

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2008
Track I

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

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**Behavioral Risk Factor Surveillance System
2008 State Questionnaire
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INTROQ

HELLO, I'm (interviewer name) calling for the California Department of Public Health 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 represent 2,500 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 2,500 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?

____ the number of men (0-9)

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

____ 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 ill be confidential. (Go to GENHLTH-Q1)
- 2. No ---> May I speak with him or her? (When selected adult answers :)

Hello, I'm (interviewer name) from the California Department of Public Health 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 5,000 other {men/women} in California. Your participation in this voluntary survey will contribute valuable information used by state and federal health policy makers. We will collect NO information that can identify you. There is no risk to you. All information you give us will be confidential. If there is a question you cannot or do not wish to answer, please tell me and we can move on. If you have any questions about this survey that I cannot answer, I will provide a toll free telephone number for you to call.

While supervisory staff may monitor this interview for quality control purposes, all the information obtained in this study will be confidential.

SEX INTERVIEWER: Enter sex of respondent.

1. Male
2. Female

RESPOND

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

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

Is this (phone number) ?

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

Is this a private residence in California?

If "no,"

Thank you very much, but we are only interviewing private residences. (Stop)

Is this a cellular telephone? By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

1. Yes---> Thank you very much, but we are only interviewing land line telephones and private residents. STOP
2. No ---> (Continue)

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

Section 1: Health Status

GENHLTH (CDC-CORE)

HEALTH.

1.1 **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

Section 2: Healthy Days – Health-Related Quality of Life

PHYSHLTH (CDC-CORE)

TYPE VII.

2.1 **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.

2.2 **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 (CDC-CORE)

TYPE VII.

2.3 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

Section 3: Health Care Access

HAVEPLN3 (CDC-CORE)

YESNO.

3.1 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-CORE)

YESNO.

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

3.2 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 have health care coverage through:

	Yes	No	Dk/Ns	Ref	
Your employer	1	2	77	99	EMPPLAN
Someone else's employer, like your spouse's or parents employer	1	2	77	99	OEMPLAN
A plan that you or someone else buys on your own	1	2	77	99	OWNPLAN
Medicare	1	2	77	99	MEDICARE
Medi-Cal (Medicaid)	1	2	77	99	MEDICAL
The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA]	1	2	77	99	MILPLAN
The Indian Health Service	1	2	77	99	INDPLAN
A source other than the ones already mentioned	1	2	77	99	OTHPLAN

IF NO "YES" RESPONSES TO 3.01.01-3.01.08 GO TO PERSDOC
 If HLTHPLAN responses A – H >1 then go to MAINPLAN, else go to PERSDOC

MAINPLAN (CA-CORE)

MAINPLN.

3.3 What type of health care coverage do you use to pay for MOST of your medical care? Is it coverage through:

1. Your employer
2. Someone else's employer, like your spouse's or parent's employer
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. A source other than the ones already mentioned

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

PERSDOC (CDC-CORE)

YESNO.

3.4 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 (DO NOT PROBE)
2. More than one
3. (probe) No

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

NOMEDB (CDC-CORE) [PAYNOGOC in dataset]

YESNO.

3.5 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1. Yes
2. No

77. Don't know
99. Refused

CHECKUP2 (CDC-CORE)

HOWLNGC.

3.6 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (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

Section 4: Sleep

The next question is about getting enough rest or sleep.

ENUFREST (CDC-CORE) (NEW)

4.1 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

Section 5: Exercise

EXERANY1 (CDC-CORE)

YESNO.

5.1 The next question is about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties. 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

Section 6: Diabetes

DIABCOR2 (CDC-CORE)

DIABCORB.

6.1 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? (If Respondent says pre-diabetes or borderline diabetes, use response "pre-diabetes").

- 1. Yes
- 2. No (Go to PREDMBGT)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 4. Pre-diabetes or borderline diabetes (Go to PREDMBGT)

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

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

DIABGEST (CA, DBCP)

YESNO.

6.2 Was this ONLY while you were pregnant?

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

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

DIABAGE (CA-DBCP-DIABETES MODULE)

TYPE XV.

(Note: Asked if (SEX=1 & DIABCOR2=1) or (SEX=2 & DIABCOR2=1 & DIABGEST ne 1))

6.3 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.

6.4 Are you now taking insulin?

- 1. Yes
- 2. No

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

CHKGLU (CA-DBCP-DIABETES MODULE)

TYPE XIX.

6.5 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.

6.6 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

DIABDOC2 (CA-DBCP-DIABETES MODULE)

TYPE I.

6.7 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
- 77. Don't know
- 99. Refused

DIABDOC3 (CA-DBCP-DIABETES MODULE)

TYPE I.

6.8 A test for "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 "A one C"?

___ number of times (verify if GT DIABDOC2)

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

(Asked if CHKSORE2 ne "NO FEET")

CHKSORE (CA-DBCP-DIABETES MODULE)

TYPE I.

6.9 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.

6.10 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
- 5. Never

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

RETINHAD (CA-DBCP-DIABETES MODULE)

YESNO.

6.11 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.

