

# **CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2002**

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

Final  
6 February 2002

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 in Sacramento and the Centers for Disease Control and Prevention.

PRIVRES

Is this a private residence?

1. Yes ---> We're doing a study of the health practices of California residents. Your number has been chosen randomly by the California Department of Health and the National Public Health Service to represent 2,900 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important issues facing Californians today.

2. No ---> Thank you very much, but we are only interviewing private residences. (Stop)

EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 2,900 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 almost 6,000 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

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

**PHYSHLTH (CA)**

**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 (CA)**

**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

*IF PHYSHLTH >= 1 or MENTHLTH >= 1 then go to POORHLTH, ELSE GO TO HAVEPLN3*

**POORHLTH (CA)**

**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. These next few questions are about your access to medical care. Please be assured that I am not trying to sell you insurance coverage. 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
- 77. Don't know/Not sure
- 99. 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:)

Yes No Dk/Ns Ref

Do you have health care coverage through:

A.	Your employer	1	2	77	99 EMPPLAN
B.	Someone else's employer (including spouse)	1	2	77	99 OEMPLAN
C.	A plan that you or someone else buys on your own	1	2	77	99 OWNPLAN
D.	Medicare	1	2	77	99 MEDICARE
E.	Medi-Cal (Medicaid)	1	2	77	99 MEDICAL
F.	The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA]	1	2	77	99 MILPLAN
G.	The Indian Health Service	1	2	77	99 INDPLAN
H.	Some other source	1	2	77	99 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 (Go to PERSDOC)
- 77. Don't know/Not sure
- 99. Refused

**HLTHLIST (CA-KAISER)**

**HLTHLIST.**

**8. 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. ALAMEDA ALLIANCE FOR HEALTH
3. ANTHEM HEALTH COMPANIES
4. BLUE CROSS
5. BLUE SHIELD
6. BPS (VIVAHEALTH)
7. CARE FIRST HEALTH PLAN
8. CAREAMERICA
9. CCN
10. CHINESE COMMUNITY HEALTH PLAN
11. CIGNA HEALTH CARE
12. CNA
13. COMMUNITY HEALTH GROUP
14. COMMUNITY HEALTH PLAN
15. CONTRA COSTA HEALTH PLAN
16. FOUNDATION HEALTH SYSTEMS
17. GREAT AMERICAN HEALTH PLAN
18. GREATER PACIFIC HEALTHPLAN
19. GUARDIAN
20. HEALTH NET
21. HEALTH PLAN OF SAN JOAQUIN
22. HEALTH PLAN OF SAN MATEO
23. HEALTH PLAN OF REDWOODS
24. HMO CALIFORNIA (EMPLOYERS HEALTH)
25. EMPLOYERS HEALTH (HMO CALIFORNIA)
26. INLAND EMPIRE HEALTH PLAN
27. INTER VALLEY HEALTH PLAN
28. KAISER FOUNDATION HEALTH PLAN, INC.
29. KERN HEALTH SYSTEMS
30. KEY HEALTH PLAN
31. L.A. CARE HEALTH PLAN
32. LIFEGUARD HEALTH PLAN
33. MAXICARE
34. MOLINA MEDICAL CENTER
35. NATIONAL HEALTH PLAN
36. OMNI HEALTHCARE INC
37. ONE HEALTH PLAN OF CALIFORNIA, INC
38. PACIFIC MUTUAL LIFE INSURANCE COMPANY
39. PACIFICARE OF CALIFORNIA
40. PRINCIPAL FINANCIAL GROUP
41. PRUDENTIAL HEALTHCARE OF CALIFORNIA, INC
42. SAN FRANCISCO HEALTH PLAN
43. SANTA BARBARA HEALTH INITIATIVE
44. SANTA CLARA COUNTY HEALTH AUTHORITY
45. SANTA CRUZ COUNTY HEALTH OPTIONS
46. SCAN HEALTH PLAN
47. SHARP HEALTH PLAN
48. SOLANO PARTNERSHIP HEALTHPLAN
49. TOWER HEALTH
50. ULLICO INC
51. UNITED HEALTH CARE (METRA HEALTH)
52. METRA HEALTH (UNITED HEALTH CARE)
53. UNITED HEALTH PLAN
54. UNITED INSURANCE COMPANY OF AMERICA
55. UNIVERSAL CARE, INC
56. VALLEY HEALTH PLAN
57. VENTURA COUNTY HEALTH CARE PLAN
58. WESTERN HEALTH ADVANTAGE
59. BLUE CROSS CALIFORNIA CARE
60. BLUE SHIELD ACCESS+/HMO
61. PRUCARE OF CALIFORNIA
62. BLUE CROSS SENIOR CALIFORNIA CARE
63. FOUNDATION SENIOR VALUE
64. HEALTH NET SENIORITY PLUS
65. PACIFICARE SECURE HORIZONS
66. SHIELD 65
67. AFFORDABLE/HEALTH CARE COMPARE
68. ANTHEM HEALTH
69. BEECH STREET
70. BLUE CROSS PRUDENT BUYER
71. BLUE CROSS STANDARD (STANDARD INSURANCE)
72. BECKWITH, HIGHTOWER, & RENBERG
73. FOUNDATION
74. HEALTHCARE FOUNDATION OF SUPERIOR CALIFORNIA
75. HEALTH NET ELECT
76. HEALTH NET SELECT
77. INTERPLAN
78. OUCH
79. PACIFICARE
80. PACIFIC HEALTH ALLIANCE
81. PPO ALLIANCE
82. PRU NET (PRUDENTIAL)
83. QUAL CARE
84. UNIVERSAL HEALTH NETWORK
85. OTHER (SPECIFY)
86. MEDICARE
87. MEDI-CAL
88. SELF PAY
89. TRICARE PRIME (CHAMPUS)
90. CHAMPUS\VA\TRICARE
91. UC CARE
92. MET LIFE
93. UNION SELF- INSURED
94. EMPLOYER SELF-INSURED
95. FARM BUREAU

- 96. FARMERS INSURANCE
- 97. GREAT WESTERN
- 98. NEW YORK LIFE
- 99. NORTHWEST NAT LIFE
- 100. PERS CARE
- 101. GOV. HOSP. ASSO.
- 102. TRAVELERS
- 103. GOLDEN OUTLOOK
- 104. JOINT BENEFIT TRUST
- 105. SIERRA COMM. CARE
- 106. STATE FARM INS.
- 107. GALLAGHER BASSET SERVICE PPO
- 108. PROVIDENT INSURANCE
- 109. DELTA HEALTH CARE

- 110. AM. WESTERN LIFE
- 111. MASS. MUTUAL
- 112. SUTTER PREFERRED
- 113. JOHN ALDEN LIFE
- 114. JOHN HANCOCK
- 115. OPERATING ENGINEERS
- 116. SECURE HORIZONS
- 117. MOTION PICTURE HEALTH AND WELFARE
- 118. AARP
- 119. FHP
- 120. FIRST HEALTH
- 121. FRIENDLY HILLS/FRIENDLY HEALTH
- 777. DK
- 999. RF

