

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2011**  
**Track I**

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

**Merged English/Spanish**

FINAL

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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.

*Hola soy \_\_\_\_\_ y estoy llamando del Departamento de Salud Pública de California y de los Centros para el Control y Prevención de Enfermedades.*

## PRIVRES

Is this a private residence?

*¿Es esta una residencia privada?*

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. *Estamos haciendo un estudio especial relacionado con las prácticas de salud de los residentes en California. Su número ha sido seleccionado al azar para representar a 2,500 hogares en California. Nos gustaría hacerle algunas preguntas sobre enfermedades del corazón, cáncer, diabetes, productos de tabaco y otros temas de salud que les afectan a los habitantes del estado hoy en día.*

2. No ---> Thank you very much, but we are only interviewing private residences. (Stop)  
*Muchas gracias, pero solo estamos entrevistando residencias privadas.*

## 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.

*Estamos haciendo un estudio especial relacionado con las prácticas de salud de los residentes en California. Su número ha sido seleccionado al azar para representar a 2,500 hogares en California. Nos gustaría hacerle algunas preguntas sobre enfermedades del corazón, cáncer, diabetes, productos de tabaco y otros temas de salud que les afectan a los habitantes del estado hoy en día.*

## 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?

*Nuestro estudio requiere que entrevistemos a una sola persona que vive en su hogar. ¿Cuántos miembros de su hogar incluyéndose a usted, tienen 18 años de edad o más?*

\_\_\_\_ Enter the number of adults

## NUMMEN

(If NUMADULT GT 1)

How many are men?

*¿Cuántos son hombres?*

\_\_\_\_ the number of men (0-9)

## NUMWOMEN

(If NUMADULT GT 1)

How many are women?

*¿Cuántas son mujeres?*

\_\_\_\_ 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 \_\_\_\_\_?

*La persona con quien necesito hablar es \_\_\_\_\_.*

*¿Es usted el/la \_\_\_\_\_?*

ONEADULT

(If ADULT = 1)

Are you the adult?

*¿Es usted el adulto?*

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)

*Entonces, usted es la persona con quien necesito hablar. Toda la información obtenida en este estudio será confidencial.*

2. No ---> May I speak with him or her? (When selected adult answers:)

*¿Puedo hablar con él o ella?*

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.

*Hola, me llamo \_\_\_\_\_ y estoy llamando del Departamento de Salud Pública de California y de los Centros para el Control y Prevención de Enfermedades. Estamos haciendo un estudio especial, de los residentes de California, relacionado con sus prácticas de salud y los hábitos de sus vidas cotidianas para guiar las pólizas de salud del estado y federales. Usted ha sido seleccionado(a) al azar para representar a 5,000 hombres y mujeres en California.*

*NO le hare preguntas que puedan identificarlo (la). No hay ningún riesgo para usted. Toda la información que usted nos dé, será estrictamente confidencial. Si hay alguna pregunta que usted no desee contestar, por favor dígamelo y podremos continuar. Si usted tiene alguna pregunta acerca de la encuesta, que yo no pueda contestar, le daré un número de teléfono sin costo, al que usted puede llamar para obtener más información.*

*Mientras una supervisora pueda escuchar esta encuesta para el control de calidad, toda la información obtenida en este estudio será confidencial.*

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) ?

*Y su número de teléfono es \_\_\_\_\_?*

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)

*Muchas gracias, pero solo estamos entrevistando residencias privadas.*

Is this a cellular telephone? By cellular (or cell ) 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.

*¿Es este un teléfono celular? Por teléfono celular nos referimos a un teléfono que es móvil y utilizable fuera de su vecindario. No debe confundirse con un teléfono inalámbrico, que es simplemente una extensión sin cable del teléfono de su hogar.*

1. Yes---> Thank you very much, but we are only interviewing land line telephones and private residents. STOP

*Muchas gracias, pero solo estamos entrevistando residencias privadas.*

2. No ---> (Continue)

**First I'd like to ask some questions about your health.**  
*Primero, quiero hacerle algunas preguntas acerca de su salud.*

**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?**

*¿Generalmente, diría usted que su salud es: Excelente, Muy buena, Buena, Regular, o Delicada?*

- 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?**

*Ahora, pensando en su salud física, la cual incluye enfermedades físicas y lastimaduras, ¿en cuántos de los últimos 30 días diría que su salud física no fue buena?*

\_\_\_ 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?**

*Ahora, pensando en su salud mental, la cual incluye la tensión nerviosa, depresión, y problemas emocionales, ¿en cuántos de los últimos 30 días diría que su salud mental no fue buena?*

\_\_\_ 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?**

*Durante los últimos 30 días, ¿por cuántos días le impidió su salud delicada física o mental en hacer sus actividades normales, tales como cuidarse, trabajar, o actividades recreativas?*

\_\_\_ 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?**

*Las próximas preguntas que le haré, se refieren al acceso que usted tiene al cuidado médico. Por favor este tranquilo(a) que no estoy tratando de venderle seguro médico. ¿Tiene usted alguna cobertura de salud? Incluyendo seguro de salud, planes prepagados tales como los de HMO (organizaciones para el mantenimiento de la salud), o planes del gobierno como Medicare, Medi-Cal*

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



**HLTHPLAN (CA-CORE)**

**YES/NO.**

(If HAVEPLN3. 2, 77, or 99 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:**

*Hay ciertos tipos de cobertura que puede no haber considerado. Por favor, dígame si tiene alguna cobertura provisto por:*

(If HAVPLN3. 1, ask:)

**Do you have health care coverage through:**

	Yes	No	Dk/Ns	Ref	
Your employer <i>Su empleador?</i>	1	2	77	99	EMPPLAN
Someone else's employer, like your spouse's or parents employer <i>El empleador de otra persona, como su esposo(a) o sus padres?</i>	1	2	77	99	OEMPLAN
A plan that you or someone else buys on your own <i>Un plan que usted u otra persona pagan por su cuenta?</i>		1	2	77	99 OWNPLAN
Medicare <i>Medicare?</i>		1	2	77	99MEDICARE
Medi-Cal (Medicaid) <i>Medical?</i>		1	2	77	99 MEDICAL
The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA] <i>Las fuerzas armadas, CHAMPUS, o la administración de Veteranos?</i>		1	2	77	99 MILPLAN
The Indian Health Service <i>El servicio de salud indio?</i>		1	2	77	99 INDPLAN
A source other than the ones already mentioned <i>Otra fuente aparte de las que mencione?</i>		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:**

*¿Qué tipo de cobertura de salud usa para pagar la mayor parte de su atención médica? ¿Diría usted...*

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?")**

*¿Hay una persona quien usted considera ser su doctor personal o proveedor de su cuidado médico? PROBE: If NO, ask "hay más de una persona o no hay ninguna persona?"*

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) (PAYNOGO 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?**

*En los últimos 12 meses, ¿hubo algún momento en que necesitó consultar a un médico, pero no pudo hacerlo debido al costo?*

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)**

*¿Cómo cuánto tiempo tiene, desde la última vez que fue al médico, para hacerse un chequeo de rutina? Un chequeo de rutina es un examen físico general, NO un examen realizado para una lesión específica NI enfermedad o afección (enfermedad) específica.*

- |     |                         |                                     |
|-----|-------------------------|-------------------------------------|
| 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.  | More than 5 years ago   |                                     |
| 5.  | Never                   |                                     |
| 77. | Don't know/Not sure     |                                     |
| 99. | Refused                 |                                     |

**Section 4: Hypertension Awareness****BPHIGH2 (CDC-CORE)****YESNO.**

**4.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?**

*(Interviewer: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")  
(Other health professional means a nurse practitioner, a physician's assistant, or some other licensed health professional)*

*¿Alguna vez, le ha dicho un medico, enfermera, u otro profesional de la salud, que usted tiene la presión (de la sangre) alta? **Interviewer:** If yes, fue esto solamente cuando estaba embarazada?  
(Profesional de la salud: una enfermera, un asistente médico, o algún profesional de la salud con licencia)*

- |     |  |                  |
|-----|--|------------------|
| 1.  | Yes  |                  |
| 2.  | Yes, but female told only during pregnancy | (Go to BLOODCHO) |
| 3.  | No   | (Go to BLOODCHO) |
| 4.  | Borderline, pre-hypertensive               | (Go to BLOODCHO) |
| 77. | Don't know/Not sure                        | (Go to BLOODCHO) |
| 99. | Refused                                    | (Go to BLOODCHO) |

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

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

*¿Está usted ahora tomando medicina para su presión alta (de la sangre)?*

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

**Section 5: Cholesterol Awareness**

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**BLOODCHO (CDC-CORE)**

**YESNO.**

**5.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?**

*El colesterol en la sangre es una sustancia grasosa que se encuentra en la sangre. ¿Alguna vez le han medido su colesterol en la sangre?*

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

**CHOLCHK (CDC-CORE)**

**HOWLONGC.**

**5.2 About how long has it been since you last had your blood cholesterol checked?**  
(Read only if necessary)

*¿Cuánto tiempo hace desde la última vez que le midieron el colesterol en la sangre?*

- 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
- 77. Don't Know /Not sure
- 88. Never (Go to HEART)
- 99. Refused

**TOLDHI (CDC-CORE)**

**YESNO.**

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

*¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud que su colesterol en la sangre es alto?*

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

## Section 6: Chronic Health Conditions

---

### HEART (CDC-CORE) (HEART2 in dataset)

YESNO.

#### 6.1 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)?**

*Ahora me gustaría hacerle algunas preguntas acerca de las enfermedades cardiovasculares.*

*¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud que usted tuvo un ataque cardíaco, también llamado infarto de miocardio?*

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

### ANGINA (CDC-CORE)

YESNO.

#### 6.2 (Has a doctor, nurse or other health professional) EVER told you that you had angina or coronary heart disease?

*(¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud) que usted tuvo angina o una enfermedad coronaria del corazón?*

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

### STROKE (CDC-CORE) (STROKE2 in dataset)

YESNO.

#### 6.3 (Has a doctor, nurse or other health professional) EVER told you that you had a stroke?

*(¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud) que usted había sufrido una embolia?*

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

### ASTHEVE3 (CDC-CORE)

YESNO.

#### 6.4 (Have you ever been told by a doctor or other health professional) that you had asthma?

*(¿Alguna vez, le ha dicho un doctor u otro profesional de la salud) que usted tenia asma?*

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

**ASTHNOW (CDC-CORE)**

**YESNO.**

**6.5 Do you still have asthma?**  
*¿Todavía tiene usted asma?*

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

**SKCANC (CDC-CORE)**

**YESNO.**

**6.6 (Has a doctor, nurse, or other health professional) EVER told you that you had skin cancer? Read only if necessary:**

*(¿Alguna vez le ha dicho un medico, enfermera, u otro profesional de la salud) que usted tenía cáncer en la piel? .*

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

**OTHCANC (CDC-CORE)**

**YESNO.**

**6.7 (Has a doctor, nurse or other health professional) EVER told you that you had any other types of cancer?**

*(¿Alguna vez le ha dicho un medico, enfermera u otro profesional de la salud) que usted tuvo cualquier otros tipos de cáncer?*

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

**COPDEVER (CDC-CORE)**

**YESNO.**

**6.8 (Has a doctor, nurse or other health professional) ever said that you have COPD (chronic obstructive pulmonary disease, emphysema or chronic bronchitis)?**

*(¿Alguna vez le ha informado un médico, enfermera u otro profesional de la salud) que usted padece de: enfermedad pulmonar obstructiva crónica (también llamada COPD por sus siglas en inglés), de enfisema o de bronquitis crónico?*

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

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

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

*¿Alguna vez algún médico u otro profesional de la salud, le informó que tenía algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?*

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

Interviewer note (for QSI): arthritis diagnoses include:

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

**DEPRESS1 (CDC-CORE)****YESNO.**

**6.10 (Has a doctor, nurse or other health professional) ever said that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?**

*(¿Alguna vez le ha dicho un medico, enfermera, u otro profesional de la salud) que usted tiene una enfermedad depresiva (incluyendo depresión, depresión mayor, distimia, o depresión leve?)*

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

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

**6.11 (Has a doctor, nurse or other health professional) ever said that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.**

*(¿Alguna vez le ha dicho un medico, enfermera, u otro profesional de la salud) que usted tiene una enfermedad renal? NO incluya piedras en el riñón, infección en la vejiga (vesícula) ni incontinencia?*

**INTERVIEWER NOTE:** Incontinence is not being able to control urine flow

*La incontinencia es no poder controlar el fluido de la orina. (99)*

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

**VISION (CDC-CORE)****OAVISOB.**

**6.12 (Has a doctor, nurse or other health professional) EVER said that you have vision impairment in one or both eyes, even when wearing glasses?**

*(¿Alguna vez le ha dicho un medico, enfermera, o otro profesional de la salud) que usted tiene problemas con la visión en uno o ambos ojos aun al usar lentes (gafas)?*

