.3a; 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 | GD TO |
|----------|----------|----------|
| EQ 1 | | QUIT1DY3 |
| EQ 2 | | QUIT1DY3 |
| EQ 3 | EQ 1 | QUITINT |
| EQ 3 | NE 1 | SMOKREG2 |

QUIT1DY3 (NEW CDC-CORE, Q7.4) (YR2k Obj. 3.6)

YESNO.

53. **During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?**

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

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 NE 1,2 ASK SMOKREG2; ELSE Go to SMKELSE2

SMOKREG2 (CA-TCS from CDC)

SMOKREGC.

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. Within the past 15 years (more than 5 years to 15 years ago)
- 7. 15 or more years ago (15 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)
61. **When did you last smoke or have a puff on a cigarette?**

Type VII

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 | PUFFYR1 |
| MONTHS | PUFFMO1 |
| WEEKS | PUFFWK1 |
| DAYS | 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)

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

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)

WHNCIGAB.

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)

OFTCIGAR.

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)

HHRULES.

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 [Go to HHEVER]
- 2. Smoking is generally prohibited with few exceptions
- 3. Smoking is allowed in some rooms only [Go to HHEVER]
- 4. There are no restrictions on smoking
- 5. Other (specify)
- 77. Don't know/Not sure
- 99. Refused

HHALLOW (CA-TCS)

YESNO.

69. **Is any smoking ever allowed inside your home?**

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

HHEVER(CA-TCS, - YR2k Obj. 3.8)

YESNO.

70. **Does anyone ever smoke inside your home?**

- 1. Yes
- 2. 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)

ORACE3 (CDC-C, 95--expanded response categories)

ORACEB.

73. **Which one or more of the following would you say is your race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or Other?**

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native
- 6. Other: (specify)

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

(PROB ORACE2X IF HISPANIC=1 and ORACE3 = 6)

If more than one response to ORACE3 then go to ORACE4, else go to ORACE2A

ORACE4 (CDC-C, 95--expanded response categories)

ORACEB.

74. Which one of these groups would you say best represents your race? Would you say...

- | | |
|--|------------------|
| 1. White | (Go to MARITAL) |
| 2. Black or African American | (Go to ORACE2A) |
| 3. Asian | (Go to MARITAL) |
| 4. Native Hawaiian or Other Pacific Islander | (Go to ORACE2A) |
| 5. American Indian or Alaska Native | (Go to MARITAL) |
| 6. Other: <u>(specify)</u> -----> | (Go to MARITAL) |
| 7. Don't know/Not sure | (Go to REF_DEMO) |
| 9. Refused | (Go to REF_DEMO) |

If ORACE3= 2 or 4 then go to ORACE2A, else go to MARITAL

ORACE2A (CA)

ORACE2A.

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

- | | |
|----------------|-----------------------------|
| 1. Chinese | 10. Hawaiian |
| 2. Japanese | 11. Samoan |
| 3. Korean | 12. Pakistani |
| 4. Filipino | 13. Saipanese |
| 5. Vietnamese | 14. Fijian |
| 6. Cambodian | 15. Other: <u>(specify)</u> |
| 7. Laotian | 77. Don't know/Not sure |
| 8. East Indian | 99. Refused |
| 9. Indonesian | |

REF_DEMO

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- wording change)

MARITAL.

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

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

CHILD18 (CA-wording change)

Type VII

77. How many children less than 18 years of age live in your household?

___ Enter Number of children

- | | |
|-------------|---------------|
| 88. None | (Go to EDUCA) |
| 99. Refused | (Go to EDUCA) |

CHILDAGE (CA-TCS Previously CHILD1-CHILD9)

Type VII

78. (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

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

EDUCA.

79. **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
88. NA/ Never attended school or only kindergarten
99. Refused

EMPLOY2 (CDC-C)

EMPLOYA.

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

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

DRIVECAR (CA-EPIC)

81. In an average week, how many days do you drive a car or other motor vehicle on the road?

- ___ Number of days
- 77. Don't Know/Not Sure
- 88. NA/None
- 99. RF

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

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

INCOM01 (CDC-CORE modified categories)

INCOME.C.