**PERSDOC (CDC-CORE)**

**YESNO.**

**9. 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

**SICKPLC (CDC-CORE-NEW)**

**SICKPLC.**

**10. When you are sick or need advice about your health, to which one of the following places do you usually go?**

Would you say: [Please read]

- 1. A doctor's office
- 2. A public health clinic or community health center
- 3. A hospital outpatient department
- 4. A hospital emergency room
- 5. Urgent care center
- 6. Some other kind of place
- 8. No usual place

- 77. Don't know
- 99. Refused

**NOMED (CDC-CORE-NEW)**

**YESNO.**

**11. Was there a time in the past 12 months when you needed medical care, but could not get it?**

- 1. Yes
- 2. No
- 77. Don't know
- 99. Refused

(Go to CHECKUP)  
(Go to CHECKUP)  
(Go to CHECKUP)

**NOMEDWHY (CDC-CORE-NEW)**

**NOMEDWHY.**

**12. What is the main reason you did not get medical care?**

Would you say: Please read

- 1. Cost (include no insurance)
- 2. Distance

- 3. Office wasn't open when I could get there.
- 4. Too long a wait for an appointment
- 5. Too long a wait in waiting room
- 6. No child care
- 7. No transportation
- 8. No access for people with disabilities
- 9. The medical provider didn't speak my language.
- 10. or any other reason
- 77. Don't know/ Not sure
- 99. Refused

(DO NOT READ)  
(DO NOT READ)

**CHECKUP (CA; from old CDC CORE state added lead-in)**

**HOWLNGC.**

**13. 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
- 5. Never
- 77. Don't know/Not sure
- 99. Refused

**The next question is about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties.  
EXERANY1 (CDC-CORE) YESNO.**

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

- 1. Yes
- 2. No
- 77. Don't Know / Not Sure
- 99. Refused



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

**JUICE94 (CDC-CORE)**

**Type X**

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

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

1xx. Enter times per day (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

**FRUIT94 (CDC-CORE)**

**Type X**

**16. Not counting juice, how often do you eat fruit?**

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

1xx. Enter times per day (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 (CDC-CORE)**

**Type X**

**17. 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

**POTATOES (CDC-CORE)**

**Type X**

**18. How often do you eat potatoes not including french fries, fried potatoes or potato chips?**

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

- 1xx. Enter times per day (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 (CDC-CORE)**

**Type X**

**19. 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

**VEG90 (CDC-CORE)**

**Type X**

**20. Not counting carrots, potatoes or salad, how many SERVINGS of vegetables do you usually eat?**

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

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

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

**ASTHEVE3 (CDC-CORE)**

**YESNO.**

**21. Now I'm going to ask you some questions about your health. Have you ever been told by a doctor or other health professional that you had asthma?**

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

**ASTHNOW (CDC-CORE)**

**YESNO.**

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

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

*If "yes" to ASTHEVE3 continue. .*

**ASTHAGE2 (CA-EHIB-ASTHMA MODULE)**

**23. How old were you when you were first told by a doctor or other health professional that you had asthma?**

\_\_\_ (age in years)

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

*If "yes" to core ASTHNOW continue, else go to DIABCOR1*

**ASTH12B (CA-EHIB-ASTHMA MODULE-NEW)**

**YESNO.**

**24. During the past 12 months, have you had an episode of asthma or an asthma attack?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**ASTHEMX (CA-EHIB-ASTHMA MODULE-NEW)**

**25. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?**

\_\_\_ Number of visits [87 = 87 or more]

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

**ASTHSYX (CA-EHIB-ASTHMA MODULE-NEW)**

**26. [If ASTHEMX >=1, fill in (Besides those emergency room visits,)] During the past 12 months, how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms?**

- \_\_\_\_\_ Number of visits [87 = 87 or more]
- 88. None
  - 98. Don't know/Not sure
  - 99. Refused

**ASTHDRX (CA-EHIB-ASTHMA MODULE-NEW)**

**27. During the past 12 months, how many times did you see a doctor or other health professional for a routine checkup for your asthma?**

- \_\_\_\_\_ Number of visits [87 = 87 or more]
- 88. None
  - 98. Don't know/Not sure
  - 99. Refused

**ASTHWK2 (CA-EHIB-ASTHMA MODULE-NEW)**

**28. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?**

- \_\_\_\_\_ Number of days
- 888. None
  - 777. Don't know/Not sure
  - 999. Refused

**ASTH30 (CA-EHIB-ASTHMA MODULE-NEW)**

**ASTH30.**

**29. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say:**

- 1. Not at any time
  - 2. Less than once a week
  - 3. Once or twice a week
  - 4. More than 2 times a week, but not every day
  - 5. Every day, but not all the time or
  - 6. Every day, all the time
- (Go to ASTHMED2)
- 77. Don't know/Not sure
  - 99. Refused

**ASTHSLP (CA-EHIB-ASTHMA MODULE-NEW)**

**ASTHSLP.**

**30. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say:**

- 1. None
- 2. One or two
- 3. Three to five
- 4. Six to ten or
- 5. More than ten
- 77. Don't know/Not sure
- 99. Refused

**ASTHMED2 (CA-EHIB-ASTHMA MODULE-NEW)**

**ASTHMED2.**

**31. During the past 30 days how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. Would you say:**

- 1. Didn't take any
- 2. Less than once a week
- 3. Once or twice a week
- 4. More than 2 times a week, but not every day
- 5. Once every day or
- 6. 2 or more times every day
- 77. Don't know/Not sure
- 99. Refused

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

**DIABCORA.**

**32. 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 WHENDNT3)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 77. Don't know/Not sure (Go to WHENDNT3)
- 99. Refused (Go to WHENDNT3)

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

**DIABGEST (CA, 95)**

**YESNO.**

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

- 1. Yes (Go to WHENDNT3)
- 2. No (Includes never been pregnant)
- 77. Don't know/Not sure
- 99. Refused