- 1, Yes
- 2, No
- 3, Not applicable (blind)
- 7, Don't know / Not sure
- 9, Refused

**Section 7: Diabetes****DIABCOR2 (CDC-CORE)****DIABCORB.**

**7.1 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").**

*Ahora, me gustaría preguntarle acerca de la diabetes, a veces llamada azúcar en la sangre. ¿Alguna vez le ha dicho un médico que tiene diabetes?*

- 1. Yes
- 2. No (Go to COPD\_2) 3.
- Gestational diabetes (if woman volunteers she had diabetes during pregnancy) (Go to DIABGEST)
- 4. Pre-diabetes or borderline diabetes (Go to COPD\_2)
- 77. Don't know/Not sure (Go to COPD\_2)
- 99. Refused (Go to COPD\_2)



**DIABGEST (CA, DBCP)****YESNO.****7.2 Was this ONLY while you were pregnant?***¿Fue esto SOLAMENTE mientras estaba embarazada?*

- |     |                                   |                 |
|-----|-----------------------------------|-----------------|
| 1.  | Yes                               | (Go to COPD_2)  |
| 2.  | No (Includes never been pregnant) | (Go to DIABAGE) |
| 77. | Don't know/Not sure               | (Go to COPD_2)  |
| 99. | Refused                           | (Go to COPD_2)  |

**DIABAGE (CA-DBCP-DIABETES MODULE)****TYPE XV.**

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

**7.3 How old were you when you were told you have diabetes?***¿Qué edad tenía cuando le dijeron que tenía diabetes?*

\_\_\_ Enter age in years

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

**DIABINS (CA-DBCP-DIABETES MODULE)****YESNO.****7.4 Are you now taking insulin?***¿En la actualidad, está usted tomando insulina?*

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

**CHKGLU (CA-DBCP-DIABETES MODULE)****TYPE XIX.****7.5 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.**

*¿Aproximadamente, qué seguido revisa su sangre para determinar el nivel de glucosa o azúcar?  
Incluya las veces que la examina un pariente o amigo, pero no incluya las veces que la examina un profesional de la salud.*

- 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.**

**7.6 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.**

*¿Qué seguido se revisa los pies para determinar si tiene algunas heridas o irritaciones? Incluya cuando se los revisa un amigo o miembro de la familia, pero no incluya cuando se los revisa un profesional de la salud.*

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.**

**7.7 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?**

*¿Cómo cuántas veces en los últimos 12 meses, ha visitado a un médico, enfermera, u otro profesional de salud, para su diabetes?*

\_\_\_\_\_ number of times (verify if GT 12)

88. None

77. Don't know

99. Refused

**DIABDOC3 (CA-DBCP-DIABETES MODULE)**

**TYPE I.**

**7.8 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"?**

*La prueba para la hemoglobina 'A uno C' mide el nivel promedio de azúcar en la sangre durante los últimos 3 meses. ¿Cómo cuántas veces en los últimos 12 meses le ha revisado un médico, enfermera u otro profesional de la salud, su hemoglobina 'A uno 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.**

**7.9 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?**

*¿Cómo cuántas veces, en los últimos 12 meses, le revisó los pies un profesional de la salud, para detectar heridas o irritaciones?*

\_\_\_\_\_ number of times (verify if GT DIABDOC2)

- 88. None
- 77. Don't know
- 98. Never heard of "A one C" test
- 99. Refused

**VISCHK2 (CDC Optional Module - Blindness America/CA- DBCP)**

**VISCHKB.**

**22.5 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.**

*¿Cuándo fue la última vez que le hicieron un examen de los ojos, en la cual le dilataron las pupilas? Esto le hubiera causado sensibilidad temporal a la luz brillante.*

- 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.**

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

*¿Alguna vez le ha dicho un doctor, que la diabetes le ha afectado sus ojos o que usted tenía retinopatía?*

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

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

**YESNO.**

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

*¿Alguna vez, ha tomado usted algún curso o alguna clase, para saber como usted mismo(a) puede controlar su diabetes?*

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

## Section 8: Chronic Obstructive Pulmonary Disease (COPD)

---

Ask if COPD = 1, else skip to SMOKE100

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD)

*Anteriormente, usted dijo que había sido diagnosticado (a) con la Enfermedad Pulmonaria Obstructiva Crónica (COPD).*

---

### COPD\_1 (CDC Optional Module)

YESNO.

**8.2. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema?)**

*¿Alguna vez le han hecho una prueba de respiración para diagnosticar COPD (la enfermedad pulmonaria obstructiva crónica), bronquitis crónica, o enfisema?*

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

### COPD\_2 (CDC Optional Module)

YESNO.

**8.3. Would you say that shortness of breath affects the quality of your life?**

*¿Diría usted que la falta de aire le afecta la calidad de su vida?*

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

### COPD\_3 (CDC Optional Module)

YESNO.

**8.4. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare?**

*¿Aparte de visitas rutinarias, ha tenido que ver a un medico en los pasados 12 meses por síntomas relacionados con la falta de aliento, bronquitis, COPD (la enfermedad pulmonaria obstructiva crónica) o brotes de enfisema?*

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

**COPD\_4 (CDC Optional Module)**

**YESNO.**

**8.5. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema?**

*¿Tuvo que ir a una sala de emergencias a ser admitido (a) al hospital en los pasados 12 meses por causa de COPD ( la enfermedad pulmonaria obstructiva crónica) bronquitis crónico, o enfiseema?*

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

**COPD\_5 (CDC Optional Module)**

**TYPE VII.**

**8.6. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema?**

*¿Cuántos medicamentos diferentes toma usted actualmente cada día para ayudarle con COPD( la enfermedad pulmonaria obstructiva crónica), bronquitis crónico, o enfiseema?*

- \_\_\_ Number (00-76)
- 77 Don't know / Not sure
- 99 Refused

**Section 9: Tobacco Use**

---

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

*Ahora, me gustaría hacerle algunas preguntas acerca del fumar cigarrillos.*

**SMOKE100 (CDC-CORE)**

**YESNO.**

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

*¿Ha fumado por lo menos 100 cigarrillos durante toda su vida?*

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

**SMKEVDA2 (CDC-CORE)**

**EVDAY.**

**9.2 Do you now smoke cigarettes every day, some days, or not at all?**

*En la actualidad, ¿fuma usted cigarrillos todos los días, algunos días, o ningún día?*

- 1. Everyday (GO TO SMK12AGO)
- 2. Somedays (GO TO SMK12AGO)
- 3. Not at all (Go to SMOKREG4)
- 77. Don't know/Not sure (Go to SMOKREG4)
- 99. Refused (Go to SMOKREG4)

**SMOKREG4 (CDC-CORE )****SMOKREGB.****9.3 About how long has it been since you last smoked a cigarette, even one or two puffs?  
(Read only if necessary)***¿Cuánto tiempo hace desde la última vez que usted fumo un cigarrillo, aunque haya sido solamente uno o dos soplos?*

- |     |                          |                                       |
|-----|--------------------------|---------------------------------------|
| 1.  | Within the past month    | (less than 1 month ago)               |
| 2.  | Within the past 3 months | (1 month but less than 3 months ago)  |
| 3.  | Within the past 6 months | (3 months but less than 6 months ago) |
| 4.  | Within the past year     | (6 months but less than 1 year ago)   |
| 5.  | Within the past 5 years  | (1 year but less than 5 years ago)    |
| 6.  | Within the past 10 years | ( 5 years but less than 10 years ago) |
| 7.  | 10 or more years ago     |                                       |
| 77. | Don't know/Not sure      |                                       |
| 88. | Never smoked regularly   | (Do not read)                         |
| 99. | Refused                  | (Do not read)                         |

IF SMOKREG4 &gt;= 5, GO TO SMKWHOLE; ELSE CONTINUE

**SMK12AGO (CA-TCS) (Ask if SMKEVDA2 <= 2 or SMKREG4 <=4)****YESNO.****9.4 Were you smoking at all around this time 12 months ago?***¿Hace 12 meses, estaba usted fumando alrededor de esta temporada?*

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

(Ask if SMKEVDA2 &lt;= 2 or SMOKREG4 &lt;=4)

**QUIT1DY3 (CDC-CORE)****YESNO.****9.5 During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?***Durante los últimos 12 meses, ¿ha parado de fumar por un día o más porque estaba tratando de dejar de fumar?*

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

IF SMKEVDA2 &lt;=2 AND QUIT1DY3 = 1, GO TO NOSMK; ELSE IF SMKEVDA2 &lt;=2 AND QUIT1DY3 &lt;&gt; 1, GO TO QUIT30; IF SMOKREG4 &lt;=4, GO TO SMKWHOLE

**NOSMK (NOSMKDY, NOSMKWK, NOSMKMO)**

**9.6 I'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?**

*Me gustaría preguntarle sobre el último intento que usted hizo para dejar de fumar. Durante ese intento, ¿cuánto tiempo duró sin fumar un cigarrillo?*

(INTERVIEWER NOTE: ONE YEAR=12 MONTHS)

--- MONTHS NOSMKMO  
--- WEEKS NOSMKWK  
--- DAYS NOSMKDY

- 000. Time frame does not apply
- 777. Don't know/Not sure for that time frame
- 999. Refused for that time frame
- 888. Never made a quit attempt

Ask if SMKEVDA2<=2 and QUIT1DY3 = 1

**QUIT30 (CA-TCS)**

**YESNO.**

**9.7 Are you planning to quit smoking in the next 30 days?**  
*¿Tiene planes para dejar de fumar en los próximos 30 días?*

- 1. Yes
- 2. No

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

IF SMKEVDA2 = 1 AND QUIT30 = 1, GO TO SMOKENUM; ELSE IF SMKEVDA2 = 2 AND QUIT30 = 1, GO TO SMK30ANY; ELSE CONTINUE

**QUIT6 (CA-TCS)**

**YESNO.**

**9.8 Are you contemplating quitting smoking in the next six months?**  
*¿Está contemplando en dejar de fumar en los próximos seis meses?*

- 1. Yes
- 2. No

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

IF SMKEVDA2 = 1, GO TO SMOKENUM; ELSE IF SMKEVDA2 = 2, GO TO SMK30ANY

**SMOKENUM (CA-TCS)****TYPE V.**

**9.9 On the average, about how many cigarettes a day do you now smoke?  
(1 pack = 20 cigarettes)**

*¿En promedio, cuántos cigarrillos fuma usted al día actualmente?*

\_\_\_\_\_ Enter number of cigarettes (verify if GT 70) (Go to SMKWHOLE)

88. Don't smoke regularly (GO TO SMK30ANY)  
 77. Don't know/Not sure (GO TO SMK30ANY)  
 99. Refused (GO TO SMK30ANY)

ASK IF SMKEVDA2 = 2 OR SMOKENUM = 77, 88, 99

**SMK30ANY (CA-TCS)****YESNO.**

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

*¿Ha fumado usted algunos cigarrillos durante los últimos 30 días?*

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.**

**9.11 On how many of the past 30 days did you smoke cigarettes?  
(NA= None)**

*¿En cuántos de los últimos 30 días fumó usted cigarrillos?*

- \_\_\_\_\_ Enter number of days  
 30. Every day  
 777. Don't know  
 999. Refused

**SMK30NUM (CA-TCS)****TYPE VIII.**

**9.12 During the past thirty days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?**

*¿Durante los últimos 30 días, en los días que fumó, ¿cómo cuántos cigarrillos fumó por día?*

\_\_\_\_\_ Enter number of cigarettes (verify if GT 70)

777. Don't know  
 999. Refused

**SMKWHOLE (CA-TCS)****TYPE VII.**

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

*¿Cómo qué edad tenía cuando fumó su primer cigarrillo entero?*

\_\_\_\_\_ Code age in years

77. Don't know  
 99. Refused



**SMOKEAGE (CA-TCS)**

**TYPE XI.**

**9.14 About how old were you when you first started smoking cigarettes fairly regularly?  
(NA = Never smoked regularly)**

*Aproximadamente, ¿cuántos años tenía cuando comenzó a fumar cigarrillos con regularidad?*

\_\_\_\_\_ Code age in years

- 88. Never smoked regularly
- 77. Don't know
- 99. Refused

**SMKELSEN (CA-TCS)**

**TYPE VII.**

**9.15 How many other household members currently smoke? (NA=None)**

*¿Cuántos otros miembros de su hogar, fuman en la actualidad?*

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

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

**HOUSTYPE (CA-TCS)**

**HOUSTYPE.**

**9.16 Which best describes the building you live in?**

*¿Cuál de estas describe mejor el edificio o el lugar donde vive usted?*

- 1. A mobile home  
*Un coche-caravana o casita rodante.*
  - 2. A house that is not attached to any other house  
*Una casa no adosada a ninguna otra.*
  - 3. A house that is attached to one or more houses  
*Una casa adosada a otra, o a varias más.*
  - 4. An apartment or condominium in a complex with 15 or fewer units  
*Un apartamento o unidad en condominio en una unidad de apartamentos de 15 unidades, o menos.*
  - 5. An apartment or condominium in a complex with 16 or more units  
*Un apartamento o unidad en condominio en una unidad de apartamentos de 16 unidades, o más.*
  - 6. An RV, Boat or other  
*Un vehículo recreativo, embarcación u otro*
- 
- 7. Don't know/Not sure
  - 9. Refused

