

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2008

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

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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 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) 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:)	Yes	No	Dk/Ns	Ref	
Do you have health care coverage through:					
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: (Read only if necessary)

- 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 (Go to PERSDOC)
- 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)

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 WHENDNT4)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 4. Pre-diabetes or borderline diabetes (Go to WHENDNT4)

- 77. Don't know/Not sure (Go to WHENDNT4)
- 99. Refused (Go to WHENDNT4)

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

DIABGEST (CA, DBCP)

YES/NO.

6.2 Was this ONLY while you were pregnant?

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

- 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
- 9. Refused

LOSTEET2 (CDC-CORE)

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 toRESTRIC3)
- 99. Refused (Go toRESTRIC3)

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. Somedays
- 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, ask 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 SMK30DAY 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 SMKCIGAR)

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

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

SMKCIGAR (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)

12.1 What is your age?

___ Enter age in years

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

HISP3 (CDC-CORE)

YES/NO.

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)

YESNO.

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)

YESNO.

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		\$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.)

1 2 3 4 5

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) 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) (CDC-CORE)

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) (CDC-CORE)

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 (CDC-CORE)

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 (CDC-CORE)

TYPE VIII.

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 (1 to 100)
- 888. Zero
- 777. Don't know/Not sure
- 999. Refused

REF_DEMO (Note: This script will come up if respondents answered RF or DK to selected demographic questions. This includes age and race but may include other demographic variables.)

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?

*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)

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)

YES/NO.

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 FLSHT_A
- 77 / 7777 Don't know / Not sure FLSHT_B
- 99 / 9999 Refused

FLUNOSE2 (CDC-CORE)

YES/NO.

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 FLNOS_A
- 77 / 7777 Don't know / Not sure FLNOS_B
- 99 / 9999 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

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

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)

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)

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 Q13.1 = 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
- 77. Don't know/Not sure
- 99. Refused

(Go to HADCBE3)

(Go to HADCBE3)

(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]

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)

YES/NO.

20.1 (If female "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 HADSIG4)
- 77. Don't Know/Not sure (Go to HADSIG4)
- 99. Refused (Go to HADSIG4)

WHENSTO3 (CDC-CORE)

WHEN.

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

YES/NO.

[HADSIG3 in dataset]

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)

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 AGEB 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)

YESNO.

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

TSTDT_M
TSTDT_Y

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.

WHERTST6 (CDC-CORE)

WHERTSTC.

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 using 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 23: BINGE Drinking (CA- CDC OPTIONAL MODULE)

Ask if DRNKGE5B >= 1 and DRNKGE5B <77

Else go to CH_SEL

Previously, you answered that you drank [5 or more for men, 4 or more for women] alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So a 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. Interviewer note: if asked, "occasion" means in a row or within a few hours

BEERNU2 (CA- CDC OPTIONAL MODULE) (NEW)

TYPE I.

23.1 During the most recent occasion when you had [PROGRAMMING NOTE: 5 or more for men, 4 or more for women] or more alcoholic beverages, about how many beers, including malt liquor, did you drink?

-- Number

88. None

77. Don't know/not sure

99. Refused

WINENU2 (CA- CDC OPTIONAL MODULE) (NEW)

TYPE I.

23.2. During the same occasion, about how many glasses of wine did you drink?

-- Number

88. None

77. Don't know/not sure

99. Refused

LIQRNU2 (CA- CDC OPTIONAL MODULE) (NEW)

TYPE I.

23.3 During the same occasion, about how many drinks of liquor, including cocktails, did you have?

-- Number

88. None

77. Don't know/not sure

99. Refused

PREMXNUM (CA- CDC OPTIONAL MODULE) (NEW)

TYPE I.

23.4 During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.

-- Number

88. None

77. Don't know/not sure

99. Refused

BINGEWH2 (CA- CDC OPTIONAL MODULE) (NEW)

BINGEWHR.

23.5. During this most recent occasion, where were you when you did most of your drinking?

Interviewer: Read only if necessary

- 1. At your home, for example, your house, apartment, or dorm room
- 2. At another person's home
- 3. At a restaurant or banquet hall
- 4. At a bar or club, or
- 5. At a public place, such as at a park, concert, or sporting event
- 6. Other
- 7. Don't know/not sure
- 9. Refused

BINGEDR2 (CA- CDC OPTIONAL MODULE) (NEW)

YESNO.

23.6. Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion? Interviewer: For those with concerns about this question, answering 'Yes' is not meant to imply they were drunk driving or breaking the law.

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

Ask only if response to BINGEWH2=3 or 4.
Else, Otherwise, go to next module CH_SEL

BINGEPAY (CA- CDC OPTIONAL MODULE) (NEW)

DRNKPAY.