83. 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 less than \$75,000; \$75,000 to \$100,000 or over \$100,000?

- 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 less than \$75,000
- 8. \$75,000 to \$100,000
- 9. more than \$100,000
- 77. Don't know/Not sure
- 99. Refused

Find the point on the table where HHSIZE and INCOM01 intersect. If there is a table value and the table value is LT the "less than" value of the response to INCOM94, go to THRESH00.

THRESH00(CA)

YESNO.

84. 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

| IN | OM01 = | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|
| HHSI | E=1 | 8,350 | 16,700 | | 25,050 | | | | | |
| Househ | ld 2 | 11,250 | | 22,500 | 33,750 | | | | | |
| Size) | 3 | 14,150 | | 28,300 | 42,450 | | | | | |
| | 4 | | | 17,050 | | | 35,100 | 51,150 | | |
| | 5 | | | 19,950 | | 39,900 | 59,850 | | | |
| | 6 | | | | 22,850 | 45,700 | 68,550 | | | |
| | 7 | | | | 25,750 | | 51,500 | 77,250 | | |
| | 8 | | | | | 28,650 | | 57,300 | 85,950 | |
| | 9 | | | | | 31,550 | | 63,100 | 94,650 | |
| | 10 | | | | | 34,450 | | 68,900 | | 103,350 |
| | 11 | | | | | 37,350 | 74,700 | | 112,050 | |
| | 12 | | | | | 40,250 | | 80,500 | 120,750 | |
| | 13 | | | | | 43,150 | | 86,300 | 129,450 | |

(100%, 200% and 300% of Federal Poverty Line; From: Federal Register, Feb 15, 2000)

WEIGHT (CDC-CORE)

(not formatted)

85. **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-CORE)

(not formatted)

86. **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-CORE)

COUNTYA.

87. **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 |

NUMHOLD2 (CDC-CORE)

YESNO.

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

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

NUMPHON3 (CDC-CORE)

(not formatted)

89. **How many of these are residential numbers?**
(8 = 8 or more)

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

CELLPHON (NEW CDC-CORE)

VII.

90. **How many adult members of your household currently use a cell phone for any purpose?**

___ Enter Number of adults

- 88. None
- 99. Refused

ZIPCODE (CA)

(not formatted)

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

_____ Enter the five digit number

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

IF AGE LT 45 AND SEX EQ 2 go to PREGNANT
IF AGE GE 45 go to ASTHEVE2

PREGNANT (CDC-C)

YESNO.

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

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

ASTHEVE2 (NEW- CDC-CORE)

YESNO.

93. **Have you ever been told by a doctor, nurse or other health professional that you had asthma?**

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

ASTHNOW (NEW- CDC- CORE)

YESNO.

94. **Do you still have asthma?**

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

ASTHWORK (NEW- CA - OHSEP)

YESNO.

95. **Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had?**

(F6=Never worked outside the home)

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

ASTHCOND (NEW - CA - OHSEP)

YESNO.

96. **Did you ever tell a doctor or other medical person that your asthma was related to any job you ever had?**

(F6=Never worked outside the home)

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

IF CHILD18 >= 1 GO TO ASTHKID; ELSE GO TO MOLD

ASTHKID (NEW-CA-EHIB)

97. **Earlier you said there was/were [fill in number from core] child/children age 17 or younger living in your household. Has this child/How many of these children have ever been diagnosed with asthma?**

__ __ Number of children

- 88. None (Go to MOLD)
- 77. Don't know (Go to MOLD)
- 99. Refused (Go to MOLD)

ASTHAGE (NEW-CA-EHIB)

(not formatted)

98. **[Fill in (Does this child/How many of these children from ASTHKID) still have asthma?
(If one child and answer is YES , enter 1)**

_____ Number of children

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

MOLD (NEW-EHIB)

YESNO.

99. **Do you currently have mold in your home on an area greater than the size of a dollar bill?**

- 1. Yes
- 2. No

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

These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.

RESTRIC3 (NEW- CDC-CORE –new wording)

YESNO.

100. **Are you limited in any way in any activities because of physical, mental or emotional problems?**

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

EQUIP (CDC-CORE- NEW)

YESNO.