**HHRULES2 (CA-TCS)**

**HHRULES.**

**9.17 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?**

*¿Cuáles son los reglamentos o restricciones de fumar, en su hogar, si hay alguno? ¿Diría Ud. que el fumar está totalmente prohibido, que está generalmente prohibido con algunas excepciones, se permite fumar únicamente en ciertos cuartos, o que no hay restricciones contra el fumar?*

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

**USENOW3 (CORE)**

**EVDAY.**

**9.19 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (Snus rhymes with "goose")**

*¿Actualmente, usa usted el tabaco de mascar, el rape o snus todos los días, algunos días o nunca? Snus (tabaco Sueco) es un tabaco sin humo húmedo, generalmente se vende en bolsas pequeñas que se colocan bajo de el labio contra la encía. (Snus rhymes with "goose.")*

1. Every day
2. Some days
3. Not at all
77. Don't know/not sure
99. Refused

**SMKCIGAR (CA-TCS)**

**YESNO.**

**9.20 Have you ever smoked a cigar, even just a few puffs? (Cigar=large cigar, cigarillo, or small cigar)**

*¿Alguna vez, ha fumado un puro (cigarro), aunque hayan sido solamente unos cuantos soplos?||Cigar = large cigar, cigarillo, or small cigar.*

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

**OFTCIGRB (CA-TCS)**

**TYPE I.**

**9.21 On how many of the past 30 days did you smoke cigars? (NA=None)**

*¿En cuántos de los últimos 30 días fumó usted puros (cigarros)?*

\_\_\_\_\_ Enter number of days

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

**Section 10: Demographics**

---

**AGEB (CDC-CORE)**

**10.1 What is your age?**

*¿Cuántos años tiene usted?*

\_\_\_ Enter age in years

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

**HISP3 (CDC-CORE)**

**YESNO.**

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

*¿Es usted hispano(a) o latino(a)? (Esto incluye Mexicana Americana, Latina Americana, Puertorriqueña, o Cubana).*

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

**ORACE3 (CDC-CORE)****ORACEB.**

**10.3 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?**

*¿Cuál o cuáles de las siguientes diría usted es su raza? ¿Diría: Blanco(a), Negro(a), Asiático(a), nativo de Hawaii o de las Islas del Pacífico, Indio(a) Americano(a), nativo(a) de Alaska (Aleut), u Otra?*

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

*(PROBE ORACE2X IF HISP2=1 and ORACE3 = 6)*

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

**ORACE2X** (ask IF HISP2=1 and ORACE3 = 6)      N

**ORACE.**

**9.3A Would you say your race is ...**

*¿Diría que su raza es...*

1. White Hispanic  
*Hispano Blanco*
2. Black or African American Hispanic  
*Hispano Negro o Africano Americano*
3. Asian Hispanic  
*Hispano Asiático*
4. Native Hawaiian or Other Pacific Islander Hispanic  
*Hispano nativo de Hawái o de otra isla del Pacífico*
5. American Indian or Alaska Native Hispanic  
*Hispano Indio Americano o nativo de Alaska*
6. Other Hispanic  
*Otro hispano*
77. Don't know/Not sure
99. Refused

**ORACE4 (CDC-CORE)****ORACEB.**

**10.4 Which one of these groups would you say best represents your race? Would you say...**  
*Cuál de estos grupos, diría usted mejor representa su raza? ¿Diría...Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), nativo(a) de Alaska (Aleut), u Otra?*

- |     |   |                  |
|-----|---|------------------|
| 1.  | White                                     | (Go to MILITAR3) |
| 2.  | Black or African American                 | (Go to MILITAR3) |
| 3.  | Asian                                     | (Go to ORACE2A)  |
| 4.  | Native Hawaiian or Other Pacific Islander | (Go to ORACE2A)  |
| 5.  | American Indian or Alaska Native          | (Go to MILITAR3) |
| 6.  | Other: (specify) ----->                   | (Go to MILITAR3) |
| 77. | Don't know/Not sure                       | (Go to MILITAR3) |
| 99. | Refused                                   | (Go to MILITAR3) |

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

**ORACE2A (CA)****ORACE2A.**

**10.5 Are you Chinese, Japanese, Korean, Filipino or Other?**  
*¿Es usted Chino(a), Japonés(a), Coreano(a), Filipino(a) u otra?*

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

**MILITAR3 (CDC-CORE)****MILSTATC.**

The next question relates to military service.

**10.6 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.**

*¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los estados Unidos, ya sea en el ejército normal, en la Guardia Nacional o en la Unidad de Reserva? Servicio activo no incluye entrenamiento para las reservas o la Guardia Nacional, pero SI incluye activación, por ejemplo, para la Guerra de Golfo Pérsico.*

1. Yes, now on active duty  
*Si, ahora en servicio activo*
2. Yes, on active duty during the last 12 months, but not now  
*Si, en servicio activo durante los últimos 12 meses, pero no actualmente*
3. Yes, on active duty in the past, but not during the last 12 months  
*Si, en servicio activo, pero no durante los últimos 12 meses*
4. No, training for Reserves of National Guard only  
*No, en entrenamiento para la Reserva o Guardia Nacional*
5. No, never served in the military  
*No, nunca he estado en el servicio militar*
77. Don't know/Not sure
99. Refused

**MARITAL (CDC-CORE)****MARITAL.**

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

*¿Está usted: Casado(a), divorciado(a), viudo(a), separado(a), nunca casado(a), o un miembro de una pareja sin estar casado(a)?*

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) SXORIEN2.**

**SXORIENB.**

**10. 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.)**

*Ahora le voy a preguntar acerca de su orientación sexual. Recuerde que todas sus respuestas son confidenciales y que no tiene que contestar ninguna pregunta que usted no quiera. ¿Se considera usted ser... Heterosexual, homosexual o sea gay o lesbiana, bisexual u otra?*

- 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.**

**10.9** How many children less than 18 years of age live in your household?

*¿Cuántos niños MENORES de 18 años de edad, viven en su hogar?*

\_\_\_ 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.**

**10.10 (If CHILD18=1, ask:) How old is the child?** ¿Qué edad tiene el joven?

**(If CHILD18 GT 1, ask:) How old are the children? Beginning with the youngest...**

¿Qué edad tienen los jóvenes? Empezando con el más joven. ..

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)}

___	AGE OF YOUNGEST CHILD	CHILD1
___	AGE OF SECOND YOUNGEST CHILD	CHILD2
___	AGE OF THIRD YOUNGEST CHILD	CHILD3
___	AGE OF FOURTH youngest child	CHILD4
___	Age of fifth youngest child	CHILD5
___	Age of sixth youngest child	CHILD6
___	Age of seventh youngest child	CHILD7
___	Age of eighth youngest child	CHILD8
___	Age of ninth youngest child	CHILD9
___	Age of tenth youngest child	

77. Don't know

99. Refused

**EDUCA (CDC-CORE)**

**EDUCA.**

**10.11 What is the highest grade or year of school you completed?** (Read Only if Necessary)

¿Cuál fue el año escolar más alto que usted completó?

- 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.**

**10.12 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?**

*¿Actualmente: Trabaja con sueldo, trabaja por cuenta propia, ha estado sin trabajo por más de 1 año, ha estado sin trabajo por menos de 1 año, es amo/a de casa, es estudiante, está jubilado/a, o no puede trabajar?*

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)

**10.12** Household size. ((NUMADULT-NHHADULT)+CHILD18)

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

**10.14 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?**

*¿Cuál de las siguientes categorías mejor describe el ingreso anual de su hogar, de todas fuentes?*

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.**

**10.14 Is your annual household income above \_\_\_\_\_(table look up for income and household size)? (This is an income threshold used for statistical purposes.)**

*¿Es su ingreso anual más de \$*

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		\$10,830 \$14,080		\$20,040 \$21,660	\$27,080				
(Household Size)	2		\$14,570	\$18,940		\$26,950/ \$29,140	\$36,430			
	3			\$18,310	\$23,800	\$33,870	\$36,620 \$45,780			
	4				\$22,050	\$28,670	\$40,790/ \$44,100	\$55,130		
	5					\$25,790 \$33,530	\$47,710	\$51,580/ \$64,480		
	6					\$29,530	\$38,390	\$54,630/ \$59,060/ \$73,830		
	7					\$33,270	\$43,250	\$61,550/ \$66,540	\$83,180	
	8						\$37,010 \$48,110	\$68,470/ \$74,020	\$92,530	
	9						\$40,750	\$52,980	\$75,390/ \$81,500	\$101,880
	10						\$44,230	\$57,500	\$81,830/ \$88,460	\$110,580
	11						\$48,230	\$62,700	\$89,230/ \$96,460	\$120,580
	12							\$51,970 \$67,560	\$96,150	\$103,940/ \$129,930
	13							\$55,710/ \$72,420		\$103,000/ \$111,400/ \$139,280

100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Jan 24, 2009.)

**WEIGHT (CDC-CORE)**

**(not formatted)**

**10.16 About how much do you weigh without shoes?** Round fractions up.

*¿Cómo cuánto pesa usted sin zapatos?*

\_\_\_\_\_ 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)**

**10.17 About how tall are you without shoes?**

*¿Cómo cuánto mide de estatura sin zapatos?*

Round fractions down

Enter height in feet and inches

(Ex. 5 feet 11 inches = 511)

\_\_\_\_\_ Enter height (verify if less than 408 or greater than 608)

777. Don't know/Not sure

999. Refused

**COUNTY1 (CDC-CORE)**

**COUNTYA.**

**10.20 What county do you live in?**

*¿En qué condado vive usted?*

- |                   |                     |                    |
|-------------------|---------------------|--------------------|
| 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)** (ZIPCODE in dataset)

**ZIPCODE.**

**10.21 What is your zip code where you live?**

*¿Cuál es su código de zona postal?*

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

777777. Don't know/Not sure

999999. Refused

**NUMHOLD2 (CDC-CORE)**

**YESNO.**

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

*¿Tiene usted más de un número de teléfono en el hogar? No incluya los teléfonos celulares ni los números que sólo sean usados por una computadora o un fax.*

1. Yes

2. No

(Go to CELL)

77. Don't know

(Go to CELL)

99. Refused

(Go to CELL)

**NUMPHON4 (CDC-CORE)**

**TYPE I.**

**10.23 How many of these phone numbers are residential numbers?**

(8 = 8 or more)

*¿Cuántos de estos números de teléfono son números residenciales?*

1. One

2. Two

3. Three

4. Four

5. Five

6. Six

7. Seven

8. Eight (or more)

77. Unknown

99. Refused

**CELL (CDC-CORE)**

**YESNO.**

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

*¿Tiene usted un teléfono celular para su uso personal? Por favor incluya teléfonos celulares que se usen para el trabajo y uso personal.*

1. Yes

2. No

(Go to CPCTSHAR)

77. Don't know

99. Refused

**CELSHARE (CDC-CORE)****YESNO.****10.26 Do you share a cell phone for personal use (at least one-third of the time) with other adults?***¿Comparte usted su teléfono celular para uso personal (por lo menos una tercera parte del tiempo) con otros adultos?*

- |     |            |                 |
|-----|------------|-----------------|
| 1.  | Yes        | (Go to CPCTUSE) |
| 2.  | No         | (Go to OWNHOME) |
| 77. | Don't know | (Go to OWNHOME) |
| 99. | Refused    | (Go to OWNHOME) |

**CPCTSHAR (CDC-CORE)****YESNO.****10.27 Do you usually share this cell phone (at least one-third of the time) with any other adults?***¿Usualmente comparte usted este teléfono celular (por lo menos una tercera parte del tiempo) con otros adultos?*

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

**CPCTUSE (CDC-CORE)****TYPE I.****10.28 Thinking about all the phone calls that you receive, what percent, between 0 and 100, are received on your cell phone?***Pensando en todas las llamadas que usted recibe en su teléfono regular y teléfono celular, ¿qué PORCENTAJE entre 0 al 100 recibe usted en su teléfono celular?*

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

**OWNHOME (CDC-CORE)****RENT.****10.29 Do you own or rent your home?***¿Es usted dueño o renta (alquila) su casa?*

- |     |                     |
|-----|---------------------|
| 1.  | Own                 |
| 2.  | Rent                |
| 3.  | Other arrangement   |
| 77. | Don't know/Not sure |
| 99. | Refused             |

*INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.**INTERVIEWER NOTE: Home is defined as a primary residence the family or social unit occupies the majority of the time.*

If AGEB >45 and SEX = 2, skip to SMKWORK

**PREGNANT (CDC-CORE)**

**YESNO.**

**10.30 To your knowledge, are you now pregnant?**

*¿Que usted sepa, está embarazada?*

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

Ask if EMPLOY2 = 1 or 2

**WORK7DAY (NEW – Tobacco Control)**

**YESNO.**

**10.31 As far as you know, in the past seven days, has anyone smoked in your work area?"**

*¿Que usted sepa, en los últimos siete días, alguien ha fumado en su área de trabajo?*

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

---

**Section 11: Fruits and Vegetables**

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These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

*Las próximas preguntas son acerca de las frutas y verduras que usted comió o bebió durante los últimos 30 días. Por favor piense en todas formas de frutas y verduras incluyendo cocidas, crudas, frescas, congeladas, o enlatadas. Por favor piense en todas las comidas, bocados, y alimentos consumidos en casa y afuera de su casa.*

*Le preguntare con qué frecuencia usted comió o bebió cada uno de ellos: por ejemplo, una vez al día, dos veces por semana, tres veces al mes, etc.*

**JUICE10 (CDC-CORE) (JUICE11 in dataset)**

**TYPE XIX.**

**11.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.**

*¿Durante el mes pasado, cuantas veces al día, a la semana, o al mes bebió jugos de 100% fruta? No incluya bebidas con sabor a fruta con azúcar o jugo de fruta que usted hizo en su casa y le agredo azúcar. Solo los que sean jugo 100% de fruta.*

**INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.**

**Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.**

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in**

“other vegetables” question.