6.12 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

NOTE: SKIP PATTERNS

IF SEX = 1 (Male) and DIABCOR2 = 1, go to DIABPRVN

IF SEX = 2 (Female) and ((DIABCOR2 = 1 or DIABCOR2 = 3) and DIABGEST EQ 2), go to DIABPRVN

IF SEX = 2 (Female) and ((DIABCOR2 = 1 or DIABCOR2 = 3) and DIABGEST NE 2), go to PREDMBGT

If DIABCOR2 = 4, go to PREDMBGT

Else if DIABCOR2 = 2, 77 or 99, go to PREDMBGT

Note: Only asked of those not responding “Yes” to Core Q6.1 (Diabetes awareness question).

PREDMBGT (CDC-PRE-DIABETES MODULE CA-DBCP) (NEW) YESNO.

6.13 Have you had a test for high blood sugar or diabetes within the past three years?

- 1. Yes
- 2. No

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

CATI note: If DIABCOR2 = 4 (No, pre-diabetes or borderline diabetes); answer 6.14 “Yes” (code = 1).

PREDIAB (CDC-PRE-DIABETES MODULE CA-DBCP) YESNO.

6.14 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

- 1. Yes
- 2. No

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

DIABRISK (CA-DBCP) YESNO.

6.15 Have you ever been told by a medical professional that you are at risk for diabetes?

- 1. Yes
- 2. No

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

DIABPRVN (CA-DBCP) Ask if DIABCOR2 <> 1 or DIABGEST=1 **YES/NO.**

6.16 In order to prevent diabetes, have you tried to lose weight, change your diet or increase your physical activity during the past year?

(IF DIABCOR2=1 and DIABGEST <> 1)

In order to control diabetes, have you tried to lose weight, change your diet or increase your physical activity during the past year?

- 1. Yes
- 2. No

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

DIABFMLY (CA-DBCP)

6.17 Which, if any, of your biological family members ever had diabetes? (Check all that apply)

- 1. None DIABF_A
- 2. Father DIABF_B
- 3. Mother DIABF_C
- 4. Brother DIABF_D
- 5. Sister DIABF_E
- 6. Son DIABF_F
- 7. Daughter DIABF_G
- 8. Other (specify) DIABF_H
- 9. Grandparent/Grandchildren DIABF_I
- 10. Aunt/Uncle/Niece/Nephew/Great Grandparents DIABF_J

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

Section 7: Oral Health

WHENDNT4 (CDC-CORE) [WHENDNT3 in dataset] **HOWLONG.**

7.1 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
- 5. Never

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

LOSTEET2 (CDC-CORE) [LOSTETH2 in dataset]

LOSTETH.

7.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

1. 1 to 5
2. 6 or more but not all
3. All

8. None
7. Don't know / Not sure
9. Refused

CATI note: If Q7.1 = 5 (Never) or Q 7.2 = 3 (All), go to next section.

DENTCLN (CDC-CORE)

HOWLONG.

7.3 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

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

Section 8: Cardiovascular Disease Prevalence

HEART (CDC-CORE) [HEART2 in dataset]

YESNO.

8.1 Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse or other health professional EVER told you that you had a heart attack, also called a myocardial infarction (MY-O-CARD-EE-AL IN-FARK-SHUN)?

1. Yes
2. No

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

ANGINA (CDC-CORE)

YESNO.

8.2 Has a doctor, nurse or other health professional EVER told you that you had angina or coronary heart disease?

- 1. Yes
- 2. No

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

STROKE (CDC-CORE) [STROKE2 in dataset]

YESNO.

8.3 Has a doctor, nurse or other health professional EVER told you that you had a stroke?

- 1. Yes
- 2. No

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

Section 9: Asthma

ASTHEVE3 (CDC-CORE)

YESNO.

9.1 Have you ever been told by a doctor or other health professional that you had asthma?

- 1. Yes
- 2. No (Go to RESTRIC3)

- 77. Don't know/Not sure (Go to RESTRIC3)
- 99. Refused (Go to RESTRIC3)

ASTHNOW (CDC-CORE)

YESNO.

9.2 Do you still have asthma?

- 1. Yes
- 2. No

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

Section 10: Disability

RESTRIC3 (CDC-CORE)

YESNO.

10.1 The following questions are about health problems or impairments you may have. 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 (CDC-CORE)

YESNO.

10.2 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

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

Section 11: Tobacco Use

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

SMOKE100 (CDC-CORE)

YESNO.

11.1 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.

11.2 Do you now smoke cigarettes everyday, some days, or not at all?

- 1. Everyday
- 2. Some days
- 3. Not at all (Go to SMK30ANY)

- 77. Don't know/Not sure (Go to SMK30ANY)
- 99. Refused (Go to SMK30ANY)

QUIT1DY3 (CDC-CORE)

YESNO.

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

- 1. Yes
- 2. No

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

If SMKEVDA2 = 1 go to SMOKENUM; Else go to SMK30ANY

SMOKENUM (CA-TCS)

TYPE V.

11.4 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)

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

SMK30ANY (CA-TCS)

YESNO.

11.5 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.

11.6 On how many of the past 30 days did you smoke cigarettes? (F6= None)

___ Enter number of days

- 30. Every day

- 777. Don't know
- 999. Refused

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

SMK30NUM (CA-TCS)

TYPE VIII.

11.7 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.

**11.8 About how old were you when you smoked your first whole cigarette?
(F6=Never smoked whole cigarette)**

_____ Code age in years

- 77. Don't know
- 99. Refused

SMOKEAGE (CA-TCS)

TYPE XI.

11.9 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

LIKESTOP (CA-TCS)

YESNO.

