

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2014**  
**Track II**  
In Collaboration with The Center for Disease Control and Prevention's  
Behavioral Risk Factor Surveillance System

**Merged English/Spanish Version**

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**- Introduction and Screening Questions for Landline -**

**INTROQ**

INTRO1 (NO SELECTED RESPONDENT)

**Hello, I'm (interviewer name) calling for the California Department of Public Health in Sacramento with the assistance of the Centers for Disease Control and Prevention.**

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

1. CONTINUE CALL

IF (ANS = 1) SKP PRIVRES

2. DISCONTINUE CALL (WRONG NUMBER)

IF (ANS = 2) SKP WRONGNUM

INTRO2 (RESPONDENT IS SELECTED)

**Can I speak to the \_\_\_\_\_ We're gathering information on the health of California residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.**

*Puedo hablar con el/la \_\_\_\_\_ Estamos recogiendo información sobre la salud de los residentes de California. Usted ha sido elegido al azar para ser entrevistado, y me gustaría hacerle preguntas sobre la salud de usted y sus prácticas de salud.*

INTERVIEWER NOTE:

ON A RESTART JUST HIT ENTER TO CONTINUE

TO SCHEDULE A CALLBACK (HIT CTRL+END)

**WRONGNUM**

**IF WRONG NUMBER DIALED**

**Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.**

*Muchas gracias, pero creo que marque el numero equivocado. Es posible que su numero pueda ser marcado en el futuro.*

INTERVIEWER NOTE: PRESS '1' TO CONTINUE. THEN DIAL THE NUMBER AGAIN

**PRIVRES**

Is this a private residence?

*¿Es esta una residencia privada?*

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET IS CONSIDERED LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).

READ ONLY WHEN NECESSARY:

ENGLISH:

By private residence, we mean someplace like a house or apartment.

SPANISH:

*Por residencia privada nos referimos aun lugar como una casa o apartamento.*

1. YES

IF (ANS = 1) SKP RUADULT

2. NO, CONTINUE

IF (ANS = 2) SKP COLLEGE

3. NO, BUSINESS PHONE ONLY

IF (ANS = 3) SKP LLNotPR

LLNOTPR

IF NON-RESIDENTIAL NUMBER

Thank you very much, but we are only interviewing persons on residential phone lines at this time.

*Muchas gracias, pero por el momento solo estamos haciendo la encuesta en telefonos residenciales.*

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4500

COLLEGE (Ask if PRIVRES not equal 1)

Is this college housing?

*¿Es este una vivienda de colegio?*

INTERVIEWER NOTE: READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

*Por vivienda de colegio, queremos decir dormitorio, estudiante o visitante de vivienda de facultad u otros arreglos de vivienda proporcionados por un colegio o Universidad.*

1. Yes

IF (ANS = 1) SKP COLLADUL

2. No

STOP IF (ANS = 2) SKP NONRES

RUADULT (Ask if PRIVRES = 1)

Am I speaking with a member of the household who is at least 18 years old?

*¿Estoy hablando con un miembro del hogar que tenga por lo menos 18 años de edad?*

INTERVIEWER NOTE: IF NO ADULTS, PLEASE ASK IF THERE ARE ANY ADULTS IN THE HOUSEHOLD. IF NOT, PLEASE SCHEDULE AN INDEFINITE CALLBACK

1. Yes We're doing a study of the health practices of California residents. Your number has been chosen randomly to represent 5,000 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 5,000 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.*

IF (ANS = 1) SKP INCALI

2. No Thank you for your cooperation, but we are only interviewing ADULTS age 18 and older at this time.

*No Gracias por su cooperacion pero solo estamos entrevistando adultos de 18 años o mas en este momento.*

STOP. IF (ANS = 2) SKP LLNOADLT

COLLADUL (ASK IF COLLEGE = 1)

Are you 18 years of age or older?

¿Estoy hablando con alguien que tenga por lo menos 18 años de edad?

#### EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 5,000 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 5,000 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.*

1. MALE RESPONDENT
2. FEMALE RESPONDENT
3. NO

IF (ANS <3) SKP INCALI  
IF (ANS = 3) SKP LLNOADLT

#### NONRES

#### IF NON-RESIDENTIAL NUMBER

**Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.**

*Gracias pero solo estamos entrevistando personas que viven en residencias privadas o viviendas del colegio.*

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

STOP. ENDQUEST

#### INCALI

#### CONFIRM STATE OF RESIDENCE OF RESPONDENT

**Are you in California?**

*¿Está usted en California?*

1. YES
2. NO

IF (ANS = 1) SKP IS\_CELL

If lives in college housing (COLLEGE =1 ), go to IS\_CELL, else continue

#### LLNotST

**Thank you very much, but we are only interviewing persons who live in the state of California at this time.**

*Gracias pero solo estamos entrevistando a personas que viven en el estado California.*

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

STOP. DISPOS = 4100

#### Q: IS\_CELL

#### CELL PHONE

**Is this a cell phone?**

*¿Es este un celular?*

INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION.

INTERVIEWER NOTE:

TELEPHONE SERVICE OVER THE INTERNET IS CONSIDERED LANDLINE SERVICE

(INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.)

READ ONLY WHEN NECESSARY:

ENGLISH:

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.

SPANISH:

*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. NO IF (ANS = 1) SKP NUMADULT1

2. YES IF (ANS = 2) SKP FORWARD

#### FORWARD

**Are your calls currently being forwarded from your landline phone number to your cell phone?**

*Estan remitidas sus llamadas de su linea telefonica de casa a su celular?*

1. YES IF (ANS = 1) SKP CHKPHON

2. NO IF (ANS = 2) SKP NOTLLORPRVRES

#### CHKPHON

**Is your landline phone number (XXX)-XXX-XXXX ?**

*Es su numero telefonico de casa (XXX)-XXX-XXXX ?*

1. YES IF (ANS = 1) SKP NUMADULT1

2. NO IF (ANS = 2) SKP WrongNum

#### NOTLLORPRVRES

#### NOT LANDLINE OR PRIVATE RESIDENCE

**Thank you very much, but we are only interviewing land line telephones and private residences**

*Muchas gracias, pero solo estamos entrevistando líneas telefónicas de casa y residencias privadas.*

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4450

#### CELLYES

#### YES IS CELL NUMBER

1. CONTINUE CODING AS CELL PHONE IF (ANS = 2) SKP Is\_Cell

2. CHANGE RESPONSE TO PREVIOUS QUESTION IS\_CELL ENDQUEST. DISPOS = 4450

INTERVIEWER NOTE:

YOU INDICATED THIS NUMBER REACHES A CELLULAR TELEPHONE.

IF THIS NUMBER IS A LANDLINE, PRESS '2' TO RETURN TO THE PREVIOUS QUESTION.

IF THIS NUMBER IS A CELL PHONE, PLEASE READ:

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing.

*Muchas gracias, pero solo estamos entrevistando por líneas telefónicas de casa y residencias privadas o*

viviendas del colegio.

**LLNOADLT**

**NO ADULT USES PHONE IN COLLEGE HOUSING**

**Thank you very much, but we are only interviewing persons aged 18 or older at this time.**

*Gracias por su cooperacion pero solo estamos entrevistando adultos de 18 años o mas en este momento.*

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4700

**NUMADULT1**

**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

IF (ANS = 1) SKP ONEADULT

ELSE SKP NUMMEN1

**NUMMEN1** (Ask if NUMADULT GT 1)

**How many are men?**

*¿Cuántos son hombres?*

\_\_\_ ENTER THE NUMBER OF MEN (0-9)

IF (ANS > ADULTS) SKP WRONGTOT

IF (ANS = ADULTS) SKP SELECTED

**NUMWOMEN1**

(CALCULATE FROM NUMADULT – NUMMEN)

**You said there are XX adults in your household. How many of these adults are women?**

*Usted dijo que hay XX adultos en su hogar. ¿Cuántas son mujeres?*

\_\_\_ ENTER THE NUMBER OF WOMEN (0-9)

TOTADULT = NUMMEN1 + NUMWOMEN1

IF (TOTADULT < > NUMADULT1) SKP WRONGTOT

ELSE SKP SELECTED

**WRONGTOT**

**I'm sorry, something is not right.**

**TOTAL ADULTS IS INCONSISTENT**

**Number of Men - XX**

**Number of Women - + XX**

-----

**Number of Adults - XX**

- 1. CORRECT THE NUMBER OF MEN IF (ANS = 1) SKP NUMMEN1
- 2. CORRECT THE NUMBER OF WOMEN IF (ANS = 2) SKP NUMWOMEN1
- 3. CORRECT THE NUMBER OF ADULTS IF (ANS = 3) SKP NUMADULT1

**SELECTED** (Ask if NUMADULT GT 1)

INTERVIEWER NOTE: YOU CANNOT ENTER CTRL+END ON THIS SCREEN.

**The person in your household I need to speak with is the \_\_\_\_\_.**

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

Are you the (SELECTED)?

*¿Me permite hablar con (SELECTED)?*

- 1. YES IF (ANS = 1) SKP SEX
- 2. NO IF (ANS = 2) SKP GETADULT

**ONEADULT** (Ask if ADULT = 1)

**Are you the adult?**

*¿Es usted el adulto?*

- 1. MALE RESPONDENT SKP SEX
- 2. FEMALE RESPONDENT SKP SEX
- 3. NO , PLEASE SCHEDULE A CALLBACK IF (ANS = 3) CTRLEND

**Q: GETADULT**

**ASK FOR THE ADULT**

**May I speak with him/her?**

*¿Me permite hablar con el/la?*

- 1. YES, SELECTED ADULT IS COMING TO THE PHONE
- 2. NO, SCHEDULE A CALLBACK (HIT CTRL+END)

**NEWADULT**

**NEW ADULT TO SPEAK WITH**



Hello, I'm \_\_\_\_\_ 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 people in California.

*Hola, me llamo \_\_\_\_\_ y estoy llamando del Departamento de Salud Publica 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 practicas de salud y los habitos 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 personas en California.*

1. PERSON INTERESTED, CONTINUE
2. PERSON IS NOT INTERESTED CODE THE APPROPRIATE REFUSAL (HIT CTRL+END).

## **SEX (CDC-CORE)**

INTERVIEWER NOTE: CONFIRM SEX OF SELECTED RESPONDENT.  
IF NEEDED ASK: Are you male or female?

*¿Es usted hombre o mujer?*

1. MALE
2. FEMALE

IF (COLLADUL <= 2) SKP GENHLTH  
ELSE SKP INTROSCR

### **- Introduction and Screening Questions for CELL -**

#### **INTROSCR INTRODUCTION SCRIPT LEADING INTO INTERVIEW**

**Great. You're the person I need to speak with.**

**Your participation in this voluntary health survey will contribute valuable information used by state and federal health policy makers. We will not collect any 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 skip it. If you have any questions, I will provide a telephone number for you to call to get more information. (1-800-311-4905).**

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

*Su participación en esta encuesta es voluntaria y contribuye información valiosa usada por los que hacen pólizas de salud en el estado y nación. No le haré 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 podemos continuar.*

*Si usted tiene alguna pregunta acerca de la encuesta, que yo no pueda contestar, le daré un numero de teléfono sin costo, al que usted pueda llamar para obtener mas información. 1-800-311-4905.*

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

1. PERSON INTERESTED, CONTINUE IF (ANS = 1) SKP GENHLTH
3. PERSON IS NOT INTERESTED. PLEASE CODE APPROPRIATE REFUSAL (SOFT vs. HARD).  
IF (ANS = 2) CTRLEND

**NONQAL**

**ERROR: RESPONDENT DOES NOT QUALIFY**

**INTERVIEWER NOTE: Should have. Quotas are incorrect**

**INTERVIEWER NOTE: Please Alert Your Supervisor Immediately!!!! The quotas set for this study are incorrect.**

**Schedule a callback, and code this attempt as a null attempt.**

**CTRLEND**

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

*Primero, me gustaría 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 ....**

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

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair, or
- 5. Poor?
- 7. DON'T KNOW/SE NIEGA A CONTESTAR
- 9. REFUSED/NO SÉ/NO ESTOY SEGURA(O)

**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
- 99. Refused

*IF (ANS > 30 & ANS <77) REASK*

**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
- 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
- 99. Refused

*IF (ANS > 30 & ans < 77) REASK*

*Interviewer: I would like to ask the following questions about your mental health background.  
Me gustaría hacer las siguientes preguntas sobre sus antecedentes de salud mental.*

**EMOTHELP (OHE – NEW to 2014)**

**YESNO.**

**2.4. Have you ever thought you needed help for emotional or mental health problems, such as feeling sad, blue, anxious or nervous?**

*¿Ha pensado alguna vez que necesita ayuda para problemas emocionales o problemas de salud mental, tal como sentirse triste, azul, preocupado o nervioso?*

- [1] Yes
- [2] No (Go to HAVEPLN3)
- [77] Don't know (Go to HAVEPLN3)
- [99] Refused (Go to HAVEPLN3)

**PSYCHELP (OHE – NEW to 2014)**

**YESNO.**

**2.5. When you felt that way, did you ever see a mental health provider, such as a psychiatrist, psychologist, social worker, psychiatric nurse, or counselor, for emotional or mental health treatment or counseling?**

*Cuando se siente de esa manera, ¿alguna vez ver a un profesional de salud mental, como un Psiquiatra, psicólogo, trabajador social, enfermera psiquiátrica, o con un consejero, por emocional tratamiento de salud mental o consejería?*

- [1] Yes
- [2] No (Go to HAVEPLN3)
- [77] Don't know (Go to HAVEPLN3)
- [99] Refused (Go to HAVEPLN3)

**YNOHELP (OHE – NEW to 2014)**

**YNOHELP.**

**2.6. Why did you not get help?**

*¿Por qué no consiguió ayuda?*

**(Check all that apply)**

- [1] COULDN'T AFFORD IT, COST TOO MUCH  
*No la podía pagar, cuesta demasiado*
- [2] INSURANCE DID NOT COVER  
*El seguro no lo cubrió*
- [3] DIDN'T KNOW WHERE TO GO  
*No sabía dónde ir*
- [4] HARD TO GET APPOINTMENT

- Era difícil conseguir una cita*  
 [5] HARD TO GET TO OFFICE  
*Era difícil llegar a la oficina*  
 [6] DIDN'T THINK YOU COULD BE HELPED  
*No creí que pudiera conseguir la ayuda*  
 [7] EMBARRASSED TO DISCUSS THE PROBLEM WITH ANYONE  
*Me daba vergüenza discutir el problema con nadie*  
 [8] COULDN'T TAKE TIME FROM WORK, WOULD LOSE PAY  
*No podía llevar tiempo del trabajo / perdería la paga*  
 [9] NEEDED SOMEONE TO TAKE CARE OF CHILDREN  
*Necesitaba a alguien para cuidar de mis hijos*  
 [10] LANGUAGE PROBLEMS  
*Problemas de idioma*  
 [11] SOME OTHER REASON (SPECIFY)  
*Otra razón*  
 [77] DON'T KNOW  
 [99] REFUSED

### **Section 3: Health Care Access**

#### **HAVEPLN3 (CDC-CORE)**

**YES/NO.**

- 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 the Indian Health Service?**

*Las próximas preguntas 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 pre-pagados tales como los de HMO (organizaciones para el mantenimiento de la salud), o planes del gobierno como Medicare o el servicio de salud indio?*

1. Yes/Sí
2. No/No
7. DON'T KNOW/ NO SÉ/NO ESTOY SEGURA(O)
9. REFUSED/ SE NIEGA A CONTESTAR

#### **TYPPLAN (CAL-CORE)**

- 3.2 What is the PRIMARY source of your health care coverage? Is it...**

*¿Cuál es la fuente principal de su cobertura de atención médica?*

INTERVIEWER NOTE: SHOULD THE RESPONDENT INDICATE THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (STATE PLAN)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), TYPE 02, IF MEDICAID TYPE 04.

1. A plan purchased through an employer or union (includes plans purchased through another person's employer) / *Su empleador (o el empleador de otra persona, como su esposo(a) o sus padres)*

2. A plan that you or another family member buys on your own / *Un plan que usted u otra persona pagan por su cuenta*
  3. Medicare / *Medicare*
  4. Medicaid or other state program / *Medical (Medicaid)*
  5. TRICARE (formerly CHAMPUS), VA, or Military / *Las fuerzas armadas, CHAMPUS, o la administración de Veteranos*
  6. Alaska Native, Indian Health Service, Tribal Health Services / *El servicio de salud indio*
  7. Some other source / *Otra fuente aparte de las que mencione*
  8. None (no coverage)/ *Ninguna (no cobertura)*
77. DON'T KNOW / NOT SURE/ NO SÉ/NO ESTOY SEGURA(O)  
 99. REFUSED/ SE NIEGA A CONTESTAR

**PERSDOC (CDC-CORE)**

**PERSDOC.**

**3.2 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)/ Sí, solo uno (DO NOT PROBE)
2. More than one/ Más de uno
3. (PROBE) No
7. DON'T KNOW/ NO SÉ/NO ESTOY SEGURA(O)"
9. REFUSED / SE NIEGA A CONTESTAR"

**NOMED (CDC-CORE)**

**YESNO.**

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

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

1. Yes/Sí
2. No/No
77. DON'T KNOW/NO ESTOY SEGURA(O)
99. REFUSED/ SE NIEGA A CONTESTAR

**CHECKUP2 (CDC-CORE)**

**HOWLONG.**

**3.4 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)  
*En el último año*
  2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
  3. Within the past 5 years (2 years but less than 5 years ago)  
*En los últimos 5 años*
  4. 5 or more years ago  
*5 años o más*
  8. Never/ NUNCA
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)  
99. REFUSED/SE NIEGA A CONTESTAR

#### **Section 4: Inadequate Sleep**

I would like to ask you about your sleep pattern.