23.7 During this most recent occasion, approximately how much did you pay for the alcohol which you drank? Interviewer: If anyone asks, they do need to include the amount spent on tips.

__ __ Total Amount

- 888. Paid nothing – all drinks free or paid for by others
- 777. Don't know/not sure
- 999. Refused

Section 24 CHILD SELECTION

If CHILD18 = 0 or CHILD18 = RF, Go to EYEEAR; 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)

YESNO.

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)

YESNO.

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)

YESNO.

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

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

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

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 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 29: Sexual Health

Now I'm going to ask you some questions about your sexual health. When I say "sex" or "sexual intercourse", I'm referring to vaginal, anal, or oral sex. Remember, your answers are confidential and you don't have to answer any question you don't want to.

SEXPARTB (STD – 2003) Ask if AGE<50**SEXPART.****29.1 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 SEXBADVC)
- 5. Have not had sexual intercourse (ever) (Go to SEXBADVC)

- 6. Refused Module (Go to FOSTCARE)
- 77. Don't Know/Not Sure (Go to SEXBADVC)
- 99. Refused (Go to SEXBADVC)

SXWOTSLF (STD) NEW) Ask if AGE<50**YESNOC.****29.2 Thinking of your sexual partners in the past 12 months, did you have sex with anyone while you were still in a sexual relationship with someone else? Would you say:**

- 1. Yes
- 2. No
- 88. Refused Module (Go to FOSTCARE)

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

SEXWOTRD (STD) NEW Ask if AGE<50

CERTAIN.

29.3 At any time within the past 12 months, did any of your partners have sex with someone else while they were still in a sexual relationship with you? Would you say:

1. Yes, definitely
2. Not sure, it is possible
3. No, it is very unlikely

88. Refused Module (Go to FOSTCARE)
77. Don't Know/Not Sure
99. Refused

CONDOM3 (STD) NEW Ask if AGE<50

YESNO.

29.4 Did you or your most recent sexual partner use a condom the LAST time you had sexual intercourse?

1. Yes
2. No

3. Refused Module (Go to FOSTCARE)
77. Don't know/Not sure
99. Refused Question

SEXBADVC (STD) NEW Ask if AGE<50

YESNOD.

29.5 If you saw a doctor or other health care professional in the last 12 months, did that person ask you about your sexual behavior? Would you say:

1. Yes
2. No
3. Didn't see doctor/health care professional

4. Refused Module (Go to FOSTCARE)
77. Don't know/Not sure
99. Refused

CHLMTST4 (STD) NEW Ask if AGE<50

YESNOB.

29.6 Have you been tested for chlamydia during the past 12 months? Would you say: yes, no, don't know what chlamydia is, or don't know?

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

4. Refused Module (Go to FOSTCARE)
77. Don't know/Not sure
99. Refused

STDKID2 (new wording and responses) (**STD**) **NEW** Ask if AGE<50 **GRADE.**

29.7 What do you think is the earliest grade level where children should be taught in school about the role of condoms in preventing sexually transmitted diseases, including HIV?

- 1. Elementary school
- 2. 6th grade
- 3. 7th grade
- 4. 8th grade
- 5. High school
- 6. Should not be taught at any grade

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

Section 33; Foster Care

FOSTCARE (CA-DSS) YES/NO.

33.1 Thinking back to your childhood, that is, before your 18th birthday, was there ever a time you were removed from your home by the state, county, or court, and went to live with people other than your mother or father?

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

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

FOSTCAR2 (CA -DSS) YES/NO.

33.2 Were you in foster care?

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

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

FOSTLEAV (CA -DSS) YES/NO.

33.3 Did you emancipate from foster care?

- 1. Yes
- 2. No

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

CHFOOD (CA –DSS)

YESNO.

33.4 Before the age of 18, were there times when you had to eat less than you needed or not eat at all because there wasn't enough money to buy food?

- 1. Yes
- 2. No

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

CHWELF (CA –DSS)

YESNO.

33.5 Before the age of 18, did you live in a household that received welfare?

- 1. Yes
- 2. No

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

if CHILD18 >1 and CHILD18 not equal to DK or RF go to FOSTER, else go to FOSTER2

FOSTER (CA-DSS)

33.6 Previously you reported that there were _____ children under 18 in your house. How many of those are foster children? F6=None

_____ Enter number

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

if CHILD18 =1 go to FOSTER2

FOSTER2 (CA-DSS)

YESNO.

33.7 Previously you reported that there was one child under 18 in your house. Is that child a foster child?

- 1. Yes
- 2. No

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

Section 34: Post Traumatic Stress Disorder

PTSD1 (CA-DSS)

YES/NO.