**DIABAGE (CA-DBCP-DIABETES MODULE)**

**TYPE XV.**

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

**34. 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-DIABETES MODULE)**

**YESNO.**

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

1. Yes

2. No

77. Don't know/Not sure

99. Refused

**DIABPILL (CA-DBCP-DIABETES MODULE)**

**YESNO.**

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

1. Yes

2. No

77. Don't know/Not sure

99. Refused

**CHKGLU (CA-DBCP-DIABETES MODULE)**

**Type XIX.**

**37. 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-DIABETES MODULE)**

**Type I.**

**38. 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-DIABETES MODULE)**

**YESNO.**

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

- 1. Yes
- 2. No

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

**DIABDOC2 (CA-DBCP-DIABETES MODULE)**

**Type I.**

**40. 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-DIABETES MODULE)**

**Type I.**

**41. 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-DIABETES MODULE)**

**Type I.**

**(Note: asked if DIABDOC2 ne 88)**

**42. 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-DIABETES MODULE)**

**VISCHKB.**

**43. 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
- 77. Don't know/Not sure
- 88. Never
- 99. Refused

**RETINHAD (CA-DBCP-DIABETES MODULE)**

**YESNO.**

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

- 1. Yes
- 2. No
  
- 77. Don't know/Not sure
- 99. Refused

**DIABCRSE (CA-DBCP-DIABETES MODULE)**

**YESNO.**

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

- 1. Yes
- 2. No
  
- 77. Don't know/Not sure
- 99. Refused

**WHENDNT3 (CDC-CORE)**

**WHENDENT.**

**46. Now I would like to ask a few questions about your dental health. How long has it been since you last visited a dentist or a dental clinic for any reason? (include visits to dental specialists, such as orthodontists)**

Read Only if Necessary

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 5 years (2 years but less than 5 years ago)
- 4. 5 or more years ago
- 77. Don't know/Not sure
- 88. Never
- 99. Refused

**LOSTEETH (CDC-CORE)**

**LOSTETH.**

**47. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (Include teeth lost due to "infection")**

- 1. 1 to 5
- 2. 6 or more but not all
- 3. All
  
- 88. None
- 77. Don't know/Not sure
- 99. Refused

(Go to FLUSHOT2)



**DENTCLN (CDC-CORE)****WHENDENT.****48. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?**

Read Only if Necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
77. Don't know/Not sure
88. Never
99. Refused

**FLUSHOT2 (CDC-CORE)****YESNO.****49. During the past 12 months, have you had a flu shot?**

1. Yes
2. No (Go to NOFLWHY2)
77. Don't Know/Not sure (Go to PNEUMVC2)
99. Refused (Go to PNEUMVC2)

**FLUPLAC2 (CDC-CORE-MODIFIED)****FLUPLACE.****50. 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 health department
3. Another type of clinic or health center (Example: a community health center)
4. A senior, recreation, or community center
5. A store (Examples: supermarket, drugstore)
6. A hospital or emergency room
7. Workplace or
8. Some other kind of place (Specify?)
77. Don't know/Not sure
99. Refused

**NOFLWHY2 (CA-IMMUN-NEW)****NOFLUWHY.****51. What is the main reason you didn't get a flu shot in the last 12 months? (Read only if necessary)**

1. Didn't know I needed it/I am not at risk
2. Didn't think of it/forgot"lazy"
3. Cost
4. Inconvenient/inaccessible time or location
5. Flu vaccine unavailable
6. Doctor didn't suggest that I get it
7. Didn't think it would work
8. Flu is not a serious disease
9. Shot could give me the flu/reaction
10. Unable to get shot for medical reasons
11. Don't like shots or needles
96. Other. Specify: \_\_\_\_\_
77. Don't know/Not sure
99. Refused

**PNEUMVC2 (CDC-CORE)****YESNO.****52. 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                 | (Go to SMOKE100) |
| 2.  | No                  |                  |
| 77. | Don't Know/Not sure | (Go to SMOKE100) |
| 99. | Refused             | (Go to SMOKE100) |

**NOPNWHY2 (NEW CA-IMMUN)**

**NOPNEWHY.**

**53. What is the main reason you didn't get a pneumonia shot? (Read only if necessary)**

- |     |  |
|-----|--|
| 1.  | Didn't know I needed it/I am not at risk   |
| 2.  | Didn't think of it/forgot/"lazy"           |
| 3.  | Cost                                       |
| 4.  | Inconvenient/inaccessible time or location |
| 5.  | Pneumonia vaccine unavailable              |
| 6.  | Doctor didn't suggest that I get it        |
| 7.  | Didn't think it would work                 |
| 8.  | Pneumonia is not a serious disease         |
| 9.  | Shot could give me the pneumonia/reaction  |
| 10. | Unable to get shot for medical reasons     |
| 11. | Don't like shots or needles                |
| 96. | Other. Specify: _____                      |
| 77. | Don't know/Not sure                        |
| 99. | Refused                                    |

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

**SMOKE100 (CDC-CORE)**

**YESNO.**

**54. Have you smoked at least 100 cigarettes in your entire life?  
(5 packs = 100 cigarettes)**

- |     |                     |                  |
|-----|---------------------|------------------|
| 1.  | Yes                 |                  |
| 2.  | No                  | (Go to SMKELSE2) |
| 77. | Don't know/Not sure | (Go to SMKELSE2) |
| 99. | Refused             | (Go to SMKELSE2) |

**SMKEVDA2 (CDC-CORE)**

**EVDAY.**

**55. 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) |
| 99. | Refused    | (Go to SMK30ANY) |

**SMOKENUM (CDC-CORE)**

**Type V.**

**56. 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.**

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

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

**SMK30DAY (CA-TCS)**

**Type VII.**

**58. 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-CORE)**

**Type VIII.**

**59. 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)**

**Type VII.**

**60. 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.**

**61. 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

<b>SMKEVDA2</b>	<b>SMK30ANY</b>	<b>GO TO</b>
EQ 1		QUIT1DY3
EQ 2		QUIT1DY3
EQ 3	EQ 1	QUITINT
EQ 3	NE 1	SMOKREG2

**QUIT1DY3 (NEW CDC-CORE)**

**YESNO.**

**62. 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)
- 77. Don't know/Not sure (Go to SMKWAKE)
- 99. Refused (Go to SMKWAKE)

**QUITINT (CA-TCS)**

**YESNO.**

**63. 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
- 77. Don't know/Not sure
- 99. Refused

**SMKWAKE (CA-TCS)**

**Type XI.**

**64. 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)**

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

Enter the brand below:

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

**SMKBRAND.**

**LIKESTOP (CA-TCS)**

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

**YESNO.**

- 1. Yes
- 2. No
  
- 77. Don't know/Not sure
- 99. Refused

**QUIT30 (CA-TCS)**

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

**YESNO.**

- 1. Yes
- 2. No
  
- 77. Don't know/Not sure
- 99. Refused

(Go to SMOKEELSE2)

**QUIT6 (CA-TCS)**

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

**YESNO.**

- 1. Yes
- 2. No
  
- 77. Don't know/Not sure
- 99. Refused

IF SMKEVDA2 NE 1,2 ASK SMOKREG2; ELSE Go to SMKELSE2

**SMOKREG2 (CA-TCS from CDC)**

**SMOKREGC.**

**69. 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) Type VII**

**70. 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	PUFFYR1
MONTHS	PUFFMO1
WEEKS	PUFFWK1
DAYS	PUFFDY1

- 77. Don't know
- 99. Refused

**RETURN12 (CA-TCS)**

**RETURN.**

**71. 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
  
- 77. Don't know/Not sure
- 99. Refused

**SMKELSE2 (CA-TCS)**

**YESNO.**

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

- 1. Yes
- 2. No

(Go to SMKICIGAR)