*Me gustaría hacerle algunas preguntas sobre sus hábitos de dormir. .*

#### **SLEEPHR2 (CDC-CORE)**

- 4.1 On average, how many hours of sleep do you get in a 24-hour period?  
*En promedio, ¿cuántas horas duerme en un período de 24 horas?*

**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]  
7 7 DON'T KNOW / NOT SURE  
9 9 REFUSED

#### **Section 5: Chronic Health Conditions**

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#### **HEART2 (CDC-CORE)**

**YES/NO.**

- 5.1 **Now I would like to ask you some questions about general health conditions.**

*Ahora me gustaría hacerle algunas preguntas acerca de condiciones generales de salud.*

**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)?**

*¿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?*

H:  
PRONUNCIATION GUIDE

ENGLISH:  
(MY-O-CARD-EE-AL IN-FARK-SHUN)

SPANISH:  
(EEN-FAR-TOH DE MEE-O-CARDIO)

INTERVIEWER NOTE: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, OR SOME OTHER LICENSED PROFESSIONAL

LEER SOLO SI ES NECESARIO: POR OTROS PROFESIONALES DE LA SALUD NOS REFERIMOS A UNA ENFERMERA, UN ASISTENTE MÉDICO, O ALGÚN OTRO PROFESIONAL CON LICENCIA.

1. Yes/Sí
2. No/No
  
7. DON'T KNOW/NO ESTOY SEGURA(O)
9. REFUSED/SE NIEGA A CONTESTAR

**ANGINA (CDC-CORE)**

**YESNO.**

**5.2 (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?*

H:  
PRONUNCIATION GUIDE

ENGLISH:  
(anne - J - EYE- nah)

INTERVIEWER NOTE: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, OR SOME OTHER LICENSED PROFESSIONAL

LEER SOLO SI ES NECESARIO: POR OTROS PROFESIONALES DE SALUD NOS REFERIMOS A UNA ENFERMERA, UN ASISTENTE MÉDICO, O ALGÚN OTRO PROFESIONAL CON LICENCIA.

1. Yes/Sí
2. No/No
  
7. DON'T KNOW/ NO ESTOY SEGURA(O)
9. REFUSED/ SE NIEGA A CONTESTAR

**STROKE2 (CDC-CORE)**

**YESNO.**

**5.3 (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?*

H:  
INTERVIEWER NOTE: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, OR SOME OTHER LICENSED PROFESSIONAL

LEER SOLO SI ES NECESARIO: POR OTROS PROFESIONALES DE SALUD NOS REFERIMOS A UNA ENFERMERA, UN ASISTENTE MÉDICO, O ALGÚN OTRO PROFESIONAL CON LICENCIA.

1. Yes/Sí
2. No/No



- 7. DON'T KNOW/ NO ESTOY SEGURA(O)
- 9. REFUSED/ SE NIEGA A CONTESTAR

**ASTHEVE3 (CDC-CORE)**

**YESNO.**

**5.4 (Has a doctor, nurse, or other health professional) EVER told you that you had asthma?**

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

H:

INTERVIEWER NOTE: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, OR SOME OTHER LICENSED PROFESSIONAL

LEER SOLO SI ES NECESARIO: POR OTROS PROFESIONALES DE SALUD NOS REFERIMOS A UNA ENFERMERA, UN ASISTENTE MÉDICO, O ALGÚN OTRO PROFESIONAL CON LICENCIA.

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

(GO TO SKCANC)  
(GO TO SKCANC)  
(GO TO SKCANC)

**ASTHNOW (CDC-CORE)**

**YESNO.**

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

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

**SKCANC (CDC-CORE)**

**YESNO.**

**5.6 Has a doctor, nurse or other health professional EVER told you that had skin cancer?**

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

- 1. Yes/Sí
- 2. No/No

- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

**OTHCANC (CDC-CORE)**

**YESNO.**

**5.7 (Has a doctor, nurse or other health professional) EVER told you that you had any other types of cancer? (Includes basal (Bay-Sul) and squamous (Sqwa-muss) cell cancers)**

*(¿Alguna vez le ha dicho un médico, enfermera u otro profesional de la salud) que usted tuvo cualquier otro tipo de cáncer? (Incluye basal y escamosas canceres de células)*

H:

INTERVIEWER NOTE: BY 'OTHER HEALTH PROFESSIONAL' WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, SOCIAL WORKER, OR SOME OTHER LICENSED PROFESSIONAL

LEER SOLO SI ES NECESARIO: POR OTROS PROFESIONALES DE SALUD NOS REFERIMOS A UNA ENFERMERA, UN ASISTENTE MÉDICO, TRABAJADOR SOCIAL, O ALGÚN OTRO PROFESIONAL CON LICENCIA.

PRONUNCIATION:

ENGLISH: BASAL (BAY-SUL) , SQUAMOUS (SQWA-MUSS)

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

**COPDEVER (CDC-CORE)**

**YES/NO.**

**5.8 (Has a doctor, nurse or other health professional) EVER told you that you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?**

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

H:

COPD - CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

**ARTHRITD (CDC-CORE)**

**YES/NO.**

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

*(¿Alguna vez le ha dicho un médico u otro profesional de la salud) que usted tenía algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?*

In Help Text: This question is asked of all respondents. This question asks respondents if they have ever been told by a doctor or other health professional that they have some form arthritis. This would include any type of arthritis in any location of the body (This would include the back or neck). If they do not know what arthritis is the correct answer is don't know. In addition to rheumatoid arthritis, gout, lupus, and fibromyalgia, the following should be included: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,, polyarteritis nodosa.

*In Help Text: Arthritis diagnoses include: reumatismo, polimialgia reumática, osteoartritis (no osteoporosis), tendinitis, bursitis, juanete, codo de tenista, síndrome del túnel carpiano, síndrome del túnel tarsal, infección conjunta, síndrome de Reiter, espondilitis anquilosante; espondilosis, síndrome de manguito rotador, enfermedad de tejido conectivo, esclerodermia, polimiositis, síndrome de Raynaud, vasculitis (arteritis de células gigantes, púrpura de Henoch-Schoenlein, Wegener Granulomatosis de, poliarteritis nodosa.*

H:

ENGLISH NOTE:

ARTHRITIS DIAGNOSES INCLUDE:

- \* RHEUMATISM, POLYMYALGIA RHEUMATICA
- \* OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- \* TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- \* CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- \* JOINT INFECTION, REITER'S SYNDROME
- \* ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- \* ROTATOR CUFF SYNDROME
- \* CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- \* VASCULITIS (GIANT CELL ARTERITIS, HENOCH-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)

SPANISH NOTE:

LOS DIAGNÓSTICOS DE ARTRITIS INCLUYEN:

- \* REUMATISMO, POLIMIALGIA REUMÁTICA
- \* ARTROSIS (NO OSTEOPOROSIS)
- \* TENDINITIS, BURSITIS, JUANETE, CODO DE TENISTA (EPICONDILITIS)
- \* SÍNDROME DEL TÚNEL CARPIANO, SÍNDROME DEL TÚNEL TARSIANO
- \* INFECCIÓN EN LAS ARTICULACIONES, SÍNDROME DE REITER
- \* ESPONDILITIS ANQUILOSANTE, ESPONDILOSIS
- \* SÍNDROME DEL MANGUITO DE LOS ROTADORES
- \* ENFERMEDAD DEL TEJIDO CONJUNTIVO, ESCLERODERMA, POLIMIOSITIS, SÍNDROME DE RAYNAUD
- \* VASCULITIS (ARTERITIS DE CÉLULAS GIGANTES, PÚRPURA DE HENOCH-SCHONLEIN, GRANULOMATOSIS DE WEGENER, POLIARTERITIS NODOSA)

- 1. Yes/Sí
- 2 No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

**DEPRESS1 (CDC-CORE)**

**YES/NO.**

**5.10 (Has a doctor, nurse or other health professional) EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?**

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

- 1. Yes/Sí
- 2 No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

**KIDNEY (CDC-CORE)**

**YES/NO.**

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

*(¿Alguna vez le ha dicho un médico, 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.*

H:  
ENGLISH PRONUNCIATION GUIDE:  
IN-CON-TIN-ANTS

SPANISH PRONUNCIATION GUIDE:  
IN-CON-TIN-ENS-IYA

INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW

*LA INCONTINENCIA ES NO PODER CONTROLAR EL FLUIDO DE LA ORINA.*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

**DIABCOR3 (CDC-CORE)**

**DIABCDC.**

**5.12 Has a doctor, or nurse or other health professional ever told you that you have diabetes? (If Respondent says pre-diabetes or borderline diabetes, use response "pre-diabetes"= 4).**

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

**If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**  
*"¿Fue esto únicamente cuando estaba embarazada?"*

- 1. Yes
- 2. Yes, but female told only during pregnancy (Gestational Diabetes)
- 3. No
- 4. No, pre-diabetes or borderline diabetes

77. Don't know

99. Refused

IF (ANS = 1) SKP DIABAGE

IF (ANS = 2) & (RespGend = 1) SKP DIAFEMALE

IF (ANS >= 3) SKP PREDMBGT

**DIAFEMALE**

**RESPGEND = 1/ MALE**

**INTERVIEWER NOTE: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE? THE RESPONDENT SELECTED WAS THE (SELECTED MALE ADULT)**

**IS THE PREVIOUS ANSWER CORRECT?**

1. YES, CORRECT AS IS

IF (ANS = 1) SKP PREDMBGT

2. NO, RE-ASK QUESTION DIABCOR3

IF (ANS = 2) SKP DIABCOR3

**DIABAGE (CDC-CORE)**

**TYPE I.**

**5.13** How old were you when you were told you have diabetes?

*¿A qué edad le dijeron que tenía diabetes?*

— —  
777  
999

CODE AGE IN YEARS [97 = 97 AND OLDER]  
DON'T KNOW / NO SÉ/NO ESTOY SEGURA(O)  
REFUSED / SE NIEGA A CONTESTAR

IF (ANS > 97 & ANS > 777) REASK

IF (DIABCOR3 = 1) SKP WHENDNT3

**NOTE: Only asked of those not responding “Yes” (code = 1) to DIABCOR3.**

**PREDMBGT (CA-DBCP-PRE-DIABETES MODULE)**

**YES/NO.**

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

*¿Ha tenido una prueba de azúcar en la sangre o diabetes en los últimos tres años?*

1. Yes/Sí

2. No/No

77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED / SE NIEGA A CONTESTAR

**If DIABCOR3= 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB2 “Yes” (code = 1).**

**PREDIAB2 (CA-DBCP-PRE-DIABETES MODULE modified response code in 2014)**

**YES/NO.**

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

*¿Alguna vez le ha dicho un médico u otro profesional de la salud que usted tiene pre-diabetes o al borde de la diabetes?*

**If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**

1. Yes

2. Yes, during pregnancy

3. No

7. Don't know / Not sure

9. Refused

## **Section 6: Oral Health**

### **WHENDNT3 (CDC-CORE)**

### **HOWLONG.**

**6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.**

*¿Cuánto tiempo tiene desde la última vez, que usted fue al dentista o a una clínica dental, por cualquier razón? Incluya visitas a especialistas, tales como ortodontistas.*

Read only if necessary:

1. Within the past year (anytime less than 12 months ago)  
*En el último año*
2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
3. Within the past 5 years (2 years but less than 5 years ago)  
*En los últimos 5 años*
4. 5 or more years ago  
*5 años o más*
5. Never/ Nunca
77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED / SE NIEGA A CONTESTAR

### **LOSTETH2 (CDC-CORE)**

### **LOSTETH.**

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

*¿Cuántos de sus dientes permanentes se han extraído a causa de caries o enfermedad de las encías? Incluya dientes perdidos por causa de infección, pero no incluya dientes perdidos por otras razones, tales como lastimaduras u ortodoncia.*

H:  
ENGLISH:  
INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

SPANISH:  
INTERVIEWER NOTE: SI LAS MUELAS DEL JUICIO FUERON EXTRAÍDAS POR CAUSA DE CARIES O ENFERMEDAD DE LAS ENCÍAS, ESAS DEBERÍAN DE SER INCLUIDAS EN LA CUENTA DE DIENTES PERDIDOS.

1. 1 to 5 / 1 a 5
  2. 6 or more but not all / 6 o más, pero no todos
  3. All / Todos
88. NOT APPLICABLE/NINGÚN / NO APLICA  
77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)  
99. REFUSED / SE NIEGA A CONTESTAR

## **Section 7: Demographics**

**AGEB (CDC-CORE)**

**7.1 What is your age?**

*¿Cuántos años tiene usted?*

\_\_\_ ENTER AGE IN YEARS (RANGE: 18 – 150)

7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)

9. REFUSED / SE NIEGA A CONTESTAR

IF (ANS <= 17 & ANS <> 7 & ANS <> 9) REASK

**HISP4 (CDC-CORE)**

**YESNO.**

**7.2 Are you HISPANIC, Latino/a, or Spanish origin ?**

*¿Es usted hispano(a), latino(a) o de origen español ?*

1. Yes

2. No (Go to ORACE3)

77. Don't know (Go to ORACE3)

99. Refused (Go to ORACE3)

**HISPMEX (CDC-CORE) (Ask if said yes to HISP4)**

**YESNO.**

**7.3 Are you...**

**Mexican, Mexican American, or Chicano/a?/**Mexicano, mexicanoamericano, chicano

*¿Es usted... Mexicano/a, Mexicano-Americano, Chicano/a?*

1. Yes/Sí

2. No/No

77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED / SE NIEGA A CONTESTAR

**HISPPR (CDC-CORE) (Ask if said yes to HISP4)**

**YESNO.**

**7.4 Puerto Rican?/ Puertorriqueño**

1. Yes/Sí

2. No/No

77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED / SE NIEGA A CONTESTAR

**HISPCUB (CDC-CORE) (Ask if said yes to HISP4)**

**YESNO.**

**7.5 Cuban?**

*¿Cubano?*

1. Yes/Sí

2. No/No

77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)  
 99. REFUSED / SE NIEGA A CONTESTAR

**HISPOTH (CDC-CORE) (Ask if said yes to HISP4)**

**YES/NO.**

**7.6 Another Hispanic, Latino/a, or Spanish origin?**  
 ¿De otro origen latino, hispano o español?

1. Yes/Sí  
 2. No/No

77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)  
 99. REFUSED / SE NIEGA A CONTESTAR

**SKP ORACE2X**

**ORACE3 (CDC-CORE)**

**ORACEB.**

**7.7 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(a) de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), Nativo(a) de Alaska (Aleut), u Otra?*

- |  |                                       |
|--|---------------------------------------|
| 1. White (Caucasian)                         | ORACE3_A                              |
| 2. Black or African American                 | ORACE3_B                              |
| 3. Asian                                     | ORACE3_C IF (ORACE3 = 3) SKP ORACE2AB |
| 4. Native Hawaiian or Other Pacific Islander | ORACE3_D IF (ORACE3 = 4) SKP ORACE2AB |
| 5. American Indian or Alaska Native          | ORACE3_E                              |
| 6. Other: (specify)                          | ORACE3_F, ORACE3TX                    |
| 77. DON'T KNOW / NOT SURE                    | IF (ANS > 6) SKP RFRACE               |
| 99. REFUSED                                  |                                       |

**IF ((ORACE3 = 1) & (ORACE3 = 2 | ORACE3 = 3 | ORACE3 = 4 | ORACE3 = 5 | ORACE3 = 6)) SKP ORACE4**  
**IF ((ORACE3 = 2) & (ORACE3 = 3 | ORACE3 = 4 | ORACE3 = 5 | ORACE3 = 6)) SKP ORACE4**  
**IF ((ORACE3 = 5) & (ORACE3 = 6)) SKP ORACE4**  
**IF (HISP4 = 2) SKP MILITAR2**

**SKP MILITAR2**

*(PROBE ORACE2X IF HISP3=1 and ORACE3 = 6)*

**ORACE2X (CDC CORE) (ask IF HISP4=1 and ORACE3 = 6)**

**7.8 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: Hispano Blanco(a), Hispano Negro(a), Hispano Asiático(a), Hispano Nativo(a) de Hawái o de las Islas del Pacífico, Hispano Indio(a) Americano(a), Nativo(a) de Alaska (Aleut), u Otro Hispano?"*

1. WHITE HISPANIC  
HISPANO BLANCO
2. BLACK OR AFRICAN AMERICAN HISPANIC  
HISPANO NEGRO O AFRICANO AMERICANO
3. ASIAN HISPANIC IF (ORACE2X = 3) SKP ORACE2AB  
HISPANO ASIÁTICO
4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER HISPANIC if (ORACE2X = 4) SKP ORACE2AB  
HISPANO NATIVO DE HAWÁI O DE OTRA ISLA DEL PACIFICO
5. AMERICAN INDIAN OR ALASKA NATIVE HISPANIC  
HISPANO INDIO AMERICANO O NATIVO DE ALASKA
6. OTHER HISPANIC (specify) (Variable name: ORACE2XTX)  
OTRO HISPANO (Especifique)
77. DON'T KNOW / NOT SURE IF (ANS > 6) SKP RFRACE
99. REFUSED

IF ((ORACE2X = 1) & (ORACE2X = 2 | ORACE2X =3 | ORACE2X = 4 | ORACE2X = 5 |ORACE2X =6)) SKP ORACE4

IF ((ORACE2X = 2) & (ORACE2X = 3 | ORACE2X =4 | ORACE2X = 5 | ORACE2X = 6 )) SKP ORACE4

IF ((ORACE2X = 5) & (ORACE2X = 6 )) SKP ORACE4

SKP MILITAR2

*If more than one response to ORACE3 then go to ORACE4, else go to ORACE2AB*

#### ORACE4 (CDC-CORE)

#### ORACEB.

**7.9 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
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. <ORACE3TX>
77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED / SE NIEGA A CONTESTAR

IF (ANS > 6) SKP RFRACE

IF (ORACE2X = 3) SKP ORACE2AB

if (ORACE2X = 4) SKP ORACE2AB

IF ((ORACE2X = 1) & (ORACE2X = 2 | ORACE2X =3 | ORACE2X = 4 | ORACE2X = 5 |ORACE2X = 6)) SKP ORACE4

IF ((ORACE2X = 2) & (ORACE2X = 3 | ORACE2X =4 | ORACE2X = 5 | ORACE2X = 6 )) SKP ORACE4

IF ((ORACE2X = 5) & (ORACE2X = 6 )) SKP ORACE4  
SKP MILITAR2

If ORACE3= 3 or 4 then go to ORACE2AB, else go to MILITAR2

**ORACE2AB (CDC-CORE)**

**ORACE2AB.**

**7.10** If orace4<>3.and.orace4<>4.and.orace4>0, ask “Even though you indicated Asian or Pacific Islander as one of your races, but not the race that BEST represents yourself, we need to know if you are Chinese, Japanese, Korean, Filipino or Other?”, else ask “Are you Chinese, Japanese, Korean, Filipino or Other?”