34.1 Thinking back over your entire lifetime, have you ever had any experience or experiences that were frightening, horrible or upsetting?

- 1. Yes
- 2. No (Go to PHQ1)
- 3. Refused Module (Go to PHQ1)

- 77. Don't know/Not sure (Go to PHQ1)
- 99. Refused (Go to PHQ1)

PTSD2 (CA-DSS)

YES/NO.

34.2 Now thinking about the last 30 days, did you have nightmares about any experience or think about it when you did not want to?

- 1. Yes
- 2. No
- 3. Refused Module (Go to PHQ1)

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

PTSD3 (CA-DSS)

YES/NO.

34.3 In the past 30 days, did you try hard not to think about any experience or go out of your way to avoid situations that reminded you of it?

- 1. Yes
- 2. No
- 3. Refused Module (Go to PHQ1)

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

PTSD4 (CA-DSS)

YES/NO.

34.4 In the past 30 days, have you been constantly on guard, watchful, or easily startled?

- 1. Yes
- 2. No
- 3. Refused Module (Go to PHQ1)

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

PTSD5 (CA-DSS)

YES/NO.

34.5 In the past 30 days, have you felt numb, detached from others, activities, or your surroundings?

- 1. Yes
- 2. No
- 3. Refused Module

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

Section 35: Depression (Optional CDC Module)

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

PHQ1 (DSS, DMH)

Type I.

35.1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

_____(0-14 days)

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

PHQ2 (DSS, DMH)

Type I.

35.2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

_____(0-14 days)

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

PHQ3 (DSS, DMH)

Type I.

35.3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

_____(0-14 days)

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

PHQ4 (DSS, DMH)

Type I.

35.4 Over the last 2 weeks, how many days have you felt tired or had little energy?

_____(0-14 days)

77. Don't know/not sure

99. Refused

PHQ5 (DSS, DMH)

Type I.

35.5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

_____(0-14 days)

77. Don't know/not sure

99. Refused

PHQ6 (DSS, DMH)

Type I.

35.6 Over the last 2 weeks, how many days have you felt bad about yourself – or that you were a failure or had let yourself or your family down?

_____(0-14 days)

77. Don't know/not sure

99. Refused

PHQ7 (DSS, DMH)

Type I.

35.7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching TV?

_____(0-14 days)

77. Don't know/not sure

99. Refused

PHQ8 (DSS, DMH)

Type I.

35.8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite –being so fidgety or restless that you were moving around a lot more than usual?

_____(0-14 days)

77. Don't know/not sure

99. Refused

ANXEVER (DSS, DMH)

YESNO.

35.9 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (NOTE: including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic attacks, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder).

- 1. Yes
- 2. No

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

DEPEVER (DSS, DMH)

YESNO.

35.10 Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1. Yes
- 2. No

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

Section 36: Mental Health

MHHELP (CA-DSS)

YESNO.

36.1 Now thinking about the last 12 months, did you ever want or need help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?

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

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

MHHLAWN2 (CA-DSS)

YESNO.

36.2 Did you get help?

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

- 77. Don't know
- 99. Refused

MENTHELP (CA-DSS)

YESNO.

36.3 Thinking over your lifetime, did you ever receive help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?

- 1. Yes
- 2. No

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

MENT12M (NEW) (ask if MENTHELP=1)

YESNO.

36.4 Did this happen during the past 12 months?

- 1. Yes
- 2. No

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

HLTHMENT (CA-DSS)

YESNO.

36.5 During the past 12 months, was your mental health ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

- 1. Yes
- 2. No

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

HLTHSTOP (CA-DSS)

YESNO.

36.6 During the past 12 months, was your physical health ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

- 1. Yes
- 2. No

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

Section 39: CDC Optional Module: Adverse Childhood Experience NEW

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section, if you would like, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer.

ACEALC (EPIC, SRG) NEW

YESNO.

39.1 Looking back at your childhood, before age 18: Did you live with anyone who was a problem drinker or alcoholic?

- 1. Yes
- 2. No

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

ACEDRGS (EPIC, SRG) NEW

YESNO.

39.2 Did you live with anyone who used street drugs or who abused prescription medications?

- 1. Yes
- 2. No

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

ACEJAIL (EPIC, SRG) NEW

YESNO.

39.3 Looking back at your childhood, before age 18: Did you live with anyone who was convicted of a crime and sentenced to serve time in a prison, jail, or other corrections facility?

- 1. Yes
- 2. No

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

ACEDEPRS (EPIC, SRG) NEW

YESNO.

39.4 Did you live with anyone who was depressed, mentally ill, or suicidal?

- 1. Yes
- 2. No

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

ACEADLHT (EPIC, SRG) NEW

YESNO.

39.5 Looking back at your childhood, before age 18: Did your parents or adults in your home ever hit, punch or beat each other up?