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

(Go to SMKICIGAR)

(Go to SMKICIGAR)

**SMKELSEN (CA-TCS)**

**Type VII**

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

\_\_\_\_\_ Enter number of household members

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

**SMKCIGAR (CA-TCS)**

**YESNO.**

**74. 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)
- 77. Don't know/Not sure (Go to HHRULES2)
- 99. Refused (Go to HHRULES2)

**WHNCIGAR (CA-TCS)**

**WHNCIGAB.**

**75. 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.**

**76. 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
- 77. Don't know/Not sure
- 99. Refused

**HHRULES2 (CA-TCS)**

**HHRULES.**

**77. 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.**

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

- 1. Yes
  - 2. No
77. Don't know/Not sure  
99. Refused

**HHEVER(CA-TCS)**

**YESNO.**

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

- 1. Yes
  - 2. No
77. Don't know/Not sure  
99. Refused

**DRNKANY1 (CA added for trends; modified wording)**

**YESNO.**

**80. Next I would like to ask you about alcohol use. 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 (Go to DRIVECAR)
77. Don't know/Not sure (Go to DRIVECAR)  
99. Refused (Go to DRIVECAR)



**DRNKALC2 (CDC-CORE)**

**YESNO.**

**81. 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 DRIVECAR)
- 777. Don't know/Not sure (Go to DRIVECAR)
- 999. Refused (Go to DRIVECAR)

**NALCOCC (CDC-CORE)**

**Type I**

**82. 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)**

**Type VII**

**83. 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 (CDC- CORE)**

**Type VII**

**84. 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

**DRIVECAR (CA-EPIC)**

**85. 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. Refused

**SEATBELT (CDC-CORE)**

**SEATBELT.**

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

- 1. Always
- 2. Nearly always
- 3. Sometimes
- 4. Seldom
- 5. Never
- 6. Never drive or ride in a car

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

**AGEB (CDC-CORE-NEW)**

**87. What is your age?**

\_\_\_ Enter age in years

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

(Go to REF\_DEMO)  
(Go to REF\_DEMO)

**HISP3 (CDC-CORE-NEW)**

**YESNO.**

**88. Are you HISPANIC or LATINO (this includes Mexican American, Latin American, Puerto Rican or Cuban)?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

(Go to REF\_DEMO)  
(Go to REF\_DEMO)

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

**ORACEB.**

**89. 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)

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

(Go to REF\_DEMO)  
(Go to REF\_DEMO)

(PROB ORACE2X IF HISP2=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.**

90. 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 MARITAL)  |
| 3. Asian                                     | (Go to ORACE2)   |
| 4. Native Hawaiian or Other Pacific Islander | (Go to ORACE2A)  |
| 5. American Indian or Alaska Native          | (Go to MARITAL)  |
| 6. Other: (specify) ----->                   | (Go to MARITAL)  |
| 77. Don't know/Not sure                      | (Go to REF_DEMO) |
| 99. Refused                                  | (Go to REF_DEMO) |

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

**ORACE2A (CA)**

**ORACE2A.**

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

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

**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.**

92. 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
- 
- 77. Don't know/not sure
  - 99. Refused

**CHILD18 (CDC-C-wording change)**

**Type VII**

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

\_\_\_ Enter Number of children

- 77. Don't Know (Go to EDUCA)
- 88. None (Go to EDUCA)
- 99. Refused (Go to EDUCA)

**CHILDAGE (CA)**

**Type VII**

**94. (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.**  
**95. 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.**

**96. 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

HHSIZE (CA) \*\*\* Calculated variable do not ask \*\*\* (not formatted)  
 96b Household size. ((NUMADULT-NHHADULT)+CHILD18)

**INCOM01 (CDC-CORE modified categories)****INCOME.C.**

**97. 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

**THRESH01(CA)**

**YESNO.**

**98. 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
  
- 77. Don't know/Not sure
- 99. Refused

INCOM01 =	1(<10)	2(10-15)	3(15-20)	4(20-25)	5(25-35)	6(35-50)	7(50-75)	8(75-100)	9(>100)
HHSIZE= 1	8,590		17,180		25,770				
(Household 2		11,610		23,220	34,830				
Size) 3		14,630			29,260	43,890			
4			17,650			35,300	52,950		
5				20,670		41,340	62,010		
6				23,690		47,380	71,070		
7				26,710			53,420	80,130	
8					29,730		59,460	89,190	
9					32,750		63,100	98,250	
10						35,770	71,540		107,310
11						38,790		77,580	116,370
12						41,810		83,620	125,430
13						44,830		89,660	134,490

(100%, 200% and 300% of Federal Poverty Line; From: Federal Register, Feb 16, 2001)

**WEIGHT (CDC-CORE)**

**(not formatted)**

**99. 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)**

**100. 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)****101. What county do you live in?**

001. ALAMEDA  
 003. ALPINE  
 005. AMADOR  
 007. BUTTE  
 009. CALAVERAS  
 011. COLUSA  
 013. CONTRA COSTA  
 015. DEL NORTE  
 017. EL DORADO  
 019. FRESNO  
 021. GLENN  
 023. HUMBOLDT  
 025. IMPERIAL  
 027. INYO  
 029. KERN  
 031. KINGS  
 033. LAKE  
 035. LASSEN  
 037. LOS ANGELES  
 039. MADERA

041. MARIN  
 043. MARIPOSA  
 045. MENDOCINO  
 047. MERCED  
 049. MODOC  
 051. MONO  
 053. MONTEREY  
 055. NAPA  
 057. NEVADA  
 059. ORANGE  
 061. PLACER  
 063. PLUMAS  
 065. RIVERSIDE  
 067. SACRAMENTO  
 069. SAN BENITO  
 071. SAN BERNARDINO  
 073. SAN DIEGO  
 075. SAN FRANCISCO  
 077. SAN JOAQUIN  
 079. SAN L OBISPO

081. SAN MATEO  
 083. SANTA BARBARA  
 085. SANTA CLARA  
 087. SANTA CRUZ  
 089. SHASTA  
 091. SIERRA  
 093. SISKIYOU  
 095. SOLANO  
 097. SONOMA  
 099. STANISLAUS  
 101. SUTTER  
 103. TEHAMA  
 105. TRINITY  
 107. TULARE  
 109. TUOLUMNE  
 111. VENTURA  
 113. YOLO  
 115. YUBA  
 777. Don't Know/Not Sure  
 999. Refused

**COUNTYA.****NUMHOLD2 (CDC-CORE)****102. 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
- 7. Don't know
- 9. Refused

**YESNO.**

(Go to ZIPCODE)

(Go to ZIPCODE)

(Go to ZIPCODE)