Do include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 555 .Never
- 777. Don't know / Not sure
- 999. Refused

**FRUIT10 (CDC-CORE)** (FRUIT11 in dataset)

**TYPE XIX.**

**11.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit**

*Durante el mes pasado, sin incluir el jugo, ¿cuántas veces al día, a la semana, o al mes comió fruta? Incluya fruta fresca, congelada, o enlatada.*

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 555. Never
- 777. Don't know / Not sure
- 999. Refused

**Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”**

**INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.**

**Do not include dried fruit in ready-to-eat cereals.**

**Do include dried raisins, cran-raisins if respondent tells you - but due to their small serving size they are not included in the prompt.**

**Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.**

**Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).**

**BEANS (CDC-CORE)** (BEANS11 in dataset).....

**TYPE XIX.**

**11.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.**

*Durante el mes pasado, ¿cuántas veces al día, a la semana, o al mes comió frijoles cocidos o enlatados, como los frijoles refritos, al horno, frijoles negros, garbanzos, sopa de frijoles, frijoles de soya, edamame, tofu, o lentejas. No incluya ejotes largos.*

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 555. Never
- 777. Don't know / Not sure
- 999. Refused

**Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."**

**INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

**VEGGREEN (CDC-CORE)** (VEGGRE11 in dataset)

**TYPE XIX.**

**11.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?**

*Durante el mes pasado, ¿cuántas veces al día, a la semana, o al mes comió usted verduras verde oscuro como brócoli o verduras de hojas verdes como lechuga romana, acelga, berza, o espinacas?*

- 1 \_\_\_ Per day
- 2 \_\_\_ Per week
- 3 \_\_\_ Per month
- 555. Never
- 777. Don't know / Not sure
- 999. Refused

**INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time."**

**INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, arugula, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.**

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**



**VEGORANG (CDC-CORE)** (VEGORA11 in dataset)

**TYPE XIX.**

**11.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?**

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

*Durante el mes pasado, ¿cuántas veces al día, a la semana, o al mes comió verduras anaranjadas, como camotes (batatas), calabazas, calabacines, o zanahorias? Read Only if Necessary: "Los calabacines tiene corteza gruesa y dura y su carne es de color amarillo fuerte o naranja. Incluyen boneteras, ranúnculos, y calabaza espagueti."*

1 \_\_\_ Per day

2 \_\_\_ Per week

3 \_\_\_ Per month

555. Never

777 .Don't know / Not sure

999. Refused

**Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."**

**FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.**

**Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).**

**Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.**

**Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebusu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.**

**Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based dessert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).**

**OTHRVEG (CDC-CORE)** (OTHRVE11 in dataset)

**TYPE XIX.**

**11.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.**

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

*Sin contar los que ya me dijo, durante el mes pasado, ¿cuántas veces al día, a la semana, o al mes consumió OTRAS verduras? Ejemplos de otras verduras pueden ser tomates, jugo de tomate o jugo V-8, maíz, berenjena, chicharos (guisantes), lechuga, col y papas blancas que no estén fritas, como papas el horno o en puré. Read only if needed: "No cuente las verduras que ya menciono y no incluya las papas fritas."*

1 \_\_\_ Per day

2 \_\_\_ Per week

3 \_\_\_ Per month

555. Never

777. Don't know / Not sure

999. Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

**INTERVIEWER NOTE:** Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

### **Section 12: Soda/Fast Food**

#### **SODAPOP (NEW - NETWORK)**

**TYPE XIX.**

**12.1 About how often do you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.**

*¿Con qué frecuencia tomó refrescos regulares o sodas que contienen azúcar? No cuente los refrescos de dieta.*

- 1 \_\_\_ Times per day
- 2 \_\_\_ Times per week
- 3 \_\_\_ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

#### **SWTDRINK (NEW-NETWORK)**

**TYPE XIX.**

**12.2 About how often do you drink sweetened fruit drinks, such as Kool-aid, cranberry, and lemonade? Include fruit drinks you made at home and added sugar to.**

*¿Con que frecuencia tomo bebidas de fruta endulzadas con azúcar como Kool-aid, jugo de arándano, y limonada? Incluya bebidas de fruta que usted hizo en casa y endulzadas con azúcar.*

- 1 \_\_\_ Times per day
- 2 \_\_\_ Times per week
- 3 \_\_\_ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

**FSTFOOD1 (NEW-NETWORK)****YNNAD.**

**12.3 The next questions are about eating out at fast food and chain restaurants. Do you typically read calorie information for foods and drinks when it is available at fast food and chain restaurants?**

*Las siguientes preguntas son acerca de las comidas afuera de casa, ya sea en cadenas de restaurantes o restaurant de comida rápida. Típicamente lee usted la información de calorías para los alimentos y bebidas cuando están disponibles en cadenas de restaurantes y restaurantes de comida rápida?*

- |    |   |              |
|----|---|--------------|
| 1, | Yes   |              |
| 2, | No  | (Go to WIC2) |
| 3, | Never noticed or never looked for calorie information | (Go to WIC2) |
| 4, | Usually cannot find calorie information               | (Go to WIC2) |
| 8, | Does not eat at fast food or chain restaurant         | (Go to WIC2) |
| 7, | Don't know  | (Go to WIC2) |
| 9, | Refused   | (Go to WIC2) |

**FSTFOOD2 (NEW - NETWORK)****ALWNEVB.**

**12.4 How often does this calorie information help you decide what to order? Would you say .**

*¿Con que frecuencia le sirve esa información para ayudarle a decidir que ordenar?*

- |    |                                   |  |
|----|-----------------------------------|--|
| 1. | Always                            |  |
|    | <i>Siempre</i>                    |  |
| 2. | Most of the time                  |  |
|    | <i>La mayoría de las veces</i>    |  |
| 3. | About half the time               |  |
|    | <i>Como la mitad de las veces</i> |  |
| 4. | Sometimes                         |  |
|    | <i>Algunas veces</i>              |  |
| 5. | Never                             |  |
|    | <i>Nunca</i>                      |  |
| 7. | Don't know                        |  |
| 9. | Refused                           |  |

**Section 13: Food Security****WIC2 (Revised - CA-NETWORK)****YESNO.**

**13.1 In the last 12 months, have you or anyone in your household (including children) received food assistance from WIC (coupons/vouchers)?**

*¿En los últimos 12 meses, usted u alguna otra persona en su hogar (incluyendo niños) recibieron ayuda por parte de WIC(cupones) ?*

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

**SNAP (NEW - CA-NETWORK)**

**YESNO.**

**13.2 In the last twelve months, have you applied for food stamps, SNAP, or Calfresh?**

*¿En los últimos 12 meses, ha aplicado usted para estampillas de comida, SNAP, o Calfresh?*

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

**FDSTMRE3 (CA-NETWORK) REVISED**

**YESNO.**

**13.2 In the last 12 months, have you or anyone in your household received Food Stamps, SNAP or Calfresh benefits through the EBT card?**

*¿En los últimos 12 meses, usted u alguna otra persona en su hogar han recibido estampillas de comida, SNAP, o beneficios Calfresh por una tarjeta de EBT?*

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

**CUTMEAL (CA-NETWORK)**

**YESNO.**

**13.5 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?**

*¿Durante los últimos 12 meses redujo alguna vez la cantidad de su comida o paso por alto alguna comida porque no había bastante dinero para comprarla?*

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

**CUTOFT (CA-NETWORK)**

**YESNO.**

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

*¿Qué seguido paso esto? ¿Diría...casi cada mes, unos meses pero no todos, o solamente en uno o dos meses?*

- 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-NETWORK)**

**YESNO.**

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

*¿Alguna vez, en los últimos 12 meses comió menos de lo que debería comer porque no había suficiente dinero para comprar comida?*

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

**EVRHNGRY (CA-NETWORK)****YESNO.****13.8 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?***¿En los últimos 12 meses, tuvo hambre pero no comió porque no había suficiente dinero para comprar comida?*

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

**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)**

*Le voy a leer algunas declaraciones que algunas personas han hecho acerca de la situación de su comida. Por favor, dígame si estas declaraciones son FRECUENTEMENTE ciertas, A VECES ciertas, o NUNCA ciertas para usted en los últimos 12 meses. O sea desde \_\_\_\_\_ del año pasado.*

**OUTOFFD (CA-NETWORK)****TRUEFALB.****13.9 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?***La comida que compre no duro y no tenía dinero para comprar más. ¿Diría que esto fue FRECUENTEMENTE cierto, AVECES, o NUNCA para usted en los últimos 12 meses?*

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 77. Don't know/Not sure
- 99. Refused

**AFRDMEAL (CA-NETWORK)****TRUEFALB.****13.10 I couldn't afford to eat balanced meals. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?***No tuve con que comprar comidas balanceadas. ¿Diría que esto fue cierto FRECUENTEMENTE, AVECES, o NUNCA para usted en los últimos 12 meses?*

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 77. Don't know/Not sure
- 99. Refused

## Section 14: Physical Activity

---

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

*La próxima pregunta es acerca del ejercicio, recreo, o actividades físicas aparte de su trabajo usual.*

**INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.**

### EXERANY1 (CDC-CORE)

YESNO.

**14.1 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?**

*Durante los últimos 30 días, ¿participó usted en algunas ACTIVIDADES FISICAS o EJERCICIOS tales como correr, calistenia, golf, jardinería, o camino para hacer ejercicio?*

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

### EXERACT1 (CDC-CORE) (EXERACT3 in dataset)

EXERACTB.

**14.2. What type of physical activity or exercise did you spend the most time doing during the past month?**

*¿Qué clase de actividad física o ejercicio pasó la mayoría de su tiempo haciendo durante el mes pasado?*

\_\_\_ Select activity from brandlist

- |     |         |                  |
|-----|---------|------------------|
| 99. | Refused | (Go to STRENGTH) |
|-----|---------|------------------|

### EXEROFT (CDC-CORE) (EXEROFT1 in dataset)

TYPE III.

**14.3 How many times per week or per month did you take part in this activity during the past month?**

*¿Cuántas veces a la semana o al mes tomo usted parte en esta actividad durante el mes pasado?*

- 1 \_\_\_ Times per week  
2 \_\_\_ Times per month  
777 Don't know / Not sure  
999 Refused

### EXERHMM1 (CDC-CORE)

TYPE XI.

