

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2016
Track I
In Collaboration with The Center for Disease Control and Prevention's
Behavioral Risk Factor Surveillance System

Merged English/Spanish Version

Aug 28, 2017

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**Behavioral Risk Factor Surveillance System1
2016 State Questionnaire
Track I**

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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 COLLADUL01**
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

Do you currently live in California?

¿Vive actualmente 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 F5 HELP FOR ADDITIONAL INFORMATION.0102095551

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

IF (COLLADUL = 1) & (ANS = 1) SKP INTROSCR

IF (COLLADUL = 1) & (ANS = 2) SKP FORWARD

FORWARD

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

Están remitidas sus llamadas de su línea telefónica 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 número telefónico 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

NUMADULTS1

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older ?

Necesito seleccionar al azar a un adulto que viva en su hogar para ser entrevistado. Excluyendo los adultos que viven fuera de casa, como estudiantes en la universidad, ¿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)

IF (MenAns = False)

How many of these adults are men? / ¿Cuántos son hombres?

IF (MenAns = True)

You said there are ___ **adults in your household. / Usted dijo que hay** ___ **adultos en su hogar.**

How many of these adults 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)

IF (WomenAns = False)

So the number of adult women in the household is ___ .

Is that correct?

Así que el número de mujeres adultas en el hogar es ___ .

¿Es correcto?

IF (WomenAns = True)

You said there are ___ **adults in your household. / Usted dijo que hay** ___ **adultos en su hogar.**

Including ___ **adult men and** ___ **adult women. Incluyendo # hombre(s) adulto(s) y # mujer (es) adulta(s)**

Is that correct? ¿Es correcto?

1. YES, NUMBER OF ADULT WOMEN IS CORRECT

2. NO, CHANGE NUMBER OF ADULTS

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 SEX1
- 2. NO IF (ANS = 2) SKP GETADULT

ONEADULT (Ask if ADULT = 1)

Are you the adult?

¿Es usted el adulto?

- 1. MALE RESPONDENT SKP SEX1
- 2. FEMALE RESPONDENT SKP SEX1
- 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 CTRLEND)

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).

SEX1 (CDC-CORE)

INTERVIEWER NOTE: CONFIRM SEX OF SELECTED RESPONDENT.

What sex were you assigned at birth, on your original birth certificate?

¿Qué sexo le asignaron al nacer, en su certificado de nacimiento original?

1. MALE RESPONDENT
2. FEMALE REPENDENT

- 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
2. 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

Section 1: Health Status

GENHLTH (CDC-CORE)

HEALTH.

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

Primero, quiero hacerle algunas preguntas acerca de su salud.

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/ Excelente
- 2. Very good/ Muy buena
- 3. Good/ Buena
- 4. Fair, or / Regular
- 5. Poor? / Delicada
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

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

PHYSHLTH (CDC-CORE)

TYPE VII.

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

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

___ Enter Number of days

- 88. None
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

MENTHLTH (CDC-CORE)

TYPE VII.

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

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

___ Enter Number of days

- 88. None
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

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

POORHLTH (CDC-CORE)

TYPE VII.

2.3 During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work or recreation?

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

___ Enter Number of days

- 88. None
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

Section 3: Health Care Access

HAVEPLN3 (CDC-CORE)

YESNO.

3.1 These next few questions are about your access to medical care. Please be assured that I am not trying to sell you insurance coverage. Do you have ANY kind of health care coverage including health insurance, prepaid plans such as HMOs (Health Maintenance Organizations) or government plans such as Medicare or 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
- 2. No

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

TYPPLAN (CA-CORE)

TYPPLAN.

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? Lo es....

INTERVIEWER NOTE: PRESS F5 FOR ADDITIONAL INFORMATION
INTERVIEWER NOTE: SHOULD THE RESPONDENT INDICATE THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (COVERED CALIFORNIA), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (MEDI-CAL)? 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 / *Medicaid o otro programa del estado (Medi-Cal)*

- 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
- 99. REFUSED

PERSDOC (CDC-CORE)

PERSDOC.

3.3 Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: PROBE: IF NO, ASK "Is there more than one or is there "no" person who you think of as your personal doctor or healthcare provider?"

¿Hay una persona quien usted considera ser su médico personal o proveedor de su cuidado médico?
 INTERVIEWER NOTE: PROBE: IF NO, ASK: "hay más de una persona o no hay ninguna persona?"

- 1. Yes, only one / Sí, solo uno (DO NOT PROBE)
- 2. More than one / Más de uno
- 3. (PROBE) No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

NOMED (CDC-CORE)

YESNO.

3.4 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
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

CHECKUP2 (CDC-CORE)

HOWLONG.

3.5 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.

¿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.

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
- 88. Never
Nunca

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

Section 4: Exercise (Physical Activity)

EXERANY1 (CDC-CORE)

YES/NO.

4.1 The next questions are about exercise, physical and recreational activities OTHER THAN your REGULAR JOB. 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 FISICAS o EJERCICIOS tales como correr, calistenia, golf, jardinería, o camino para hacer ejercicio?

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

Section 5: Inadequate Sleep
SLEEPHR2 (CDC-CORE)

I.

5.1 I would like to ask you about your sleep pattern. On average, how many hours of sleep do you get in a 24-hour period?
Me gustaría preguntarle sobre sus hábitos de dormir.
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 6: Chronic Health Conditions
HEART2 (CDC-CORE)

YES/NO.

6.1 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. Para cada pregunta, responda "Sí", "No", o "No estoy seguro/a".