101. **Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (include occasional use or use in certain circumstances)**

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

The next few questions are about exercise, recreation, or physical activities.

EXERANY1 (CDC-CORE; YR2k Obj. 1.2/2.3/15.10- modified wording)

YESNO.

102. **During the past 30 days, other than your regular job, did you participate in any PHYSICAL ACTIVITIES or EXERCISE such as running, calisthenics, golf, gardening or walking for exercise?**

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

If EMPLOY2 EQ 1 or 2, continue, ELSE go to EXERMOD

EXERWORK (NEW- CDC CORE)

EXERWORK.

103. **When you are at work, which of the following best describes what you do? Would you say mostly sitting or standing, mostly walking, or mostly heavy labor or physically demanding work? (If respondent has multiple jobs, include all jobs)**

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labor or physically demanding work
7. Don't know/Not sure
9. Refused

EXERMOD (NEW- CDC CORE)

EXERMOD.

104. **We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate. Now, thinking about the moderate physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to EMPLOY2]. In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?**

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

MODDAY (NEW- CDC CORE)

MODDAY.

105. **How many days per week do you do these moderate activities for at least 10 minutes at a time?**

- __ Days per week
77. Don't know/Not sure
99. Refused

MODTIME (NEW- CDC CORE)

MODTIME.

106. **On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?**

- __: Hours and minutes per day
777. Don't know/Not sure
999. Refused

EXERVIG (NEW- CDC CORE)

EXERVIG.

107. **Now thinking about the vigorous physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to EMPLOY2]. In a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?**

1. Yes
2. No (Go to JUICE2)
7. Don't know/Not sure (Go to JUICE2)
9. Refused (Go to JUICE2)

VIGDAY (NEW- CDC CORE)

VIGDAY.

108. **How many days per week do you do these vigorous activities for at least 10 minutes at a time?**

- ___ Days per week
- 77. Don't know/Not sure
- 99. Refused

VIGTIME (NEW- CDC CORE)

VIGTIME.

109. **On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?**

- __:__ Hours and minutes per day
- 777. Don't know/Not sure 999.
- Refused

JUICE2 (NEW-CA-CPNS--modified wording to CDC MODULE)

Type X

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

How often do you drink 100% juices such as orange, apple, grape, or grapefruit juice? Do not count fruit drinks like Kool-Aid, Sunny Delight, lemonade, Hi-C, cranberry juice drink, Tang and Twister.

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

- 1xx. Enter times per day (verify if GT 105)
- 2xx. Enter times per week (verify if GT 238)
- 3xx. Enter times per month
- 4xx. Enter times per year

- 555. Never
- 777. Don't know / Not sure
- 999. Refused

FRUIT2 (NEW-CA-CPNS --modified wording to CDC MODULE)

Type X

111. **Not counting juice, how often do you eat fruit? Count any kind of fruit- fresh, canned frozen and dried.**

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

- 1xx. Enter times per day (verify if GT 105)
- 2xx. Enter times per week (verify if GT 238)
- 3xx. Enter times per month
- 4xx. Enter times per year

- 555. Never
- 777. Don't know / Not sure
- 999. Refused

SALAD (CA-CPNS – FROM CDC MODULE)

Type X

112. **How often do you eat green salad?**

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

- 1xx. Enter times per day (verify if GT 105)
- 2xx. Enter times per week (verify if GT 238)
- 3xx. Enter times per month
- 4xx. Enter times per year

- 555. Never
- 777. Don't know / Not sure
- 999. Refused

POTATO2 (NEW-CA-CPNS –modified wording to CDC MODULE)

Type X

113. **How often do you eat potatoes not including french fries, fried potatoes or potato chips? Count baked, broiled, mashed potatoes, potato salad, and white potatoes that are not fried.**

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

- 1xx. Enter times per day (verify if GT 105)
- 2xx. Enter times per week (verify if GT 238)
- 3xx. Enter times per month
- 4xx. Enter times per year

- 555. Never
- 777. Don't know / Not sure
- 999. Refused

CARROTS (CA- CPNS – FROM CDC MODULE)