**14.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?**

*Y cuando tomo parte en esta actividad, ¿cuántos minutos u horas se mantuvo haciéndolo usualmente?*

- \_: \_\_\_ Hours and minutes  
777 Don't know / Not sure  
999 Refused

**EXERACT2 (CDC-CORE) (EXERACT4 in dataset)**

**EXERACTB.**

**14.5 What other type of physical activity gave you the next most exercise during the past month?**

*¿Qué otro tipo de actividad física le dio a usted el segundo nivel más alto de ejercicio, durante el mes pasado?*

\_\_\_\_\_ Select activity from brandlist

99. Refused

**(Go to STRENGTH)**

88. No other physical activity

**(Go to STRENGTH)**

**EXEROFT2 (CDC-CORE)**

**TYPE III.**

**14.6 How many times per week or per month did you take part in this activity during the past month?**

*¿Cuántas veces a la semana o al mes tomo usted parte en esta actividad durante el mes pasado?*

1\_\_ Times per week

2\_\_ Times per month

777 Don't know / Not sure

999 Refused

**EXERHMM2 (CDC-CORE)**

**TYPE XI.**

**14.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?**

*Cuando tomo parte en esta actividad, ¿cuántos minutos u horas se mantuvo haciéndolo usualmente?*

\_\_:\_\_ Hours and minutes

777 Don't know / Not sure

999 Refused

**STRENGTH (CDC-CORE)**

**TYPE II.**

**14.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.**

*Durante el mes pasado, ¿Cuántas veces a la semana o al mes realizo actividades físicas o ejercicios para FORTALECER sus músculos? NO cuente los ejercicios aeróbicos como caminar, correr o andar en bicicleta. Cuente las actividades en las que uso su propio peso corporal, como yoga, abdominales o lagartijas y aquellas en las que uso maquinas de pesas, pesas sueltas o bandas elásticas.*

1\_\_ Times per week

2\_\_ Times per month

777 Don't know / Not sure

888 Never

999 Refused

## Section 15: Disability

---

### RESTRIC3 (CDC-CORE)

YESNO.

**15.1 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?**

*Las siguientes preguntas son acerca de problemas de salud o limitaciones que pueda tener. ¿Está usted limitado de cualquier manera para realizar alguna actividad debido a problemas físicos, mentales o emocionales?*

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

### EQUIP (CDC-CORE)

YESNO.

**15.2 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)**

*¿Tiene actualmente algún problema de salud que requiera el uso de equipo especial, tal como un bastón, una silla de ruedas, una cama especial, o un teléfono especial? (Incluya el uso ocasional o el uso en ciertas circunstancias).*

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

## Section 16: Arthritis Burden

---

### **ARTHRITD=1 THEN GO TO LIMITJN2, ELSE go to SEATBELT**

Next I will ask you about your Arthritis

*Ahora, le voy a preguntar acerca de su artritis.*

### LIMITJN2 (CDC-CORE)

YESNO.

**16.1 Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?**

*La artritis puede causar síntomas como dolor o como rigidez en o alrededor de las coyunturas. ¿Está usted limitado(a) de cualquier manera en cualquiera de sus actividades usuales a causa de la artritis o síntomas de las coyunturas?*

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

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**



**ARTHWRK2 (CDC-CORE)** (Ask all respondents regardless of employment status) **YESNO.**

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

*En esta próxima pregunta nos referimos al trabajo por pago. ¿Le afectan los síntomas de artritis o de las coyunturas si usted trabaja, el tipo del trabajo que usted hace, o la cantidad de trabajo que usted hace?*

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

*INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."*

**ARTHPLAY (CDC-CORE) (NEW)**

**HOWMUCH.**

**16.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? Would you say...

*Durante los pasados 30 días, ¿hasta qué punto Interfirieron su artritis o síntomas de las coyunturas (articulaciones) con sus actividades sociales normales, tales como ir de compras, al cine o a reuniones religiosas o sociales? Diría que...*

- 1. A lot *Mucho*
- 2. A little *Un poco*
- 3. Not at all *Nada*
- 77. Don't know / Not sure
- 99. Refused

*INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."*

**ARTHPAIN (CDC-CORE) (NEW)****TYPE I.**

**16.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.**

*Piense en los pasados 30 días, teniendo en cuenta todos sus los dolores sin importar si tomó medicamentos o no. DURANTE LOS PASADOS 30 DÍAS, EN UN PROMEDIO ¿Qué tan molesto fue su dolor de las coyunturas? Por favor responda usando la escala del 0 (cero) al 10 (diez) en donde el 0 representa nada de dolor, y 10 representa el peor dolor posible.*

- \_\_\_ Enter number (1-10)  
 88. Zero  
 77. Don't know / Not sure  
 99. Refused

**Section 17: Seat Belt Use**

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**SEATBELT (CDC-CORE)****SEATBELT.**

**17.1 How often do you use seat belts when you drive or ride in a car? Would you say—**  
*¿Qué tan seguido usa usted cinturones de seguridad cuando maneja (conduce) o pasea en un carro (automóvil)? Diría usted...?*

**Please read:**

1. Always  
*Siempre*
2. Nearly always  
*Casi siempre*
3. Sometimes  
*A veces*
4. Seldom  
*Rara vez*
5. Never  
*Nunca*

**Do not read:**

7. Don't know / Not sure
8. Never drive or ride in a car
9. Refused

**Section 18: Immunization**

---

**FLUSHOT5 (CDC CORE)**

**YES/NO.**

**18.1** Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

*Ahora le preguntare sobre la influenza estacional (de temporada). Hay dos maneras de conseguir la vacuna contra la gripe estacional, una es una vacuna inyectada en el brazo y la otra es un spray en la nariz llamado FluMist. Durante los últimos 12 meses, ¿ha tenido ya sea una vacuna contra la gripe estacional o la vacuna estacional en forma de spray en la nariz?*

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

**FLSHTWH3 (CDC CORE)**

**18.2** During what month and year did you receive your most recent seasonal flu shot injected into your arm or flu vaccine that was sprayed in your nose?

*¿Durante qué mes y año recibió usted su más reciente inyección contra la influenza estacional inyectada en el brazo o la vacuna estacional en forma de spray en la nariz?*

- \_\_\_/\_\_\_ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

**FLUPLAC5 (CDC-CORE)****FLUPLACF.****18.3 At what kind of place did you get your last flu shot/vaccine?**

*¿En qué tipo de lugar recibió la vacuna contra la gripe?*

1. A doctor's office or health maintenance organization (HMO)  
*En el consultorio de un doctor o en una organización para el mantenimiento de la salud (HMO)*
2. A health department  
*En un departamento de salud*
3. Another type of clinic or health center (Example: community health center)  
*En otra clase de clínica o centro de salud (por ejemplo: un centro de salud de la comunidad)*
4. A senior center, recreation, or community center  
*En un centro recreativo o social para personas mayores o para jubilados*
5. A store (Examples: supermarket, drugstore)  
*En una tienda (por ejemplo, supermercado o farmacia)*
6. A hospital (Example: inpatient)  
*En un hospital*
7. An emergency room  
*En una sala de emergencia*
8. Workplace  
*En el trabajo o*
9. Some other kind of place (specify)  
*En algún otro lugar*
10. (Do not read) Received vaccination in Canada/Mexico  
*] (DO NOT READ) Recibió vacuna en Canadá o México*
11. A school  
*En la escuela*
777. Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?) (*¿Cómo describiría el lugar donde fue a recibir la vacuna contra la gripe mas reciente?*)
999. Refused

**PNEUMVC3 (CDC-CORE)**

**YESNO.**

**18.4 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?**

*Una inyección contra la pulmonía o vacuna neumocócica es usualmente administrada solamente una o dos veces en la vida de una persona y es diferente a la inyección contra la influenza (gripe). ¿Alguna vez le han puesto la inyección contra la pulmonía?*

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

**Next, I will ask you about tetanus, diphtheria and whooping cough vaccination.**

*Ahora le voy a preguntar sobre el tétano, la difteria y la vacunación contra la tos ferina.*

**18.5 TETNUS05 (CA-IMMUN) (WHENTET2 in dataset)**

**YESNO.**

**Did you receive a tetanus shot in 2005 or later?**

*¿Recibió una vacuna para el tétano en 2005 o después?*

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

(Go to DRNKALC4)

**PERTUSIS (CA-IMMUN) (TYPESHOT in DATASET)**

**YNNAF.**

**18.6 There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?**

*En la actualidad hay dos vacunas contra el tétano disponibles para adultos. Una es la vacuna contra el tétano y la difteria. La otra es la vacuna contra el tétano, difteria y tos ferina. ¿Su médico le informó si la inyección que le dieron recientemente incluía las vacunas para difteria y tos ferina?*

- 1. Yes
- 2. No
- 3. Doctor did not say
- 77. Don't know
- 99. Refused

**PERTYEAR (CA-IMMUN)**

**18.7 In which year did you get your pertussis booster?**

*¿En qué año recibió su vacuna de refuerzo contra la tos ferina?*

\_\_\_\_ Year

**Section 19: Alcohol Consumption**

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**DRNKALC4 (CDC CORE)** (DRNKALC2 in dataset)

**TYPE II.**

**19.2 Next I would like to ask you about alcohol use. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?**

*Ahora, me gustaría preguntarle acerca del uso del alcohol. En los últimos 30 días, ¿en cuántos días por semana o por mes bebió por lo menos un trago de cualquier bebida alcohólica?*

101-107 = days per week

201-231 = days in past 30

\_\_\_\_\_ Enter Days per week or per month

- |      |                     |                  |
|------|---------------------|------------------|
| 888. | None                | (Go to AIDSTST8) |
| 777. | Don't know/Not sure | (Go to AIDSTST8) |
| 999. | Refused             | (Go to AIDSTST8) |

**NALCOCC3 (CDC CORE)**

**TYPE I.**

**19.3 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?**

*Un trago es equivalente a una cerveza de 12 onzas (350 cl), a una copa de vino de 5 onzas (150 cl) o a una medida de licor. Durante los pasados 30 días, en los días en que bebió, aproximadamente cuántos tragos bebió en promedio?*

**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)

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

**DRNKGE5B (CDC CORE)**

**TYPE I.**

**19.4 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?**

*Considerando todo tipo de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días, bebió {if(sex=1,"5 o mas","4 o mas")} en una sola ocasión?*

\_\_\_\_\_ Enter Number of times (verify if GT 15)

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

**DRINKNUM (CDC- CORE)**

**TYPE VII.**

**19.5 During the past 30 days, what is the largest number of drinks you had on any occasion?**  
*Durante los últimos 30 días, ¿Cuál fue la mayor cantidad de tragos (bebidas alcohólicas) que usted bebió en cualquier ocasión?*

\_\_\_\_\_ Enter Number of drinks (verify if GT 15)

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

**The next question is about counseling services related to prevention that you might have received from a doctor, nurse or other health professional.**

*La próxima pregunta es acerca de servicios de consejería relacionados a la prevención que usted podría haber recibido de un médico, enfermera u otro profesional de la salud.*

**DRALCOH (CDC-CORE; started 7/1/11)**

**TIMEE.**

**19.6 Has a doctor or other health professional ever talked to you about alcohol use? If yes, was it ...**

*¿Alguna vez ha hablado con usted un médico u otro profesional de la salud acerca del uso de alcohol?*

- 1. Within the past 12 months
  - 2. Within the past 3 years, or
  - 3. 3 or more years ago
  - 4. No
- 
- 77. Don't know/Not sure
  - 99. Refused

## Section 20: HIV/AIDS

---

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.

*Las siguientes preguntas se refieren al problema nacional de salud del VIH, el virus que causa el SIDA. Por favor recuerde que sus respuestas son estrictamente confidenciales y que no necesita contestar todas las preguntas si no lo desea. Si bien, le preguntaremos si se ha realizado exámenes, no le preguntaremos sobre los resultados de ninguno de ellos.*

**AIDSTST8 (CDC CORE) (Asked of all respondents beginning 2011) YES/NO.**

**20.1 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.**

*¿Alguna vez se ha hecho la prueba de VIH? No tenga en cuenta las pruebas que le hayan realizado al donar sangre. Incluya las pruebas de fluidos de su boca.*

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

**TSTDATE (CDC-CORE)**

**20.2 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.**

*Sin incluir las donaciones de sangre, ¿en qué mes y año fue su última prueba del VIH? (Incluye pruebas de saliva).*

\_\_\_/\_\_\_ Enter month and year

777777. Don't know/Not sure

999999. Refused



**HIVRISK (CDC CORE)**

**YES/NO.**

**20.3 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.**

*Voy a leerle una lista. Cuando termine, por favor dígame si alguna de estas situaciones le aplican a usted. No me tiene que decir cuál.*

- 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

*-Se inyecta drogas intravenosamente en el último año*

*-Ha recibido tratamiento contra una enfermedad de transmisión sexual o enfermedad venérea en el último año*

*-Ha recibido o pagado dinero o drogas a cambio de sexo en el último año*

*-Tuvo relaciones sexuales anales sin usar condón en el último año*

*¿Alguna de estas situaciones le aplica a usted?*

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

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

## Section 22: Visual Impairment and Access to Eye Care

---

*CATI note: If respondent is less than 40 years of age, go to HRHCW1*

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

*Ahora me gustaría hacerle algunas preguntas acerca de su visión. Estas preguntas son para todas las personas, independientemente si usted usa o no usa anteojos o lentes de contacto. Si usted usa anteojos o lentes de contacto, conteste las preguntas como si usted los llevara puestos.*

### **VISFAR2 (CDC Optional Module - Blindness America)**

### **VISOFTC.**

#### **22.1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—**

*¿Cuánta dificultad, tiene usted en reconocer a un amigo al otro lado de la calle? ¿Diría usted que...*