*¿Es usted Chino(a), Japonés(a), Coreano(a), Filipino(a) u otro?*

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. Guamanian or Chamorro
  16. Other: (specify)/otro:(especifique)
777. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)  
999. REFUSED / SE NIEGA A CONTESTAR

**MILITAR2 (CDC-CORE)**

**YESNO.**

The next question relates to military service.

**7.11** 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?

**INTERVIEWER NOTE:** 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?*

**NOTA PARA EL ENCUESTADOR:** 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/Sí
  2. No/No
77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)  
99. REFUSED / SE NIEGA A CONTESTAR

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

**7.12 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
7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
9. REFUSED / SE NIEGA A CONTESTAR

**SXORIEN2 (CA –TCP)****SXORIENB.**

**7.13 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.** If needed say "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay (and Lesbian) people have sex with or are primarily attracted to people of the same sex, and bisexuals have sex with or are attracted to people of both sexes.

*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?*

*Le explico que la gente heterosexual tiene sexo con, o son principalmente atraídos por personas del sexo opuesto, gays (y lesbianas) son personas que tienen sexo con o son principalmente atraídas por personas del mismo sexo, y bisexuales tienen sexo con o son atraídos por personas de ambos sexos.*

Interviewer: If needed, repeat "¿Se considera usted ser... heterosexual, homosexual o sea gay o lesbiana, bisexual u otra?" after explaining definition of heterosexual, homosexual, and bisexual.

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

1. Heterosexual, that is, straight
2. Homosexual, that is gay or lesbian
3. Bisexual
4. Other (Specify:)
77. Don't know
99. Refused

**CHILD18 (CDC-CORE)****TYPE VII.**

**7.14 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?*

HHSIZE = (NUMADULT1 + CHILD18)

- \_\_\_ ENTER NUMBER OF CHILDREN (RANGE: 0 – 9) IF (ANS = 77 |ANS = 0 | ANS = 99) SKP EDUCA  
 77. DON'T KNOW / NOT SURE (GO TO EDUCA)  
 99. REFUSED (GO TO EDUCA)

**CHILDAGE (CA-CORE)**

**TYPE VII.**

- 7.15 (If CHILD18=1, ask:) How old is the child?**  
*¿Qué edad tiene el(la) joven?*  
**(If CHILD18 > 1, ask:) How old are the children? Beginning with the youngest...**  
*¿Qué edad tienen los jóvenes? Empezando con el más joven. ..*

Interviewer note: Round UP to whole YEARS. For example, record less than 1 year old as 1 year.  
 Range: 1 – 17

- |     |                               |        |
|-----|-------------------------------|--------|
| ___ | 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 |

77. DON'T KNOW / NOT SURE  
 99. REFUSED

Ask if CHILDAGE=1 or 2 (all children between 0 and <3 years)

**ONEMONTH (CA-CORE)**

**TYPE VII.**

- 7.16 (If CHILD1-CHILD10 =1 and CHILD18=1, ask:) How many months old is the child that is 2 years old or younger?**  
*¿Cuántos meses de edad tiene el niño(a) que tiene 2 años o menos?*

**(If CHILD1-CHILD10 =1 and CHILD18>1, ask:) How many months old are the children that are 2 years old or younger? Beginning with the youngest...**

*¿Cuántos meses de edad tienen los niños que tienen 2 años o menos? Empezando por el más joven...*

Interviewer note: List the number of months of all children younger than 2 years in the household from youngest to oldest. Round UP to whole MONTHS. For example, record 2.5 months as 3 months.

- |     |                                  |          |
|-----|----------------------------------|----------|
| ___ | Months of youngest child         | ONEMONT1 |
| ___ | Months of second youngest child  | ONEMONT2 |
| ___ | Months of third youngest child   | ONEMONT3 |
| ___ | Months of fourth youngest child  | ONEMONT4 |
| ___ | Months of fifth youngest child   | ONEMONT5 |
| ___ | Months of sixth youngest child   | ONEMONT6 |
| ___ | Months of seventh youngest child | ONEMONT7 |
| ___ | Months of eighth youngest child  | ONEMONT8 |
| ___ | Months of ninth youngest child   | ONEMONT9 |

77. DON'T KNOW / NOT SURE  
 99. REFUSED

**EDUCA (CDC-CORE)**

**EDUCA.**

**7.17 What is the highest grade or year of school you completed?**

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

READ ONLY IF NECESSARY

1. Eighth grade or less  
*Octavo grado o menos*
2. Some high school (grades 9-11)  
*Un poco de escuela secundaria*
3. Grade 12 or GED certificate (High school graduate)  
*Grado 12 o certificado GED*
4. Some technical school  
*Un poco de escuela técnica*
5. Technical School Graduate  
*Graduado de escuela técnica*
6. Some College  
*Un poco de Universidad*
7. College graduate  
*Graduado de universidad*
8. Post graduate or professional degree  
*Título profesional o posgraduado*
88. Not Applicable (Never attended school or only kindergarten)
77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED / SE NIEGA A CONTESTAR

**EMPLOY2 (CDC-CORE)**

**EMPLOYA.**

**7.18 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
77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED / SE NIEGA A CONTESTAR

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

**7.19** Household size. ((NUMADULT(NUMADULC IN CELL) +CHILD18)

**INCOM02 (CDC-CORE )**

**INCOMED.**

**7.20 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 less than \$100,000, \$100,000 to less than \$125,000, or \$125,000 or more?**

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

INTERVIEWER NOTE: Income information is very important because some of the programs we plan from the data we collect will be for people in certain income level groups. Furthermore, people's chances of illness or injury may vary according to their income and their ability to access health services. Your answer may help us learn how we can lower people's chances of becoming ill.

La información de ingresos es muy importante debido a que algunos de los programas que planeamos son de los datos que coleccionamos, y será para la gente en ciertos grupos de nivel de ingresos. Por otra parte, las posibilidades de lesión o enfermedad puede variar de acuerdo a sus ingresos y su capacidad para acceder a los servicios de salud. Las respuestas de la encuesta pueden ayudarnos aprender cómo podemos reducir las posibilidades de enfermedad.

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 less than \$100,000
9. \$100,000 to less than \$125,000
10. \$125,000 or greater
77. DON'T KNOW / NOT SURE
99. REFUSED

IF (HHSIZE = 1 & INCOM02 = 2) SKP HH1IN21  
 IF (HHSIZE = 1 & INCOM02 = 4) SKP HH1IN41  
 IF (HHSIZE = 1 & INCOM02 = 5) SKP HH1IN5  
 IF (HHSIZE = 2 & INCOM02 = 3) SKP HH2IN31  
 IF (HHSIZE = 2 & INCOM02 = 5) SKP HH2IN51  
 IF (HHSIZE = 2 & INCOM02 = 6) SKP HH2IN6  
 IF (HHSIZE = 3 & INCOM02 = 3) SKP HH3IN3  
 IF (HHSIZE = 3 & INCOM02 = 4) SKP HH3IN4  
 IF (HHSIZE = 3 & INCOM02 = 6) SKP HH3IN61  
 IF (HHSIZE = 4 & INCOM02 = 4) SKP HH4IN4  
 IF (HHSIZE = 4 & INCOM02 = 5) SKP HH4IN5  
 IF (HHSIZE = 4 & INCOM02 = 6) SKP HH4IN61  
 IF (HHSIZE = 4 & INCOM02 = 7) SKP HH4IN7  
 IF (HHSIZE = 5 & INCOM02 = 5) SKP HH5IN5  
 IF (HHSIZE = 5 & INCOM02 = 6) SKP HH5IN61  
 IF (HHSIZE = 5 & INCOM02 = 7) SKP HH5IN71  
 IF (HHSIZE = 6 & INCOM02 = 5) SKP HH6IN5  
 IF (HHSIZE = 6 & INCOM02 = 6) SKP HH6IN6  
 IF (HHSIZE = 6 & INCOM02 = 7) SKP HH6IN71  
 IF (HHSIZE = 6 & INCOM02 = 8) SKP HH6IN8  
 IF (HHSIZE = 7 & INCOM02 = 5) SKP HH7IN5  
 IF (HHSIZE = 7 & INCOM02 = 6) SKP HH7IN6  
 IF (HHSIZE = 7 & INCOM02 = 7) SKP HH7IN71  
 IF (HHSIZE = 7 & INCOM02 = 8) SKP HH7IN8  
 IF (HHSIZE = 8 & INCOM02 = 6) SKP HH8IN6  
 IF (HHSIZE = 8 & INCOM02 = 7) SKP HH8IN71  
 IF (HHSIZE = 8 & INCOM02 = 8) SKP HH8IN81  
 IF (HHSIZE = 9 & INCOM02 = 6) SKP HH9IN6  
 IF (HHSIZE = 9 & INCOM02 = 7) SKP HH9IN7  
 IF (HHSIZE = 9 & INCOM02 = 8) SKP HH9IN81  
 IF (HHSIZE = 9 & INCOM02 = 9) SKP HH9IN9  
 IF (HHSIZE = 10 & INCOM02 = 6) SKP HH10IN6  
 IF (HHSIZE = 10 & INCOM02 = 7) SKP HH10IN7  
 IF (HHSIZE = 10 & INCOM02 = 8) SKP HH10IN81  
 IF (HHSIZE = 10 & INCOM02 = 9) SKP HH10IN9  
 IF (HHSIZE = 11 & INCOM02 = 7) SKP HH11IN71  
 IF (HHSIZE = 11 & INCOM02 = 8) SKP HH11IN8  
 IF (HHSIZE = 11 & INCOM02 = 9) SKP HH11IN9  
 IF (HHSIZE = 11 & INCOM02 = 10) SKP HH11IN10  
 IF (HHSIZE = 12 & INCOM02 = 7) SKP HH12IN71  
 IF (HHSIZE = 12 & INCOM02 = 9) SKP HH12IN91  
 IF (HHSIZE = 12 & INCOM02 = 10) SKP HH12IN10  
 IF (HHSIZE = 13 & INCOM02 = 7) SKP HH13IN7  
 IF (HHSIZE = 13 & INCOM02 = 8) SKP HH13IN8  
 IF (HHSIZE = 13 & INCOM02 = 9) SKP HH13IN91  
 IF (HHSIZE = 13 & INCOM02 = 10) SKP HH13IN10  
 SKP WEIGHT

Find the point on the table where HHSIZE and INCOM02 intersect.

If there is a table value and the table value is LT the "less than" value of the response to INCOM02, go to THRESH02.

**THRESH00, THRESH01, THRESH02... (CA-CORE)**

**YES.NO.**

**7.21 Is your annual household income from all sources less than \_\_\_\_\_?** (Table look up for income and household size) (This is an income threshold used for statistical purposes.)¿ *Es su ingreso familiar anual menos de: \_\_\_\_\_ \$?*

- 1. Yes
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED



INCOM 02	=	1	2	3	4	5	6	7	8	9	
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100-125k	125k+
HHSIZ E=	1		\$11,170/ \$14,521		\$20,665/ \$22,340	\$27,925					
(House hold Size)	2			\$15,130/ \$19,669		\$27,991/ \$30,260	\$37,825				
	3			\$19,090	\$24,817		\$35,317/ \$38,180/ \$47,725				
	4				\$23,050	\$29,965	\$42,643/ \$46,100	\$57,625			
	5					\$27,010	\$35,113/ \$49,969	\$54,020/ \$67,525			
	6					\$30,970	\$40,261	\$57,295/ \$61,940	\$77,425		
	7					\$34,930	\$45,409	\$64,621/ \$69,860	\$87,325		
	8						\$38,890	\$50,557/ \$71,947	\$77,780/ \$97,225		
	9						\$42,850	\$55,705	\$79,273/ \$85,700	\$107,125	
	10						\$46,810	\$60,853	\$86,599/ \$93,620	\$117,025	
	11							\$50,770/ \$66,001	\$93,925	\$101,540	\$126,925
	12							\$54,730/ \$71,149		\$101,251/ \$109,460	\$136,825
	13							\$58,690	\$76,297	\$108,577/ \$117,380	\$146,725

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035.)

**WEIGHT (CDC-CORE)**

**7.22 About how much do you weigh without shoes?**

*¿Cómo cuánto pesa usted sin zapatos?*

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN FRACTIONS, ASK WHICH WHOLE NUMBER IT IS CLOSEST TO. IF RESPONDENT STILL GIVES A FRACTION, ROUND FRACTIONS UP. IF RESPONDENT ANSWERS IN METRICS, USE CONVERSION TABLE.

Range: 50 - 650\_\_\_\_ ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220)  
(verify if Less Than 80 or Greater Than 350)

- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

**HEIGHT (CDC-CORE)**

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

*¿Cómo cuánto mide de estatura sin zapatos?*

Interviewer note: If respondent answers in fractions, ask which whole number it is closest to. If respondent still gives a fraction, round fraction down.\_\_\_\_ Select height from brandlist (verify if less than 408 or greater than 608)

- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

**COUNTY1 (CDC-CORE)**

**COUNTYA.**

**7.24 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    | 116. Other (CELL only) (888 for CDC) |
| 039. MADERA                | 079. SAN L OBISPO   |                                      |
| 777. DON'T KNOW / NOT SURE |                     |                                      |
| 999. REFUSED               |                     |                                      |

**ZIPCODE2 (CDC-CORE)**

**7.25 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 / NO SÉ/NO ESTOY SEGURA(O)

999999. REFUSED / SE NIEGA A CONTESTAR

**INTERNET (CDC-CORE)**

**YESNO.**

**7.26 Have you used the internet in the past 30 days?**

*¿Ha usado la Internet en los últimos 30 días?*

1 Yes/Sí

2 No/No

77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED / SE NIEGA A CONTESTAR

**OWNHOME (CDC-CORE)**

**7.27 Do you own or rent your home?**

**RENT.**

*¿Es usted dueño o alquila (renta) su casa?*

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

*Nota del entrevistador: hogar es definido como una residencia principal de la unidad familiar o social ocupa la mayoría del tiempo. "Otro acuerdo" puede incluir hogar de grupo, quedándose con amigos o familiares sin pagar alquiler.*

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.**

**NOTA PARA EL ENCUESTADOR: Hacemos esta pregunta para comparar indicadores de salud entre personas con distintas situaciones de vivienda.**

1. Own

2. Rent

3. Other arrangement

7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)

9. REFUSED / SE NIEGA A CONTESTAR

**Section 8: Disability**

**The following questions are about health problems or impairments you may have.**

**RESTRIC3 (CDC-CORE)**

**YESNO.**

**8.1 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 discapacidades que usted pueda tener. ¿Está usted limitado(a) de cualquier manera para realizar alguna actividad debido a problemas físicos, mentales o emocionales?*

1. Yes/Sí
2. No/No
7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
9. REFUSED / SE NIEGA A CONTESTAR

**EQUIP (CDC-CORE)**

**YESNO.**

**8.2 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/Sí
2. No/No
7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
9. REFUSED / SE NIEGA A CONTESTAR

**BLIND (CDC-CORE-asked in 2009)**

**YESNO.**

**8.3 Are you blind or do you have serious difficulty seeing, even when wearing glasses?**

*¿Está usted ciego/a o tiene serias dificultades para ver, incluso cuando usa gafas (lentes)?*

1. Yes/Sí
2. No/No
7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
9. REFUSED / SE NIEGA A CONTESTAR

**REMEM2 (CDC-CORE)**

**YESNO.**

**8.4 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

*Debido a una condición física, mental o emocional, ¿tiene serias dificultades para concentrarse, recordar, o tomar decisiones?*

1. Yes/Sí
2. No/No
7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
9. REFUSED / SE NIEGA A CONTESTAR

**DIFFWALK (CDC-CORE)**

**YESNO.**

**8.5 Do you have serious difficulty walking or climbing stairs?**

*¿Tiene dificultad para caminar o subir escaleras?*

- 1. Yes/Sí
- 2. No/No
- 7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 9. REFUSED / SE NIEGA A CONTESTAR

**DIFDRES2 (CDC-CORE)**

**YESNO.**

**8.6 Do you have difficulty dressing or bathing?**

*¿Tiene dificultad para vestirse o bañarse?*

- 1. Yes/Sí
- 2. No/No
- 7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 9. REFUSED / SE NIEGA A CONTESTAR

**DIFFERND (CDC-CORE asked in 2009 Track 1 as CA-ODH)**

**YESNO.**

**8.7 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

*Debido a una condición física, mental, o emocional, ¿tiene dificultad para hacer mandados solo/a como ir al doctor o ir de compras?*

- 1. Yes/Sí
- 2. No/No
- 7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 9. REFUSED / SE NIEGA A CONTESTAR