**NUMPHON3 (CDC-CORE)****103. 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

**ZIPCODE (CA)**

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

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

77777 Don't know/Not sure

99999 Refused

*IF AGEB LT 45 AND SEX EQ 2 go to PREGNANT*

*IF AGEB GE 45 go to ASTHKID*

**PREGNANT (CDC-C)**

**YESNO.**

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

1. Yes

2. No

77. Don't know/Not sure

99. Refused

*IF CHILD18 >= 1 GO TO ASTHKID; ELSE GO TO EPHEDRA2*

**Next I would like to ask you a few more questions about asthma.**

**ASTHKID (CA-EHIB)**

**106. 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 EPHEDRA2)

77. Don't know

(Go to EPHEDRA2)

99. Refused

(Go to EPHEDRA2)

**ASTHAGE3 (CA-EHIB) (not formatted)**

**107. [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



Next I would like to ask you a few questions about the supplement ephedra  
**EPHEDRA2 (CA-FDB-NEW)**

**YESNO.**

**108. Ephedra supplements are commonly taken for weight loss, body building, and to boost energy. In the last 12 months, have you taken any supplements, including capsules, tablets, or liquids, containing ephedrine or ephedra, which may be called Ma Huang (MAH WONG)?**

- 1. Yes
- 2. No (Go to LEADCAUS)
- 3. Do not know what ephedra is (Go to LEADCAUS)
- 77. Don't know/Not sure (Go to LEADCAUS)
- 99. Refused (Go to LEADCAUS)

**EPHEDSTP (CA-FDB-NEW)**

**YESNO.**

**109. In the last 12 months, did you stop taking the ephedra supplement because of a bad reaction or because you didn't like how it made you feel?**

- 1. Yes
- 2. No (Go to LEADCAUS)
- 77. Don't know/Not sure (Go to LEADCAUS)
- 99. Refused (Go to LEADCAUS)

**EPHEDDR (CA-FDB-NEW)**

**EPHEDDR.**

**110. Did you go to the emergency room or see a doctor or other health professional because of this reaction? (if yes, probe)**

- 1. Yes – went to the emergency room
- 2. Yes – saw a doctor or other health professional
- 3. No
- 77. Don't know/Not sure
- 99. Refused

**LEADCAUS (CA-LEAD PROGRAM-NEW)**

**LEADCAUS.**

**111. Now I would like to ask you some questions about environmental health issues.**

**What do you think is the most common cause of lead poisoning in young children? (Do not read responses)**

- 1. Paint from old houses
- 2. Drinking water
- 3. Pollution
- 4. Hazardous waste
- 5. Parent's occupation
- 6. Hobbies
- 7. Ceramic pottery
- 8. Candy
- 9. Other food item
- 10. Dirt/Soil
- 11. Dust
- 12. Bullets/fishing sinkers/other hobbies
- 13. Other
  
- 77. Don't know/Not sure
- 99. Refused

IF CHILD < age 6 then go to LEAD1B else go to LEAD4B

(Ask this of the children in this order: 2 year-old, 1 year-old, 3 year-old, 4 year-old, 5 year-old , but only ask once)

**LEAD1B (CA-LEAD PROGRAM-NEW)**

**YESNO.**

**112. This question is about the \*\*-year-old child who lives in your house. Including your own home, does this child live in or spend a lot of time in any place built before 1978?**

- 1. Yes
- 2. No

(Skip to LEAD4B)

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

(Skip to LEAD4B)  
(Skip to LEAD4B)

**LEADCHIP (CA-LEAD PROGRAM-NEW)**

**YESNO.**

**113. Do any of these places have peeling or chipped paint?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**LEADFIX (CA-LEAD PROGRAM-NEW)**

**YESNO.**

**114. Have any of these places been recently renovated?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**LEAD4B (CA-LEAD PROGRAM-NEW)**

**YESNO.**

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

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**LEADCNDY (CA-LEAD PROGRAM-NEW)**

**YESNO.**

**116. Do members of your household eat candy that was made in Mexico?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

IF CHILD < age 6 then go to CAREKID else go to STIFF2

(Ask this of the children in this order: 2 year-old, 1 year-old, 3 year-old, 4 year-old, 5 year-old , but only ask once)

**CAREKID (CA-LEAD PROGRAM-NEW)**

**YESNO.**

**117. Are you one of the persons most likely to have taken the \*\*-year-old living in your house to a regular medical check-up during the past year?**

- 1. Yes
- 2. No (go to STIFF2)
- 77. Don't know/Not sure (Go to STIFF2)
- 99. Refused (Go to STIFF2)

***The next 2 questions are to be asked only of respondents with a child living in the household < 6 years of age AND only if the respondent reported that he or she is one of the primary care providers for the youngest child—***

**LEAD6 (CA-LEAD PROGRAM-NEW)**

**YESNO.**

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

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**LEADTEST (CA-LEAD PROGRAM-NEW)**

**YESNO.**

**119. During the past 12 months, was the \*\* -year-old child living in your household tested for lead poisoning?**

**\*\* Ask about 2-year-olds first; then 1-year-olds; then 3, 4, and 5-year-olds in that order, but only ask about the first one in the hierarchy.**

- 1. Yes
- 2. No
- 3. Had a blood test, but not sure if tested for lead poisoning
- 7. Don't know/Not sure
- 9. Refused (refused question)

**STIFF2 (CA-CDCB-ARTHRITIS Module-NEW)**

**YESNO.**

**120. The next questions refer to your joints. Please do NOT include the back or neck. During the past 30 days, have you had any symptoms of pain, aching, or stiffness in or around a joint?**

- 1. Yes
- 2. No (Go to ARTHRITC)
- 77. Don't Know/Not Sure (Go to ARTHRITC)
- 99. Refused (Go to ARTHRITC)

**SYMP3M (CA-CDCB-ARTHRITIS Module-NEW)**

**YESNO.**

**121. Did your joint symptoms FIRST begin more than 3 months ago?**

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

**JNTDOC2 (CA-CDCB-ARTHRITIS Module-NEW)**

**YESNO.**

**122. Have you EVER seen a doctor or other health professional for these joint symptoms?**

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

**ARTHRITC (CA-CDCB-ARTHRITIS Module-NEW)**

**YESNO.**

**123. Have you EVER been told by a doctor that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (FI – bro – my – al – jah)?**

- 1. Yes
- 2. No If STIFF2 = 2, 77, 99 then go to ARTFND
- 77. Don't Know/Not Sure If STIFF2 = 2, 77, 99 then go to ARTFND
- 99. Refused If STIFF2 = 2, 77, 99 then go to ARTFND

*interviewer note (for QSI): arthritis diagnoses include:*

- 1. rheumatism, polymyalgia rheumatica
- 2. osteoarthritis (NOT osteoporosis)
- 3. tendonitis, bursitis, bunion, tennis elbow
- 4. carpal tunnel syndrome, tarsal tunnel syndrome
- 5. joint infection, Reiter's syndrome
- 6. ankylosing spondylitis; spondylosis
- 7. rotator cuff syndrome
- 8. connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- 9. vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**LIMITJN2 (CA-CDCB-ARTHRITIS Module-NEW)**