1. No difficulty  
*Ninguna dificultad*
2. A little difficulty  
*Un poco de dificultad*
3. Moderate difficulty  
*Moderada dificultad*
4. Extreme difficulty  
*extrema dificultad*
5. Unable to do because of eyesight  
*No lo puedo hacer a causa de la vista*
6. Unable to do for other reasons  
*No lo puedo hacer a causa de otra razón*
7. Don't know / Not sure
8. Not applicable (Blind) (Go to HRHCW1)
9. Refused

**VISNEAR2 (CDC Optional Module - Blindness America)**

**VISOFTC.**

**22.2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—**

- . *¿Cuanta dificultad, tiene usted para leer impresiones en periódicos, revistas, recetas, menús, o números en el teléfono? Diría usted...*
- 1 No difficulty  
*Ninguna dificultad*
  - 2 A little difficulty  
*Un poco de dificultad*
  - 3 Moderate difficulty  
*Moderada dificultad*
  - 4 Extreme difficulty  
*Extrema dificultad*
  - 5 Unable to do because of eyesight  
*No lo puedo hacer a causa de la vista*
  - 6 Unable to do for other reasons  
*No lo puedo hacer a causa de otra razón*
  - 7 Don't know / Not sure
  - 8 Not applicable (Blind) (Go to HRHCW1)
  - 9 Refused

**WISEXAM (CDC Optional Module - Blindness America)**

**VISCHKB.**

**22.3. When was the last time you had your eyes examined by any doctor or eye care provider?**

*¿Cuándo fue la última vez que tuvo sus ojos examinados por cualquier doctor o proveedor del cuidado de los ojos?*

**Read only if necessary:**

- 1. Within the past month (anytime less than 1 month ago) (Go to VISCHK3)
- 2. Within the past year (1 month but less than 12 months ago) (Go to VISCHK3)
- 3. Within the past 2 years (1 year but less than 2 years ago)
- 4. 2 or more years ago
- 5. Never
- 7. Don't know / Not sure
- 8. Not applicable (Blind) (Go to HRHCW1)
- 9. Refused

**NOVISCHK (CDC Optional Module - Blindness America****WHYNOCK.****22.4 What is the main reason you have not visited an eye care professional in the past 12 months?***¿Cual es la razón principal por la que no ha visitado a un profesional del cuidado de los ojos en los últimos 12 meses?***Read only if necessary:**

- 1 Cost/insurance  
*Costo/ Seguro*
- 2 Do not have/know an eye doctor  
*No tiene/no conoce a un doctor de los ojos*
- 3 Cannot get to the office/clinic (too far away, no transportation)  
*No puede llegar a la oficina/clínica (demasiado lejos/ no tiene transporte)*
- 4 Could not get an appointment  
*No pudo obtener una cita*
- 5 No reason to go (no problem)  
*Ninguna razón para ir (Ningún problema)*
- 6 Have not thought of it  
*No lo había pensado*
- 7 Other
- 77 Don't know / Not sure
- 08 Not Applicable (Blind)
- 99 Refused

(Go to HRHCW1)

*If VISCHK2 <>0, skip to eyeinsur***VISCHK3 (CDC Optional Module - Blindness America/CA- DBCP)****VISCHKB.****22.5 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

**EYEINSUR (CDC Optional Module - Blindness America)****YNNA.****22.6 Do you have any kind of health insurance coverage for eye care?***¿Tiene algún tipo de cobertura médica para el cuidado de los ojos?*

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 8. Not applicable (Blind)
- 9. Refused

(Go to HRHCW1)

**CATARACT (CDC Optional Module - Blindness America**

**YNNAE.**

**22.7 Have you been told by an eye doctor or other health care professional that you now have cataracts?**

*¿Le ha dicho un doctor de los ojos (oculista) u otro profesional de la salud que usted ahora tiene cataratas?*

1. Yes
2. No, I had them removed
3. No
7. Don't know / Not sure
8. Not applicable (Blind)
9. Refused

(Go HRHCW1)

**GLAUCOMA (CDC Optional Module - Blindness America**

**YNNA.**

**22.8 Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?**

*¿Alguna vez le ha dicho un doctor de los ojos u otro profesional de la salud que usted ha tenido glaucoma?*

1. Yes
2. No
7. Don't know / Not sure
8. Not applicable (Blind)
9. Refused

(Go to HRHCW1)

**Please read:**

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

*La Degeneración Macular relacionada con la edad (AMD) es una enfermedad que afecta a la macula, la parte del ojo que permite ver detalles finos.*

**NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)**

**AMD (CDC Optional Module - Blindness America)**

**YNNA.**

**22.9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?**

*¿Alguna vez le ha dicho un doctor de los ojos u otro profesional de la salud que usted tuvo la degeneración macular relacionada con la edad?*

1. Yes
2. No
7. Don't know / Not sure
8. Not applicable (Blind)
9. Refused

## Section 23: Health Care Worker/Recent Flu-like illness

---

The next two questions ask about health care work.

*Las siguientes dos preguntas son referentes á los trabajadores de salud y enfermedades crónicas.*

**HRHCW1 (CDC Module - CA-IMMUN)**

**YESNO.**

**23.1 Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.**

*En la actualidad ¿es usted voluntario(a) o trabaja en un hospital, clínica, oficina médica, oficina dental, hogar de ancianos u otro lugar de cuidados de salud? Esto incluye trabajo a tiempo parcial y trabajo voluntario en un lugar de servicios de salud como trabajo de enfermera profesional proporcionado en los hogares*

**INTERVIEWER NOTE: If necessary say:** "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

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

**HRHCW2 (CDC Module - CA-IMMUN)**

**YESNO.**

**23.2 Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.**

*Le provee cuidado directo a pacientes como parte de su trabajo de rutina? Por decir "cuidado directo a pacientes" nos referimos a contacto físico, tocar a los pacientes.*

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

**FLUHXP2 (CDC Module –CA-IMMUN) (FLUHXP2 in dataset)**

**YESNO.**

**23.3 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**

*Alguna vez ¿le ha dicho un doctor, enfermera u otro profesional de la salud, que usted tiene alguno de los siguientes problemas de salud? Asma, Problemas del pulmón no incluyendo asma, Problemas del corazón,*

*Diabetes, Problemas del riñón, La herida de la médula espinal, derrame cerebral, la parálisis cerebral, u otros problemas del sistema neuromuscular, Sistema inmune débil causado por una enfermedad crónica tal como cáncer o el VIH/SIDA, o por medicamentos tales como los esteroides, Anemia falciforme (drepanocitosis) u otro tipo de anemia?*

- |     |                     |               |
|-----|---------------------|---------------|
| 1.  | Yes                 |               |
| 2.  | No                  | (Go to FLUN1) |
| 77. | Don't know/Not sure | (Go to FLUN1) |
| 99. | Refused             | (Go to FLUN1) |

**FLUPXNOW (CDC Module)**

**YESNO.**

**23.4 Do you still have (this/any of these) problem(s)?** (Do not probe a “don’t know” response)

*¿Todavía padece (ese o cualquiera de esos) problema(s)?*

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

**FLUN1 (CDC - CORE)**

**YESNO.**

**23.3 We would like to ask you some questions about recent respiratory illnesses. Last month were you ill with a fever?**

*Nos gustaría hacerle algunas preguntas sobre enfermedades respiratorias recientes. ¿Estuvo usted enfermo (a) con fiebre durante el mes pasado?*

- |     |                     |               |
|-----|---------------------|---------------|
| 1.  | Yes                 |               |
| 2.  | No                  | (Go to FLUN8) |
| 77. | Don't know/Not sure | (Go to FLUN8) |
| 99. | Refused             | (Go to FLUN8) |

**FLUN2 (CDC - CORE)**

**YESNO.**

**23.4. Did you also have a cough and/or sore throat?**

*¿Tuvo usted tos y/o dolor de garganta?*

- |     |                     |               |
|-----|---------------------|---------------|
| 1.  | Yes                 |               |
| 2.  | No                  | (Go to FLUN8) |
| 77. | Don't know/Not sure | (Go to FLUN8) |
| 99. | Refused             | (Go to FLUN8) |

**FLUN3 (CDC - CORE)**

**YESNO.**

**23.5 Did you visit a doctor, nurse, or other health professional for this illness?**

*¿Visitó usted un doctor, enfermera u otro profesional de la salud por esta enfermedad?*

- |     |                     |               |
|-----|---------------------|---------------|
| 1.  | Yes                 |               |
| 2.  | No                  | (Go to FLUN8) |
| 77. | Don't know/Not sure | (Go to FLUN8) |
| 99. | Refused             | (Go to FLUN8) |

**FLUN4 (CDC - CORE)****HOWLNGG.****23.6 When did you visit a doctor, nurse, or other health professional for this illness? Would you say...**

*¿Cuándo fue que usted visitó a un doctor, enfermera u otro profesional de la salud a causa de esta enfermedad? Diría usted que...*

1. Within 2 days of getting ill  
*Dentro de dos días de enfermarse*
2. Within 3 to 7 days of getting ill  
*Dentro de 3 a 7 días de enfermarse*
3. More than 7 days of getting ill  
*Más de 7 días después de enfermarse*
77. Don't know/Not sure
99. Refused

**FLUN5 (CDC-CORE)****TYPEFLUB.****23.7 What did the doctor, nurse, or other health professional tell you? Did they say...**

*¿Qué le dijo el doctor, enfermera u otro profesional de la salud? Le dijeron..*

1. You had influenza or the flu,  
*Usted tenía influenza o gripe*
2. You had some other illness, but not the flu  
*Usted tenía otro tipo de enfermedad, pero no la gripe*
77. Don't know/not sure
99. Refused

*If FLUN5 = 2 and 1 adult in household Go to FLUN10, else FLUN5=2 and >1 adult in household Go to FLUN8*

**FLUN6 (CDC-CORE)****FLUTEST.****23.8 Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...**

*¿Le hicieron a usted una prueba de influenza o gripe que resultó positiva para esta enfermedad? Usualmente, la prueba de influenza o gripe se hace usando un algodón con fluidos "swab" de su nariz o garganta. Usted diría...*

1. Yes, had flu test and it was positive  
*Si, tuve una prueba de gripe y resulto positiva*
2. No, had flu test but it was negative  
*No, tuve una prueba de gripe y resulto negativa*
3. No, flu test was not done  
*No tuve una prueba de gripe*
77. Don't know/Not sure
99. Refused



**FLUN7 (CDC-CORE)**

**YES/NO.**

**23.9 Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness?**

*¿Recibió Tamiflu® o oseltamivir (o sel TAM i veer) o un medicamento inhalable llamado Relenza® o zanamivir (za NA mi veer) para tratar esta enfermedad?*

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

**FLUN8 (CDC-CORE) (ask if more than 1 household member)**

**YES/NO.**

**23.10 Did any other members of your household have a fever with cough or sore throat during the past month?**

*Durante el mes pasado, ¿algún otro miembro de su hogar tuvo fiebre, tos o dolor de garganta?*

- 1. Yes
- 2. No (Go to FLUN10)
- 77. Don't know/Not sure (Go to FLUN10)
- 99. Refused (Go to FLUN10)

**FLUN9 (CDC-CORE)**

**TYPE I.**

**23.11 How many household members, (including you,) were ill during the past month?**

*Durante el mes pasado, ¿Cuántos miembros de su hogar, incluyéndose usted, estuvieron enfermos?*

- \_ # persons (≥ 1)
- 77 Don't know/Not Sure
- 99 Refused

*If (FLUN1 = 1(Yes) and FLUN2 = 1 (Yes) or FLUN8 = 1 (Yes) continue to FLUN10; otherwise, skip to next section.*

**FLUN10 (CDC)**

**TYPE I.**

**23.12. Did you or any members of your household get hospitalized for flu last month?**

*Durante el mes pasado, ¿Cuántas personas de su hogar, incluyéndose usted, fueron hospitalizadas por causa de la influenza?*

*[Entrevistador: si es necesario lea, hospitalizado significa admitido a un hospital para recibir tratamiento médico.]*

*[Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.]*

- \_\_\_ # persons
- 88. None
- 77. Don't know/Not Sure

## Section 24: Inadequate Sleep

---

Now I would like to ask you a few questions about your sleep patterns.

*La siguiente pregunta es sobre el descanso y el dormir.*

### ENUFREST (CDC-Optional Module)

TYPE I.

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

*Durante los pasados 30 días, ¿por como cuantos días sintió usted que no durmió o descanso lo suficiente?*

\_\_\_\_ Number of days

88. None

77. Don't know / Not sure

99. Refused

### SLEEPHRS (CDC Optional Module)

TYPE I.