11.10 Would you like to stop smoking?

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

QUIT30 (CA-TCS)

YESNO.

11.11 Are you planning to quit smoking in the next 30 days?

- 1. Yes (Go to SMOKELSE2)
- 2. No
- 77. Don't know/Not sure
- 99. Refused

QUIT6 (CA-TCS)

YESNO.

11.12 Are you contemplating quitting smoking in the next six months?

- 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)

SMOKREGC.

**11.13 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)

SMKELSE2 (CA-TCS)

YESNO.

11.14 Does anyone else living in the household smoke cigarettes now?

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

SMKELSEN (CA-TCS)

TYPE VII.

11.15 How many other household members currently smoke?

_____ Enter number of household members

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

SMKICIGAR (CA-TCS)

YESNO.

11.16 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)

OFTCIGRB (CA-TCS)

11.17 On how many of the past 30 days did you smoke cigars? (F6=None)

_____ Enter number of days

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

HHRULES2 (CA-TCS)

HHRULES.

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

- 1. Smoking is completely prohibited
- 2. Smoking is generally prohibited with few exceptions
- 3. Smoking is allowed in some rooms only
- 4. There are no restrictions on smoking
- 5. Other (specify)

77. Don't know/Not sure

99. Refused

Section 12: Demographics

AGEB (CDC-CORE) [AGE in dataset]

12.1 What is your age?

___ Enter age in years

7. Don't know/Not sure

9. Refused

HISP3 (CDC-CORE)

YESNO.

12.2 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

ORACE3 (CDC-CORE)

ORACEB.

12.3 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

(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-CORE)

ORACEB.

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

- | | | |
|-----|---|------------------|
| 1. | White | (Go to MILITAR2) |
| 2. | Black or African American | (Go to MILITAR2) |
| 3. | Asian | (Go to ORACE2A) |
| 4. | Native Hawaiian or Other Pacific Islander | (Go to ORACE2A) |
| 5. | American Indian or Alaska Native | (Go to MILITAR2) |
| 6. | Other: (specify) -----> | (Go to MILITAR2) |
| 77. | Don't know/Not sure | (Go to MILITAR2) |
| 99. | Refused | (Go to MILITAR2) |

If ORACE3= 3 or 4 then go to ORACE2A, else go to MARITAL

ORACE2A (CA)

ORACE2A.

12.5 Are you Chinese, Japanese, Korean, Filipino or Other?

- | | |
|------|---------------------|
| 1. | Chinese |
| 2. | Japanese |
| 3. | Korean |
| 4. | Filipino |
| 5. | Vietnamese |
| 6. | Cambodian |
| 7. | Laotian |
| 8. | East Indian |
| 9. | Indonesian |
| 10. | Hawaiian |
| 11. | Samoan |
| 12. | Pakistani |
| 13. | Saipanese |
| 14. | Fijian |
| 15. | Other: (specify) |
| 777. | Don't know/Not sure |
| 999. | Refused |

MILITAR2 (CDC-CORE)

YES/NO.

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Military Reserve unit.

12.6 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1. Yes
- 2. No

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

MARITAL (CDC-CORE)

MARITAL.

12.7 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

SXORIEN2 (CA –TCS)

SXORIENB.

12. 8 Now I'm going to ask you a question about sexual orientation. Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or Other.

(IN HELP SCREEN: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in California.)

- 1. Heterosexual, that is, straight
- 2. Homosexual, that is gay or lesbian
- 3. Bisexual
- 4. Other (Specify:)

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

CHILD18 (CDC-CORE)

TYPE VII.

12.9 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-CORE)

TYPE VII.

12.10 (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 (3.0 suffix), two 5 year-olds (5.1=younger 5 year old, 5.2=older 5 year old) and one 13 year old (13.0 suffix)} Should

- ___ 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 Age CHILD5
- ___ of sixth youngest child Age CHILD6
- ___ of seventh youngest child Age CHILD7
- ___ of eighth youngest child Age CHILD8
- ___ of ninth youngest child Age CHILD9
- ___ of tenth youngest child

- 77. Don't know
- 99. Refused

EDUCA (CDC-CORE)

EDUCA.

12.11 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-CORE)

EMPLOYA.

12.12 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

99. Refused

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

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

INCOM01 (CDC-CORE)

INCOME.C.

12.14 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

THRESH02(CA)

YES/NO.

12.15 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	2	3	4	5	6	7	8	9
		<10K	10-15K	15-20K	20-25K	25-35K	35-50K	50-75K	75-100K	100K+
HHSIZE=	1	\$10,210	\$13,300	\$18,900	\$20,420	\$25,500				
(Household Size)	2		\$13,700	\$17,800		\$25,300/ \$27,400/ \$34,200				
	3			\$17,200	\$22,300	\$31,800/ \$34,300	\$42,900			
	4				\$20,700	\$26,800	\$38,200/ \$41,300	\$51,600		
	5				\$24,100	\$31,400	\$44,600/ \$48,300	\$60,300		
	6					\$27,600	\$35,900	\$51,100/ \$55,200/ \$69,000		
	7					\$31,100	\$40,400	\$57,500/ \$62,200	\$77,700	
	8					\$34,600	\$44,900	\$64,000/ \$69,100	\$86,400	
	9						\$38,100/ \$49,500	\$70,400	\$76,100/ \$95,100	
	10						\$41,500	\$54,000	\$76,800/ \$83,100	\$103,900
	11						\$45,000	\$58,500	\$83,300/ \$90,000	\$112,500
	12						\$48,500	\$63,000	\$89,700/ \$97,000	\$121,200
	13							\$52,000/ \$67,600	\$96,100	\$104,000/ \$130,000

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Jan 24, 2007.)