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 médico, enfermera u otro profesional de la salud que usted tuvo un ataque cardíaco, también llamado infarto de miocardio?

READ ONLY IF NECESSARY: 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 médico de asistente, o algún otro profesional con licencia.

- 1. Yes
- 2. No

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

ANGINA (CDC-CORE)

YESNO.

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

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

PRONUNCIATION GUIDE

ENGLISH:

(anne - J - EYE- nah)

- 1. Yes
- 2. No

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

STROKE2 (CDC-CORE)

YESNO.

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

(¿Alguna vez le ha dicho un médico, enfermera, u otro profesional de la salud) que usted tuvo una embolia?

- 1. Yes
- 2. No

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

ASTHEVE3 (CDC-CORE)

YESNO.

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

(¿Alguna vez, le ha dicho un médico, enfermera, u otro profesional de la salud) que usted tuvo asma?

- 1. Yes
- 2. No

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

(SKP SKCANC)
(SKP SKCANC)
(SKP SKCANC)

ASTHNOW (CDC-CORE)

YESNO.

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

- 1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

SKCANC (CDC-CORE)

YESNO.

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

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

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

OTHCANC (CDC-CORE)

YESNO.

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

(¿Alguna vez le ha dicho un médico, enfermera u otro profesional de la salud) que usted tuvo cualquier otro tipo de cáncer?

INTERVIEWER NOTE: Includes basal (Bay-Sul) and squamous (Sqwa-muss) cell cancers.

INTERVIEWER NOTE: Incluye cáncer basal y cánceres de células escamosas.

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

COPDEVER (CDC-CORE)

YESNO.

6.8 (Has a doctor, nurse or other health professional) EVER told you that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?

(¿Alguna vez le ha dicho un médico, enfermera, u otro profesional de la salud que usted tuvo una enfermedad pulmonar obstructiva crónica, EPOC (también llamada COPD por sus siglas en inglés), de enfisema, o de bronquitis crónica?

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

ARTHRITD (CDC-CORE)

YESNO.

6.9 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 doctor, enfermera, u otro profesional de salud que usted tuvo) que usted tiene algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?

INTERVIEWER NOTE: PRESS F5 FOR ADDITIONAL DIAGNOSES LIST

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.

Arthritis diagnoses include: 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).

Spanish: Los diagnósticos de artritis incluyen: *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.*

- 1. Yes
- 2. No

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

DEPRESS1 (CDC-CORE)

YESNO.

6.10 (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 doctor, enfermera, u otro profesional de salud que usted tuvo) que usted tiene una enfermedad depresiva (incluyendo depresión, depresión mayor, distimia, o depresión leve)?

- 1. Yes
- 2. No

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

KIDNEY (CDC-CORE)

YESNO.

6.11 (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 doctor, enfermera, u otro profesional de salud que usted tiene) una enfermedad renal (de los riñones)? NO incluya piedras en el riñón, infección en la vejiga (vesícula) ni incontinencia.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow
La incontinencia es no poder controlar el fluido de la orina.

ENGLISH PRONUNCIATION GUIDE:

IN-CON-TIN-ANTS

SPANISH PRONUNCIATION GUIDE:

IN-CON-TIN-ENS-IYA

- 1. Yes
- 2. No

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

DIABCOR3 (CDC-CORE)**DIABCDC.**

6.12 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” CODE 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 | IF (ANS = 1) SKP DIABAGE |
| 2. | Yes, but female told only during pregnancy (Gestational Diabetes) | IF (ANS = 2) & (RespGend = 1) SKP DIAFEMALE |
| 3. | No | IF (ANS >= 3) SKP WHENDNT3 |
| 4. | No, pre-diabetes or borderline diabetes | (SKP WHENDNT3) |
| 77. | DON'T KNOW / NOT SURE | (SKP WHENDNT3) |
| 99. | REFUSED | (SKP WHENDNT3) |

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 WHENDNT3 |
| 2. | NO, RE-ASK QUESTION DIABCOR3 | IF (ANS = 2) SKP DIABCOR3 |

DIABAGE**TYPE I.**

6.13 How old were you when you were told you have diabetes?
¿A qué edad le dijeron que tenía diabetes?

- | | |
|------|---------------------------------------|
| __ | CODE AGE IN YEARS [97 = 97 AND OLDER] |
| 777. | DON'T KNOW / NOT SURE |
| 999. | REFUSED |

Section 7: Oral Health**WHENDNT3 (CDC-CORE)****HOWLONG.**

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

¿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
- 88. Never/ *nunca*
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

LOSTETH2 (CDC-CORE)

LOSTETH.

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

¿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.

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

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 (NONE REMOVED) / *NINGÚN / NO APLICA*
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

Section 8: Demographics

AGEB (CDC-CORE)

8.1 What is your age?

¿Cuántos años tiene usted?

- ___ ENTER AGE IN YEARS (RANGE: 18 – 150)
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

HISP4 (CDC-CORE)

YESNO.

8.2 Are you HISPANIC, Latino/a, or of Spanish origin ?

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

- 1. Yes
 - 2. No
- IF (ANS >= 2) SKP ORACE3A
- 77. DON'T KNOW / NOT SURE
 - 99. REFUSED
- IF (ANS >= 2) SKP ORACE3A
IF (ANS >= 2) SKP ORACE3A

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

8.3 Are you...

Mexican, Mexican American, or Chicano/a?

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

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

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

8.4 Are you... Puerto Rican?/ ¿Es usted... Puertorriqueño

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

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

8.5 Are you...Cuban?

¿Es usted... Cubano?