**24.2** On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

*¿En promedio, cuántas horas duerme usted en un periodo de 24 horas? Piense en el tiempo en que efectivamente duerme o toma una siesta, no en la cantidad de tiempo que cree que debería dormir.*

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

\_\_\_\_ Number of hours [01-24]

77 Don't know / Not sure

99 Refused

### SNORE (CDC Optional Module)

YESNO.

**24.3** Do you snore?

*¿Ronca usted?*

INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes", the respondent snores.

1. Yes

2. No

7. Don't know / Not sure

9. Refused

**SLEEPDAY (CDC Optional Module)****TYPE I.****24.4 During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?***Durante los últimos 30 días, ¿cuántos días le ha sucedido que se queda dormido durante el día, sin que esa sea su intención?*

\_\_\_ Number of days [01-30]

- 8 8 None
- 77 Don't know / Not sure
- 99 Refused

**SLEEPDRV (CDC Optional Module)****DRIVE.****24.5 During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?***Durante los últimos 30 días, ¿ha cabeceado o se ha quedado dormido, aunque sólo fuera un momentito, mientras estaba manejando?*

- 1. Yes
- 2. No
- 3. Don't drive
- 4. Don't have license
- 7. Don't know / Not sure
- 9. Refused

**Section 25: Cancer Survivorship***Ask if othcanc or skcanc = 1*

Now I am going to ask about cancer.

*Ahora le voy a hacer varias preguntas acerca del cáncer.***CANCDIFF (CA-CCCP)****VEGB.****25.2 How many different types of cancer have you had?***¿Cuántos distintos tipos de cáncer ha tenido?*

- 1. Only one
- 2. Two
- 3. Three or more
- 77. Don't know / Not sure
- 99. Refused

(Go to SURVIVE1)

(Go to SURVIVE1)

**CANCAGE (CA-CCCP)****TYPE VIII.****25.3 At what age were you told that you had cancer?***¿A qué edad le dijeron que tenía cáncer?*

\_\_\_ Age in years (977. 97 and older)

777. Don't know / Not sure

999. Refused

*INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.**If CANCDIFF = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"*

**CANCTYPE (CA-CCCP)**

**CANCER.**

**25.4 What type of cancer was it? If two or three types ask: "With you most recent diagnoses of cancer, what type of cancer was it?"**

**INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:**

*¿Qué tipo de cáncer era?*

**Breast**

0 1 Breast cancer

**Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

**Gastrointestinal**

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

**Male reproductive**

1 8 Prostate cancer

1 9 Testicular cancer

**Skin**

2 0 Melanoma

2 1 Other skin cancer

**Thoracic**

2 2 Heart

2 3 Lung

**Urinary cancer:**

2 4 Bladder cancer

2 5 Renal (kidney) cancer

**Others**

2 6 Bone

2 7 Brain

2 8 Neuroblastoma

2 9 Other (Specify)

**Do not read:**

77 Don't know / Not sure

99 Refused

**SURVIVE1 (CA-CCCP)****YESNO.****25.5 Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.***En la actualidad, ¿está recibiendo tratamiento para un cáncer? Por tratamiento, queremos decir cirugía, terapia mediante radiación, quimioterapia inyectada, o pastillas de quimioterapia?*

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

**SURVIVE2 (CA-CCCP)****TYPEDOC.****25.6 What type of doctor provides the majority of your health care?****Please read (1-10):***¿Qué tipo de médico se encarga mayormente de atender su salud?*

1. Cancer Surgeon
2. Family Practitioner
3. General Surgeon
4. Gynecologic Oncologist
5. Internist
6. Plastic Surgeon, Reconstructive Surgeon
7. Medical Oncologist
8. Radiation Oncologist
9. Urologist
10. Other (specify)

**Do not read:**

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

**SURVIVE3 (CA-CCCP)****YESNO.****25.7 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?***¿Algún médico, enfermero/a, u otro profesional de la salud le entregó ALGUNA vez un resumen escrito de todos los tratamientos que usted ha recibido para el cáncer?*

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

**SURVIVE4 (CA-CCCP)**

**YESNO.**

**25.8 Have you EVER received instructions from a doctor, nurse, or other health profession about WHERE you should return or WHO you should see for routine cancer check-ups after completing your treatment for cancer?**

*¿ALGUNA VEZ ha recibido instrucciones de un médico, enfermero/a, u otro profesional de la salud acerca de a DÓNDE debería retornar o a QUIÉN debería ver para los chequeos de rutina después de completar los tratamientos para el cáncer?*

- 1. Yes
- 2. No

(Go to SURVIVE6)

**Do not read:**

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

(Go to SURVIVE6)

(Go to SURVIVE6)

**SURVIVE5 (CA-CCCP)**

**YESNO.**

**25.9 Were these instructions written down or printed on paper for you?**

*¿Estas instrucciones estaban escritas o se las imprimieron [en un papel]?*

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

**SURVIVE6 (CA-CCCP)**

**YESNO.**

**25.10 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of you cancer treatment?**

*Cuando le dieron su diagnóstico de cáncer más reciente, ¿tenía algún seguro de salud que le pagaba todos o parte de sus gastos del tratamiento para el cáncer?*

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

*INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.*

**SURVIVE7 (CA-CCCP)**

**YESNO.**

**25.11 Were you EVER denied health insurance or life insurance coverage because of your cancer?**

*¿Alguna vez le han negado seguro médico o seguro de vida debido a su cáncer?*

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

**SURVIVE8 (CA-CCCP)****YESNO.****25.12 Did you participate in a clinical trial as part of your cancer treatment?***¿Participó en algún estudio clínico como parte de su tratamiento para el cáncer?*

- 1. Yes
- 2. No

77. Don't know / Not sure

99. Refused

**SURVIVE9 (CA-CCCP)****YESNO.****25.13 Do you currently have physical pain caused by your cancer or cancer treatment?***¿En la actualidad padece algún dolor físico causado por el cáncer o el tratamiento?*

- 1. Yes
- 2. No

(Go to CH\_SEL)

77. Don't know / Not sure

(Go to CH\_SEL)

99. Refused

(Go to CH\_SEL)

*Ask if SURVIVE9=1***SURVIV10 (CA-CCCP)****YESNO.****25.14 Is your pain currently under control?***¿El dolor está controlado en la actualidad?*

- 1. Yes
- 2. No

77. Don't know / Not sure

99. Refused

**Section 26: Child Selection**

---

*If CHILD18 = 0 or CHILD18 = RF, Go to ACEALC; 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.**

*Anteriormente usted indico que hay niños viviendo en el hogar. Tengo unas preguntas adicionales sobre uno de los niños en particular. El niño al que me referiré es el de {XX} año(s) de edad.*

**CH\_SEL (CA-IMMUN-CDC OPTIONAL MODULE)****BOYGIRL.****26.1 Is the child a boy or a girl?***¿Es un niño o una niña?*

- 1. Boy
- 2. Girl

99. Refused

**CH\_HISP (CA-EHIB –CDC OPTIONAL MODULE)**

**YESNO.**

**26.2 Is the child Hispanic or Latino?**

*¿Es el niño(a) Hispano(a) o Latino(a)?*

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

**CH\_RACE3 (CA-EHIB –CDC OPTIONAL MODULE)**

**YESNO.**

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

*¿Cuál o cuáles de las siguientes diría usted que mejor representa la raza del niño (o de la niña)?  
¿Diría: Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a)  
Americano(a), nativo de Alaska (Aleut), u Otra?*

- 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)**

**ORACEB.**

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

*¿Cuál de estos grupos, diría usted mejor representa la raza de el Niño(a)? ¿Diría...Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), nativo de Alaska (Aleut), u Otra?*

- 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)**

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

*¿En qué mes y año nació?*

\_\_/\_\_\_Enter month/year

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



**CH\_REL (CDC OPTIONAL MODULE)****CH\_REL.****25.6 How are you related to the child?***¿Como está usted relacionado (a) (parentesco) con el niño(a)? Diría usted...**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 27: Childhood Asthma Prevalence****CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE) (CHLDASTH in dataset) YESNO.****27.1 Has a doctor, nurse or other health professional EVER said that the child has asthma?***¿En alguna ocasión, algún médico u otro profesional de la salud le informó que el niño/niña tenía asma?*

1. Yes
2. No (Go to CFLUN1)
77. Don't know/Not sure (Go to CFLUN1)
99. Refused (Go to CFLUN1)

**CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)****YESNO.****27.2 Does the child still have asthma?***¿Tiene todavía el niño(a) asma?*

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

**Section 28: Childhood Flu-like Illness**

---

**CFLUN1 (CDC OPTIONAL MODULE)****YESNO.****28.1. Last month did the child have a fever with cough and/or sore throat?***Durante el mes pasado, ¿ha tenido el niño (la niña) fiebre con tos y/o dolor de garganta?*

1. Yes
2. No (Go to CH\_SHOT3)
7. Don't know (Go to CH\_SHOT3)
9. Refused (Go to CH\_SHOT3)

**CFLUN2 (CDC OPTIONAL MODULE)**

**YESNO.**

**28.2 Did the child visit a doctor, nurse, or other health professional for this illness?**

*¿Visitó el niño (la niña) un doctor, enfermera u otro profesional de la salud por esta enfermedad?*

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

**CATI note: If selected child's age is  $\geq$  6 months, continue. Otherwise, go to next module.**

**Now I will ask you questions about seasonal flu.**

*Ahora le preguntare acerca de la influenza estacional (de temporada).*

**28.3 CH\_SHOT3 (CDC OPTIONAL MODULE) (Ask if child > 6 months old) YESNO.**

**Next I will ask you a few questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has {if(ch\_sel=1,"he","she")} had a seasonal flu vaccination?**

*Hay dos tipos de vacunas contra la gripe estacional. Una es un inyección y la otra es en forma de spray en la nariz. Durante los últimos 12 meses, ¿ha recibido (él/ella) la vacuna contra la influenza estacional?*

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

**CH\_WHEN (CDC OPTIONAL MODULE) (CH\_FL\_WHN in dataset)**

**28.4. During what month and year, did {if(ch\_sel=1,"he","she")} receive their most recent seasonal influenza vaccination?**

*Durante que mes y año recibió {if(ch\_sel=1,"el","ella")} la vacuna de influenza estacional mas reciente?*

- \_\_\_/\_\_\_ Enter month and year
- 777777. Don't know/Not sure
- 999999. Refused

**CHLPLAC5 (CDC OPTIONAL MODULE)****FLUPLACF.****28.5 Where did the child go to get his/her most recent [flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]**

*¿En donde recibió el niño/niña su más reciente vacunación contra la gripe? [ la vacuna en forma de roció en la nariz (ya sea inyección o roció en la nariz)]*

1. A doctor's office or health maintenance organization (HMO)
2. A health department
3. Another type of clinic or health center (Example: a community health center)
4. A senior, recreation, or community center
5. A store (Examples: supermarket, drugstore)
6. A hospital (Example: inpatient)
7. An emergency room
8. Workplace
9. Other (specify) \_\_\_\_\_
10. Received vaccination in Canada/Mexico
11. School
77. Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
99. Refused

**Section 29: Adverse Childhood Experience**

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**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.**

*Me gustaría hacerle algunas preguntas acerca de eventos que sucedieron durante su niñez. Esta información nos permitirá comprender mejor problemas que pueden ocurrir temprano en la vida, y pueden ayudar á otros en el futuro. Esto es un tema sensitivo. Algunas personas pueden sentirse incómodos con estas preguntas. Recuerde que su número de teléfono ha sido escogido al azar y sus respuestas son estrictamente confidenciales. Al terminar esta sección, si usted quiere, le daré números telefónicos de organizaciones que le pueden dar información y referencia para estos asuntos. Por favor tenga en mente que me puede pedir que pasemos alguna pregunta que usted no quiera contestar. Todas las preguntas se refieren al período de tiempo ANTES de cumplir 18 años de la edad.*

**ACEDEPRS (CDC-Optional Module)**

**YESNO.**

**29.1 Looking back at your childhood, before age 18, did you live with anyone who was depressed, mentally ill, or suicidal?**

*¿Mirando hacia atrás en su niñez, antes de la edad de 18 años, vivió usted con alguien que padecía de depresión, enfermedad mental o que quería suicidarse?*

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

**ACEALC (CDC-Optional Module)**

**YESNO.**

**29.2 (Looking back at your childhood, before age 18 ) did you live with anyone who was a problem drinker or alcoholic?**

*(En sus años de infancia, antes de cumplir los 18), ¿vivió con alguna persona que bebía mucho, o que era alcohólica?*

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

**ACEDRGS (CDC-Optional Module)**

**YESNO.**

**29.3 (Looking back at your childhood, before age 18) did you live with anyone who used street drugs or who abused prescription medications?**

*(En sus años de infancia, antes de cumplir los 18), ¿Vivió con alguna persona que usaba drogas ilegales o que abusaba de los medicamentos recetados?*