1. Yes
2. No

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

ACEDVRCE (EPIC, SRG) NEW

ACEDVRCE.

39.6 While you were growing up were your parents ever separated or divorced because of marital problems?

1. Yes
2. No

3. Parents not married
7. Don't know / Not sure
9. Refused

ACEHTKDS (EPIC, SRG) NEW

YESNO.

39.7 Looking back at your childhood, before age 18: Not including spanking, did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

1. Yes
2. No

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

ACEINSLT(EPIC, SRG) NEW

YESNO.

39.8 Did a parent or adult in your home ever swear at you, insult you, or put you down?

1. Yes
2. No

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

ACESXABU (EPIC, SRG) NEW

YESNO.

39.9 Did an adult or anyone at least 5 years older than you ever touch you sexually or try to make you touch them sexually or force you to have sex?

1. Yes
2. No

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

ACENGLCT (EPIC, SRG) NEW (added 4/28/08)

YESNO.

39.10 Looking back at your childhood, before age 18, did a parent or adult caretaker ever fail to provide for your basic needs, such as food, clothing, medical care, hygiene, or fail to protect you from known dangers?

1. Yes
2. No

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

Section 40: Colorectal Cancer Screening Follow-up

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

DOCSTLHM (CSRB) NEW AGE>40

YESNO.

40.1 In the past 12 months, has a doctor recommended that you have a home blood stool test?

1. Yes
2. No

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

If HADSTLHM = 2 or if WHENSTO3 > 1.and. age>40 continue; Else go to REGSIGCO

RESSTLHM (CSRB) NEW

RESSIGCO.

**40.2 (If HADSTLHM = 2, ask) Earlier you said that you never had a home blood stool test. What is the most important reason you have never had a home blood stool test?
(If WHENSTOL3 => 1 ask) What is the most important reason you have not had a home blood stool test in the past 12 months?**

1. No reason/ never thought about it
2. Didn't need/ didn't know I needed this type of test
3. Doctor didn't tell me I needed it
4. Haven't had any problems
5. Put it off/ laziness
6. Too expensive/ no insurance/ cost
7. Too painful, unpleasant, embarrassing
8. Had another type of colorectal exam
9. Don't have a doctor
10. Other

77. Don't know
99. Refused

RECSIGCO (CSRB) NEW (ask if WHENSIG4>1 and age>40)

YESNO.

40.4 During the past 12 months has a doctor recommended that you have a sigmoidoscopy or colonoscopy?

- 1. Yes
- 2. No

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

If HADSIG4 = 2 or WHENSIG4 = 6 .and. age >40 continue; Else go to HEARTFOL

NOTSIGCO (CSRB) NEW **RESSIGCO.**

40.5 (If HADSIG4 = 2, ask) **Earlier you said that you never had a sigmoidoscopy or a colonoscopy. What is the most important reason why you have never had one of these exams?**

(If WHENSIG4 = 5, ask) What is the most important reason why you have not had one of these exams within the past 10 years?

- 1. No reason/ never thought about it
- 2. Didn't need/ didn't know I needed this type of test
- 3. Doctor didn't tell me I needed it
- 4. Haven't had any problems
- 5. Put it off/ laziness
- 6. Too expensive/ no insurance/ cost
- 7. Too painful, unpleasant, embarrassing
- 8. Had another type of colorectal exam
- 9. Don't have a doctor
- 10. Other

- 77. Don't know
- 99. Refused

Section 41: Cardio Disease Prevalence Follow-up

If HEART=1 continue; Else go to ANGINFOL

HEARTFOL (NEW) **YESNO.**

41.1 **Earlier you informed us that a doctor, nurse or other health professional told you that you had a heart attack, also called a myocardial infarction. Did this occur in the past year?**

- 1. Yes
- 2. No

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

If ANGINA = 1 continue; Else go to STROKFOL

ANGINFOL (NEW) **YESNO.**

41.2 **Earlier you informed us that a doctor, nurse or other health professional told you that you had angina or coronary heart disease. Did this occur in the past year?**

- 1. Yes

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

If STROKE = 1 continue; Else go to ASTHFOL

STROKFOL (NEW) YESNO.

41.3 Earlier you informed us that a doctor, nurse or other health professional told you that you had a stroke. Did this occur in the past year?

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

ASTHEVE3 = 1 continue; Else go to ASTHCALL

ASTHFOL (NEW) YESNO.

41.4 Earlier you informed us that a doctor or other health professional told hat you had asthma. Did this occur in the past year?

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

Section 43: Closing

If ASTHNOW=1 or CHLDASTB =1

ASTHCALL (CA-California Breathing) YESNO.

43.1 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.

43.2 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