**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.*

**INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarrillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."**

**NOTA PARA EL ENCUESTADOR: "En cigarrillos, no incluya cigarrillos electrónicos (e-cigarettes, NJOY, Bluetip), cigarrillos herbarios, cigarros, puros, puritos, pipas, bidis, kreteks, pipas de agua (narguiles) ni marihuana".**

**SMOKE100 (CDC-CORE)**

**YESNO.**

**9.1 Have you smoked at least 100 cigarettes in your entire life?**

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

Interviewer note: 5 packs = 100 cigarettes

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

(GO TO HOUSTYPE)  
 (GO TO HOUSTYPE)  
 (GO TO HOUSTYPE)

**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. Every day/Todos los días                         | (GO TO SMK12AGO) |
| 2. Some days/algunos días                           | (GO TO SMK12AGO) |
| 3. Not at all/ningún día                            | (GO TO LASTSMK2) |
| 7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O) | (GO TO LASTSMK2) |
| 9. REFUSED / SE NIEGA A CONTESTAR                   | (GO TO LASTSMK2) |

**LASTSMK2 (CDC-CORE)****SMOKREGB.****9.3 How long has it been since you last smoked a cigarette, even one or two puffs?***¿Cuánto tiempo hace desde la última vez que fumo un cigarrillo, aunque haya sido solo uno o dos soplos?*

- |  |                  |
|--|------------------|
| 1. Within the past month (less than 1 month ago)/Dentro del mes pasado   |                  |
| 2. Within the past 3 months (1 month but less than 3 months ago)/Dentro de los pasados 3 meses                 |                  |
| 3. Within the past 6 months (3 months but less than 6 months ago)/Dentro de los pasados 6 meses                |                  |
| 4. Within the past year (6 months but less than 1 year ago)/Dentro del año pasado                              |                  |
| 5. Within the past 5 years (1 year but less than 5 years ago)/ Dentro de los pasados 5 años (GO TO SMOKEAGE)   |                  |
| 6. Within the past 10 years (5 years but less than 10 years ago)/Dentro de los pasados 10 años(GO TO SMOKEAGE) |                  |
| 7. 10 years or more/10 años o más  | (GO TO SMOKEAGE) |
| 8. Never smoked regularly/No ha fumado cigarrillos regularmente  | (GO TO SMOKEAGE) |
| 7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)  | (GO TO SMOKEAGE) |
| 9. REFUSED / SE NIEGA A CONTESTAR  | (GO TO SMOKEAGE) |

IF (SMKEVDA2 &gt; 2) SKP SMK30ANY

**SMK12AGO (CA-TCP) (Ask if SMKEVDA2 <= 2 or LASTSMK2 <=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?*

In Help text: Asks respondents to report whether they were smoking around this time 12 months ago. Any smoking should be given a "yes" code, even if the smoking was irregular or the person had cut back on the number of cigarettes smoked. This question is asked only of persons who report being current smokers or who have smoked at all in the past 30 days.

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

**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?*

H:

ASKS WHETHER THE RESPONDENT HAS STOPPED SMOKING IN THE PAST 12 MONTHS BECAUSE THEY WERE TRYING TO QUIT.

IT IS ASKED ONLY OF PERSONS WHO INDICATE THAT THEY SMOKE EVERY DAY OR SOME DAYS. IF RESPONDENTS SAY THAT THEY WENT WITHOUT SMOKING FOR MORE THAN 1 DAY, BUT INDICATE THAT THIS IS PART OF THEIR NORMAL SMOKING PATTERN, PROBE BY ASKING:

ENGLISH PROBE: 'SO, WOULD YOU SAY THAT YOU HAVE STOPPED SMOKING FOR ONE DAY OR LONGER DURING THE PAST 12 MONTHS, BECAUSE YOU WERE TRYING TO QUIT SMOKING?'

SPANISH PROBE: DIRIA USTED QUE HA PARADO DE FUMAR POR UN DÍA O MÁS DURANTE LOS ULTIMOS 12 MESES, PORQUE ESTABA TRATANDO DE DEJAR DE FUMAR?

EMPHASIZE 'QUIT' SO THAT THE RESPONDENT UNDERSTANDS THAT WE ARE ASKING ABOUT INTENTIONAL QUITTING, NOT JUST FAILURE TO LIGHT UP.

In Help text: Asks whether the respondent has stopped smoking in the past 12 months because they were trying to quit. It is asked only of persons who indicate that they smoke every day or some days. If respondents say that they went without smoking for more than 1 day, but indicate that this is part of their normal smoking pattern, probe by asking: "so, would you say that you have stopped smoking for one day or longer during the past 12 months, because you were trying to quit smoking?" Emphasize "quit" so that the respondent understands that we are asking about intentional quitting, not just failure to light up.

- |   |                |
|---|----------------|
| 1. Yes/Sí   | (GO TO NOSMK)  |
| 2. No/No  | (GO TO QUIT30) |
| 7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O) | (GO TO QUIT30) |
| 9. REFUSED / SE NIEGA A CONTESTAR                   | (GO TO QUIT30) |

#### **NOSMK (NOSMKDY, NOSMKWK, NOSMKMO) (CA-TCP)**

#### **TYPE V.**

#### **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

In Help text: Asked only of respondents who report that they have made at least one quit attempt in the past 12 months. The "last attempt" is the most recent attempt. Options not chosen should be entered as "not applicable". For example, if the respondent says "3 months", the interviewer should enter 3 months, "not applicable" for weeks and "not applicable" for days.

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

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

**QUIT30 (CA-TCP)** Ask if SMKEVDA2<=2 and QUIT1DY3 not equal 1

**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?*

In Help text: The intent of this question is to determine whether the respondent has any serious intention of quitting smoking in the next 30 days, although the plan to quit does not need to be as immediate as in the previous question. Interviewers should probe if they receive responses such as "I think of quitting all the time" or "I quit every time I finish a cigarette". Only those truly planning to quit should receive a "yes". **HOTLINE FOR QUITTING 1-800-NOBUTTS**

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

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

*IF (SMKEVDA2 = 1) & (ANS = 1) SKP SMOKENUM*

*IF (SMKEVDA2 = 2) & (ANS = 1) SKP SMK30ANY*

*ELSE SKP QUIT6*

**QUIT6 (CA-TCP)**

**YESNO.**

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

*¿Está contemplando en dejar de fumar en los próximos seis meses?*

**INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION**

In Help text: The intent of this question is to determine whether the respondent has any serious intention of quitting smoking in the next 6 months, although the plan to quit does not need to be as immediate as in the previous question. Interviewers should probe if they receive responses such as "I think of quitting all the time" or "I quit every time I finish a cigarette". Only those truly planning to quit should receive a "yes". **HOTLINE FOR QUITTING 1-800-NOBUTTS**

*En el texto de ayuda: la intención de esta pregunta es determinar si la persona tiene una seria intención de dejar de fumar en los próximos 6 meses, aunque el plan para dejar de fumar no tiene que ser tan inmediato como en la pregunta anterior. Entrevistadores deben sondeo si reciben respuestas como "Pienso todo el tiempo para dejar de fumar" o "He cerrado cada vez que termine un cigarrillo". Sólo aquellos que verdaderamente planea dejar de fumar deben recibir un "sí". **LÍNEA TELEFÓNICA PARA DEJAR DE FUMAR 1-800-NOBUTTS***

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

*ASK IF SMKEVDA2 =1, ELSE IF SMKEVDA2 = 2, GO TO SMK30ANY*

**SMOKENUM (CA-TCP)**

**TYPE V.**

**9.9 On the average, about how many cigarettes a day do you now smoke?**



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

**(1 PACK = 20 CIGARETTES)**

INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION

In Help text: This question is asked of everyday smokers only. Be aware that respondents will sometimes give a number of packs per day rather than a number of cigarettes. Verify that low numbers "1", "2", "3" are actually the number of cigarettes smoked per day and not packs per day. Convert number of packs to number of cigarettes before entering the code (multiply number of packs times 20). If the respondent has difficulty giving a number because he or she doesn't smoke regularly or doesn't smoke every day, enter the code for "don't smoke regularly".

_____	Enter number of cigarettes	(verify if GT 70)	(GO TO SMOKEAGE)
888.	Not Applicable (Never smoked regularly)/ <i>NO FUMA REGULARMENTE</i>		(GO TO SMK30ANY)
777.	DON'T KNOW / NOT SURE		(GO TO SMK30ANY)
999.	REFUSED		(GO TO SMK30ANY)

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

**SMK30ANY (CA-TCP)**

**YES/NO.**

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

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

In Help text: Asks someday smokers and those who indicated they don't smoke to indicate whether they have smoked at all in the last 30 days. Although this seems to ask for the same information as SMKEVDA2, it gets at different information for purposes of analysis. A person may not be considered a current smoker, but may have smoked during the past 30 days, which reveals a lot about their smoking history. Persons may also say that they currently smoke cigarettes, but when responding to the questions about smoking in the past 30 days we may find that they smoke very little or have different smoking patterns. Interviewers should keep this in mind when asking this series of questions so that they can emphasize the differences between general smoking questions and questions about recent smoking history to respondents.

1.	Yes	
2.	No	(GO TO SMOKEAGE)
77.	DON'T KNOW / NOT SURE	(GO TO SMOKEAGE)
99.	REFUSED	(GO TO SMOKEAGE)

**SMK30DAY (CA-TCP)**

**TYPE I.**

**9.11 On how many of the past 30 days did you smoke cigarettes?**

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

In Help text: Asks respondents to indicate on how many of the last 30 days they have smoked cigarettes. If they say "every day", code "30". This allows us to identify and differentiate among various kinds of irregular smokers.

_____	ENTER NUMBER OF DAYS	
30.	EVERY DAY	
888.	NOT APPLICABLE (NONE) / NO APLICABLE (NINGUNO)	
777.	DON'T KNOW / NOT SURE	
999.	REFUSED	

**SMK30NUM (CA-TCP)****TYPE I.****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?*

In Help text: Asks someday smokers and those who indicated they don't smoke but who smoked during the past 30 days to indicate how many cigarettes they smoked on average on the days that they smoked cigarettes during the past 30 days. Be aware that respondents will sometimes give a number of packs per day rather than number of cigarettes. Verify that low numbers "1", "2", "3" are actually the number of cigarettes smoked per day and not packs per day. Convert number of packs to number of cigarettes before entering the code (multiply number of packs by 20).

\_\_\_\_\_ ENTER NUMBER OF CIGARETTES (VERIFY IF GT 70)

888. DON'T SMOKE REGULARLY

777. DON'T KNOW / NOT SURE

999. REFUSED

**SMOKEAGE (CA-TCP)****TYPE XI.****9.13 About how old were you when you first started smoking cigarettes fairly regularly?***Aproximadamente, ¿cuántos años tenía cuando comenzó a fumar cigarrillos con regularidad?*

In Help text: Some respondents may have smoked 100 cigarettes in their lifetime but never considered themselves regular smokers. These people should be given the code for "never smoked regularly".

\_\_\_\_\_ CODE AGE IN YEARS

88. NOT APPLICABLE (NEVER SMOKED REGULARLY) / NO APLICABLE (NUNCA FUMÓ CON REGULARIDAD)

77. DON'T KNOW / NOT SURE

99. REFUSED

**HOUSTYPE (CA-TCP)****HOUSTYPE.****9.14 Which best describes the building you live in?***¿Cuál de estas describe mejor el edificio o el lugar donde vive usted?*

INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION

In Help text: This question is asked of all respondents. The question is meant to determine the type of building the respondent considers to be his or her primary residence.

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 (includes dormitory)  
*Un vehículo recreativo, embarcación u otro (incluye dormitorio)*

- 77. Don't know  
99. Refused

**HHRULES2 (CA-TCP)**

**HHRULES.**

- 9.15 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/ *fumar está totalmente prohibido*  
2. Smoking is generally prohibited with few exceptions/ *está generalmente prohibido con algunas excepciones*  
3. Smoking is allowed in some rooms only/ *se permite fumar únicamente en ciertos cuartos*  
4. There are no restrictions on smoking/ *que no hay restricciones contra el fumar*  
5. Other (specify) / *OTRO (ESPECIFIQUE)* (variable name: HHTXT)  
77. DON'T KNOW / NOT SURE  
99. REFUSED

**USENOW3 (CDC-CORE)**

**EVDAY.**

- 9.16 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?**

*¿Actualmente, usa usted el tabaco de mascar, el rape o snus todos los días, algunos días o nunca?*

Interviewer note: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. Snus rhymes with "goose".

*Interviewer note: Snus (tabaco Sueco) es un tabaco sin humo húmedo, generalmente se vende en bolsas pequeñas que se colocan bajo del labio contra la encía. (Snus rhymes with "goose.")*

1. Every day/todos los días  
2. Some days/algunas días  
3. Not at all/ningún día  
7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)  
9. REFUSED / SE NIEGA A CONTESTAR

**OFTCIGRB (CA-TCP)**

- 9.17 On how many of the past 30 days did you smoke cigars? TYPEI.**

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

- \_\_\_\_ ENTER NUMBER OF DAYS (0 - 30)  
88. NOT APPLICABLE (NONE)  
77. DON'T KNOW / NOT SURE  
99. REFUSED

**SHSEXPOS (CA-TCP)****YES/NO.****9.18 In the last two weeks, have you ever been exposed to secondhand smoke in California?***En las últimas dos semanas, ¿alguna vez ha estado expuesto al humo de segunda mano en California?*

1. Yes

2. No

77. DON'T KNOW/ NOT SURE

99. REFUSED

(GO TO ECIG30)

(GO TO ECIG30)

(GO TO ECIG30)

**SHSWHERE (CA-TCP)****WHERE/EXP.****9.19 Where were you in California the last time this happened?**

INTERVIEWER NOTE: DO NOT READ

*¿Dónde estaba usted en California la última vez que sucedió esto?*

1. HOME / CASA

2. WORKPLACE / TRABAJO

3. RESTAURANT / RESTAURANTE

4. RESTAURANT BAR / RESTAURANTE BAR

5. BAR OR TAVERN / BAR O TABERNA

6. POOL HALL / SALÓN DE BILLAR

7. SHOPPING MALL OR STORES / CENTRO COMERCIAL O EN TIENDAS

8. HOSPITAL, CLINIC, HEALTH OR DENTAL FACILITY / HOSPITAL, CLÍNICA DENTAL O DE LA SALUD

9. PARK, BEACH, PLAYGROUND, OUTDOOR RECREATION / PARQUE, PLAYA, PARQUE INFANTIL, RECREACIÓN AL AIRE LIBRE

10. COMMUNITY EVENT, FAIR, FARMER'S MARKET / EVENTO DE LA COMUNIDAD, FERIA, MERCADO DEL AGRICULTOR

11. SPORTS EVENT, STADIUM / EVENTO DEPORTIVO, ESTADIO

12. OTHER PERSON'S HOME / CASA DE OTRA PERSONA

13. AUTOMOBILE / AUTOMÓVIL

14. GAME ROOM, CASINO, BINGO HALL / SALA DE JUEGOS, CASINO, SALA DE BINGO

15. PARTY, WEDDING, SOCIAL EVENT, RENTED HALL / FIESTA, UNA BODA, UN EVENTO SOCIAL, ALQUILÓ EL SALÓN

16. SERVICE AREA (BUS/CAB STAND, ATM, TICKET LINE) / ÁREA DE SERVICIO (PARADA DE AUTOBÚS/TAXI, ATM, LÍNEA DE BOLETOS)

17. SIDEWALKS / ACERAS

18. OTHER (SPECIFY) \_\_\_\_\_

77. DON'T KNOW/NOT SURE

99. REFUSED

**ECIG30 (CA-TCP) NEW 2014****TYPE I.****9.20 During the past 30 days, how many days did you use Electronic cigarettes, such as "Smoking Everywhere" or "Njoy"?***Durante los últimos 30 días, ¿cuántos días usó usted cigarrillos electrónicos, tales como "Smoking*

everywhere" o "Njoy"?

\_\_\_\_ ENTER NUMBER OF DAYS [0 - 30]  
77. DON'T KNOW / NOT SURE  
99. REFUSED

IF (ANS = 0) SKP DRNKALC2  
IF (ANS >= 77) SKP DRNKALC2

**ASK WHYECIG IF ECIG30 >=1 AND <=30, else continue to DRNKALC2.**

**WHYECIG (CA-TCP) NEW 2014**

**WHYECIG.**

**9.21 What best describes your reason for using e-cigarettes? (ALLOW MULTIPLE RESPONSES)**

*¿Lo que mejor describe su razón para el uso de cigarrillos electrónicos?*

1. Used to quit other tobacco  
*Usado para dejar el otro tabaco*
2. Switched to e-cigarettes to replace other tobacco  
*Cambiado a cigarrillos electrónicos para sustituir otro tabaco*
3. Used to cut down on other tobacco  
*Usado para reducir del otro tabaco*
4. Used in places other tobacco is not allowed  
*Utilizado en lugares donde no se permite otro tabaco*
5. Curiosity; just to try it  
*Curiosidad; solo para probar*
6. Other (specify)  
*Otro (espifique)*
7. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
9. REFUSED / SE NIEGA A CONTESTAR

**Section 10: Alcohol Consumption**

**DRNKALC2 (CDC CORE)**

**TYPE II.**

**10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage, such as beer, wine, a malt beverage, or liquor?**

*En los últimos 30 días, ¿en cuántos días por semana o por mes bebió usted por lo menos un trago de cualquier bebida alcohólica, tales como cerveza, vino, una bebida de malta o licor?*

101-107 = DAYS PER WEEK  
201-231 = DAYS IN PAST 30

\_\_\_\_ ENTER DAYS PER WEEK OR PER MONTH

888. None/NINGUNA BEBIDA EN LOS ÚLTIMOS 30 DÍAS  
777. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)  
999. REFUSED / SE NIEGA A CONTESTAR

(GO TO ASBIDRNK)  
(GO TO ASBIDRNK)  
(GO TO ASBIDRNK)

IF (ANS >= 777) SKP ASBIDRNK  
IF (ANS < 101)  
SHOW "ANSWER OUT OF RANGE" 18 21 60 red L  
PAUSE  
REASK  
ENDIF

```
IF (ANS > 230 & ANS < 777)
SHOW "ANSWER OUT OF RANGE" 18 21 60 red L
PAUSE
  REASK
ENDIF
IF (ANS > 107 & ANS < 201)
SHOW "ANSWER OUT OF RANGE" 18 21 60 red L
PAUSE
  REASK
ENDIF
```

**NALCOCC3 (CDC CORE)**

**TYPE I.**

**10.2 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 últimos 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 OR VERIFY IF 0)

- 77. DON'T KNOW
- 99. REFUSED

```
IF (ANS >= 77) SKP DRNKGE5B
```

**DRNKGE5B (CDC CORE)**

**TYPE I.**

**10.3 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 más","4 o más")} en una sola ocasión?*

\_\_\_\_ ENTER NUMBER OF TIMES (VERIFY IF GT 15)

- 88. NONE
- 77. DON'T KNOW
- 99. REFUSED

```
IF (ANS >= 77) SKP DRINKNUM
```

**DRINKNUM (CDC- CORE)**

**TYPE VII.**

**10.4 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 OR VERIFY IF 0)

- 77. DON'T KNOW
- 99. REFUSED

IF (ANS >= 77) SKP ASBIDRNK

**Section 11: Alcohol Screening and Brief Intervention (ASBI)**

If CHECKUP2 = 1, or 2 (had a checkup within the past 2 years) ask ASBIDRNK, else go to JUICE11.