Type X

114. **How often do you eat carrots?**

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

- 1xx. Enter times per day (verify if GT 105)
- 2xx. Enter times per week (verify if GT 238)
- 3xx. Enter times per month
- 4xx. Enter times per year

- 555. Never
- 777. Don't know / Not sure
- 999. Refused

FRTVEG (NEW-CA-CPNS)

118. **How many servings of fruits, vegetables and 100% juice do YOU think YOU should have every day for good health? That's a combined total of fruits, vegetables and 100% juice.**

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

(IF STIFF EQ 1 OR ARTHRITB EQ 1 GO TO RELAX, ELSE GO TO ORALSUP)

I am going to ask you some questions about different types of treatments you might have tried.

RELAXX (NEW-CA-ARTHRITIS PROGRAM)

RELAXYN.

119. **In the past 12 months, have you used meditation, visualization, hypnosis, biofeedback or other relaxation techniques?**

1. Yes
2. No
3. Don't know what relaxation techniques are

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

ACUPUN (NEW-CA-ARTHRITIS PROGRAM)

ACUPUNYN.

120. **In the past 12 months, have you used acupuncture? (inserting fine needles under the skin at specific points to relieve pain or discomfort)**

1. Yes
2. No

3. Don't know what acupuncture is
7. Don't know/Not sure

9. Refused

HMPHY (NEW-CA-ARTHRITIS PROGRAM)

HMPHYYN.

121. **In the past 12 months, have you used homeopathy for health reasons? (Homeopathy is the practice of taking extremely diluted solutions of assorted herbs, animal products, and chemicals to trigger a body response that may promote healing and relieve symptoms.)**

1. Yes
2. No
3. Don't know what homeopathy is
7. Don't know/Not sure
9. Refused

EXERMOV (NEW-CA-ARTHRITIS PROGRAM)

EXERYN.

122. **In the past 12 months, have you used yoga, tai chi or other gentle movement exercises. (Includes Alexander, Feldenkreis, Trager and Chi Gong)**

- 1. Yes
- 2. No
- 3. Don't know what an exercise program with special movements is
- 7. Don't know/Not sure
- 9. Refused

SPECDIET (NEW-CA-ARTHRITIS PROGRAM)

YESNO.

123. **In the past 12 months, have you changed your diet in any way for health reasons? (this would include vegetarian/vegan diet, avoidance of certain foods such as dairy, nightshade plants *, macrobiotic diet, other special arthritis diet)**

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

CHIRO (NEW-CA-ARTHRITIS PROGRAM)

CHIROYN.

124. **In the past 12 months, have you had any chiropractic treatment?**

- 1. Yes
- 2. No
- 3. Don't know what chiropractic treatment is

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

MASSAGE (NEW-CA-ARTHRITIS PROGRAM)

MASSYN.

125. **In the past 12 months, have you had a massage for health reasons? (includes traditional massage treatments, rolfing, Reiki, or acupressure)**

- 1. Yes
- 2. No

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

ENERGY (NEW-CA-ARTHRITIS PROGRAM)

ENERGYYN.

126. **In the past 12 months, have you used any energy healing, such as magnets, crystals, laying on of hands or other energy healing techniques ? (Includes copper bracelets, ion generators, spiritual healing, and aura healing)**

- 1. Yes
- 2. No

- 3. Don't know what energy healing is
- 7. Don't know/Not sure
- 9. Refused

SELFHELP (NEW-CA-ARTHRITIS PROGRAM)

YESNO.

127. In the past 12 months, have you attended any self-help groups or support groups for health reasons?

- 1. Yes
- 2. No

- 7. Don't know/Not sure

- 9. Refused

ORALSUP (NEW- CA-FDB & Arthritis program) (ASKED OF EVERYONE)

YESNO.

128. In the past 12 months, have you taken any supplements, usually capsules or tablets, including vitamins, minerals, herbals, or other kinds of supplements? (include glucosamine and chondroitin)

- 1. Yes (GO TO STOPSUP)
- 2. No (GO TO DRMED)

- 7. Don't know/Not sure (GO TO DRMED)
- 9. Refused (GO TO DRMED)

STOPSUP (NEW- CA-FDB)

YESNO.