WEIGHT (CDC-CORE) (not formatted)

12.16 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)

12.17 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

CATI note: If WEIGHT = 7777 (Don't know/Not sure) or 9999 (Refused), skip WEIGHTYR and WEIGHTCH.

WEIGHTYR (CDC-CORE) [WT12M in dataset]

12.18 How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?] CATI: If female respondent and age <46.

(Note: If respondent answers in metrics, put "9" in column 127.)

Round fractions up

___ Weight
(pounds/kilograms)

7777. Don't know / Not sure

9999. Refused

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.19.

WEIGHTCH (CDC - CORE) [WTDIFF in dataset] YESNO.

12.19 Was the change between your current weight and your weight a year ago intentional?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

COUNTY1 (CDC-CORE)

COUNTYA.

12.20 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 | |
| 039. MADERA | 079. SAN L OBISPO | |

7777. Don't Know/Not Sure

9999. Refused

ZIPCODE2 (CDC-CORE)

12.21 What is your zip code where you live?

_____ Enter the five digit number

777777. Don't know/Not sure

999999. Refused

NUMHOLD2 (CDC-CORE)

YESNO.

12.22 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 NOPHON2) |
| 77. Don't know | (Go to NOPHON2) |
| 99. Refused | (Go to NOPHON2) |

NUMPHON4 (CDC-CORE)

TYPE I.

**12.23 How many of these phone numbers are residential numbers?
(8 = 8 or more)**

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight (or more)

- 77. Unknown
- 99. Refused

NOPHON2 (CDC-CORE)

YESNO.

12.24 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters.

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CELL (NEW)

YESNO.

12.25 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

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

- 77. Don't know
- 99. Refused

CELSHARE (NEW)

YESNO.

12.26 Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1. Yes (Go to CPCTUSE)
- 2. No (Go to PREGNANT)

- 77. Don't know (Go to PREGNANT)
- 99. Refused (Go to PREGNANT)

CPCTSHAR (NEW)

YESNO.

12.27 Do you usually share this cell phone (at least one-third of the time) with any other adults?

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CPCTUSE (NEW)

12.28 Thinking about all the phone calls that you receive, what percent, between 0 and 100, are received on your cell phone?

- ___ Enter Percent (0 to 100)
- 777. Don't know/Not sure
- 999. Refused

*IF AGE LT 45 AND SEX EQ 2 go to PREGNANT
IF AGE GE 45 or SEX EQ 1 go to DRNKANY3*

PREGNANT (CDC-CORE)

YESNO.

12.29 To your knowledge, are you now pregnant?

- 1. Yes
- 2. No

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

Section 13: Alcohol Consumption

DRNKANY3 (CDC CORE)

YES/NO.

13.1 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, a malt beverage, or liquor?

- 1. Yes
- 2. No (Go to FLUSHOT3)

- 77. Don't know/Not sure (Go to FLUSHOT3)
- 99. Refused (Go to FLUSHOT3)

DRNKALC4 (CDC CORE) [DRNKALC2 in dataset]

13.2 During the past 30 days, how many days per week or per month did you have 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 FLUSHOT3)
- 777. Don't know/Not sure (Go to FLUSHOT3)
- 999. Refused (Go to FLUSHOT3)

NALCOCC3 (CDC CORE)

TYPE I.

13.3 One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a mixed drink with 2 shots would count as 2 drinks.

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

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

DRNKGE5B (CDC CORE)

TYPE I.

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if sex=1 "5 or more" If sex=2 "4 or more") drinks on one occasion?

_____ Enter Number of times (verify if GT 15)

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

DRINKNUM (CDC- CORE)

TYPE VII.

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion?

_____ Enter Number of drinks (verify if GT 15)

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

Section 14: Immunization

FLUSHOT3 (CDC-CORE)

YESNO.

14.1 A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

- 1. Yes
- 2. No (Go to FLUNOSE2)
- 77. Don't Know/Not sure (Go to FLUNOSE2)
- 99. Refused (Go to FLUNOSE2)

FLSHTWHN (CDC-CORE) NEW

14.2 During what month and year did you receive your most recent flu shot?

- __ / ____ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

FLUNOSE2 (CDC-CORE)

YESNO.

14.3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™.

- 1. Yes
- 2. No (Go to PNEUMVC3)
- 77. Don't Know/Not sure (Go to PNEUMVC3)
- 99. Refused (Go to PNEUMVC3)

FLNOSWHN (CDC-CORE) NEW

14.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

__ / ____ Month / Year

7 7 / 7 7 7 7 Don't know / Not sure

9 9 / 9 9 9 9 Refused

PNEUMVC3 NEW (CDC-CORE)

YES/NO.

14.5 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

1. Yes

2. No

77. Don't Know/Not sure

99. Refused

If FLUSHOT3 = YES or FLUNOSE2 = Yes, ask FLUPLAC4;

FLUPLAC4 (CA-IMMUN)

FLUPLACD.