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

*Durante los chequeos de rutina, los proveedores de atención médica pueden preguntarle acerca de comportamientos como el consumo de alcohol: si usted toma o no. Queremos conocer las preguntas que le hicieron.*

**ASBIDRNK (CDC OPTIONAL MODULE – NEW 2014)**

**YESNO.**

**11.1** You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

*Anteriormente, usted me dijo que su último chequeo de rutina fue [dentro del último año/dentro de los 2 últimos años]. En ese chequeo, ¿se le preguntó personalmente o en un formulario si usted bebe alcohol?*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

IF (CHECKUP2 = 1) & (LANG=2) SHOW "dentro del último año"

IF (CHECKUP2 = 2) & (LANG =2) SHOW "dentro de los 2 últimos años"

**ASBIMUCH (CDC OPTIONAL MODULE – NEW 2014)**

**YESNO.**

**11.2** Did the health care provider ask you in person or on a form how much you drink?

*¿El proveedor de atención médica le preguntó personalmente o en un formulario qué cantidad de alcohol bebe?*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

**ASBIOCCA (CDC OPTIONAL MODULE – NEW 2014)**

**YESNO.**

**11.3** Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

*¿El proveedor de atención médica le preguntó específicamente si toma [5 EN EL CASO DE LOS HOMBRES/4 EN EL CASO DE LAS MUJERES] bebidas alcohólicas o más en una ocasión?*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

**CATI: If ASBIDRNK, ASBIMUCH, or ASBIOCCA = 1 (Yes) continue to ASBIADVC, else go to JUICE11.**

**ASBIADVC (CDC OPTIONAL MODULE – NEW 2014)**

**YESNO.**

**11.4** Were you offered advice about what level of drinking is harmful or risky for your health?

*¿Le dieron consejos acerca de qué cantidad de bebidas alcohólicas es perjudicial o riesgosa para su salud?*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

**IF (ASBIDRNK <> 1) & (ASBIMUCH <> 1) & (ASBIOCCA <> 1) SKP JUICE11**

**ASBILESS (CDC OPTIONAL MODULE – NEW 2014)**

**YESNO.**

**11.5** Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

*Los proveedores de atención médica también pueden aconsejarles a los pacientes que tomen menos por varias razones. En su último chequeo de rutina, ¿se le aconsejó reducir la cantidad de alcohol que toma o que deje de tomar?*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW / NOT SURE / NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED / SE NIEGA A CONTESTAR

**Section 12: Fruits and Veggies**

**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 las 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.*

**JUICE11 (CA NEOP)**

**TYPE XIX.**

**12.1** 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 incluya los que sean jugo 100% de fruta.*

In Help Text: 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 9.6.

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.

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION

1 \_\_ PER DAY (JUCDY)

2 \_\_ PER WEEK (JUCWK)

3 \_\_ PER MONTH (JUCMO)

888. NOT APPLICABLE (NEVER)

777. DON'T KNOW / NOT SURE

999. REFUSED

#### **FRUIT11 (CA NEOP)**

#### **TYPE XIX.**

**12.2 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.**

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."

*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.*

*Read only if necessary: "Tu mejor respuesta está bien. Incluyen manzanas, plátanos, puré de manzana, naranjas, fruta uva, ensalada de frutas, sandía, melón o melón de almizcle, papaya, lichis, fruta estrella, granadas, mangos, uvas y bayas como arándanos y fresas."*

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.).

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY  
INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION  
1 \_\_ PER DAY (FRUDY)  
2 \_\_ PER WEEK (FRUWK)  
3 \_\_ PER MONTH (FRUMO)  
888. NOT APPLICABLE (NEVER)  
777. DON'T KNOW / NOT SURE  
999. REFUSED

**BEANS11 (CA NEOP)**

**TYPE XIX.**

**12.3 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.**

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

*Read only if necessary: "Incluya frijoles redondos como frijoles blancos, frijoles pintos, lentejas, frijoles de soja (soya), puré de garbanzos (hummus), y tofu. No incluya ejotes largos o habas.*

Interviewer note: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, 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.

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY  
INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION  
1 \_\_ PER DAY (BEANDY)  
2 \_\_ PER WEEK (BEANWK)  
3 \_\_ PER MONTH (BEANMO)  
888. NOT APPLICABLE (NEVER)  
777. DON'T KNOW / NOT SURE  
999.REFUSED

**VEGGRE11 (CA NEOP)**

**TYPE XIX.**

**12.4 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 por día, semana, o mes comió usted verduras verde oscuras como brócoli o verduras de hojas verdes como lechuga romana, acelga, berza, o espinacas?*

Interviewer note: Each time a vegetable is eaten it counts as one time.

In Help Text: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, 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.

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY  
INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION

(97-99)

- 1 \_\_ PER DAY (VEGORDY)
- 2 \_\_ PER WEEK (VEGORWK)
- 3 \_\_ PER MONTH (VEGORMO)

888. NOT APPLICABLE (NEVER)  
777. DON'T KNOW / NOT SURE  
999. REFUSED

**VEGORA11 (CA NEOP)**

**TYPE XIX.**

**12.5 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 por día, semana, o mes comió verduras anaranjadas, como camotes (batatas), calabaza (calabacines), calabazas de invierno, o zanahorias?*

*Read only if needed: "Calabazas de invierno tienen cascaras duras y por dentro, son de color fuerte amarillo o anaranjado. Estas incluyen calabaza de bellota y calabaza cabello de angel."*

Interviewer note: 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 potato 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 desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY  
INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION

- 1 \_\_ PER DAY (OTHRVDY)
  - 2 \_\_ PER WEEK (OTHRVWK)
  - 3 \_\_ PER MONTH (OTHRVMO)
888. NOT APPLICABLE (NEVER)  
777. DON'T KNOW / NOT SURE  
999. REFUSED

**OTHRVE11 (CA NEOP)**

**TYPE XIX.**

**12.6 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 mencionó y no incluya las papas fritas."*

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.

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION

1 \_\_ PER DAY (OTHRVDY)

2 \_\_ PER WEEK (OTHRVWK)

3 \_\_ PER MONTH (OTHRVMO)

888. NOT APPLICABLE (NEVER)

777. DON'T KNOW / NOT SURE

999. REFUSED

### **Section 13: Physical Activity**

**EXERANY1 (CDC-CORE)**

**YES/NO.**

**13.1 The next few questions are about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties. During the past MONTH, other than your regular job, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?**

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.

*Las próximas preguntas son acerca del ejercicio, actividades recreativas y físicas APARTE de su trabajo usual.*

*Durante los últimos 30 días, aparte de su trabajo usual, ¿participó usted en algunas ACTIVIDADES FÍSICAS o EJERCICIOS tales como correr, calistenia, golf, jardinería, o camino para hacer ejercicio?*

H:

INTERVIEWER NOTE: PROVIDED THE 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.

- 1. Yes/Sí
- 2. No/No (GO TO STRENGTH)
- 7. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)" (GO TO STRENGTH)
- 9. REFUSED/SE NIEGA A CONTESTAR (GO TO STRENGTH)

**EXERACT3 (CA NEOP)**

**13.2 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 paso la mayoría de su tiempo haciendo durante el mes pasado?*

- (SPECIFY) [SEE PHYSICAL ACTIVITY CODING LIST] EXER30TH
- 7 7 DON'T KNOW / NOT SURE (GO TO STRENGTH)
- 9 9 REFUSED (GO TO STRENGTH)

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as "Other ".**

**EXEROFT1 (CA NEOP)**

**13.3 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 (EWKS1)
- 2\_\_ TIMES PER MONTH (EMONS1)
- 0 0 0 TIME FRAME DOES NOT APPLY
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**EXERHMM1 (CA NEOP)**

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

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

- HOURS (EHOURS1)
- MINUTES (EMIUNTS1)
- 0 0 0 TIME FRAME DOES NOT APPLY
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**EXERACT4 (CA NEOP)**

**13.5 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?

(229-230)

__	(Specify)	[See Physical Activity Coding List]	EXER40TH
8 8	No other activity		(GO TO STRENGTH)
7 7	Don't know / Not Sure		(GO TO STRENGTH)
9 9	Refused		(GO TO STRENGTH)

**INTERVIEWER INSTRUCTION:** If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other".

**EXEROFT2 (CA NEOP)**

**TYPE III.**

**13.6 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?*

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

- 1\_\_ TIMES PER WEEK (EWKS2)
- 2\_\_ TIMES PER MONTH (EMONS2)
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**EXERHMM2 (CA NEOP)**

**TYPE VI.**

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

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

- \_\_ HOURS (EHOURS2)
- \_\_ MINUTES (EMIUNTS2)
- 0 0 0 TIME FRAME DOES NOT APPLY
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**STRENGTH (CA NEOP)**

**TYPE II.**

**13.8 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 realizó 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 usó su propio peso corporal, como yoga, abdominales o lagartijas y aquellas en las que usó máquinas de pesas, pesas sueltas o bandas elásticas.

- 1\_\_ TIMES PER WEEK (STRWKS)
- 2\_\_ TIMES PER MONTH (STRMONS)
- 0 0 0 TIME FRAME DOES NOT APPLY
- 8 8 8 NOT APPLICABLE (NEVER)
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

## Section 14: Immunizations

### FLUSHOT6 (CDC CORE)

YES/NO.

**14.1 Now I will ask you questions about the flu vaccine. There are two ways to get the 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 flu shot or a flu vaccine that was sprayed in your nose?**

Read only if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

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

*Leer sólo si es necesario: una nueva vacuna antigripal salió en 2011 que se inyecta la vacuna en la piel con una aguja muy pequeña. Se llama Fluzone vacuna intradérmica. También se considera una antigripal.*

1. Yes/Sì
2. No/No (GO TO TETNUS06)
7. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) (GO TO TETNUS06)
9. REFUSED/SE NIEGA A CONTESTAR (GO TO TETNUS06)

### FLSHTWH3 (CDC CORE)

**14.2 During what month and year did you receive your most recent 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 inyectada en el brazo o la vacuna estacional en forma de espray en la nariz?*

\_\_ / \_\_ \_\_ \_\_ Month / Year

7 7 / 7 7 7 7 DON'T KNOW / NOT SURE/NO SÉ/NO ESTOY SEGURA(O)

9 9 / 9 9 9 9 REFUSED/SE NIEGA A CONTESTAR

### FLUPLAC5 (CDC- OPTIONAL MODULE- CA IMMUN)

FLUPLACF.

**14.3 At what kind of place did you get your last flu shot/vaccine?**

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

**Please read only if necessary:**

Léale solo si es necesario:

Interviewer Note: Probe “don’t know” with “How would you describe the place where you went to get your most recent flu vaccine?”

*Nota del entrevistador: Si responden "no sabe" preguntar "¿Cómo describiría el lugar donde fue usted a conseguir su vacuna contra la gripe más reciente?"*

1. A doctor's office or health maintenance organization (HMO)/Un consultorio médico o una organización para el mantenimiento de la salud (HMO, por sus siglas en inglés)

2. A health department/El Departamento de salud pública
3. Another type of clinic or health center (Example: community health center)/ Otro tipo de clínica o centro médico (Ejemplo: centro médico de la comunidad)
4. A senior center, recreation, or community center/Un centro de la tercera edad, recreación, o centro comunitario
5. A store (Examples: supermarket, drugstore)/Una tienda (Ejemplos: supermercado, farmacia)
6. A hospital (Example: inpatient)/Un hospital (Ejemplo: pacientes hospitalizados)
7. An emergency room/Una sala de emergencias
8. Workplace/Lugar de trabajo
9. Some other kind of place (specify)/ Algún otro tipo de lugar (especifique)
10. (Do not read) Received vaccination in Canada/Mexico/(NO LEER) HAN RECIBIDO VACUNAS EN CANADÁ/MÉXICO
11. A school/Una escuela

777. DON'T KNOW / NOT SURE/NO SÉ/NO ESTOY SEGURA(O)

999. REFUSED/SE NIEGA A CONTESTAR

**Next I will ask about the tetanus diphtheria vaccine.**

A continuación, le voy a preguntar sobre la vacuna contra el tétano y la difteria..

**TETNUS06 (CDC-CORE similar to question asked in 2012 as CA-IMMUN)**

**TETNUS14 (CDC- OPTIONAL MODULE- CA IMMUN) response modified in 2014. YESNO.**

**14.4** Since 2005, have you had a tetanus shot?

*Desde el 2005, ¿se ha puesto una vacuna contra el tétano?*

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

Si la respuesta es sí, pregunte: "¿Fue la Tdap, la vacuna contra el tétano que también incluye la vacuna contra la tosferina (pertussis)?"

- 1 Yes, received Tdap/Sí, recibió la Tdap
- 2 Yes, received tetanus shot, but not Tdap/Sí, recibió la vacuna contra el tétano, pero no la Tdap
- 3 Yes, received tetanus shot but not sure what type/Sí, recibió la vacuna contra el tétano, pero no está seguro(a) qué tipo
- 4 No, did not receive any tetanus since 2005/No, no ha recibido ninguna vacuna del tétano desde el 2005
77. DON'T KNOW / NOT SURE/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

**PNEUMVC3 (CDC-CORE)**

**YESNO.**

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

*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/Sí



2. No/No
7. DON'T KNOW / NOT SURE/NO SÉ/NO ESTOY SEGURA(O)
9. REFUSED/SE NIEGA A CONTESTAR

**SHINGLES (CDC-CORE)** ask if age >=49

**YESNO.**

IF (AGEB < 45) SKP SEATBELT  
 ELSE IF (AGEB >= 49) SKP SHINGLES  
 ELSE IF (AGEB >= 45) & (AGEB < 49) SKP FALL4MNB  
 The next question is about the Shingles vaccine.

*La siguiente pregunta es acerca de la vacuna contra shingles (la culebrilla).*

**Have you ever had the shingles or zoster vaccine?**

¿Alguna vez le han puesto la vacuna contra la culebrilla o herpes zóster?

**INTERVIEWER NOTE** (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax<sup>®</sup>, the zoster vaccine, or the shingles vaccine.

*NOTA PARA EL ENCUESTADOR (léala si es necesario): La culebrilla es causada por el virus de la varicela. Es un brote de sarpullido o ampollas en la piel que puede acompañarse de dolor intenso. Desde mayo del 2006 existe una vacuna contra la culebrilla: se llama Zostavax<sup>®</sup>, vacuna contra el herpes zóster o vacuna contra la culebrilla (shingles, en inglés).*

1. Yes/Sí
2. No/No
7. DON'T KNOW / NOT SURE/NO SÉ/NO ESTOY SEGURA(O)
9. REFUSED/SE NIEGA A CONTESTAR

**Section 15: Falls**

*If AGEB >= 45 continue, otherwise go to SEATBELT.*

**Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.**

*Las próximas preguntas se refieren a las caídas recientes. Por caída, queremos decir cuando una persona sin querer, se desploma al piso o a otro nivel inferior.*

**FALL4MNB (CDC-CORE)**

**TYPE II.**

**16.1 In the past 12 months, how many times have you fallen?**

*En los últimos 12 meses, ¿cuántas veces se ha caído?*

\_\_ NUMBER OF TIMES [76 = 76 OR MORE]

888.	NONE	(Go to SEATBELT)
777	DON'T KNOW / NOT SURE	(Go to SEATBELT)
999	REFUSED	(Go to SEATBELT)

**FALLINJB (CDC-CORE) (ask if FALL3MNB>0)**

**TYPE I.**

**{fall4mnb = 1} Did this fall cause an injury? (FALLINJ1 in dataset)**

*¿Esta caída le causó algún daño? Por daño queremos decir que la caída le haya ocasionado que limitara sus actividades normales por lo menos un día o como para ir a ver al médico.*

**{fall4mnb > 1} How many of these falls caused an injury? (FALLINJ2 in dataset)**

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

*¿Cuántas de estas caídas le causó algún daño? Por daño queremos decir que la caída le haya ocasionado que limitara sus actividades normales por lo menos un día o como para ir a ver al médico.*

INTERVIEWER NOTE: IF RESPONSE IS 'YES'(CAUSED AN INJURY), CODE '01'  
IF RESPONSE IS 'NO', CODE '88'.