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

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

8.6 Are you...Another Hispanic, Latino/a, or of Spanish origin?

¿Es usted... De otro origen latino, hispano o español?

- 1. Yes (Specify) / Sí (Especifique)
 - 2. No
- 77. DON'T KNOW / NOT SURE
 - 99. REFUSED

SKP ORACE2XA

If HISP4=1 SKP ORACE2XA

ORACE3A (CDC-CORE)**MRACE.**

8.7 Which one or more of the following would you say is your race? Would you say: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, 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) | ORACE3A_1 |
| 2. | Black or African American | ORACE3A_2 |
| 3. | American Indian or Alaska Native | ORACE3A_3 |
| 4. | Asian | ORACE3A_4 IF (ORACE3 = 4) SKP ORACE2AB |
| 5. | Pacific Islander | ORACE3A_5 IF (ORACE3 = 5) SKP ORACE2AB |
| 6. | Other: (specify) | ORACE3A_6, ORACE3ATX |
| 77. | DON'T KNOW / NOT SURE | IF (ANS > 6) SKP RFRACE |
| 99. | REFUSED | |

IF ((ORACE3A = 1) & (ORACE3A = 2 | ORACE3A = 3 | ORACE3A = 4 | ORACE3A = 5 | ORACE3A = 6)) SKP ORACE4A

IF ((ORACE3A = 2) & (ORACE3A = 3 | ORACE3A = 4 | ORACE3A = 5 | ORACE3A = 6)) SKP ORACE4A

IF ((ORACE3A = 5) & (ORACE3A = 6)) SKP ORACE4A

IF (HISP4 = 2) SKP MARITAL

(PROBE ORACE2X IF HISP4=1 and ORACE3A = 6)

ORACE2XA (CDC CORE) (ask IF HISP4=1 and ORACE3A = 6)

8.8 Which one or more of the following would you say is your race? Would you say: White Hispanic, Black or African American Hispanic, Asian Hispanic, Native Hawaiian or Other Pacific Islander Hispanic, American Indian or Alaska Native Hispanic, or Other Hispanic?

¿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. | AMERICAN INDIAN OR ALASKA NATIVE HISPANIC
HISPANO INDIO AMERICANO O NATIVO DE ALASKA | |
| 4. | ASIAN HISPANIC
HISPANO ASIÁTICO | IF (ORACE2X = 4) SKP ORACE2AB |
| 5. | PACIFIC ISLANDER
HISPANO ISLA DEL PACIFICO | IF (ORACE2X = 5) SKP ORACE2AB |
| 6. | OTHER HISPANIC (specify) (Variable name: ORACE2XTX)
OTRO HISPANO (Especifique) | |
| 77. | DON'T KNOW / NOT SURE | IF (ANS > 6) SKP RFRACE |
| 99. | REFUSED | |

IF ((ORACE2XA = 1) & (ORACE2XA = 2 | ORACE2XA = 3 | ORACE2XA = 4 | ORACE2XA = 5 | ORACE2XA = 6)) SKP ORACE4A

IF ((ORACE2XA = 2) & (ORACE2XA = 3 | ORACE2XA = 4 | ORACE2XA = 5 | ORACE2XA = 6)) SKP ORACE4A

IF ((ORACE2XA = 5) & (ORACE2XA = 6)) SKP ORACE4A
SKP MARITAL

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

ORACE2AB (CDC-CORE)

ORACE2AB.

8.9 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. Asian Indian
9. Indonesian
10. Native Hawaiian
11. Samoan
12. Pakistani
13. Saipanese
14. Fijian
15. Guamanian or Chamorro
16. Other: (specify) (variable name: ORACE2ABTXT)
777. DON'T KNOW / NOT SURE
999. REFUSED

IF ((ORACE3A = 4) & (ORACE3A = 1 | ORACE3A = 2 | ORACE3A = 3 | ORACE3A = 5 | ORACE3A = 6)) SKP ORACE4A

IF ((ORACE3A = 5) & (ORACE3A = 1 | ORACE3A = 2 | ORACE3A = 5 | ORACE3A = 6)) SKP ORACE4A

IF ((ORACE2XA = 4) & (ORACE2XA = 1 | ORACE2XA = 2 | ORACE2XA = 3 | ORACE2XA = 5 | ORACE2XA = 6)) SKP ORACE4A

IF ((ORACE2XA = 5) & (ORACE2XA = 1 | ORACE2XA = 2 | ORACE2XA = 3 | ORACE2XA = 6)) SKP ORACE4A

SKP MARITAL

ORACE4A (CDC-CORE)

ORACEB.

8.10 You indicated that you are more than one race. Which one of these groups would you say best represents your race? Would you say...

Usted ha indicado que es más de una raza. ¿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. American Indian or Alaska Native
4. Asian

- 5. Pacific Islander
- 6. Other (Specify) <ORACE4ATX>
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

If ORACE3A= 4 or 5 then go to ORACE2AB, else go to MARITAL

MARITAL (CDC-CORE)

8.11 Are you: Married, Divorced, Widowed, Separated, Never married, or a Member of an unmarried couple?

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

- 1. Married
- 2. Divorced
- 3. Widowed
- 4. Separated
- 5. Never married
- 6. A member of an unmarried couple
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

MARITAL.

SXORIEN2 (CA - CORE)

8.12 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?

IN HELP SCREEN: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.