129. In the past 12 months, have you stopped taking a supplement because of a bad reaction or because you didn't like how it made you feel?

- 1. Yes (GO TO DRSUP)
- 2. No (GO TO DRMED)

- 7. Don't know/Not sure (GO TO DRMED)
- 9. Refused (GO TO DRMED)

DRSUP (NEW- CA-FDB)

YESNO.

130. Did you see a doctor or other health professional because of this reaction?

- 1. Yes
- 2. No

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

(IF STIFF EQ 1 OR ARTHRITB EQ 1 GO TO RELAX, ELSE GO TO SUNBURN)

DRMED (NEW-CA-ARTHRITIS PROGRAM)

YESNO.

131. In the past 12 months, have you taken medication prescribed by a doctor? {If yes to SUP, add in the following} "in addition to the supplements you take"?

- 1. Yes
- 2. No

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

IF YES to SUP go to DRTOLD, ELSE GO TO RELAXFP

DRTOLD (NEW-CA-ARTHRITIS PROGRAM)

YESNO.

132. Have you told your doctor that you take supplements

{If yes to DRMED, add in the following} “in addition to your prescription medication”?

- 1. Yes
- 2. No

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

IF YES TO RELAX GO TO RELAXFP ELSE GO TO ACUPUNFP

RELAXFP (NEW-CA-ARTHRITIS PROGRAM)

YESNO.

133. Was the meditation, visualization, hypnosis, biofeedback or other relaxation techniques you mentioned earlier used to help your joint pain or arthritis?

- 1. Yes
- 2. No

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

IF YES TO ACUPUN GO TO ACUNPUNFP ELSE GO TO HMPTHYFP

ACUNPUNFP(NEW-CA-ARTHRITIS PROGRAM)

YESNO.

134. Was the acupuncture you mentioned earlier used to help your joint pain or arthritis?

- 1. Yes
- 2. No

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

IF YES TO HMPTHY GO TO HMPTHYFP ELSE GO TO EXERFP

HMPTHYFP(NEW-CA-ARTHRITIS PROGRAM)

YESNO.

135. Was the homeopathy you mentioned earlier used to help your joint pain or arthritis?

- 1. Yes
- 2. No

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

IF YES TO EXERMOV GO TO EXERFP ELSE GO TO DIETFP

EXERFP(NEW-CA-ARTHRITIS PROGRAM)

YESNO.

136. Was the exercise program you mentioned earlier used to help your joint pain or arthritis?

- 1. Yes
- 2. No

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

IF YES TO SPECDIET GO TO DIETFP ELSE GO TO CHIROFP

DIETFP(NEW-CA-ARTHRITIS PROGRAM)

YESNO.

137. Was the change in diet you mentioned earlier used to help your joint pain or arthritis?

- 1. Yes
- 2. No

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

IF YES TO CHIRO GO TO CHIROFP ELSE GO TO MASSFP

CHIROFP(NEW-CA-ARTHRITIS PROGRAM)

YESNO.

138. Was the chiropractic treatment you mentioned earlier used to help your joint pain or arthritis?

- 1. Yes
- 2. No

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

IF YES TO MASSAGE GO TO MASSFP ELSE GO TO ENERGYFP

MASSFP(NEW-CA-ARTHRITIS PROGRAM)

YESNO.

139. Was the massage you mentioned earlier used to help your joint pain or arthritis?

- 1. Yes
- 2. No

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

IF YES TO ENERGY GO TO ENERGYFP ELSE GO TO HELPPFP

ENERGYFP (NEW-CA-ARTHRITIS PROGRAM)

YESNO.

140. Was the energy healing you mentioned earlier used to help your joint pain or arthritis?

- 1. Yes
- 2. No

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

IF YES TO SELFHHELP GO TO HELPPFP ELSE GO TO SUPFP

HELPPFP (NEW-CA-ARTHRITIS PROGRAM)

YESNO.

141. Was the self help group or support group you mentioned earlier used to help your joint pain or arthritis?

- 1. Yes
- 2. No

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

IF YES TO ORALSUP AND (YES to STIFF or YES to ARTHRITB) GO TO SUPFP ELSE GO TO DRMEDFP
SUPFP (NEW-CA-ARTHRITIS PROGRAM) YESNO.