\_ \_ NUMBER OF FALLS [76 = 76 OR MORE]

77 DON'T KNOW / NOT SURE  
99 REFUSED

**Section 16: Seat Belt Use**

**SEATBELT (CDC-CORE)**

**YESNO.**

**16.1 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...*

1. Always  
*Siempre*
  2. Nearly always  
*Casi siempre*
  3. Sometimes  
*A veces*
  4. Seldom  
*Rara vez*
  5. Never  
*Nunca*
- 88 Not Applicable (Never Drive Or Ride In A Car)/ Nunca Conduce O Pasea En Un Coche.  
77 DON'T KNOW /NO SÉ/NO ESTOY SEGURA(O)  
99 REFUSED /SE NIEGA A CONTESTAR

**Section 17: Drinking and Driving**

If DRNKALC\_A1 = Not Applicable, go to HADMAM2  
IF (DRNKALC2 = 888) SKP HADMAM2

The next question is about drinking and driving.

La siguiente pregunta es acerca de beber y conducir.

**DRINKDRI (CDC-CORE)**

**TYPE I.**

**17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?**

*Durante el mes pasado, ¿cuántas veces ha manejado cuando quizás bebió demasiado?*

\_\_ NUMBER OF TIMES (RANGE 1 - 30)

77 DON'T KNOW / NOT SURE

99 REFUSED

**Section 18: Breast and Cervical Cancer Screening**

IF (RespGend = 1) SKP PSADRADV

The next questions are about breast and cervical cancer screening.

Las siguientes preguntas son acerca del cáncer del seno y cáncer cervical.

**HADMAM2 (CDC-CORE)**

**YES/NO.**

**18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

Interviewer Note : A mammogram involves pressing the breast between 2 plastic plates.

*Un mamograma es una radiografía del seno para buscar el cáncer. ¿Alguna vez le han hecho un mamograma?*

*Nota al Entrevistador: Un mamograma consiste en presionar el seno entre 2 placas de plástico.*

H:

SPANISH: 'UN MAMOGRAMA' IS ALSO KNOWN AS 'UNA MAMOGRAFIA'.

- 1. Yes/Sí
- 2. No/No

(Go to HADCBE2)

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

(Go to HADCBE2)

99. REFUSED/SE NIEGA A CONTESTAR

(Go to HADCBE2)

IF (ANS > 1) SKP HADCBE2

**HOWLONG2 (CDC-CORE)**

**HOWLNGC.**

**18.2 How long has it been since you had your last mammogram?**

(Read only if necessary)

*¿Cuánto tiempo hace desde que tuvo su último mamograma?*

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago)

4. *En los últimos 3 años*  
Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
5. 5 or more years ago  
*5 años o más*

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)  
99. REFUSED/SE NIEGA A CONTESTAR

**HADCBE2 (CDC-CORE)**

**YESNO.**

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

*Un examen clínico de los senos es cuando un doctor, enfermera u otro profesional de la salud palpa o le toca los senos para detectar nudos (abultamientos). ¿Alguna vez le han hecho un examen clínico de los senos?*

1. Yes/Sí  
2. No/No (Go to HADPAP2)  
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) (Go to HADPAP2)  
99. REFUSED/SE NIEGA A CONTESTAR (Go to HADPAP2)

**WHENCBE (CDC-CORE)**

**HOWLNGC.**

**18.4 How long has it been since your last breast exam?**

*¿Cuánto tiempo hace desde su último examen de los senos?*

(Read only if necessary)

1. Within the past year (anytime less than 12 months ago)  
*En el último año*
2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
5. 5 or more years ago  
*5 años o más*

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)  
99. REFUSED/SE NIEGA A CONTESTAR

**HADPAP2 (CDC-CORE)**

**YESNO.**

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

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

*La prueba de Papanicolau, es un examen para detectar cáncer de la cervix. ¿Alguna vez, le han hecho una prueba de Papanicolau?*

*Nota al Entrevistador: Una prueba de Papanicolau es donde se toma material del cuello uterino, que es*

la boca del útero, para ver si alguna célula cancerosa está presente.

- 1. Yes/Sí
  - 2. No/No
  - 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
  - 99. REFUSED/SE NIEGA A CONTESTAR
- (Go to PREGNANT)  
(Go to PREGNANT)  
(Go to PREGNANT)

IF (ANS > 1) SKP PREGNANT

**WHENPAP2 (CDC-CORE)**

**HOWLNGC.**

**18.6 How long has it been since you had your last Pap test?**

(Read only if necessary)

*¿Cuánto tiempo hace, desde que le hicieron la última prueba de Papanicolau?*

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
- 4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
- 5. 5 or more years ago  
*5 años o más*

- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

Ask if AGE<45 IF (AGE > 45) SKP HYSTER2

**PREGNANT (CDC-CORE)**

**YESNO.**

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

*¿Que usted sepa, está embarazada?*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

IF PREGNANT=1 go to HADSTLHM

**HYSTER2 (CDC-CORE)**

**YESNO.**

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

*¿Ha tenido una histerectomía (es decir, una operación para eliminar el útero/matriz)?*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

IF (RespGend = 2) SKP HADSTLHM

IF (AGE <= 40) SKP HADSTLHM

## **Section 19: Prostate Cancer Screening**

*If SEX=1 and AGEB GE 40 continue, else to HADSTLHM*

**PSADRADV(CDC-CORE) (NEW)**

**YESNO.**

**19.1 Now I will ask you some questions about prostate cancer screening. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?**

*Ahora me gustaría hacerle algunas preguntas acerca de la detección del cáncer de próstata. Un análisis del antígeno prostático específico, también llamada prueba de PSA, es una prueba de sangre para detectar el cáncer de la próstata en los hombres. ¿Alguna vez un médico, enfermera u otro profesional de la salud ha hablado con usted acerca de las ventajas de la prueba de PSA?*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

**PSADRDIS (CDC-CORE) (NEW)**

**YESNO.**

**19.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?**

*¿Alguna vez un doctor, enfermera u otro profesional de la salud ha hablado con usted acerca de las desventajas de la prueba de PSA? (Análisis del antígeno prostático específico)*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

**PSADRREC (CDC-CORE) (NEW)**

**YESNO.**

**19.3 Has a doctor, nurse, or other health professional EVER recommended you have a PSA test?**

*¿Alguna vez un médico, enfermera u otro profesional de la salud le recomendó que usted se hiciera una prueba de PSA? (Análisis del antígeno prostático específico)*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

**PSAHAD2 (CDC-CORE)**

**YESNO.**

**19.4 Have you EVER HAD a PSA test?**

*¿Alguna vez ha tenido usted una prueba de PSA (Análisis del antígeno prostático específico)?*

- 1. Yes/Sí

2. No/No  
 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)  
 99. REFUSED/SE NIEGA A CONTESTAR

(Go to HADSTLHM)  
 (Go to HADSTLHM)  
 (Go to HADSTLHM)

IF (ANS >1) SKP HADSTLHM

**PSAWHEN2 (CDC-CORE)**

**HOWLNGC.**

**19.5 How long has it been since you had your last PSA test?**  
*¿Cuánto tiempo hace desde que tuvo su última prueba PSA?*

(Read Only if Necessary)

- |    |   |                                     |
|----|---|-------------------------------------|
| 1. | Within the past year<br><i>En el último año</i>         | (anytime less than 12 months ago)   |
| 2. | Within the past 2 years<br><i>En los últimos 2 años</i> | (1 year but less than 2 years ago)  |
| 3. | Within the past 3 years<br><i>En los últimos 3 años</i> | (2 years but less than 3 years ago) |
| 4. | Within the past 5 years<br><i>En los últimos 5 años</i> | (3 years but less than 5 years ago) |
| 5. | 5 or more years ago<br><i>5 años o más</i>              |                                     |

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)  
 99. REFUSED/SE NIEGA A CONTESTAR

**PSAMAIN1 –MODIFIED (CDC-CORE)**

**PSAREAS1.**

**19.6 What was the MAIN reason you had this PSA test – was it ...**

*¿Cuál fue la razón principal por la que usted tuvo esta prueba PSA? Fue...*

- |    |   |
|----|---|
| 1. | Part of a routine exam<br><i>Parte de un examen de rutina</i>   |
| 2. | Because of a prostate problem<br><i>Debido a un problema de la próstata</i>                                   |
| 3. | Because of a family history of prostate cancer<br><i>Debido a una historia familiar de cáncer de próstata</i> |
| 4. | Because you were told you had prostate cancer<br><i>Porque le dijeron que tenía cáncer de próstata</i>        |
| 5. | Some other reason<br><i>Otra razón</i>  |
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)  
 99. REFUSED/SE NIEGA A CONTESTAR

**Section 20: Colorectal Cancer Screening**

*If respondent is ≤ 49years of age, go to AIDSTST8.*

IF (AGEB <= 49) SKP AIDSTST8

**HADSTLHM (CDC-CORE)**

**YESNO.**

**20.1 The next questions are about colorectal cancer screening.**  
**A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?**

Ahora, me gustaría hacerle unas preguntas acerca de algunas pruebas de cáncer. Una prueba de sangre en la materia fecal es una prueba que a veces se hace en casa usando un equipo especial para determinar la presencia de sangre en la materia fecal (las heces). ¿Alguna vez, ha hecho esta prueba en su casa usando tal equipo?

- 1. Yes/Sí
- 2. No/No (Go to HADSIG4)
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) (Go to HADSIG4)
- 99. REFUSED/SE NIEGA A CONTESTAR (Go to HADSIG4)

**WHENSTO3 (CDC-CORE)**

**WHENE.**

**20.2 How long has it been since you had your last blood stool test using a home kit?**

¿Cuánto tiempo hace, desde la última vez, que se hizo esta prueba de sangre en la materia fecal en casa usando el equipo especial?

(Read only if necessary)

In Help text: If needed, say: "For a blood stool test, you use a stick or a brush to obtain a small amount of stool at home and send it back to the doctor or lab."

If needed, say: "Una prueba en la materia fecal se utiliza un pincel o cepillo para obtener una pequeña cantidad de materia fecal en su casa y enviarlo de vuelta al médico o laboratorio."

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
- 4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
- 5. 5 or more years ago  
*5 años o más*
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

**HADSIG4 (CDC-CORE)**

**YESNO.**

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

Una sigmoidoscopia o colonoscopia consiste en insertar un tubo en el recto para revisar los intestinos para señales signos de cáncer y otros problemas de salud. ¿Alguna vez, le han hecho uno de estos exámenes?

- 1. Yes
- 2. No (Go to AIDSTST8)



77. Don't know  
 99. Refused

(Go to AIDSTST8)  
 (Go to AIDSTST8)

**SIGORCOL (CDC-CORE)**

**SIGORCOL.**

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

*Para realizar la Sigmoidoscopia se inserta un tubo flexible en el recto para detectar posibles problemas. La colonoscopia es un examen similar, pero se utiliza un tubo más largo. Por lo general, a usted se le inyecta un medicamento en el brazo para que se duerma. Además, se le pide que vaya a hacerse el examen acompañado/a de alguien más que pueda llevarlo/a a su casa después del procedimiento. Fue su más reciente examen que se realizó una sigmoidoscopia o una colonoscopia?*

1. Sigmoidoscopy/SIGMOIDOSCOPIA  
 2. Colonoscopy/COLONOSCOPIA  
 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)  
 99. REFUSED/SE NIEGA A CONTESTAR

**WHENSIG4 (CDC-CORE)**

**WHEND.**

**20.5 How long has it been since you had your last {IF SIGORCOL = 1 (sigmoidoscopy) OR SIGORCOL = 2 (colonoscopy)}? (Read only if necessary)**

*¿Cuánto tiempo hace desde la última vez se hizo una sigmoidoscopia o colonoscopia?*

In Help text: If needed, say “ For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.”

*If needed, say: "para una SIGMOIDOSCOPIA se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero utiliza un tubo largo y normalmente es dado medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba."*

- |    |   |                                      |
|----|---|--------------------------------------|
| 1. | Within the past year<br><i>En el último año</i>           | (anytime less than 12 months ago)    |
| 2. | Within the past 2 years<br><i>En los últimos 2 años</i>   | (1 year but less than 2 years ago)   |
| 3. | Within the past 3 years<br><i>En los últimos 3 años</i>   | (2 years but less than 3 years ago)  |
| 4. | Within the past 5 years<br><i>En los últimos 5 años</i>   | (3 years but less than 5 years ago)  |
| 5. | Within the past 10 years<br><i>En los últimos 10 años</i> | (5 years but less than 10 years ago) |

6 10 or more years ago  
10 años o más

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)  
99. REFUSED/SE NIEGA A CONTESTAR

IF SIGORCOL = 1 (sigmoidoscopy) OR SIGORCOL = 2 (colonoscopy), continue, else go to HADSTL1.

**SIGMOID1 (CA-CCCCP)**

**YESNO.**

20.6 You mentioned that the most recent test was a {IF SIGORCOL = 1 (sigmoidoscopy) OR SIGORCOL = 2 (colonoscopy)}. Have you also ever had a {{IF SIGORCOL = 1 (colonoscopy) OR SIGORCOL = 2 (sigmoidoscopy)}}?

*Usted mencionó que la prueba más reciente fue...  
También ha tenido un...*

In Help text: If needed, read "For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test."

*If needed, read: "para una SIGMOIDOSCOPIA se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero utiliza un tubo largo y normalmente es dado medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba".*

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

(GO TO HADSTL1)  
(GO TO HADSTL1)  
(GO TO HADSTL1)

**SIGMOID2 (CA-CCCCP)**

**HOWLNGF.**

20.7 When did you have your most recent {IF SIGORCOL = 1 (colonoscopy) OR SIGORCOL = 2 (sigmoidoscopy)}?

*¿Cuándo fue su más reciente...*

Read only if necessary.

In Help text: If needed, say " For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test."

*If needed, read: "para una SIGMOIDOSCOPIA se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero utiliza un tubo largo y normalmente es dado medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba".*

- 1. Within the past year (anytime less than 12 months ago)  
En el último año
- 2. Within the past 2 years (1 year but less than 2 years ago)

3. *En los últimos 2 años*  
Within the past 3 years (2 years but less than 3 years ago)
4. *En los últimos 3 años*  
Within the past 5 years (3 years but less than 5 years ago)
5. *En los últimos 5 años*  
Within the past 10 years (5 years but less than 10 years ago)
6. *En los últimos 10 años*  
10 or more years ago  
*10 años o más*
77. Don't Know
99. Refused

**I would like to ask a few additional questions about colorectal cancer screening.**

*IF HADSTLHM = 1 and WHENSTO3<=3 or DK continue, else go to NOSCREEN.*

**HADSTL1 (CA-CCCP)**

**YESNO.**

**20.8 Have you had a blood stool test using a home kit in the past 3 years where the results were NOT normal?**

*¿Se ha hecho una prueba de sangre en la materia fecal utilizando equipo especial para uso en casa en los últimos 3 años donde los resultados NO fueron normales?*

In Help text: If needed, read: "A blood stool test is used to determine whether you have blood in your stool or bowel movement. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab."

*If needed, read: "Una prueba en la materia fecal se utiliza para determinar si tiene sangre en la materia fecal o defecación. Se utiliza un pincel o cepillo para obtener una pequeña cantidad de materia fecal en su casa y enviarlo de vuelta al médico o laboratorio."*

- |     |            |                  |
|-----|------------|------------------|
| 1.  | Yes        |                  |
| 2.  | No         | (GO TO NOSCREEN) |
| 77. | Don't know | (GO TO NOSCREEN) |
| 99. | Refused    | (GO TO NOSCREEN) |

**HADSTL2 (CA-CCCP)**

**YESNO.**

**20.9 Because of these results, what additional tests or surgery did you have?  
Read and select all that apply.**

In Help text: If needed, say: "For a HOME BLOOD STOOL TEST, you use a stick or a brush to obtain a small amount of stool at home and send it back to the doctor or lab. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. CT COLONOGRAPHY/VIRTUAL COLONOSCOPY involves an examination of your colon and rectum using pictures obtained using a CT (cat) scanner BARIUM ENEMA is a special X-ray exam used to detect changes or abnormalities in the colon where contrast material is injected through the rectum. SURGERY is an operation to remove part of colon."

*Debido a estos resultados, ¿qué exámenes adicionales o cirugías tuvo usted?  
Read and select all that apply.*

If needed, say: “Para UNA PRUEBA EN LA MATERIA FECAL QUE SE HACE EN CASA, se utiliza un pincel o cepillo para obtener una pequeña cantidad de heces y enviar al médico o laboratorio. Para una SIGMOIDOSCOPIA, se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero se utiliza un tubo largo y normalmente se dan medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba. COLONOGRAFIA POR TC/COLONOSCOPIA VIRTUAL implica un examen de su colon y recto utilizando imágenes obtenidas mediante un escáner CT. ENEMA DE BARRIO es un examen de rayos x especial utilizado para detectar cambios o anomalías en el colon donde se inyecta material de contraste a través del recto. CIRUGÍA es una operación para remover parte del colon”.