Investigaciones han mostrado que algunos miembros de la comunidad de minoría sexual tienen factores de riesgo importantes para la salud, como fumar. Estamos juntando información sobre orientación sexual para saber si esto es cierto en California.

- 1. Heterosexual, that is, straight / *heterosexual*
- 2. Homosexual, that is gay or lesbian / *homosexual , o sea gay o lesbiana*

- 3. Bisexual / *bisexual*
- 4. Other (Specify:) / *otra (especifique)*
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

TRNSGNDR (CDC-OPTIONAL MODULE)

TRNS.

8.13 Do you consider yourself to be transgender?

Se considera usted ser transexual?

IF YES, ASK “Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?”

Se considera usted ser 1. hombre a mujer, 2. mujer a hombre, o 3. Sexo no declarado (definido)?

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE “YES” TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.

- 1. Yes, Transgender, male-to-female ?/ *Si, transexual, hombre a mujer*
- 2. Yes, Transgender, female to male/ *Si, transexual, mujer a hombre*
- 3. Yes, Transgender, gender nonconforming/ *Si, transexual, sexo no declarado (definido)*
- 4. NO

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

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

Algunas personas se describen a sí mismos como transexuales cuando experimentan una identidad diferente de su sexo al nacer. Por ejemplo, una persona nace en un cuerpo masculino, pero se siente femenina o vive como mujer sería transexual. Algunas personas transexuales cambian su apariencia física para que coincida con su identidad interna. Algunas personas transéxuales toman hormonas y algunas tienen cirugía. Una persona transexual puede ser de cualquier orientación sexual – heterosexual (derecho), homosexual, lesbiana o bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Algunas personas ven a sí mismos como sexo no declarado (definido) cuando no se identifican sólo como hombre o como mujer.

EDUCA (CDC-CORE)**EDUCAA.****8.14 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(grades 9-11)
 3. Grade 12 or GED certificate (High school graduate)
Grado 12 o certificado GED (High school graduate)
 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
Grado de universidad
 8. Post graduate or professional degree
Título profesional o posgraduado
88. Did not attend school (Never attended school or only kindergarten) *No atendio la escuela*
 77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
 99. REFUSED/SE NIEGA A CONTESTAR

OWNHOME (CDC-CORE)**RENT.****8.15 Do you own or rent your home?***¿Es usted dueño (a) o alquila (renta) su casa?*

Interviewer note: "Other arrangement" may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time / the majority of the year.

Nota del entrevistador: "Otro acuerdo" puede incluir hogar de grupo, quedándose con amigos o familiares sin pagar alquiler. Hogar es definido como la residencia principal que usted ocupa la mayoría del tiempo.

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 / DUEÑO (A) SU CASA
2. RENT / ALQUILA (RENTA) SU CASA
3. OTHER ARRANGEMENT / OTRO ACUERDO
77. DON'T KNOW/NOT SURE

99. REFUSED

CACOUNTY (CDC-CORE)

COUNTYA.

8.16 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)

8.17 What is the ZIP Code where you live ?

¿Cuál es su código de zona postal?

_____ ENTER THE FIVE DIGIT NUMBER

777777. DON'T KNOW/ NOT SURE

999999. REFUSED

NUMHOLD2 (CDC-CORE) (LANDLINE ONLY)

YES.NO.

8.18 Do you have more than one telephone number in your household?

Do not include cell phones or numbers that are only used by a computer or fax machine.?

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

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

IF (ANS >1) SKP CELL

NUMPHON4 (CDC-CORE) (LANDLINE ONLY)

8.19 How many of these phone numbers are residential numbers?

Cuántos de estos números de teléfono son números residenciales?

____ ENTER NUMBER OF RESIDENTIAL NUMBERS (6=6 OR MORE)

77. DON'T KNOW/ NOT SURE

99. REFUSED

CELL (CDC-CORE) (LANDLINE ONLY)

YES/NO.

8.20 Do you have a cell phone for personal use?

Please include cell phones used for both business and personal use.

¿Tiene usted un teléfono celular para su uso personal?

Por favor incluya teléfonos celulares que se usen para el trabajo y uso personal.

1. Yes

2. No

77. DON'T KNOW/NOT SURE

99. REFUSED

MILITAR2 (CDC-CORE)

YES/NO.

The next question relates to military service.

8.21 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

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

EMPLOY2 (CDC-CORE)

EMPLOYA.

8.22 Are you currently: Employed for wages, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, a Homemaker, a 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 / TRABAJA CON SUELDO

2. SELF-EMPLOYED / TRABAJA POR CUENTA PROPIA

3. OUT OF WORK FOR MORE THAN 1 YEAR / HA ESTADO SIN TRABAJO POR MÁS DE 1 AÑO

4. OUT OF WORK FOR LESS THAN 1 YEAR / HA ESTADO SIN TRABAJO POR MENOS DE 1 AÑO

5. HOMEMAKER / ES AMO/A DE CASA

6. STUDENT / ES ESTUDIANTE

7. RETIRED / ESTÁ JUBILADO/A

8. UNABLE TO WORK / NO PUEDE TRABAJAR

77. DON'T KNOW / NOT SURE

99. REFUSED

CHILD18 (CDC-CORE)**TYPE VII.****8.23 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 + NUMCHILD)

___ ENTER NUMBER OF CHILDREN (RANGE: 0 – 9) IF (ANS = 77 | ANS = 0 | ANS = 99) SKP **INCOM02**
 77. DON'T KNOW / NOT SURE (GO TO **INCOM02**)
 99. REFUSED (GO TO **INCOM02**)

CHILDAGE (CA-CORE)**TYPE VII.****8.24 (If CHILD18=1, ask:) How old is the child?***¿Qué edad tiene el niño (a)?***(If CHILD18 > 1, ask:) How old are the children? Beginning with the youngest...***¿Qué edad tienen los niños? Empezando con el más pequeño...*

INTERVIEWER NOTE: ROUND UP TO WHOLE YEARS. FOR EXAMPLE, RECORD LESS THAN 1 YEAR OLD AS 1 YEAR.