142. **Were the supplements you mentioned earlier used to help your joint pain or arthritis?**

- 1. Yes
- 2. No

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

IF YES TO DRMED GO TO DRMEDFP ELSE GO TO SUNBURN
DRMEDFP (NEW-CA-ARTHRITIS PROGRAM) YESNO.

143. **Were the prescribed medications you mentioned earlier used to help your joint pain or arthritis?**

- 1. Yes
- 2. No

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

SUNBURN (CA-SCPP) YESNO.

144. **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 (CA-SCPP) NOT FORMATTED.

145. **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 GO TO PSAHAD2
KIDCARE (CA-SCPP) YESNO.

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

- 1. Yes
- 2. No

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

KIDBURN (CA-SCPP)

YESNO.

147. **Has the (age of youngest 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 (CA-SCPP)

148. **How many times has the (age of youngest 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 (CA-SCPP)

149-152. **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 | Some times | Often | Always | Too young | DK | RF | |
|---|-------|--------|------------|-------|--------|-----------|----|----|---------|
| 149. Apply or wear sunscreen or sun block? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 | KIDSCRN |
| 150. Wear a wide-brimmed hat, with a brim all around? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 | KIDHAT |
| 151. Wear protective clothing such as long sleeved shirts and long pants? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 | KIDCLTH |
| 152. Stay in an area protected by shade? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 | SHADE |

IF SEX EQ 1 AND AGE GE 40 GO TO PSAHAD2, ELSE GO HADSTLHM

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

PSAHAD2 (NEW-CDC-CORE)

YESNO.

153. **A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (F6=Never heard of PSA)**

- 1. Yes
- 2. No (Go to HADDRE2)
- 7. Don't Know/not Sure (Go to HADDRE2)
- 9. Refused (Go to HADDRE2)

PSAWHEN2 (NEW-CDC-CORE)

HOWLNGC.

154. **How long has it been since you had your last PSA test?**

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 year)
- 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. 5 or more years ago
- 7. Don't know
- 9. Refused

HADDRE2 (NEW-CDC-CORE)

YESNO.

155. **A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?**

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

WHNDRE2 (NEW-CDC-CORE)

HOWLNGC.

156. **How long has it been since your last digital rectal exam?**

- 1. Within the past year (0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 year)
- 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. 5 or more years ago
- 7. Don't know
- 9. Refused

PROSDR (NEW-CDC-CORE)

YESNO.

157. **Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?**

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

PROSFAM (NEW-CDC-CORE)

YESNO.

158. **Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (would include half brothers)**

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

IF AGE GE 40 GO TO HADSTLHM
ELSE GO TO LYME

HADSTLHM (CDC-CORE)

YESNO.

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

159. **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 HADSIG3)
- 7. Don't Know/Not sure (Go to HADSIG3)
- 9. Refused (Go to HADSIG3)

WHENSTO3 (CDC-CORE)

WHEN.

160. **How long has it been since you had 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

HADSIG3 (CDC-CORE) (Note: Asked only of persons age 40 and over.)

YESNO.

161. **SIGMOIDOSCOPY or COLONOSCOPY are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever HAD either of these exams?**

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

WHENSIG4 (CDC-CORE)

WHENC.

162. **How long has it been since you had 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 5 years (more that 2 years to 5 years)
- 4. Within the past 10 years (more than 5 years to 10 years)
- 5. More than 10 years ago
- 7. Don't Know /Not sure
- 9. Refused

Now, I'd like to ask you a few questions about other health related topics.

LYME (NEW CA-DISB)

LYMEYN.

163. Have you ever heard that Lyme disease can affect people in California?

- 1. Yes
- 2. No
- 3. Don't know what Lyme disease is

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

TICK (NEW CA-DISB)

YESNO.

164. Have you found a tick on your body or clothing in the past 12 months?

- 1. Yes
- 2. No

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

LEAD1 (NEW CA-LEAD PROGRAM)

YESNO.