14.6 Where did you go to get your most recent [flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]?

1. A doctor's office or health maintenance organization (HMO)

2. A health department, clinic, health center, community health center, mobile health unit

3. A senior center, community center or recreation center

4. A store (Examples: supermarket, drugstore)

5. A hospital (Example: inpatient)

6. An emergency room

7. Workplace or

8. Some other kind of place (specify)

777. Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)

999. Refused

FLUHXP2 (CA-IMMUN) [FLUHXP2 in dataset]

YESNO.

14.7 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? Read each problem listed below:

- Asthma**
- Lung problems, other than asthma**
- Heart problems**
- Diabetes**
- Kidney problems**
- Spinal cord injury, stroke, cerebral palsy, or other neuromuscular problems**
- Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids -or-**
- Sickle cell anemia or other anemia**

- 1. Yes
- 2. No (Go to PERTUSIS)
- 77. Don't know/Not sure (Probe by repeating question) (Go to PERTUSIS)
- 99. Refused (Go to PERTUSIS)

FLUPXNOW (CA-IMMUN)

YESNO.

14.8 Do you still have (this/any of these) problem(s)? (Do not probe a "don't know" response)

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

PERTUSIS (NEW) (CA-IMMUN)

YESNO.

14.9 There are two types of tetanus shots available for adults since June 2005. One is a tetanus-diphtheria vaccine and the other also includes a pertussis or whooping cough vaccine (sometimes called Tdap or Adacel TM). Before today, had you ever heard of the tetanus vaccine that includes a pertussis or whooping cough vaccine?

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

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

FALL3MNB (CDC-CORE) NEW

TYPE I.

15.1 In the past 3 months, how many times have you fallen?

-- Number of times [76 = 76 or more]

- 88 None (Go to SEATBELT)
- 77 Don't know / Not sure (Go to SEATBELT)
- 99 Refused (Go to SEATBELT)

FALLINJA (CDC-CORE) NEW (ask if FALL3MNB=1)

YESNO.

15.11 Did this fall cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- 1. Yes
- 2. No

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

FALLINJB (CDC-CORE) NEW (ask if FALL3MNB>1)

TYPE I.

15.12 How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

-- Number of falls [76 = 76 or more]

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

Section 16: Seatbelt Use

SEATBELT (CDC-CORE)

SEATBELT.

16.1 How often do you use seat belts when you drive or ride in a car? Would you say—

- 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

(Go to HADMAM2)

Section 17: Drinking and Driving

CATI note: If DRNKANY3 = 2 (No); go to next section (18.1).

The next question is about drinking and driving.

DRINKDRI (CDC- CORE)

Type VII

17.1 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

Section 18: Women's Health

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

HADMAM2 (CDC-CORE)

YESNO.

(Note: asked of all women)

18.1 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?

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

- 1. Yes
- 2. No (Go to HADCBE3)
- 77. Don't know/Not sure (Go to HADCBE3)
- 99. Refused (Go to HADCBE3)

HOWLONG2 (CDC-CORE)

HOWLNGC.

18.2 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

HADCBE3 (CDC-CORE) [HADCBE2 in dataset]

YESNO.

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

- 1. Yes
- 2. No (Go to HADPAP3)
- 77. Don't know/Not sure (Go to HADPAP3)
- 99. Refused (Go to HADPAP3)

WHENCBE (CDC-CORE)**HOWLNGC.****18.4 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 | |

HADPAP3 (CDC-CORE) [HADPAP2 in dataset]**YESNO.****18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test ?**

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

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

WHENPAP3 (CDC-CORE) [WHENPAP2 in dataset]**HOWLNGB.****18.6 How long has it been since you had your last Pap test ?**

(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 | |

CATI note: If response to Core Q12.21 = 1 (is pregnant); then go to next section.

IF PREGANT=1 go to HADSTLHM

HYSTER2 (CDC-CORE)**YESNO.****18.7 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 |

Section 19: Prostate Cancer Screening

If *SEX=1* and *AGEB GE 40* then go to *PSAHAD2* else to *HADSTLHM*

PSAHAD2 (CDC-CORE)

YESNO.

19.1 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.

19.2 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/Not sure
- 99. Refused

HADDRE3 (CDC-CORE)

YESNO.

19.3 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 PROSDR2)
- 77. Don't know/Not sure (Go to PROSDR2)
- 99. Refused (Go to PROSDR2)

WHENDRE2 (CDC-CORE)**HOWLNGC.****19.4 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)**YESNO.****19.5 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

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 40 years of age, go to next section.**HADSTLHM (CDC-CORE)****YESNO.****20.1 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 HADSIG4)

77. Don't Know/Not sure

(Go to HADSIG4)

99. Refused

(Go to HADSIG4)

WHENSTO3 (CDC-CORE)**WHENE.****20.2 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 (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. 5 or more years ago

77. Don't Know /Not sure

99. Refused

HADSIG4 (CDC-CORE) (Asked only of persons 40 and over)[HADSIG3]

YES/NO.

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

- 1. Yes
- 2. No (Go to AIDSTST8)
- 77. Don't Know/Not sure (Go to AIDSTST8)
- 99. Refused (Go to AIDSTST8)

SIGORCOL (CDC-CORE)

SIGORCOL.

20.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

- 1. Sigmoidoscopy
- 2. Colonoscopy
- 7. Don't know / Not sure
- 9. Refused

WHENSIG4 (CDC-CORE) [WHENSIG3]

WHEND.