RANGE: 1 – 17

PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS IN THE ORDER OF THEIR BIRTH

___	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.****8.25 (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 con el más pequeño...*

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	

HHADULT (CELL ONLY)

8.26

How many members of your household, including yourself, are 18 years of age or older ?

¿Cuántos miembros de su hogar incluyéndose a usted, tienen 18 años de edad o más?

**INTERVIEWER: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
ENTER THE NUMBER OF ADULTS (1-18)**

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

8.26A Household size.

HHSIZE = NUMADULT1 + CHILDREN (LANDLINE ONLY)

HHSIZE = HHADULT + CHILDREN (CELL ONLY)

INCOM02 (CDC-CA-CORE)

INCOMED.

8.27 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 HH1IN2
 IF (HHSIZE = 1 & INCOM02 = 3) SKP HH1IN3
 IF (HHSIZE = 1 & INCOM02 = 4) SKP HH1IN41
 IF (HHSIZE = 1 & INCOM02 = 5) SKP HH1IN5
 IF (HHSIZE = 2 & INCOM02 = 3) SKP HH2IN3
 IF (HHSIZE = 2 & INCOM02 = 4) SKP HH2IN4
 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 = 5) SKP HH3IN5
 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 HH5IN6
 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 = 6) SKP HH7IN61
 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 HH8IN8
 IF (HHSIZE = 8 & INCOM02 = 9) SKP HH8IN9
 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 INTERNET

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.

8.28 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

INCOMO 2	=	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+
HHSIZE =	1		\$11,770	\$15,654	\$21,745/ \$23,540	\$29,425					
(Household Size)	2			\$15,930	\$21,187	\$29,471 \$31,860	\$39,825				
	3				\$20,090	\$26,720	\$37,167/ \$40,180	\$50,225			
	4				\$24,250	\$32,253	\$44,863/ \$48,500	\$60,625			
	5					\$28,410	\$37,785	\$52,559/ \$56,820/ \$71,025			
	6					\$32,570	\$43,318	\$60,255/ \$65,140	\$81,425		
	7						\$36,730/ \$48,851	\$67,951/ \$73,460	\$91,825		
	8						\$40,890	\$54,384	\$75,647/ \$81,780	\$102,225	
	9						\$45,050	\$59,917	\$83,343/ \$90,100	\$112,625	
	10						\$49,210	\$65,449	\$91,039/ \$98,420	\$123,025	
	11							\$53,370/ \$70,982	\$98,735	\$106,740	\$133,425
	12							\$57,530	\$76,515	\$106,431/ \$115,060	\$143,825
	13							\$61,690	\$82,048	\$114,127/ \$123,380	\$154,225

(100%, 133%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Vol. 80, No. 14, January 22, 2015, pp. 3236-3237.)

INTERNET (CDC-CORE)

YES/NO.

8.29 Have you used the internet in the past 30 days?

¿Ha usado el Internet en los últimos 30 días?

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

WEIGHT (CDC-CORE)

8.30 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)

7777. DON'T KNOW / NOT SURE

9999. REFUSED

HEIGHT (CDC-CORE)

8.31 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. IF RESPONDENT ANSWERS IN METRICS, USE CONVERSION TABLE.

(verify if less than 408 or greater than 608)

7777. DON'T KNOW / NOT SURE

9999. REFUSED

Section 9: Disability

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

Las siguientes preguntas son acerca de problemas de salud o discapacidades que usted pueda tener.

**RESTRIC3 (CDC DISABILITY OPTIONAL MODUAL) ASKED IN LL AND CELL Q1, IN CELL ONLY Q2-3
YESNO.**

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

¿Está usted limitado(a) de cualquier manera para realizar alguna actividad debido a problemas físicos, mentales, o emocionales?

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

**EQUIP (CDC DISABILITY OPTIONAL MODUAL) ASKED IN LL AND CELL Q1, IN CELL ONLY Q2-3
YESNO.**

9.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (Include occasional use or use in certain

circumstances)

¿Tiene actualmente algún problema de salud que requiera el uso de equipo especial, tal como un bastón, una silla de ruedas, una cama especial, o un teléfono especial?

(Incluya el uso ocasional o el uso en ciertas circunstancias.)

- 1. Yes
- 2. No

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

DEAF (CDC-CORE-asked in 2009)

YESNO.

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

Algunas personas sordas o que tienen dificultades para oír pueden o no utilizar pueden el equipo para comunicarse por teléfono.

9.3 Are you deaf or do you have **serious difficulty** hearing?
¿Es usted sordo/a o tiene seria dificultad para oír?

- 1. Yes
- 2. No

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

BLIND (CDC-CORE)

YESNO.

9.4 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
- 2. No

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

REMEM2 (CDC-CORE)

YESNO.

9.5 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
- 2. No

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

DIFFWALK (CDC-CORE)

YESNO.

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

¿Tiene seria dificultad para caminar o subir escaleras?

- 1. Yes
- 2. No

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

DIFDRES2 (CDC-CORE)

YESNO.