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

**ACEJAIL2 (CDC-Optional Module)**

**YESNO.**

**29.4 (Looking back at your childhood, before age 18) did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility?**

*(En sus años de infancia, antes de cumplir los 18,) ¿Vivió con alguna persona que paso tiempo o fue sentenciado/a a cumplir condena en una cárcel, prisión u otra institución correccional?*

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

**ACEDVRC** (CDC-Optional Module)

**ACEDVRC.**

**29.5 (Looking back at your childhood, before age 18) were your parents ever separated or divorced?**

*(En sus años de infancia, antes de cumplir los 18,) se separaron alguna vez o se divorciaron sus padres?*

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

**ACEADLHT** (CDC-Optional Module) (ADEADLH2 in dataset)

**OFTENC.**

**29.6 (Looking back at your childhood, before age 18) how often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?**

*(En sus años de infancia, antes de cumplir los 18,) ¿con que frecuencia sus padres o los adultos en su casa se dieron una bofetada (cachetada), dieron golpes, patadas, puñetazos o palizas el uno al otro?*

- 1. Never
  - 2. Once
  - 3. More than once
77. Don't know / Not sure  
99. Refused

**ACEHTKDS** (CDC-Optional Module) (ACEHTKD2 in dataset)

**OFTENC.**

**29.7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say...**

*Antes de cumplir los 18, ¿con que frecuencia ¿le dieron algún golpe, paliza, patada o le hicieron algún daño físico su padre, madre o alguno de los adultos de su hogar? Sin incluir alguna nalgada que le dieran alguna vez. Diría usted...*

- 1. Never
  - 2. Once
  - 3. More than once
77. Don't know / Not sure  
99. Refused

**ACEINSLT (CDC-Optional Module)** (ACEINSL2 in dataset)

**OFTENC.**

**29.8 (Looking back at your childhood, before age 18) how often did a parent or adult in your home ever swear at you, insult you, or put you down?**

*(En sus años de infancia, antes de cumplir los 18,)¿con que frecuencia alguno de sus padres o de los adultos de su hogar le dijo a usted alguna vez una palabrota, le insultó, o le menospreció?*

- 1. Never
- 2. Once
- 3. More than once
  
- 77. Don't know / Not sure
- 99. Refused

**ACETCHU (CDC-Optional Module)**

**OFTENC.**

**29.9 (Looking back at your childhood, before age 18) how often did anyone at least 5 years older than you or an adult ever touch you sexually?**

*(En sus años de infancia, antes de cumplir los 18,)¿Con que frecuencia alguien por lo menos cinco años mayor que usted o un adulto le tocó en forma sexual?*

- 1. Never
- 2. Once
- 3. More than once
  
- 77. Don't know / Not sure
- 99. Refused

**ACETCHT (CDC-Optional Module)**

**OFTENC.**

**29.10 (Looking back at your childhood, before age 18) how often did anyone at least 5 years older than you or an adult, ever try to make you touch them sexually?**

*(En sus años de infancia, antes de cumplir los 18,)¿Con que frecuencia alguien por lo menos cinco años mayor que usted o un adulto trato de hacer que usted le tocara en forma sexual? Diría usted...*

- 1. Never
- 2. Once
- 3. More than once
  
- 77. Don't know / Not sure
- 99. Refused

**ACESEX (CDC-Optional Module)**

**OFTENC.**

**29.11 (Looking back at your childhood, before age 18) how often did anyone at least 5 years older than you or an adult, force you to have sex?**

*(En sus años de infancia, antes de cumplir los 18,)¿Con que frecuencia alguien por lo menos cinco años mayor que usted o un adulto le obligó a someterse a un acto sexual?*

- 1. Never
- 2. Once
- 3. More than once
  
- 77. Don't know / Not sure
- 99. Refused

### **Section 30: Cognitive Impairment**

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

*Las siguientes preguntas son acerca de las dificultades en pensar o recordar que pueden marcar una gran diferencia en las actividades cotidianas. Esto NO se refiere a olvidarse ocasionalmente de sus llaves o el nombre de alguien a quien apenas conoció. Esto se refiere a cosas como la confusión o la pérdida de memoria que sucede más a menudo o empeorando. Queremos saber cómo estas dificultades le afectan a usted o algún miembro de su hogar.*

**CIM\_THN1 (CDC MODULE - Alzheimer's Association) (CIM\_THNK in dataset) YESNO.**

**30.1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?**

*Durante los últimos 12 meses, ¿ha experimentado usted confusión o pérdida de memoria que está sucediendo más a menudo o que está empeorando?*

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

*CATI note: If 1 adult in household and CIM\_1 = 1 (Yes), go to CIM\_4; otherwise, go to ADLTCALL.  
CATI note: If number of adults > 1, go to CIM\_2.*

**CIM\_CNG1 (CDC MODULE - Alzheimer's Association) (CIM\_CHNG in dataset) TYPE I.**

**30.2. [If CIM\_1 = 1]; Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?**

*[If CIM\_1=10; Sin incluirse usted], ¿cuántos adultos en su hogar de 18 años o más experimentaron confusión o pérdida de memoria que está ocurriendo más a menudo o que se está empeorando durante los últimos 12 meses?*

- Number of people [**6 = 6 or more**]
8. NONE
7. Don't know / Not sure
9. Refused

*CATI note: If number of adults > 1 and CIM\_2 < 7; continue. Otherwise, go to ADLTCALL*

*CATI note: If CIM\_2 < 7; go to CIM\_3. Otherwise, go to ADLTCALL.*

*CATI NOTE: If CIM\_1 = 1 and CIM\_2 > 7, go to CIM\_4.*

**CIM\_AGE1 (CDC MODULE - Alzheimer's Association) (CIM\_AGE in dataset) \_AGED.**

**30.3. Of these people, please select the person who had the most recent birthday. How old is this person?**

**Read only if necessary:**

*De estas personas, por favor seleccione a la persona que tuvo el cumpleaños mas reciente. ¿Qué edad tiene esta persona?*

- 01. Age 18-29
- 02. Age 30-39
- 03. Age 40-49
- 04. Age 50-59
- 05. Age 60-69
- 06. Age 70-79
- 07. Age 80-89
- 08. Age 90 +
  
- 77. Don't know / Not sure
- 99. Refused

*CATI note: If CIM\_1 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'."*

*"Para las siguientes preguntas nos referimos a la persona que identifico como 'esta persona'."*

*INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse."*

**CIM\_HHL1(CDC MODULE - Alzheimer's Association) (CIM\_HHLD in dataset) EMOTSUP.**

**309.4 During the past 12 months, how often [If CIM\_1 = 1 (Yes): insert "have you;" otherwise, insert "has this person"] given up household activities or chores [If CIM\_1 = 1 (Yes): insert "you;" otherwise, insert "they"] used to do, because of confusion or memory loss that is happening more often or is getting worse?**

*Durante los últimos 12 meses, ¿con que frecuencia [IF CIM\_1=1 (Yes): insert "ha usted " otherwise, insert "esta persona ha"] renunciado a quehaceres domésticos [IF CIM\_1=1 (yes) insert "que usted :." otherwise, insert "que esta persona "] hacia por causa de la confusión o pérdida de memoria que está ocurriendo más a menudo o que está empeorando?*

**Please read:**

- 1. Always
- 2. Usually
- 3. Sometimes
- 4. Rarely
- 5. Never
  
- 7. Don't know / Not sure
- 9. Refused



**CIM\_FOU1 (CDC MODULE - Alzheimer's Association) (CIM\_FOUR in dataset) ASSIST.**  
**Alzheimer's Association)**

**30.5. As a result of [If CIM\_1 = 1 (Yes): insert "your;" otherwise, insert "this person's"] confusion or memory loss, in which of the following four areas [If CIM\_1 = 1 (Yes): insert "do you;" otherwise, insert "does this person"] need the MOST assistance?**

*Como resultado de [If CIM\_1=1 (YES):insert "su;"otherwise insert "la"] confusión o pérdida de memoria, ¿en cuál de las siguientes cuatro áreas necesito [IF CIM\_1=1 (YES): insert "usted;"otherwise, insert "esta persona" necesitó más ayuda?*

1. Safety **[read only if necessary:** such as forgetting to turn off the stove or falling]  
*Seguridad [como olvidarse de apagar la estufa o caerse]*
2. Transportation **[read only if necessary:** such as getting to doctor's appointments]  
*Transportación [como ir a una cita al doctor]*
3. Household activities **[read only if necessary:** such as managing money or Housekeeping]  
*Actividades del hogar [como el manejo del dinero o limpieza]*
4. Personal care **[read only if necessary:** such as eating or bathing]  
*Cuidado personal [como comer o bañarse]*

**Do not read:**

5. Needs assistance, but not in those areas  
*Necesita ayuda, pero no en esas áreas*
6. Doesn't need assistance in any area  
*No necesita asistencia en ninguna área*
7. Don't know / Not sure
9. Refused

**CIM\_WOR1 (CDC MODULE - Alzheimer's Association) (CIM\_WORK in dataset) EMOTSUP.**

**30.6. During the past 12 months, how often has confusion or memory loss interfered with [If CIM\_1 = 1 (Yes): insert "your;" otherwise, insert "this person's"] ability to work, volunteer, or engage in social activities?**

*Durante los últimos 12 meses, ¿Que seguido ha interferido la confusión o pérdida de memoria con [IF CIM\_1=1 (Yes); insert "usted" otherwise, insert "esta persona"] y su habilidad para trabajar, ser voluntario (a), o participar en actividades sociales?*

**Please read:**

1. Always *Siempre*
2. Usually *Usualmente*
3. Sometimes *A veces*
4. Rarely *Rara vez*
5. Never *Nunca*

**Do not read:**

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

**CIM\_CAR1(CDC MODULE - Alzheimer's Association) (CIM\_CARE in dataset) EMOTSUP.**

**30.7.** During the past 30 days, how often **[If CIM\_1 = 1 (Yes): insert "has;" otherwise, insert "have you,"]** a family member or friend provided any care or assistance for **[If CIM\_1 = 1 (Yes): "you;" otherwise, insert "this person"]** because of confusion or memory loss?

*Durante los pasados 30 días, ¿con que frecuencia [IF CIM\_1=1 (YES); insert "un" otherwise, insert "usted, o un" miembro de la familia o amistad ha proveído cualquier tipo de cuidado o asistencia para [If CIM\_1=1 (yes): insert "usted," otherwise, insert "esta persona" por causa de confusión o pérdida de memoria?*

**Please read:**

1. Always *Siempre*
2. Usually *Usualmente*
3. Sometimes *A veces*
4. Rarely *Rara vez*
5. Never *Nunca*

**Do not read:**

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

**CIM\_DIS1 (CDC MODULE - Alzheimer's Association) (CIM\_DISB in dataset) YESNO.**

**30.8.** Has anyone discussed with a health care professional, increases in **[If CIM\_1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss?

*¿Ha hablado alguien con un profesional de la salud sobre los cambios en la confusión y pérdida de memoria [If CIM\_1=1 (yes): insert " de usted," otherwise, insert " esta persona " ]?*

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

**CIM\_MED1(CDC MODULE - Alzheimer's Association) (CIM\_MEDS in dataset) YESNO.**

**30.9.** Have **[If CIM\_1= 1 (Yes): insert "you;" otherwise, insert " Has this person"]** received treatment such as therapy or medications for confusion or memory loss?

*{If(CIM\_THN1=1,"Ha usted "," esta persona ha")}* recibido tratamientos tales como terapia o medicamentos para la confusión o pérdida de memoria?

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

**CIM\_ALZ1 (CDC MODULE - Alzheimer's Association) (CIM\_ALZH in dataset) CIMALZH.**

**30.10.** Has a health care professional ever said that [If **CIM\_1 = 1 (Yes): insert** "you have;" **otherwise, insert** "this person has"] Alzheimer's disease or some other form of dementia?

*¿Le ha dicho un profesional de la salud que [IF CIM\_1=1 (YES); insert "usted;" otherwise, insert "esta persona," tiene la enfermedad de Alzheimer o alguna otra forma de demencia?*

1. Yes, Alzheimer's Disease
2. Yes, some other form of dementia but not Alzheimer's disease
3. No diagnosis has been given
7. Don't know / Not sure
9. Refused

### **Section 31: Closing**

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*If ASTHEV3=1 or CHLDAST2 =1continue, else skip to CLOSING*

**ADLTCALL (CA-California Breathing)**

**YESNO.**

**31.1** 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?

*Cree que en las próximas dos semanas, ¿estaría usted dispuesto(a) en hacer una encuesta que sigue a esta y que pregunta sobre la experiencia de su asma?*

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

**CALLBACK (CA-DSS)**

**YESNO.**

**31.2** Do you think you would be willing to do a follow-up to this survey sometime 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 sometime in the future?*

*¿Cree que usted estaría dispuesto(a) en participar en una encuesta que sigue a esta, en el futuro?*

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, or Spanish?**

1. Spanish
2. English