165. Thinking about the house or building you live in. Was it built before 1978?

- 1. Yes
- 2. No

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

(Skip to LEAD4)

LEAD2 (NEW CA-LEAD PROGRAM)

YESNO.

166. In the last 12 months, has anyone done any sanding, painting, remodeling or repair work on the house or building you live in?

- 1. Yes
- 2. No

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

(Skip to LEAD4)

(Skip to LEAD4)

(Skip to LEAD4)

LEAD3 (NEW CA-LEAD PROGRAM)

LEADWORK.

167. Who did most of this remodeling or repair work? Was it yourself or another family member, a licensed contractor or someone else.

- 1. Yourself or another family member
- 2. A licensed contractor
- 3. Someone else (this would include landlords, friends, and unlicensed contractors)
- 7. Don't know/Not sure
- 9. Refused

LEAD4 (NEW CA-LEAD PROGRAM)

YESNO.

168. Do members of your family store food, cook, or eat out of ceramic pots, bowls, or dishes that were made in Mexico?

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

IF 1<=CHILD1 – CHILD9<=5 GO TO LEAD5 ELSE GO TO LEAD5 (NEW CA-LEAD PROGRAM)

YESNO.

169. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing childhood lead poisoning?

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

IF AGE LE 64 THEN GO TO HIVPG, ELSE GO TO HAVEGUN2

The next few questions are about the national health problem of 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.

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

HIVPG (NEW-CDC CORE)

TRUE.

170. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

- 1. True
- 2. False
- 7. Don't know/Not Sure
- 9. Refused

HIVTRT (NEW-CDC CORE)

TRUE.

171. There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

- 1. True
- 2. False (Go to HIVIMPT)
- 7. Don't know/Not Sure (Go to HIVIMPT)
- 9. Refused (Go to HIVIMPT)

HIVEFF(NEW-CDC CORE)

HIVEFF.

172. **How effective do you think these treatments are in helping persons with HIV to live longer? Would you say very effective, somewhat effective or not at all effective?**

- 1. Very effective
- 2. Somewhat effective
- 3. Not at all effective
- 7. Don't know/Not sure
- 9. Refused

HIVIMPT(NEW-CDC CORE)

IMPORTB.

173. **How important do you think it is for people to know their HIV status by getting tested? Would you say very important, somewhat important or not at all important?**

- 1. Very important
- 2. Somewhat important
- 3. Not at all important
- 7. Don't know/Not sure
- 9. Refused

AIDSTST6 (NEW-CDC CORE)

YESNO.

174. **As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (Include saliva tests)**

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

(Go to STDPREV)

(Go to STDPREV)

(Go to STDPREV)

TSTDATE (NEW-CDC CORE)

175. **Not including blood donations, in what month and year was your last HIV test? (Include saliva tests)**

___/___/ Code month and year 7777.
Don't know/Not sure
9999. Refused

REASTST4 (NEW-CDC CORE)

REASTEST.

176. **What was the main reason you had your test for HIV in [fill in date from TSTDATE]?**

- 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. Blood donation
- 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)

WHERTST5 (NEW-CDC CORE)

WHERETST.

177. **Where did you have the HIV test in [fill in date from TSTDATE]?**

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

Next I'd like to ask about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

STDPREV (NEW-CDC CORE)

YESNO.

178. **In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use?**

- 1. Yes
- 2. No
- 3. Refused Module (Go to HAVEGUN2)
- 7. Don't know/Not sure
- 9. Refused

IF AGE LE 44 GO TO CHLAMYN, ELSE GO TO HAVEGUN2

Please answer the following questions with a yes or no response.

CHLAMYN (CA-STD)

YESNO.

179. **Do most men who are infected with chlamydia have symptoms?**

1. Yes
2. No
3. Don't know what chlamydia is

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

(Go to HAVEGUN2)

HERPYN(CA-STD)

YESNO.

180. **Is it possible to get genital herpes from a sex partner when he or she does not have a visible sore?**

1. Yes
2. No
3. Don't know what herpes is
4. Refused Module

(Go to STDWHR2)
(Go to HAVEGUN2)

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

HERPKNOW (NEW CA-STD)

YESNO.