9.7 Do you have difficulty dressing or bathing?
¿Tiene dificultad para vestirse o bañarse?

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

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

YESNO.

9.8 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
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Section 10: Tobacco Use

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

Ahora, me gustaría hacerle algunas preguntas acerca del fumar cigarrillos (tabaco).

SMOKE100 (CDC-CORE)

YESNO.

10.1 Have you smoked at least 100 cigarettes in your entire life?
¿Ha fumado por lo menos 100 cigarrillos durante toda su vida?

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

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

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

(GO TO USENOW3)
 (GO TO USENOW3)
 (GO TO USENOW3)

SMKEVDA2 (CDC-CORE)

EVDAY.

10.2 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 USENOW3)

- 2. Some days / *algunos días*
- 3. Not at all / *ningún día*
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

(GO TO USENOW3)

LASTSMK2 (CDC-CORE)

SMOKREGB.

10.3 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 / *Dentro del mes pasado* (less than 1 month ago)
- 2 Within the past 3 months / *Dentro de los pasados 3 meses* (1 month but less than 3 months ago)
- 3 Within the past 6 months / *Dentro de los pasados 6 meses* (3 months but less than 6 months ago)
- 4 Within the past year / *Dentro del año pasado* (6 months but less than 1 year ago)
- 5 Within the past 5 years / *Dentro de los pasados 5 años* (1 year but less than 5 years ago)
- 6 Within the past 10 years / *Dentro de los pasados 10 años* (5 years but less than 10 years ago)
- 7 10 years or more / *10 años o más*
- 8 Never smoked regularly / *No ha fumado cigarrillos regularmente*
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

USENOW3 (CDC-CORE)

EVDAY.

10.4 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
- 2. Some days
- 3. Not at all
- 77. DON'T KNOW
- 99. REFUSED

IF SMOKE 100 > 1 SKP USESNUS

IF SMKEVDA2 = 2 SKP SMK30DAY

IF (SMKEVDA2 >= 3) & (LASTSMK2 <= 4) SKP SMK30DAY

IF (SMKEVDA2 >= 3) & (LASTSMK2 > 4) SKP SMKWHOLE

Section 11: Current Cigarette Use

ASK IF SMKEVDA2 = 1

SMOKENUM (CA-TCP)

TYPE V.

11.1 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 F5 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 SMKWHOLE) |
| 888. | Not Applicable (Never smoked regularly)/ | NO FUMA REGULARMENTE | (GO TO SMK30DAY) |
| 777. | DON'T KNOW/ NOT SURE | | (GO TO SMK30DAY) |
| 999. | REFUSED | | (GO TO SMK30DAY) |

ASK IF SMKEVDA2 = 2 OR (SMKEVDA2 = 1 & SMOKENUM = 777, 888, 999) OR (SMKEVDA2 = 3 AND LASTSMK2 <= 4)

SMK30DAY (CA-TCP)

TYPE I.

11.2 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 |
| 88. | NOT APPLICABLE (NONE) / NO APLICABLE (NINGUNO) SKP SMKWHOLE |
| 77. | DON'T KNOW / NOT SURE |
| 99. | REFUSED |

SMK30NUM (CA-TCP)

TYPE I.

11.3 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?

(INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES)

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 | |

SMKWHOLE (CA-TCP)

TYPE I.

11.4 About how old were you when you smoked your first whole cigarette?

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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

In Help: Some respondents may have smoked 100 cigarettes in their lifetime but never considered themselves "regular smokers". These people should be given the code for "888=never smoked regularly".

____ ENTER AGE IN YEARS
777. DON'T KNOW / NOT SURE
999. REFUSED

IF (SMKEVDA2 = 3) & (LASTSMK4 > 4) SKP USESNUS

SMK12AGO (CA-TCP) (Ask if SMKEVDA2 <= 2 or LASTSMK2 <=4) **YESNO.**

11.5 Were you smoking at all around this time 12 months ago?

¿Estaba usted fumando alrededor de esta temporada hace 12 meses?

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

IF (SMKEVDA2 = 3) SKP USESNUS

Section 12: Quitting

QUIT1DY3 (CDC-CORE) **YESNO.**

12.1 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?

INTERVIEWER NOTE: SEE F5 HELP FOR PROBES AND ADDITIONAL INFORMATION

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:

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 últimos 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.

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

ASK IF QUIT1DY3=1, otherwise SKP QUITTIME

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

TYPE V.

12.2 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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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, " TIME FRAME DOES NOT APPLY" for weeks and " TIME FRAME DOES NOT APPLY" for days.

___ MONTHS NOSMKMO
___ WEEKS NOSMKWK
___ DAYS NOSMKDY

000. TIME FRAME DOES NOT APPLY
777. DON'T KNOW / NOT SURE FOR THAT TIME FRAME
999. REFUSED FOR THAT TIME FRAME
888. NEVER MADE A QUIT ATTEMPT

ASK IF SMKEVDA2 <=2

QUITTIME (CA-TCP)

QUIT.

12.3 Do you plan to quit smoking cigarettes for good...?

¿Planea usted dejar de fumar cigarrillos para siempre?

1. In the next 30 days/ 1. *En los próximos 30 días*
2. In the next 3 months/ 2. *En los próximos 3 meses*
3. In the next 6 months / 3. *En los próximos 6 meses*
4. In the next year / 4. *En el próximo año*
5. Do not have a plan to quit / 5. *No tiene planeado (pensado) dejar de fumar*

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

Section 13: Other tobacco use

ASK EVERYONE

USESNU (CA-TCP new 2016)

TYPE I.