**YESNO.**

**124. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?**

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

*QSI -Interviewer note: If a respondent question arises about medication, then the interviewer replies: "please answer the next question based on how you are when you are taking any of the medications or treatments you might use"*

**If 18<=AGEB<=64 THEN GO TO ARTHWORK, ELSE GO TO ARTFND**

**ARTHWORK (CA-CDCB-ARTHRITIS Module-NEW)**

**YESNO.**

**125. In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?**

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

**ARTFND (CA-CDCB)**

**YESNO.**

**126. Have you ever contacted the Arthritis Foundation?**

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

**RESTRIC3 (CA-CDCB-QOL Module)**

**YESNO.**

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

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**EQUIP (CA-CDCB-QOL Module)**

**YESNO.**

**128. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, 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

*IF RESTRIC3=1 or EQUIP=1 go to MAJRPRB2, else go to DAYSPAIN*

**MAJRPRB2 (CA-CDCB-QOL Module-modified)**

**MAJRPRBB.**

**129. What is your major impairment or health problem?**

Read Only if Necessary

- 1. Arthritis/rheumatism
- 2. Back or neck problem
- 3. Fractures, bone/joint injury
- 4. Walking problem
- 5. Lung/breathing problem
- 6. Hearing problem
- 7. Eye/vision problem
- 8. Heart problem
- 9. Stroke problem
- 10. Hypertension/high blood pressure
- 11. Diabetes
- 12. Cancer
- 13. Depression/anxiety/emotional problem
- 14. Other impairment/problem
- 77. Don't know/Not sure
- 99. Refused

**PROBLONG (CA-CDCB-QOL Module)**

**XXIII**

**130. For how long have your activities been limited because of your major impairment or health problem?**

- 1. \_\_\_ Days
- 2. \_\_\_ Weeks
- 3. \_\_\_ Months
- 4. \_\_\_ Years
- 777. Don't know/Not Sure
- 999. Refused

**PERSHELP (CA-CDCB-QOL Module)**

**YESNO.**

**131. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?**

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

**RUTNHELP (CA-CDCB-QOL Module)**

**YESNO.**

**132. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?**

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

**DAYSPAIN (CA-CDCB-QOL Module)**

**Type I.**

**133. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?**

- \_\_\_ Number of days
- 88. None
- 77. Don't know/Not sure
- 99. Refused

**DAYSSAD (CA-CDCB-QOL Module)**

**Type I.**

**134. During the past 30 days, for about how many days have you felt sad, blue, or depressed?**

- \_\_\_ Number of days
- 88. None
- 77. Don't know/Not sure
- 99. Refused

**DAYSANX (CA-CDCB-QOL Module)**

**Type I.**

**135. During the past 30 days, for about how many days have you felt worried, tense, or anxious?**

- \_\_\_\_\_ Number of days
- 88. None
- 77. Don't know/Not sure
- 99. Refused

**DAYSLEEP (CA-CDCB-QOL Module)**

**Type I.**

**136. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?**

- \_\_\_\_\_ Number of days
- 88. None
- 77. Don't know/Not sure
- 99. Refused

**DAYSVIGR (CA-CDCB-QOL Module)**

**Type I.**

**137. During the past 30 days, for about how many days have you felt very healthy and full of energy?**

- \_\_\_\_\_ Number of days
- 88. None
- 77. Don't know/Not sure
- 99. Refused

*If respondent is female, 45 years of age or older, or pregnant, or male 60 years or older, go to next section. Questions are asked of females 18-44 years of age and males 18-59 years of age*

**The next few questions ask about pregnancy and ways to prevent pregnancy.**

**BCNTRL (CDC-CORE-NEW)**

**BCNTRL.**

**138. Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert "you"; insert "her" if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.**

(If multiple partners, consider usual method)

- 1. Yes
- 2. No (Go to BCWHYNT2)
- 3. No partner/not sexually active (Go to HADMAM2)
- 4. Same sex partner (Go to HADMAM2)
- 77. Don't know/Not sure (Go to HADMAM2)
- 99. Refused (Go to HADMAM2)

**BCTYPE2 (CDC-CORE-NEW)**

**BCTYPE2.**

**139. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert "you"; insert "her" if male] from getting pregnant?**

(INTERVIEWER: Record respondent's condition if both have had sterilization procedures)

Read Only if Necessary

- |  |                 |
|--|-----------------|
| 1. Tubes tied (sterilization)                | (Go to HADMAM2) |
| 2. Vasectomy (sterilization)                 | (Go to HADMAM2) |
| 3. Pill/Oral contraceptive                   |                 |
| 4. Condoms                                   |                 |
| 5. Foam, jelly, cream                        |                 |
| 6. Diaphragm                                 |                 |
| 7. Norplant                                  |                 |
| 8. IUD                                       |                 |
| 9. Shots (Depo-Provera)                      |                 |
| 10. Withdrawal                               |                 |
| 11. Not having sex at certain times (rhythm) |                 |
| 12. No partner/Not sexually active           | (Go to HADMAM2) |
| 13. Other method(s)                          |                 |
| 77. Don't know/not sure                      | (Go to HADMAM2) |
| 99. Refused                                  | (Go to HADMAM2) |

**BCOTHR (CDC-CORE-NEW)**

**BCTYPE2.**

**140. What other method are you also using to prevent pregnancy?**

Read only if necessary

- 1. Tubes tied (sterilization)
- 2. Vasectomy (sterilization)
- 3. Pill/Oral contraceptive
- 4. Condoms
- 5. Foam, jelly, cream
- 6. Diaphragm
- 7. Norplant
- 8. IUD
- 9. Shots (Depo-Provera)
- 10. Withdrawal
- 11. Not having sex at certain times (rhythm)
- 12. No partner/Not sexually active
- 13. Other methods(s)
- 87. NO other method(s)
- 77. Don't know/not sure
- 99. Refused



IF SEX=1 Go to PSAHAD2; IF SEX=2 go to HADMAM2

**BCWHYNT2 (CDC-CORE-NEW)**

**BCWNYNT2.**

**141. [FEMALES] What is your main reason for not doing anything to keep you from getting pregnant?  
[MALES] What is your main reason for not doing anything to keep your partner from getting pregnant?**

Read Only if Necessary

1. Not sexually active/no partner
2. Didn't think was going to have sex/no regular partner
3. You want a pregnancy
4. You or your partner don't want to use birth control
5. You or your partner don't like birth control/fear side effects
6. You can't pay for birth control
7. Lapse in use of a method
8. Don't think you or your partner can get pregnant
9. You or your partner had tubes tied (sterilization)
10. You or your partner had a vasectomy (sterilization)
11. You or your partner had a hysterectomy
12. You or your partner are too old
13. You or your partner are currently breast-feeding
14. You or your partner just had a baby/postpartum
15. Other reason
16. Don't care if get pregnant
17. Same sex partner
18. Partner is pregnant now
77. Don't know/not sure
99. Refused