20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (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 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. Within the past 10 years (5 years but less than 10 years ago)
- 6. 10 or more years ago
- 77. Don't Know /Not sure
- 99. Refused

IF AGE B LE 64 THEN GO TO AIDSTST8, ELSE GO TO EMOTSUP

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. Although we will ask about testing, we will not ask you about the results of any test you may have had.

Section 21: HIV/AIDS

AIDSTST8 (CDC CORE)

YES/NO.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth.

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

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

TSTDATE (CDC-CORE)

21.2 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.

__/__ Enter month and year

- 7777. Don't know/Not sure
- 999. Refused

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

WHERST6 (CDC-CORE)**WHERSTC.**

21.3 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 a drug treatment facility, at home, somewhere else?

1. Private doctor or HMO office
 2. Counseling and testing site
 3. Hospital
 4. Clinic
 5. In a jail or prison (or other correctional facility)
 6. Drug treatment facility
 7. At home
 8. Somewhere else
77. Don't know/Not sure (*Don't read*)
 99. Refused (*Don't read*)

Ask if TSTDATE <=12 months, else skip to HIVRISK

HIVRAP (CDC-CORE)**YESNO.**

21.4 Was it a rapid test where you could get your results within a couple of hours?

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

HIVRISK (CDC CORE)**YESNO.**

21.5 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

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

EMOTSUP (CDC-CORE)

EMOTSUP.

22.1 How often do you get the social and emotional support you need?
(Interviewer note: If asked, say "please include support for any source".)

1. Always
 2. Usually
 3. Sometimes
 4. Rarely
 5. Never
77. Don't know/Not sure
99. Refused

SATLIFE (CDC-CORE)

SATLIFE.

22.2 In general, how satisfied are you with your life?

1. Very satisfied
 2. Satisfied
 3. Dissatisfied
 4. Very dissatisfied
77. Don't know/Not sure
99. Refused

Section 24 CHILD SELECTION

If CHILD18 = 0 or CHILD18 = RF, Go to STRKSPK; Else continue
IF CHILD18 > 1, one child is randomly selected

Previously you indicated there are children in the household. I have some additional questions about one specific child. The child I will be referring to is the [XX] year old. All the questions about children will be about that child.

CH_SEL (CA-IMMUN-CDC OPTIONAL MODULE)

BOYGIRL.

24.1 Is the child a boy or a girl?

1. Boy
 2. Girl
99. Refused

CH_HISP (CA-EHIB –CDC OPTIONAL MODULE)

YES/NO.

24.2 Is the child Hispanic or Latino?

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CH_RACE3 (CA-EHIB –CDC OPTIONAL MODULE)

YES/NO.

24.3 Which one or more of these groups would you say is the race of the child?

- 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

If more than one response to CH_RACE3, continue. Otherwise, go to CH_BORN.

CH_RACE4 (CA –CDC OPTIONAL MODULE)

24.4 Which one of these groups would you say best represents the child's race?

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

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

CH_BORN (CA-IMMUN–CDC OPTIONAL MODULE)

24.5 In what month and year was [he/she] born?

___/___ Enter month/year

- 77. Don't know/Not sure (Probe by repeating the question)
- 99. Refused

CH_REL (CDC–EHIB CDC ASTHMA CALLBACK –CDC OPTIONAL MODULE) CH_REL.
24.6 How are you related to the child?

Please read:

1. Parent (include biologic, step, or adoptive parent)
2. Grandparent
3. Foster parent or guardian
4. Sibling (include biologic, step, and adoptive sibling)
5. Other relative
6. Not related in any way

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

Section 25: Childhood Asthma Prevalence

CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE) [CHLDASTH in dataset] YESNO.

25.1 Has a doctor, nurse or other health professional EVER said that the child has asthma?

1. Yes
2. No (Go to CH_SHOT2)

77. Don't know/Not sure (Go to CH_SHOT2)
99. Refused (Go to CH_SHOT2)

CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE) YESNO.

25.2 Does the child still have asthma?

1. Yes
2. No

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

Section 26: Childhood Immunization

If CH_BORN less than 6-months ago, go to STRKSPK; Else continue

CH_SHOT2 (CA-IMMUN) [CH_SHOT in dataset]

YESNO.

26.1 During the past 12 months, has [he/she] had a flu shot? (A flu shot is an influenza vaccine injected in his/her arm or thigh.)

- 1. Yes
- 2. No

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

CH_NOSE2 (CA-IMMUN) [CH_NOSE in dataset]

YESNO.

26.2 During the past 12 months, has [he/she] had a flu vaccine sprayed in his/her nose? (The influenza vaccine that is sprayed in the nose is FluMist™.)

- 1. Yes
- 2. No

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

Section 27: Signs and Symptoms of Stroke (NEW)

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke. Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

STRKSPK (CHDSPP) NEW

YESNO.

27.1 (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)

- 1. Yes
- 2. No

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

STRKWEAK (CHDSPP) NEW

YESNO.

27.2 (Do you think) sudden numbness or weakness of face, arm, leg, especially on one side (are symptoms of a stroke?)

- 1. Yes
- 2. No

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

STRKVIS (CHDSPP) NEW

YESNO.

27.3 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

- 1. Yes
- 2. No

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

STRKPAIN (CHDSPP) NEW

YESNO.