13.1 During the past 30 days, how many days did you use chewing tobacco, snuff, or snus?

Durante los últimos 30 días, cuántos días ¿ha usado tabaco de mascar, rapé o snus?

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

CIGAR30 (CA-TCP new 2016)

TYPE I.

13.2 During the past 30 days, how many days did you smoke big cigars?

Durante los últimos 30 días, ¿cuántos días fumó usted puros grandes?

___ ENTER NUMBER OF DAYS [0 - 30]

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

CIGRILLO (CA-TCP new 2016)

TYPE I.

13.3 During the past 30 days, how many days did you smoke cigarillos and little cigars?
Durante los últimos 30 días, ¿cuántos días fumó usted cigarillos, o puros pequeños?

____ ENTER NUMBER OF DAYS [0 - 30]

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

PIPE30 (CA-TCP)

TYPE I.

13.4 During the past 30 days, how many days did you smoke a tobacco pipe?
Durante los últimos 30 días ¿cuántos días usted fumó una pipa de tabaco?

____ ENTER NUMBER OF DAYS [0 - 30]

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

HOOKAH2 (CA-TCP)(used in 2013)

TYPE I.

13.5 During the past 30 days, how many days did you use a hookah water pipe?
Durante los últimos 30 días, ¿Cuántos días ha utilizado usted una pipa de agua narguilo?

INTERVIEWER NOTE:

A hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose used to smoke tobacco. some of the other names it is known by are shisha (see-shaw), narghile (nawr-gee-leh, "g" sound as in "go"), argileh (are-gee-leh, "g: sound as in "go"), hubble-bubble (hah-bol bah-bol), and goza (go-zah).

INTERVIEWER NOTE:

Una hookah (narguila) es una pipa de agua con una cámara de humo, un tazón, un tubo y una manguera que se utiliza para fumar tabaco. Algunos de los otros nombres se conoce como shisha (see -shaw), narguila (nawr-gee-leh, g suena como en go argileh (are-gee-leh, suena como en go), hubble-bubble (hah-bol bah-bol), y goza (Go-zah).

____ ENTER NUMBER OF DAYS [0 - 30]

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

FLAVTOB (CA-TCP- used in Track III 2013, modified wording in 2016)

13.6 Now I am going to ask you about flavored tobacco products. IN THE PAST 30 DAYS, WHICH OF THE FOLLOWING TOBACCO PRODUCTS HAVE YOU USED IN FLAVORS SUCH AS MINT, FRUIT, CANDY, OR WINE (choose all that apply)?

Ahora voy a preguntarle acerca de los productos de tabaco con sabor. En los últimos 30 días, cuáles de los siguientes productos de tabaco ha utilizado usted con sabor como menta, frutas, caramelo, o vino (choose all that apply)?

- 1). Chew / Tabaco de Mascar Y/N

FLAVCHW3

2)	cigars/ Puros	Y/N	FLAVCGR3
3)	cigarrillos/ Cigarritos	Y/N	FLAVCGL3
4)	Flavored hookah / Pipa turca (hookah) de agua con sabor?	Y/N	FLAVHKH3
5)	Flavored e-cigarettes / Cigarrillos electrónicos con sabor?	Y/N	FLAVECIG3
77	DON'T KNOW / NOT SURE		
99	REFUSED		

Section 14: E-Cigarettes

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Read if necessary: *Los cigarrillos electrónicos (e-cigarettes) y otros productos electrónicos de 'vapor' incluyen hookahs (pipas de agua) electrónicas (narguiles- electrónicas), plumas (bolígrafos) de vapor, cigarros- electrónicos y otros. Estos productos son con pilas y por lo general contienen nicotina y sabores como fruta, menta o caramelos.*

ECIGUSE (CDC-CORE new 2016)

YESNO.

14.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

¿Alguna vez ha utilizado un cigarrillo electrónico u otros productos de 'vapor' electrónicos, aunque haiga sido sólo una vez, en toda su vida?

- 1. Yes
- 2. No

(GO TO HHRULES5A)

77. DON'T KNOW / NOT SURE

(GO TO HHRULES5A)

99. REFUSED

(GO TO HHRULES5A)

ECIGEVDA (CDC-CORE new 2016)

EVDAY.

14.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

¿Usa ahora usted los cigarrillos electrónicos u otros productos de 'vapor' electrónicos todos los días, algunos días, o nunca?

- 1. Everyday
- 2. Some days
- 3. Not at all

(GO TO HHRULES5A)

77. DON'T KNOW

(GO TO HHRULES5A)

99. REFUSED

(GO TO HHRULES5A)

ECIG30A (CA-TCP) modified wording 2016

TYPEI.

14.3 During the past 30 days, on how many days did you use any type of e-cigarette, vape pen or e-

hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?

Durante los últimos 30 días, ¿cuántos días utilizó cualquier tipo de cigarrillo electrónico, pluma de vapor o hookah- electrónica (pipa de agua o narguiles- electrónica), como Blu, NJOY, o Vuse, o algún dispositivo más grande para vapear, a veces llamado vapes, tanques o mods?

INTERVIEWER READ ONLY IF NECESSARY:

Read when necessary: Electronic cigarettes (e-cigarettes) and electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Los cigarrillos electrónicos (e-cigarettes) y otros productos electrónicos de 'vapor' incluyen hookahs (pipas de agua) electrónicas (narguiles- electrónicas), plumas (bolígrafos) de vapor, cigarros- electrónicos y otros. Estos productos son con pilas y por lo general contienen nicotina y sabores como fruta, menta o caramelos.