If SEX=1 go to PSAHAD2; if SEX=2 go to HADMAM2

**HADMAM2 (CDC-CORE-MODIFIED)**

**YESNO.**

(Note: asked of all women)

**142. I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

1. Yes
2. No (Go to HADCBE2)
77. Don't know/Not sure (Go to HADCBE2)
99. Refused (Go to HADCBE2)

*Interviewer note for QSI: A mammogram involves pressing the breast between 2 plastic plates.*

**HOWLONG2 (CDC-C)**

**143. 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

77. Don't know/Not sure

99. Refused

**HOWLNGC.**

**WHYDONE (CA-CSS)**

**144. 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

77. Don't know/Not sure

99. Refused

**WHYDONE.**

**HADCBE2 (CDC-C-MODIFIED)**

**145. A clinical breast exam is when a doctor or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?**

- 1. Yes
- 2. No

77. Don't know/Not sure

99. Refused

**YESNO.**

(Go to HADPAP2)

(Go to HADPAP2)

(Go to HADPAP2)

**WHENCBE (CDC-C)**

**146. 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

77. Don't know/Not sure

99. Refused

**HOWLNGC.**

**WHYCBE (CA-CSS)**

**WHYCBE.**

**147. 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
  
- 77. Don't know/Not sure
- 99. Refused

**HADPAP2 (CDC-CORE-MODIFIED)**

**YESNO.**

**148. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?**

- 1. Yes
- 2. No (Go to HYSTER2)
  
- 77. Don't know/Not sure (Go to HYSTER2)
- 99. Refused (Go to HYSTER2)

*Interviewer note for QSI: a Pap smear is where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present.*

**WHENPAP2 (CDC-CORE)**

**HOWLNGB.**

**149. 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
  
- 77. Don't know/Not sure
- 99. Refused

**WHYPAP (CA-CSS)**

**WHYPAP.**

**150. 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
  
- 77. Don't know/Not sure
- 99. Refused

IF PREGANT=1 or BCWHYNT2=11 then go to PSAHAD2 else go to HYSTER2

**HYSTER2 (CDC-C)**

**YESNO.**

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

- 1. Yes
- 2. No
  
- 77. Don't know/Not sure
- 99. Refused

If SEX=1 and AGE B GE 40 then go to PSAHAD2 else to HADSTLHM

**PSAHAD2 (CDC-CORE)**

**YESNO.**

**152. Now I would like to ask you some questions about cancer screening tests. 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 HADDRE3)
  
- 77. Don't Know/not Sure (Go to HADDRE3)
- 99. Refused (Go to HADDRE3)

**PSAWHEN2 (CDC-CORE)**

**HOWLNGC.**

**153. 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
- 77. Don't know
- 99. Refused

**HADDRE3 (CDC-CORE-REWORDED)**

**YESNO.**

**155. A digital rectal exam is an exam in which a doctor 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)
  
- 77. Don't know/Not sure (Go to PROSDR)
- 99. Refused (Go to PROSDR)

**WHNDRE2 (NEW-CDC-CORE)**

**HOWLNGC.**

**155. 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

- 77. Don't know
- 99. Refused

**PROSDR2 (CDC-CORE-REWORDED)**

**YESNO.**

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

- 1. Yes
- 2. No

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

*IF AGEB GE 40 GO TO HADSTLHM ELSE GO TO HAVEGUN2*

**HADSTLHM (CDC-CORE) (Note: Asked only of persons 40 and over)**

**YESNO.**

**157. (If male "And 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 HADSIG3)

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

(Go to HADSIG3)

(Go to HADSIG3)

**WHENSTO3 (CDC-CORE)**

**WHEN.**

**158. 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

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

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

**159. 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 HAVEGUN2)
  
- 77. Don't Know/Not sure (Go to HAVEGUN2)
- 99. Refused (Go to HAVEGUN2)

**WHENSIG4 (CDC-CORE)**

**WHENC.**

**160. 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
  
- 77. Don't Know /Not sure
- 99. Refused

**Now I would like to ask you about firearms.**

**HAVEGUN2 (CDC-CORE)**

**YESNO.**

**161. 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 RACEOTHR)
  
- 77. Don't know/Not sure (Go to RACEOTHR)
- 99. Refused (Go to RACEOTHR)

**HANDGUN4 (CA-EPIC)**

**YESNO.**

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

- 1. Yes
- 2. No
  
- 77. Don't know/Not sure
- 99. Refused

**LONGGUN (CA-EPIC)**

**YESNO.**

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

- 1. Yes
- 2. No
  
- 77. Don't know/Not sure
- 99. Refused

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

**LOCKED3 (CA-EPIC)**

**YESNO.**

**164. 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 RACEOTHR)
  
- 77. Don't know/Not sure
- 99. Refused

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

**LOCKED4 (CA-EPIC) YESNO.**

**165. 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 RACEOTHR)
  
- 77. Don't know/Not sure
- 99. Refused

**WHYGUN2 (CA-EPIC) WHYGUN.**

**166. 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. Inherited/belonged to ex-partner or ex-spouse
- 6. Refused module (Go to RACEOTHR)
  
- 77. Don't know
- 96. Other (specify)
- 99. Refused

**GUNSAFE (CA-EPIC) YESNO.**

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

- 1. Yes
- 2. No
- 3. Refused to continue with gun module (Go to RACEOTHR)
  
- 77. Don't know/Not sure
- 99. Refused

**GUNUSED2 (CA-EPIC) YESNO.**

**168. 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

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

*IF AGE BLE 64 THEN GO TO HIVPG, ELSE GO TO RACEOTHR*

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 (CDC CORE)**

**TRUE.**

**169. 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

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

**HIVTRT (CDC CORE)**

**TRUE.**

**170. 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)

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

(Go to HIVIMPT)

(Go to HIVIMPT)

**HIVIMPT(CDC CORE)**

**IMPORTB.**

**171. 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
- 77. Don't know/Not sure
- 99. Refused



**AIDSTST7 (NEW-CDC CORE)**

**YESNO.**

**172. 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 (Go to STDPREV2)
- 77. Don't know/Not sure (Go to STDPREV2)
- 99. Refused (Go to STDPREV2)

**TSTDATE (NEW-CDC CORE)**

**173. Not including blood donations, in what month and year was your last HIV test? (Include saliva tests)**  
interviewer note: If response is before January 1985 code "don't know" Code 4 digit year.