27.4 (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

- 1. Yes
- 2. No

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

STRKDIZZ (CHDSPP) NEW

YESNO.

27.5 (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

- 1. Yes
- 2. No

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

STRKHEAD (CHDSPP) NEW

YESNO.

27.6 (Do you think) severe headache with no known cause (is a symptom of a stroke?)

- 1. Yes
- 2. No

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

STRKDO(CHDSPP) NEW

MEDHELP.

27.7 If you thought someone was having a heart attack or stroke, what is the first thing you would do? Would you...

1. Take them to the hospital
2. Tell them to call their doctor
3. Call 911
4. Call their spouse or a family member, or
5. Do something else
6. Give aspirin [Do not read]
7. Give aspirin and call 911 [Do not read]

77. Don't know/Not sure

99. Refused

Section 28: Disability Impact

EYEEAR (CA-)

YESNO.

28.1 Are you blind or deaf, or do you have a severe vision or hearing problem?

1. Yes
2. No

77. Don't know/Not sure

99. Refused

PHYSLMT (CA-)

YESNO.

28.2 Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

1. Yes
2. No

77. Don't know/Not sure

99. Refused

REMEM (CA-)

YESNO.

28.3 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following: Any difficulty learning, remembering, or concentrating?

1. Yes
2. No

77. Don't know/Not sure

99. Refused

DIFFDRES (CA-) YESNO.
28.4 Any difficulty dressing, bathing, or getting around inside the home?

- 1. Yes
- 2. No

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

DIFFOUT (CA-) YESNO.
28.5 Any difficulty going outside the home alone to shop or visit a doctor's office?

- 1. Yes
- 2. No

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

DIFFWORK (CA-) YESNO.
28.6 Any difficulty working at a job or business?

- 1. Yes
- 2. No

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

Section 30: Childhood Lead

Now I would like to ask you some questions about the place where you live, work, and your family plays. (Asked of all respondents)

Please tell us if you think the following statements are true or false:

LEADPNT (CA-LEAD PROGRAM) TRUE.
30.1 Lead in a child's blood can come from peeling or chipped paint in a home.

- 1. True
- 2. False

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

LEADDIRT (CA-LEAD PROGRAM)

TRUE.

30.2 Lead in a child's blood can come from playing in dirt.

- 1. True
- 2. False

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

LEAD1 (CA-LEAD PROGRAM)

YESNO.

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

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

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

LEADHAZ2 (CA-LEAD PROGRAM)

YESNO.

30.4 Were you given any information about lead when you bought or rented your home?

- 1. Yes
- 2. No

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

LEADRENO (CA-LEAD PROGRAM)

YESNO.

30.5 In the past 12 months, has your home been remodeled, repaired or renovated?

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

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

LEAD3B - (CA-LEAD PROGRAM) NEW –MODIFIED

LEADWORK.

30.6 Who did most of this remodeling, repair, or renovation 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)

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

REMEDIES - (CA-LEAD PROGRAM) NEW [REMEDIES2 in dataset]

YESNO.

30.7 In the past 12 months have you or any household members taken any traditional, or folk remedies, medicines in any form including pills, powders, tonics, or liquids?

- 1. Yes
- 2. No (GO TO EMPACHO)
- 77. Don't know/Not sure (GO TO EMPACHO)
- 99. Refused (GO TO EMPACHO)

REMWHERE - (CA-LEAD PROGRAM) NEW

COUNTRY.

30.8 Were the remedies, medicines or supplements from...

- 1. Mexico
- 2. China
- 3. India
- 4. United States
- 5. Other –Specify
- 77. Don't know/Not sure
- 99. Refused

EMPACHO - (CA-LEAD PROGRAM) NEW

YESNO.

30.9 Has any child in your home been given brightly colored powders like azarcón or greta for stomach ache?

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

LEADASIA (CA-LEAD PROGRAM) NEW

YESNO.

30.10 Do members of your household store food, cook, or eat out of ceramic pots, bowls, or dishes that were made in Asian Countries such as China or India?

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

LEAD4B (CA-LEAD PROGRAM)

YESNO.

30.11 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

MEXICO2 (CA-LEAD PROGRAM) NEW

YESNO.

30.12 Has a child, relative or any household member lived in or traveled to Mexico in the last 12 months?

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

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

MEXPROD (CA-LEAD PROGRAM) NEW

YESNO.

30.13 Has that person or anyone else brought products from Mexico to your family, such as food, medicines, candy and/or ceramics?

- 1. Yes
- 2. No

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

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) If no children <6 GO TO OUTOFFD

LEADCARE (CA-LEAD PROGRAM) NEW

YESNO.

30.14 Besides your home, does your child spend time in another place such as day care and/or preschool?

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

- 77. Don't know/Not sure (GO TO CARECKP)
- 99. Refused (GO TO CARECKP)

SCHOLBLT (CA-LEAD PROGRAM) NEW
30.15 Was this place built before 1978?

YESNO.

- 1. Yes
- 2. No

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

CARECKP (CA-LEAD PROGRAM)

YESNO.

30.16 Has the * -year old child had a regular medical checkup during the past 12 months?**

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

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

CAREKIDB (CA-LEAD PROGRAM) NEW

YESNO.

30.17 Are you the person who took the * -year old child to their check-up ?**

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

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

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 the primary care provider for the youngest child.

LEAD7 (CA-LEAD PROGRAM) [LEAD6 in dataset]

YESNO.