	Yes	No	DK/NS		REF
Another home blood stool test <i>Otra prueba de sangre fecal en casa</i>	1	2	7	9	ADDBLST
Sigmoidoscopy <i>Sigmoidoscopia</i>	1	2	7	9	ADDSIGM
Colonoscopy <i>Colonoscopia</i>	1	2	7	9	ADDCOLO
CT Colonography / Virtual Colonoscopy <i>Colonografía por TC / Colonoscopia virtual</i>	1	2	7	9	ADDCTCOL
Barium enema <i>Enema de bario</i>	1	2	7	9	ADDBARI
Surgery <i>Cirugía</i>	1	2	7	9	ADDSURG

### HADSTL3 (CA-CCCCP)

### RESNOTST.

ask if no “yes” answers to HADSTL2

#### 20.10 What was the main reason you didn’t have additional tests or surgery?

*¿Cuál fue la razón principal por la que no tuvo exámenes adicionales o cirugía?*

1. Doctor didn’t follow up  
*No tuve seguimiento médico*
2. Did not have health insurance  
*No tenía seguro de salud*
3. Had health insurance, but the coverage for the procedure was insufficient (the copay/deductible was too expensive)  
*Tenía seguro de salud, pero la cobertura para el procedimiento no fue suficiente (el copago/deducible era demasiado caro)*
4. The procedure seemed too painful, unpleasant, or embarrassing  
*El procedimiento parecía demasiado doloroso, desagradable o vergonzoso*
5. No time  
*No tengo tiempo/tenía tiempo*
6. No transportation  
*No tenía transportación.*
8. Other
77. Don’t know / not sure
99. Refused

**NOSCREEN (CA-CCCCP)****RESS1GCB.**

Ask if HADSTLHM=2 and HADSIG3=2 (never had a home stool test, sigmoidoscopy, or colonoscopy), or WHENSTO3>1 and WHENSIG4>4 (has had home stool test within past 2 years or greater and has had sigmoidoscopy or colonoscopy within past 10 years or greater ) or HADSTLHM=1 and HADSIG3=2, (has had a home stool test but has never had a sigmoidoscopy or colonoscopy, or HADSTLHM=2 and WHENSIG4>4 (has never had a home stool test but has had a colonoscopy or sigmoidoscopy within the past 10 years or greater).

Ask if **WHENSTO3** or **WHENSIG4=DK**

**20.11 (if HADSTLHM =2 and HADSIG3 = 2) What is the ONE most important reason you have never been screened for colorectal cancer?**

*¿Cuál es la razón MAS importante por la cual usted nunca ha sido examinado(a) para el cáncer colorrectal?*

**(if WHENSTO3 >1 and WHENSIG4 >4, or WHENSTO3>1 AND HADSIG3=2, or HADSTLHM=2 and WHENSIG4>4) What is the ONE most important reason you have not been screened for colorectal cancer recently?**

*¿Cuál es la razón MAS importante por la cual usted no ha sido examinado(a) para el cáncer colorrectal recientemente?*

- |     |   |                   |
|-----|---|-------------------|
| 1.  | No reason, never thought about it<br><i>No hay razón, nunca pensé en eso</i>                            |                   |
| 2.  | Didn't know I needed this type of test<br><i>No sabía que necesitaba este tipo de prueba</i>            |                   |
| 3.  | Doctor didn't tell me I needed it<br><i>El médico no me dijo que lo necesitaba</i>                      |                   |
| 4.  | Haven't had any problems<br><i>No he tenido problemas</i>   |                   |
| 5.  | Put it off, laziness<br><i>Lo pospuse, la pereza</i>  |                   |
| 6.  | Too expensive / no insurance / cost<br><i>Muy caro / No tengo cobertura médica (aseguranza) / Costo</i> |                   |
| 7.  | Too painful, unpleasant, or embarrassing<br><i>Muy doloroso, desagradable, o vergonzoso</i>             |                   |
| 8.  | Don't have a doctor<br><i>No tengo un medico (doctor)</i>   |                   |
| 9.  | Fear of finding cancer<br><i>Miedo a detectar el cáncer</i>   |                   |
| 10. | Other (specify)   | (TXT – NOSCREENO) |
| 77. | Don't know  | (GO TO FAMCOLON)  |
| 99. | Refused   | (GO TO FAMCOLON)  |

**NOSCREENO (CA-CCCCP)****YESNO.****20.12 (if HADSTLHM =2 and HADSIG3 = 2) What are other reasons why you have never been screened for colorectal cancer?***¿Cuáles son otras razones por la cual nunca ha sido examinado(a) para el cáncer colorrectal?***(if WHENSTO3 >1 and WHENSIG4 >4, or WHENSTO3>1 AND HADSIG3=2, or HADSTLHM=2 and WHENSIG4>4) What are other reasons why you have not been screened for colorectal cancer recently?****Ask if WHENSTO3 or WHENSIG4=DK***¿Cuáles son otras razones por la cual no ha sido examinado(a) para el cáncer colorrectal recientemente?*

Select all that apply.

For each respondent, reasons displayed are all in list except reason chosen in NOSCREEN.

- |     |  |         |
|-----|--|---------|
| 1.  | No reason / never thought about it<br><i>No hay razón, nunca pensé en eso</i>                | NOSCR_A |
| 2.  | Didn't know I needed this type of test<br><i>No sabía que necesitaba este tipo de examen</i> | NOSCR_B |
| 3.  | Doctor didn't tell me I needed it<br><i>El médico no me dijo que lo necesitaba</i>           | NOSCR_C |
| 4.  | Haven't had any problems<br><i>No he tenido problemas</i>                                    | NOSCR_D |
| 5.  | Put it off / laziness<br><i>Lo pospuse, la pereza</i>  | NOSCR_E |
| 6.  | Too expensive / no insurance / cost<br><i>Muy caro / No tengo cobertura médica / Costo</i>   | NOSCR_F |
| 7.  | Too painful, unpleasant, or embarrassing<br><i>Muy doloroso, desagradable, o vergonzoso</i>  | NOSCR_G |
| 8.  | Don't have a doctor<br><i>No tengo un médico (doctor)</i>                                    | NOSCR_H |
| 9.  | Fear of finding cancer<br><i>Miedo a detectar el cáncer</i>                                  | NOSCR_I |
| 10. | Other (specify) (TXT – NOSCREEN2)  | NOSCR_J |
| 88. | Not Applicable (No other reason)   |         |
| 77. | Don't know   |         |
| 99. | Refused  |         |

**FAMCOLON (CA-CCCCP)****YESNO.****20.13 I am going to ask about your family's history of colon or rectal cancer. By family, I mean only your blood relatives. Did your biological father or mother, full brothers or sisters, or biological sons or daughters ever have colon or rectal cancer? (If necessary read: "Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted.")**

Voy a preguntarle por la historia de su familia referente al cáncer del colon o rectal. Por familia, me refiero solo a sus parientes de sangre. ¿Han tenido cáncer del colon o rectal su padre o madre biológicos, hermanos o hermanas, o hijos e hijas biológicos?

(Si es necesario Lee: "No incluya familiares relacionados a través del matrimonio como un padrastro o hermanastra, o familiares que fueron adoptados.")

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

#### EFFTEST (CA-CCCCP)

#### EFFGC7.

**20.14 We have asked about three tests to find colorectal cancer, namely: the home blood stool test, colonoscopy and sigmoidoscopy. Do you believe these tests are about equally effective in finding colorectal cancer, or are some more effective than others?**

*Nosotros hemos preguntado acerca de tres exámenes para encontrar el cáncer colorrectal, que son: una prueba de sangre en la materia fecal que se hace en casa, colonoscopia y sigmoidoscopia. ¿Cree usted que estos exámenes son igualmente efectivos en la detección del cáncer colorrectal, o que algunos son más efectivos que otros?*

In Help text: If needed, say: "For a HOME BLOOD STOOL TEST, you use a stick or a brush to obtain a small amount of stool at home and send it back to the doctor or lab. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test."

*If needed, say: "Para UNA PRUEBA EN LA MATERIA FECAL QUE SE HACE EN CASA, se utiliza un pincel o cepillo para obtener una pequeña cantidad de heces y enviar al médico o laboratorio. Para una SIGMOIDOSCOPIA, se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero se utiliza un tubo largo y normalmente se dan medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba".*

- 1. Equally effective (GO TO AIDSTST8)  
*Igualmente efectivos*
- 2. Some are more effective than others  
*Algunos son más efectivos que otros*
- 3. No opinion (GO TO AIDSTST8)  
*No tengo opinión*
- 77. Don't know (GO TO AIDSTST8)
- 99. Refused (GO TO AIDSTST8)

#### MOSTEFF (CA-CCCCP)

#### COLOTTEST.

**20.15 Which test do you think is most effective in finding colorectal cancer?**

*¿Qué prueba piensa usted que es la más efectiva para detectar el cáncer colorrectal?*

In Help text: If needed, say: "For a HOME BLOOD STOOL TEST, you use a stick or a brush to obtain a small amount of stool at home and send it back to the doctor or lab. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer

tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test."

*If needed, say: "Para UNA PRUEBA EN LA MATERIA FECAL QUE SE HACE EN CASA, se utiliza un pincel o cepillo para obtener una pequeña cantidad de heces y enviar al médico o laboratorio. Para una SIGMOIDOSCOPIA, se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero se utiliza un tubo largo y normalmente se dan medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba".*

- 1. Home blood stool test
- 2. Colonoscopy
- 3. Sigmoidoscopy
- 77. Don't know
- 99. Refused

## **Section 21: 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 repuestas son estrictamente confidenciales y que no necesita contestar todas las preguntas si no lo desea. Aunque, le preguntaremos si se ha realizado exámenes, no le preguntaremos sobre los resultados de ninguno de ellos.*

### **AIDSTST8 (CDC CORE)**

**YES/NO.**

**21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid (saliva) 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 (saliva) de su boca.*

- 1. Yes/Sí
- 2. No/No (GO TO SODAPOP)
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) (GO TO SODAPOP)
- 99. REFUSED/SE NIEGA A CONTESTAR (GO TO SODAPOP)

**IF (ANS > 1 ) SKP SODAPOP**

### **TSTDATE (CDC-CORE)**

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

*Sin incluir las donaciones de sangre, ¿en qué mes y año fue su última prueba del VIH?*

\_\_\_/\_\_\_ Enter month and year TSTDT\_M/TSTD\_Y

- 7777. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 9999. REFUSED/SE NIEGA A CONTESTAR



**TSTWHERE (CDC-CORE)**

**21.3 Where did you have your last HIV test — at a private doctor or HMO office, at counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?**

*¿Dónde se hizo la última prueba de VIH - a un médico particular o de una HMO, en un centro de asesoramiento y laboratorio, en una sala de emergencia, como un paciente internado en un hospital, en una clínica, en una cárcel o prisión, en una instalación de tratamiento de drogas, en el hogar o en algún otro lugar?*

- 0 1 Private doctor or HMO office/a un médico particular o de una hmo
- 0 2 Counseling and testing site/en un centro de asesoramiento y laboratorio
- 0 3 Hospital inpatient (4 in programming)/ como un paciente internado en un hospital
- 0 4 Clinic (5 in programming)/ en una clínica
- 0 5 Jail or prison (or other correctional facility) (6 in programming)/ en una cárcel o prisión
- 0 6 Drug treatment facility (7 in programming)/ en una instalación de tratamiento de drogas
- 0 7 At home (8 in programming)/ en el hogar
- 0 8 Somewhere else (9 in programming)/ en algún otro lugar
- 0 9 Emergency room (3 in programming)/en una sala de emergencia
- 7 7. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 9 9. REFUSED/SE NIEGA A CONTESTAR

**Section 22: Sugary Beverages/Fast Food/Menu Labeling**

Now I would like to ask you some questions about sugary beverages.

**SODAPOP (NEOP)**

**TYPE XIX.**

**22.1 During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.**

*¿Durante los últimos 30 días, con qué frecuencia tomo refrescos regulares o sodas que contienen azúcar? No incluya los refrescos de dieta.*

- 1 \_\_ TIMES PER DAY (SODADY)
- 2 \_\_ TIMES PER WEEK (SODAWK)
- 3 \_\_ TIMES PER MONTH (SODAMO)
- 888. NOT APPLICABLE (NEVER)
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

**SWTDRINK (NEOP)**

**TYPE XIX.**

**22.2 During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.**

*¿Durante los últimos 30 días, 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 endulzo con azúcar.*

- 1 \_\_ TIMES PER DAY (SWTDRDY)
- 2 \_\_ TIMES PER WEEK (SWTDRWK)

3 \_\_ TIMES PER MONTH (SWTDRMO)

888. NOT APPLICABLE (NEVER)

777. DON'T KNOW / NOT SURE

999. REFUSED

**The next questions are about eating out at fast food and chain restaurants**

*Las siguientes preguntas son acerca de las comidas fuera de casa, ya sea en cadenas de restaurantes o restaurantes de comida rápida.*

**FSTFOOD3 (NEOP)**

**22.3 Over the last month (past 30 days), how many times per month, week, or day did you eat FOOD FROM A FAST FOOD RESTAURANT such as McDonalds, Carl's Jr., Taco Bell, Burger King, KFC, Pizza Hut, or a Food Court? Include all mealtimes and between meals.**

*Durante el mes pasado (los últimos 30 días), ¿Cuántas veces por mes, por semana, o por día comió COMIDA DE UN RESTAURANTE DE COMIDA RÁPIDA como McDonald's, Carl's Jr., Taco Bell, Burger King, KFC, Pizza Hut, o en una Plaza de comidas? Incluya todas las horas de comer y entre las comidas.*

1 \_\_ TIMES PER DAY (FSTFDDY)

2 \_\_ TIMES PER WEEK (FSTFDWK)

3 \_\_ TIMES PER MONTH (FSTFDMO)

888. NOT APPLICABLE (NEVER) / (NO COME EN RESTAURANTES DE COMIDA RÁPIDA)

777. DON'T KNOW / NOT SURE

999. REFUSED

**Section 23: Food Assistance/Food Security**

**Now I would like to ask you about the food eaten in your household in the last 12 months.**

*Ahora me gustaría preguntarle acerca de los alimentos que comieron en su casa en los últimos 12 meses.*

**FDSTMRE3 (CA-NEOP)**

**YESNO.**

**23.1 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 de Calfresh a través de la tarjeta EBT?*

In Help Text: The Food Stamp Information Line is a statewide toll-free phone number offering callers information about how to apply for food stamps or Calfresh in their county. 1-877-847-3663 (FOOD)

1. Yes

2. No

77. DON'T KNOW

99. REFUSED

**WIC2 (CA-NEOP)**

**YESNO.**

**23.2 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
- 99. REFUSED

**NOFMONEY (CA-NEOP) NEW 2014**

**23.3 Have there been times in the past twelve months when you did not have enough money to buy food that you or your family needed? YESNO.**

*¿Ha habido veces en los últimos 12 meses cuando no tenía suficiente dinero para comprar alimentos que usted o su familia necesitaba?*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

**SNAPCLASS (CA NEOP – NEW 2014)**

**YESNO.**

**25.4 In the last 3 months, have you taken part in a class, workshop, or other group activity about eating healthy or being physically active?**

*¿En los últimos 3 meses, ¿ha tomado parte en una clase, taller u otra actividad en grupo sobre comer sano o estar físicamente activo?*

**(INTERVIEWER: ONLY READ IF PARTICIPANT IS FEMALE) Do not include classes through WIC.**  
*No incluya clases a través de WIC.*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

**Section 24: Health Care Worker**

**The next two questions ask about health care work.**

*Las siguientes dos preguntas son acerca del trabajo en cuidados de salud.*

**HRHCW1 (CA-IMMUN)**

**YESNO.**

**24.1 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.**

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

*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*

*Nota del entrevistador: Si es necesario decir: "Esto incluye profesionales que no sean de salud, tales como personal administrativo, que trabajan en un centro de salud".*

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

99. Refused

**Section 25: Discrimination**

*Interviewer: For the following questions, I will ask you about the way other people have treated you. Can you tell me if any of the following has ever happened to you:*

*Entrevistador: Para las preguntas siguientes, le preguntaré sobre el modo que otra gente le ha tratado. Puede decirme si alguno de lo siguiente ha pasado alguna vez a usted:*

**JOB DENY (OHE- NEW 2014)**

**YES/NO.**

**25.1 At any time in your life, have you ever been unfairly fired from a job or been unfairly denied a promotion?**

*En cualquier momento de tu vida, ¿alguna vez ha sido injustamente despedido de un trabajo o sido injustamente ¿denegado una promoción?*

[1] YES

[2] NO

[77] DON'T KNOW

[99] REFUSED

(Go to JOBHIRE)

(Go to JOBHIRE)

(Go to JOBHIRE)

**WHY DENY (OHE- NEW 2014)**

**YES/NO.**

**25.10 What do you think was the main reason for this experience?**

*¿Cuál crees que ha sido el principal motivo de esta experiencia?*

**Was it because of your:**

*Fue debido a su:*

**(Check all that apply)**

[1] YOUR ANCESTRY OR NATIONAL ORIGINS  
*su ascendencia o nacionalidades*

DSCRM1\_A

[2] YOUR GENDER  
*su sexo*

DSCRM1\_B

[3] YOUR RACE  
*su raza*

DSCRM1\_C

[4] YOUR AGE  
*su edad*

DSCRM1\_D

[5] YOUR RELIGION  
*su religión*

DSCRM1\_E

[6] YOUR HEIGHT  
*su altura*

DSCRM1\_F

[7] YOUR WEIGHT  
*su peso*

DSCRM1\_G

[8] SOME OTHER ASPECT OF YOUR PHYSICAL APPEARANCE  
*algún otro aspecto de su apariencia física*

DSCRM1\_H

[9] YOUR SEXUAL ORIENTATION  
*su orientación sexual*

DSCRM1\_I

[10] YOUR EDUCATION OR INCOME LEVEL  
*su educación o ingresos*

DSCRM1\_J

[11] YOUR PHYSICAL DISABILITY  
*su discapacidad física*

DSCRM1\_K

[12] SOME OTHER REASON (SPECIFY) \_\_\_\_\_  
*otra razón*

DSCRM1\_L

[77] DON'T KNOW

DSCRM1\_M

[99] REFUSED

DSCRM1\_N

**JOBHIRE (OHE- NEW 2014)**

**YESNO.**

**25.2 For unfair reasons, have you ever not been hired for a job?**

*¿Por razones injustas, ha usted alguna vez no ha contratado para un trabajo?*

[1] YES

[2] NO

[77] DON'T KNOW

[99] REFUSED

(Go to POLICE)

(Go to POLICE)