181. **Do most people with genital herpes know they have it?**

1. Yes
2. No
3. Refused Module

(Go to HAVEGUN2)

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

STDWHR2 (NEW RESPONSE CATEGORIES - CA-STD)

182. **If you thought that you had a sexually transmitted disease or if you were told you had been exposed to a sexually transmitted disease, where would you go for treatment?** (Read first 4 response categories only)

1. Public clinic or Community clinic
2. Family Planning clinic Public clinic or Community clinic
3. Emergency room or Urgent care clinic
4. Primary care or Gynecology (Gine-uh-CALL-o-gee) clinic
5. Other _____(specify)
6. No place (would not go for treatment)
77. Don't know
88. NA(refused module)
99. Refused (refused question)

(Go to CHLAMTST)
(Go to CHLAMTST)
(Go to HAVEGUN2)
(Go to CHLAMTST)

OTHWHR (CA-STD)

YESNO.

183. **Is this the same place that you would go for treatment if you had an injury or illness?**

1. Yes
2. No
3. Refused Module

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

(Go to HAVEGUN2)

IF CHLAMYN=3 then go to PARTNER, ELSE GO TO CHLAMTST

CHLAMTST (CA-STD NEW)

184. **During the past 12 months, have you given a urine sample to get tested for Chlamydia?**

1. Yes
2. No
3. Gave a urine sample, but not sure if chlamydia was tested
4. Don't know what chlamydia is
7. Don't know/Not sure
8. NA (refused module)
9. Refused (refused question)

(Go to HAVEGUN2)

PARTNER (NEW-CA-STD)

185. **During the past 12 months, did you have a new sex partner, that is someone you had sex with for the first time?**

1. Yes
2. No

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

(Go to HAVEGUN2)

(Go to HAVEGUN2)

(Go to HAVEGUN2)

CONDOM (NEW-CA-STD)

186. **Did you use a condom when you had sexual intercourse for the first time with your most recent new partner?**

1. Yes
2. No

3. Have not had sexual intercourse
7. Don't know/Not sure

9. Refused

Now I would like to ask you about firearms.

HAVEGUN2 (CDC-CORE)

YESNO.

187. **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.

188. **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.

189. **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.

190. **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.

191. 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.

192. (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)

7. Don't know
9. Refused

GUNSAFE (CA-EPIC)

YESNO.

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

1. Yes
2. No
3. Refused to continue with gun module

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

(Go to DRNKANY1)

GUNUSED2 (CA-EPIC)

YESNO.

194. **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 (CA added for trends; modified wording)

YESNO.

195. **During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?**

1. Yes
2. No

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

(Go to RIDEDRNK)

(Go to RIDEDRNK)

(Go to RIDEDRNK)

DRNKALC2 (NEW CDC-CORE)

YESNO.

196. **A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or one shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?**

101-107 = days per week
201-231 = days in past 30

____ Enter Days per week or per month

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

NALCOCC (NEW CDC-CORE)

Type I

197. **On the days when you drank, about how many drinks 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

DRINKGE5 (CDC-CORE-modified wording)

Type VII

198. **Considering all types of alcoholic beverages, how many times during the past 30 days 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 (CA-ADP-modified wording)

Type VII

199. **During the past 30 days, 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-modified wording)

Type VII

200. **During the past 30 days, 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.

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

- 1. Yes
- 2. No
- 3. Not Applicable, had less than 20 drinks
- 4. Not Applicable, discontinue CAGE module

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

(Go to YTHSAMP)
(Go to YTHSAMP)

DRKANOY (CA-ADP, CAGE)

YESNO.

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

- 1. Yes
- 2. No
- 3. Not Applicable, discontinue CAGE module

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

(Go to YTHSAMP)

DRKGLTY (CA-ADP, CAGE)

YESNO.

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

- 1. Yes
- 2. No
- 3. Not Applicable, discontinue CAGE module
- 7. Don't know/Not sure
- 9. Refused

(Go to YTHSAMP)

DRKMORN (CA-ADP, CAGE)

YESNO.

204. **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
- 7. Don't know/Not sure
- 9. Refused

(Go to YTHSAMP)

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