30.18 In the past 12 months has a doctor or other health care worker talked to you about preventing childhood lead poisoning?

- 1. Yes
- 2. No

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

LEADTEST (CA-LEAD PROGRAM)

YESNO.

30.19 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

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

Section 31: Food Security

I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN true, SOMETIMES true, or NEVER true for you in the last 12 months. (That is, since MONTH of last year)

OUTOFFD (CA-CPNS)

TRUEFALB.

31.1 The food that I bought just didn't last, and I didn't have money to get more. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?

- 1. Often true
- 2. Sometimes true
- 3. Never true

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

AFRDMEAL (CA-CPNS)

TRUEFALB.

31.2 I couldn't afford to eat balanced meals. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?

- 1. Often true
- 2. Sometimes true
- 3. Never true

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

CUTMEAL (CA-CPNS)

YESNO.

31.3 In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

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

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

CUTOFT (CA-CPNS)

YESNO.

31.4 How often did this happen--almost every month, some months but not every month, or in only one or two months?

- 1. Almost every month
- 2. Some months but not every month
- 3. Only 1 or 2 months

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

EATLESSC (CA-CPNS)

YESNO.

31.5 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- 1. Yes
- 2. No

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

EVRHNGRY (CA-CPNS)

YESNO.

31.6 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- 1. Yes
- 2. No

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

Section 32: Food Stamps /County Assistance

FDSTMAPP (CA-CPNS)

YESNO.

32.1 In the last 12 months, have you applied for food stamps?

- 1. Yes
- 2. No

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

FDSTMRE2 (CA-CPNS)

YESNO.

32.2 In the last 12 months, have you or other adults in your household received Food Stamps benefits?

- 1. Yes
- 2. No

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

Ask if any CHILD1-CHILD9 GE5

SCHLMEAL (CA-DSS)

YESNO.

32.3 You previously told us there are children under the age of 18 in your household. In the last 12 months, have any of these children received free or reduced price school meals?

- 1. Yes
- 2. No

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

Now, I would like to ask you about receiving money from the county for your family on a regular basis. This assistance is sometimes called welfare, AFDC, CalWorks, or TANF.

AFDC (CA-DSS)

YESNO.

32.4 Thinking back over the past 12 months, did you ever receive money through welfare, AFDC, CalWorks, or TANF?

- 1. Yes
- 2. No

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

Section 37: Fruit and Vegetable

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- CDC OPTIONAL MODULE)

Type X

37.1 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 (CA-CPNS-CDC OPTIONAL MODULE)

Type X

37.2 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 (CA-CPNS-CDC OPTIONAL MODULE)

Type X

37.3 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 (CA-CPNS-CDC OPTIONAL MODULE)

Type X

37.4 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 (CA-CPNS-CDC OPTIONAL MODULE)

Type X

37.5 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 (CA-CPNS-CDC OPTIONAL MODULE)

Type X

37.6 Not counting carrots, potatoes or salad, how many SERVINGS of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

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

Section 38: Physical Activity

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

EXERWORK (CA-CPNS)

EXERWORK.

38.1 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

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

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.

EXERMOD (CA-CPNS)

YESNO.

38.2 Next we will be asking about moderate and vigorous activities. Think about the moderate 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)

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

MODDAY (CA-CPNS)

TYPE I.

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

_____ Enter days per week

- 88. None (Go to EXERVIG)
- 77. Don't know/Not sure (Go to EXERVIG)
- 99. Refused (Go to EXERVIG)

MODTIME (CA-CPNS)

TYPE XXV.

38.4 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?

__:__ Enter hours and minutes per day

777. Don't know/Not sure

999. Refused

EXERVIG (CA-CPNS)

YESNO.

38.5 Now think about the vigorous 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 EXERCOMB)

77. Don't know/Not sure

99. Refused

(Go to EXERCOMB)

(Go to EXERCOMB)

VIGDAY (CA-CPNS)

TYPE I.

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

_____ Enter days per week

88. None

77. Don't know/Not sure

99. Refused

(Go to EXERCOMB)

(Go to EXERCOMB)

(Go to EXERCOMB)

VIGTIME (CA-CPNS)

TYPE XXV.

38.7 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?

__:__ Enter hours and minutes per day

777. Don't know/Not sure

999. Refused

EXERCOMB (CA-CPNS)

TYPE I.

38.8 Some people do moderate and vigorous exercise on the same day. All together, during the week, how many days do you do moderate or vigorous activity, or a combination of both for at least 10 minutes.

_____ Enter days per week

- 88. None (Go to ASTHCALL)
- 77. Don't know/Not sure (Go to ASTHCALL)
- 99. Refused (Go to ASTHCALL)

Section 42: Closing

If ASTHNOW=1 or CHLDASTB =1

ASTHCALL (CA-California Breathing)

YESNO.

42.1 Do you think you would be willing to do a follow-up to this survey in the next two weeks, asking about your (your child's) experience with asthma?

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

CALLBACK (CA-DSS)

YESNO.

42.2 Do you think you would be willing to do a follow-up to this survey some time in the future?

If ASTHNOW=1 or CHLDASTB =1 Do you think you would be willing to do a general health follow-up to this survey some time in the future?

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

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.

SPANIN2 NEW

SPANINB.

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

- 1. Spanish
- 2. English
- 3. Cantonese
- 4. Mandarin