(Go to POLICE)

**WHYHIRE (OHE- NEW 2014)**

**YESNO.**

**25.20 What do you think was the main reason for this experience?**

*¿Cuál crees que ha sido el principal motivo de esta experiencia?*

**Was it because of your:**

*Fue debido a su:*

**(Check all that apply)**

[1] YOUR ANCESTRY OR NATIONAL ORIGINS

[2] YOUR GENDER

[3] YOUR RACE

[4] YOUR AGE

[5] YOUR RELIGION

[6] YOUR HEIGHT

[7] YOUR WEIGHT

[8] SOME OTHER ASPECT OF YOUR PHYSICAL APPEARANCE

[9] YOUR SEXUAL ORIENTATION

[10] YOUR EDUCATION OR INCOME LEVEL

[11] YOUR PHYSICAL DISABILITY

[12] SOME OTHER REASON (SPECIFY) \_\_\_\_\_

[77] DON'T KNOW

[99] REFUSED

DSCRM2\_A

DSCRM2\_B

DSCRM2\_C

DSCRM2\_D

DSCRM2\_E

DSCRM2\_F

DSCRM2\_G

DSCRM2\_H

DSCRM2\_I

DSCRM2\_J

DSCRM2\_K

DSCRM2\_L

DSCRM2\_M

DSCRM2\_N

**POLICE (OHE- NEW 2014)**

**YESNO.**

**25.3 Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?**

*¿Alguna vez ha sido injustamente detenido, buscado, cuestionado, amenazaron físicamente o maltratados por la policía?*

[1] YES

[2] NO

[77] DON'T KNOW

[99] REFUSED

(Go to DISCEDUC)

(Go to DISCEDUC)

(Go to DISCEDUC)

**YPOLICE (OHE- NEW 2014)**

**YESNO.**

**25.30 What do you think was the main reason for this experience?**

*¿Cuál crees que ha sido el principal motivo de esta experiencia?*

**Was it because of your:**

*Fue debido a su:*

**(Check all that apply)**

[1] YOUR ANCESTRY OR NATIONAL ORIGINS	DSCRM3_A
[2] YOUR GENDER	DSCRM3_B
[3] YOUR RACE	DSCRM3_C
[4] YOUR AGE	DSCRM3_D
[5] YOUR RELIGION	DSCRM3_E
[6] YOUR HEIGHT	DSCRM3_F
[7] YOUR WEIGHT	DSCRM3_G
[8] SOME OTHER ASPECT OF YOUR PHYSICAL APPEARANCE	DSCRM3_H
[9] YOUR SEXUAL ORIENTATION	DSCRM3_I
[10] YOUR EDUCATION OR INCOME LEVEL	DSCRM3_J
[11] YOUR PHYSICAL DISABILITY	DSCRM3_K
[12] SOME OTHER REASON (SPECIFY) _____	DSCRM3_L
[77] DON'T KNOW	DSCRM3_M
[99] REFUSED	DSCRM3_N

**DISCEDUC (OHE- NEW 2014)**

**YESNO.**

**25.4 Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?**

*¿Alguna vez ha sido injustamente desalentados por un maestro o asesor de continuar con su educación?*

[1] YES	
[2] NO	(Go to DISCMOVE)
[77] DON'T KNOW	(Go to DISCMOVE)
[99] REFUSED	(Go to DISCMOVE)

**WHYEDUC (OHE- NEW 2014)**

**YESNO.**

**25.40 What do you think was the main reason for this experience?**

*¿Cuál crees que ha sido el principal motivo de esta experiencia?*

**Was it because of your:**

*Fue debido a su:*

**(Check all that apply)**

[1] YOUR ANCESTRY OR NATIONAL ORIGINS	DSCRM4_A
[2] YOUR GENDER	DSCRM4_B
[3] YOUR RACE	DSCRM4_C
[4] YOUR AGE	DSCRM4_D
[5] YOUR RELIGION	DSCRM4_E
[6] YOUR HEIGHT	DSCRM4_F
[7] YOUR WEIGHT	DSCRM4_G
[8] SOME OTHER ASPECT OF YOUR PHYSICAL APPEARANCE	DSCRM4_H
[9] YOUR SEXUAL ORIENTATION	DSCRM4_I
[10] YOUR EDUCATION OR INCOME LEVEL	DSCRM4_J
[11] YOUR PHYSICAL DISABILITY	DSCRM4_K
[12] SOME OTHER REASON (SPECIFY) _____	DSCRM4_L
[77] DON'T KNOW	DSCRM4_M
[99] REFUSED	DSCRM4_N

**DISCMOVE (OHE- NEW 2014)**

**YESNO.**

**25.5 Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?**

*¿Alguna vez ha sido injustamente impedido de moverse en un barrio porque el Dueño o un agente de bienes raíces se negó a vender o alquilar una casa o apartamento?*

- [1] YES
- [2] NO
- [77] DON'T KNOW
- [99] REFUSED

(Go to DISCLOAN)  
 (Go to DISCLOAN)  
 (Go to DISCLOAN)

**WHYMOVE (OHE- NEW 2014)**

**YESNO.**

**25.50 What do you think was the main reason for this experience?**

*¿Cuál crees que ha sido el principal motivo de esta experiencia?*

**Was it because of your:**

*Fue debido a su:*

**(Check all that apply)**

- |   |          |
|---|----------|
| [1] YOUR ANCESTRY OR NATIONAL ORIGINS             | DSCRM5_A |
| [2] YOUR GENDER                                   | DSCRM5_B |
| [3] YOUR RACE                                     | DSCRM5_C |
| [4] YOUR AGE                                      | DSCRM5_D |
| [5] YOUR RELIGION                                 | DSCRM5_E |
| [6] YOUR HEIGHT                                   | DSCRM5_F |
| [7] YOUR WEIGHT                                   | DSCRM5_G |
| [8] SOME OTHER ASPECT OF YOUR PHYSICAL APPEARANCE | DSCRM5_H |
| [9] YOUR SEXUAL ORIENTATION                       | DSCRM5_I |
| [10] YOUR EDUCATION OR INCOME LEVEL               | DSCRM5_J |
| [11] YOUR PHYSICAL DISABILITY                     | DSCRM5_K |
| [12] SOME OTHER REASON (SPECIFY) _____            | DSCRM5_L |
| [77] DON'T KNOW                                   | DSCRM5_M |
| [99] REFUSED                                      | DSCRM5_N |

**DISCLOAN (OHE- NEW 2014)**

**YESNO.**

**25.6 Have you ever been unfairly denied a bank loan?**

*¿Alguna vez se le ha denegado injustamente un préstamo bancario?*

- [1] YES
- [2] NO
- [77] DON'T KNOW
- [99] REFUSED

(Go to CH-SEL)  
 (Go to CH-SEL)  
 (Go to CH-SEL)

**WHYLOAN (OHE- NEW 2014)**

**YESNO.**

**25.60 What do you think was the main reason for this experience?**

*¿Cuál crees que ha sido el principal motivo de esta experiencia?*

**Was it because of your:**

*Fue debido a su:*

**(Check all that apply)**

- |   |          |
|---|----------|
| [1] YOUR ANCESTRY OR NATIONAL ORIGINS             | DSCRM6_A |
| [2] YOUR GENDER                                   | DSCRM6_B |
| [3] YOUR RACE                                     | DSCRM6_C |
| [4] YOUR AGE                                      | DSCRM6_D |
| [5] YOUR RELIGION                                 | DSCRM6_E |
| [6] YOUR HEIGHT                                   | DSCRM6_F |
| [7] YOUR WEIGHT                                   | DSCRM6_G |
| [8] SOME OTHER ASPECT OF YOUR PHYSICAL APPEARANCE | DSCRM6_H |
| [9] YOUR SEXUAL ORIENTATION                       | DSCRM6_I |

[10] YOUR EDUCATION OR INCOME LEVEL	DSCRM6_J
[11] YOUR PHYSICAL DISABILITY	DSCRM6_K
[12] SOME OTHER REASON (SPECIFY) _____	DSCRM6_L
[77] DON'T KNOW	DSCRM6_M
[99] REFUSED	DSCRM6_N

**Section 26: Random Child Selection**

*If CHILD18 = 0 or CHILD18 = RF, Go to Section 29: Childhood Asthma; 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 \*\*-year/month 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 \*\*-año(s)/mes(es) de edad. Todas las preguntas acerca de los niños serán acerca de ese niño.*

**CH\_SEL (CDC OPTIONAL MODULE)**

**BOYGIRL.**

**26.1 Is the \*\*- year/month old child a boy or a girl?**

*¿Es el niño de \*\*-año(s)/mes(es) un niño o una niña?*

- 1. Boy/un niño
- 2. Girl/un niña
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

**CH\_HISP2 (CDC OPTIONAL MODULE)**

**YESNO.**

**26.2 Is the \*\*- year/month old child Hispanic or Latino?**

*¿Es el niño(a) de \*\*-año(s)/mes(es) Hispano(a) o Latino(a)?*

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

(GO TO CH\_RACE3)  
(GO TO CH\_RACE3)  
(GO TO CH\_RACE3)

**IF (ANS> 1) SKP CH\_RACE3**

**CH\_HMEX (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

**26.3 Are they...**

**Mexican, Mexican American, or Chicano/a?/Mexicano, mexicanoamericano, chicano**

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR



**CH\_HPR (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

**26.4 Puerto Rican?/ Puertorriqueño**

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

**CH\_HCUB (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

**26.5 Cuban?/Cubano**

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

**CH\_HOTH (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

**26.6 Another Hispanic, Latino/a, or Spanish origin?/ De otro origen latino, hispano o español**

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

**CH\_RACE3 (CDC OPTIONAL MODULE)**

**YES/NO.**

**26.7 Which one or more of the following would you say is the race of the \*\*- year/month old child?**

*¿Cuál o cuáles de las siguientes diría usted que mejor representa la raza del niño(a) de \*\*- año(s)/mes(es)? ¿Diría: Blanco(a), Negro(a), Asiático(a), nativo de Hawaii o de las Islas del Pacífico, Indio(a) Americano(a), nativo de Alaska (Aleut), u Otra?*

- 1. White/blanco(a) CH\_RAC\_A
- 2. Black or African American/negro(a) CH\_RAC\_B
- 3. Asian/asiático(a) CH\_RAC\_C
- 4. Native Hawaiian or Other Pacific Islander/nativo(a) de hawái o de las islas del pacífico CH\_RAC\_D
- 5. American Indian or Alaska Native/indio(a) americano(a) nativo(a) de alaska (aleut) CH\_RAC\_E
- 6. Other (Specify)/ otra: (especifique) CH\_RAC\_F
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

IF (ANS > 6) SKP CH\_BORN

IF (CH\_RACE3 = 3 | CH\_RACE3 = 4) SKP CH\_RA2AB

IF ((CH\_RACE3 = 1) & (CH\_RACE3 = 2 | CH\_RACE3 = 3 | CH\_RACE3 = 4 | CH\_RACE3 = 5 | CH\_RACE3 = 6)) SKP CH\_RACE4

IF ((CH\_RACE3 = 2) & (CH\_RACE3 = 3 | CH\_RACE3 = 4 | CH\_RACE3 = 5 | CH\_RACE3 = 6)) SKP CH\_RACE4

IF ((CH\_RACE3 = 5) & (CH\_RACE3 = 6)) SKP CH\_RACE4

IF (CH\_RACE3 = 1 | CH\_RACE3 = 2 | CH\_RACE3 = 5 | CH\_RACE3 = 6) SKP CH\_BORN

If more than one response to CH\_RACE3, continue. Otherwise, go to CH\_BORN.

**CH\_RACE4 (CDC OPTIONAL MODULE)**

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

*¿Cuál de estos grupos, diría usted mejor representa la raza del 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?*

Interviewer note: Read all responses before marking answer.

- 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

IF ((CH\_RACE3 = 3) & (CH\_RACE3 = 1 | CH\_RACE3 =2 | CH\_RACE3 = 4 | CH\_RACE3 = 5 |CH\_RACE3 = 6)) SKP CH\_RACE4

IF ((CH\_RACE3 = 4) & (CH\_RACE3 = 1 | CH\_RACE3 =2 | CH\_RACE3 = 3 | CH\_RACE3 = 5 | CH\_RACE3 = 6 )) SKP CH\_RACE4

SKP CH\_BORN

If CH\_RACE3= 3 or 4 then ask CH\_RA2A, else go to CH\_BORN

**CH\_RA2AB (CA)**

**ORACE2AB.**

**26.9 Is the \*\*- year/month old child Chinese, Japanese, Korean, Filipino or Other?**

*¿Es usted Chino(a), Japonés(a), Coreano(a), Filipino(a) u otro?*

- 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. Guamanian or Chamorro
- 16. Other: (specify)/otro:(especifique)
- 777. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 999. REFUSED/SE NIEGA A CONTESTAR

IF ((CH\_RACE3 = 3) & (CH\_RACE3 = 1 | CH\_RACE3 =2 | CH\_RACE3 = 4 | CH\_RACE3 = 5 |CH\_RACE3 = 6)) SKP CH\_RACE4

IF ((CH\_RACE3 = 4) & (CH\_RACE3 = 1 | CH\_RACE3 = 2 | CH\_RACE3 = 3 | CH\_RACE3 = 5 | CH\_RACE3 = 6)) SKP CH\_RACE4  
SKP CH\_BORN

## 26.10 In what month and year was this child born?

*¿En qué mes y año nació el niño(a)?*

INTERVIEWER: IF DON'T KNOW ENTER 77 FOR MONTH 7777 FOR YEAR  
IF REFUSED ENTER 99 FOR MONTH AND 9999 FOR YEAR

\_\_/\_\_ ENTER MONTH/YEAR

77. DON'T KNOW/ NOT SURE (Probe by repeating the question)  
99. REFUSED

### CH\_REL (CDC OPTIONAL MODULE)

CH\_REL.

## 26.11 How are you related to the child?

*¿Cómo está usted relacionado (a) (parentesco) con el niño(a)? Diría usted...*

PLEASE READ:

1. Parent (include biologic, step, or adoptive parent)/ Padre (incluye biológico, padrastro o padre adoptivo)
2. Grandparent/Abuelo
3. Foster parent or guardian/Padre de crianza o tutor
4. Sibling (include biologic, step, and adoptive sibling/Hermano/a (incluye biológico, hermanastro o hermano adoptivo)
5. Other relative/Otra relación
6. Not related in any way/Ninguna relación
77. DON'T KNOW/NOT SURE/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

### Section 27: Childhood Asthma Prevalence

This module will only be implemented in households with children (<18 years old).

### CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

## 27.1 Has a doctor, nurse or other health professional EVER said that the child had asthma?

*¿En alguna ocasión, algún médico u otro profesional de la salud le informaron que el niño(a) tenía asma?*

1. Yes  
2. No

IF (ANS > 1) SKP ASTHLOGIC

77. DON'T KNOW / NOT SURE  
99. REFUSED

IF (ANS > 1) SKP ASTHLOGIC  
IF (ANS > 1) SKP ASTHLOGIC

### 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

#### ASTHLOGIC

```
ASTHCB = 0
IF (ASTHEVE3 = 1 & CHLDAST2 <> 1) ASTHCB =1
IF (ASTHEVE3 <> 1 & CHLDAST2 =1 ) ASTHCB =2
IF (ASTHEVE3 = 1 & CHLDAST2 = 1)
ASTHCB = RANDNUM 1 2
ENDIF
IF (ASTHCB = 1) SKP ADLTCALL
IF (ASTHCB =2) SKP CHLDCALL
IF (ASTHCB=0) SKP PANEL
CMDO ASTHCB "ASTHCB" 1
noback
```

#### Section 28: Closing

*If ASTHEVE3=1 or CHLDAST2 =1 continue*

##### ADLTCALL (CA-California Breathing)

YESNO.

**28.1 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 algún momento en el futuro, ¿estaría usted dispuesto(a) en hacer una encuesta que sigue a esta y le preguntaremos sobre la experiencia de (el asma de su niño(a) su asma?*

- 1. Yes IF (ANS = 1) SKP ADLTNAME
- 2. No IF (ANS>1) SKP CLOSING
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

##### CHLDCALL (CA-California Breathing)

YESNO.

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

*Cree que en en algún momento en el futuro, ¿estaría usted dispuesto(a) en hacer una encuesta que sigue a esta y que pregunta sobre la experiencia de (el asma de su niño(a) su asma?*

- 1. Yes IF (ANS = 1) SKP CHLDNAME
- 2. No IF (ANS>1) SKP CLOSING
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

##### ADLTNAME (CA-California Breathing) (Ask if said yes to ADLTCALL or CHLDCALL)

**28.3 Whom should we ask for when we call back?**

*¿Por quien debemos preguntar cuando volvamos a llamar?*

Interviewer: It would be best to have a name or nickname or initials.

Enter name \_\_\_\_\_

SKP CBTime

**CHLDNAME (CA-California Breathing)** (Ask if said yes to CHLDCALL)

**28.4 What is the child's name for when we callback?**

*¿Cuál es el nombre de el niño/niña para cuando regresemos la llamada?*

Interviewer: We need the name, initials or nickname./

*Es necesario el nombre, iniciales o alias.*

Enter name \_\_\_\_\_

SKP CBTime

**CBTIME (CA-California Breathing)**

**28.4 What is a good time to call you back? For example, evenings, days or weekends?**

*"¿Cual hora seria mejor para regresar esta llamada? Tal como, durante las noches, durante los dias o durante los fines de semana?"*

Enter time \_\_\_\_\_

**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.**

*Esa fue mi última pregunta. Las repuestas de todos, serán combinadas para obtener información sobre las prácticas de salud de la gente en este estado. Muchísimas gracias por su tiempo y cooperación.*

**SPANIN2**

(To Interviewer:) Was this interview completed in English or Spanish?

**SPANINB.**

1. Spanish
2. English