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

**REASTST5 (NEW-CDC CORE)**

**REASTST2.**

**174. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?**

- Please Read
- 1. It was required
- 2. Someone suggested you should be tested
- 3. You thought you may have gotten HIV through sex or drug use
- 4. You just wanted to find out whether you had HIV
- 5. You were worried that you could give HIV to someone
- 6. IF FEMALE: You were pregnant
- 7. It was done as part of a routine medical check-up
- 8. Or you were tested for some other reason
- 77. Don't Know/Not Sure
- 99. Refused

**WHERTST6 (NEW-CDC CORE)**

**WHERTST2.**

**175. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?**

- 1. Private doctor or HMO
- 2. Counseling and testing site
- 3. Hospital
- 4. Clinic
- 5. In a jail or prison (or other correctional facility)
- 6. Home
- 7. Somewhere else

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

**HIVRISK (NEW-CDC CORE)**

**YESNO.**

**176. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.**

**You have used intravenous drugs in the past year**

**You have been treated for a sexually transmitted or venereal disease in the past year**

**You have given or received money or drugs in exchange for sex in the past year**

**You had anal sex without a condom in the past year**

**Do any of these situations apply to you?**

1. Yes

2. No

77. Don't Know/Not Sure

99. Refused

*IF AGE IS LE 44 THEN GO TO HIVPG, ELSE GO TO RACEOTHR*

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

**STDPREV2 (NEW-CDC CORE)**

**YESNO.**

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

1. Yes

2. No

3. Refused Module

(Go to RACEOTHR)

77. Don't know/Not sure

99. Refused

**HERPYN(CA-STD)**

**YESNO.**

**178. 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 RACEOTHR)

77. Don't know/Not sure

99. Refused

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

(Go to RACEOTHR)

*IF CHLAMYN=3 then go to SEXBADV, ELSE GO TO CHLMTST2*

**CHLMTST2 (CA-STD NEW)**

**YESNO.**

**180. Have you been tested for Chlamydia during the past 12 months?**

- 1. Yes
- 2. No
- 3. Refused Module
- 77. Don't know/Not sure
- 99. Refused (refused question)

(Go to RACEOTHR)

**SEXBADV (CA-STD NEW)**

**YESNO.**

**181. In the last three years, has a doctor or other health care professional asked you about your sexual behavior?**

- 1. Yes
- 2. No
- 3. Refused Module
- 77. Don't know/Not sure
- 99. Refused

(Go to RACEOTHR)

**STDKID (CA-STD NEW)**

**YESNO.**

**182. If you had a child in 6th, 7th or 8th grade, would you want him or her to learn in school about the use of condoms to prevent sexually transmitted diseases including HIV?**

- 1. Yes
- 2. No
- 3. Refused Module
- 77. Don't know/Not sure
- 99. Refused

(Go to RACEOTHR)

**SEXPART (CA-STD NEW)**

**SEXPART.**

**183. How many sexual partners have you had in the past 12 months? Would you say none, one, two, or more than two?**

- 1. 1
- 2. 2
- 3. More than 2
- 4. NONE (Go to RACEOTHR)
- 5. Have not had sexual intercourse (ever) (Go to RACEOTHR)
- 77. Don't Know/Not Sure (Go to RACEOTHR)
- 88. Not Applicable (Go to RACEOTHR)
- 99. Refused (Go to RACEOTHR)

**SEXTALK (CA-STD NEW)**

**SEXTALK.**

**184. Thinking about your current or most recent sexual partner, which of the following statements best describes how seriously you have talked about sexually transmitted diseases with that partner? Would you say you: talked seriously about sexually transmitted diseases, mentioned sexually transmitted diseases but not seriously, never talked about sexually transmitted diseases?**

- 1. talked seriously about sexually transmitted diseases
- 2. mentioned sexually transmitted diseases but not seriously
- 3. never talked about sexually transmitted diseases
- 77. Don't know/Not Sure
- 99. Refused

**RACEOTHR (CDC-PILOT-NEW)**

**RACEOTHR.**

**185. Earlier you told us about your race. Now I will ask some questions about reactions to your race. How do OTHER PEOPLE usually classify you in this country? Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, multiracial or some other group?**

- 1. White
- 2. Black or African American
- 3. Hispanic or Latino
- 4. Asian
- 5. Native Hawaiian or other Pacific Islander
- 6. American Indian or Alaska Native
- 7. Multi-racial
- 96. Other
- 77. Don't know/not sure
- 99. Refused

**RACETHNK (CDC-PILOT-NEW)**

**RACETHNK.**

**186. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly? (If respondent can not choose between 2 responses, choose the less frequent response).**

- 1. Never
- 2. Once a year
- 3. Once a month
- 4. Once a week
- 5. Once a day
- 6. Once an hour
- 7. Constantly
  
- 77. Don't know/not sure
- 99. Refused

**[Instruction to interviewer: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response].**

**IF EMPLOY2=1,2,3 then go to RACEWORK, else go to RACEHLTH**

**RACEWORK (CDC-PILOT-NEW)**

**RACEWORK.**

**187. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?**

- 1. Worse than other races
- 2. The same as other races
- 3. Better than other races
- 4. Worse than some races, better than others
- 5. Only encountered people of the same race
- 77. Don't know/know sure
- 99. Refused

**RACEHLTH (CDC-PILOT-NEW)**

**RACEWORK.**

**188. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than people of other races?**

- 1. Worse than other races
- 2. The same as other races
- 3. Better than other races
  
- 4. Worse than some races, better than others
- 5. Only encountered people of the same race
  
- 77. Don't know/know sure
- 99. Refused

***Interviewer note: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."***

**RACEFEEL (CDC-PILOT-NEW)**

**YESNO.**

**189. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**RACEPHYS (CDC-PILOT-NEW)**

**YESNO.**

**190. Within the past 30 days, have you experienced any physical symptoms, for example a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?**

- 1. Yes
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**POWERLB (CA-EHIB-NEW)**

**POWERLB.**

**191. Finally we would like to ask you a few questions about environmental health issues. What best describes your opinion of magnetic fields from power lines on big metal towers running across town? Would you say they**

- 1. Will not cause disease
- 2. Probably won't cause disease
- 3. Could cause some disease
- 4. Could definitely cause some disease
- 5. Doesn't know what a magnetic field is [DO NOT READ]
- 6. No opinion [DO NOT READ]
- 77. Don't know/Not sure
- 99. Refused

**BILL (CA-EHIB-NEW)**

**BILL.**

**192. Some have proposed adding 25 cents once a year to electricity bills to fund an ongoing research program on potential health effects from power lines and electrical appliances. Would you support this?**

- 1. Yes
- 2. No
- 3. Need more information
- 77. Don't know/Not sure
- 99. Refused

**BILLBURY(CA-EHIB-NEW)**

**BILL.**

**193. Would you support an increase in utility bills by 3% for ten years to bury transmission lines to avoid magnetic fields.**

1. Yes
2. No
3. Need more information

77. Don't know/Not sure

99. Refused

**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