_____ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK WHYECIG IF ECIG30A >=1 AND <=30, else continue to HHRULES5A

WHYECIGA (CA-TCP) modified wording 2016

YN.

14.4 What best describes your reasons for using e-cigarettes? (ALLOW MULTIPLE RESPONSES)

¿Qué describe mejor sus razones para usar los cigarrillos electrónicos?

1. No lingering odor/ *Ningún olor persistente*
2. Helps me concentrate/stay alert/ *Le ayuda a concentrarse / permanecer alerta*
3. Used to quit cigarettes (or other tobacco products)/ *Lo utiliza para dejar de fumar cigarrillos (u otros productos de tabaco)*
4. Used to cut down on cigarettes/ *Lo utiliza para reducir los cigarrillos*
5. E-cigarettes come in many flavors/ *Los Cigarrillos electrónicos vienen en muchos sabores*
6. Used in places where cigarettes are not allowed/ *Lo utiliza en lugares donde no se permiten cigarrillos*
7. E-cigarettes are cheaper than cigarettes/ *Los Cigarrillos electrónicos son más baratos que los cigarrillos*
8. E-cigarettes are healthier than cigarettes/ *Los Cigarrillos electrónicos son más saludables que los cigarrillos*
9. Curiosity; just to try it/ *Por curiosidad; sólo para probarlo*
10. Other (specify) / *Otro (Especifiqué)*

77. DON'T KNOW/NOT SURE

99. REFUSED

Section 15: Secondhand smoke

HHRULES4 (CA-TCP) ASKED IN Q1 OF THIS VERSION THEN CHANGED TO HHRULES5A/ HHRULES5B HHRULESC.

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

¿Cuáles son los reglamentos o restricciones de fumar, en su hogar, si hay alguno?

¿Diría usted que fumar y vapear (usar cigarrillos electrónicos) está totalmente prohibido, el fumar está generalmente prohibido con algunas excepciones, vapear (usar cigarrillos electrónicos) está generalmente prohibido con algunas excepciones, se permite fumar únicamente en ciertos cuartos, se permite vapear (usar cigarrillos electrónicos) únicamente en ciertos cuartos, no hay restricciones en fumar o vapear (usar cigarrillos electrónicos)

1. SMOKING AND VAPING ARE COMPLETELY PROHIBITED/ *FUMAR Y VAPEAR (USAR CIGARRILLOS ELECTRÓNICOS) ESTÁ TOTALMENTE PROHIBIDO*
2. SMOKING IS GENERALLY PROHIBITED WITH FEW EXCEPTIONS/ *ESTÁ GENERALMENTE PROHIBIDO CON ALGUNAS EXCEPCIONES*
3. VAPING IS GENERALLY PROHIBITED WITH FEW EXCEPTIONS/VAPEAR (USAR CIGARRILLOS ELECTRÓNICOS) *ESTÁ GENERALMENTE PROHIBIDO CON ALGUNAS EXCEPCIONES*
4. SMOKING IS ALLOWED IN SOME ROOMS ONLY/ *SE PERMITE FUMAR ÚNICAMENTE EN CIERTOS CUARTOS*
5. VAPING IS ALLOWED IN SOME ROOMS ONLY/ SE PERMITE VAPEAR (USAR CIGARRILLOS ELECTRÓNICOS) *ÚNICAMENTE EN CIERTOS CUARTOS*
6. THERE ARE NO RESTRICTIONS ON SMOKING AND VAPING / *NO HAY RESTRICCIONES EN FUMAR O VAPEAR (USAR CIGARRILLOS ELECTRÓNICOS)*
7. OTHER (SPECIFY) / *OTRO (ESPECIFIQUE)* (VARIABLE NAME: HHTXT)
77. DON'T KNOW/ NOT SURE
99. REFUSED

HHRULES5A (CA-TCP)-ONLY ASKED Q2-Q4

HHRULES5.

15.1 For tobacco products that are burned, such as cigarettes, cigars, pipes or hookah, which statement best describes the rules about smoking a tobacco product inside your home?

¿Para los productos de tabaco que se queman, como los cigarrillos, puros, pipas o hookahs, qué declaración mejor describe las reglas sobre fumar un producto de tabaco dentro de su casa?

1. It is not allowed anywhere or at any time inside my home
2. It is allowed in some places or at sometimes inside my home
3. It is allowed anywhere and at any time inside my home
4. OTHER (SPECIFY-HHTXT_5A) _____
77. DON'T KNOW/ NOT SURE
99. REFUSED

1. *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. *Es permitido en algunos lugares o a veces dentro de mi casa*
3. *Es permitido en todas partes y en cualquier momento dentro de mi casa*
4. *OTRO (ESPECIFIQUE)*
77. *DON'T KNOW/ NOT SURE*
99. *REFUSED*

HHRULES5B (CA-TCP) -ONLY ASKED Q2-Q4

HHRULES5.

15.2. Which statement best describes the rules about vaping inside your home?

¿Qué declaración mejor describe las reglas sobre vapear dentro de su casa?

- 1. It is not allowed anywhere or at any time inside my home
- 2. It is allowed in some places or at sometimes inside my home
- 3. It is allowed anywhere and at any time inside my home
- 4. OTHER (SPECIFY-HHTXT_5B) _____
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

- 1. *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
- 2. *Es permitido en algunos lugares o a veces dentro de mi casa*
- 3. *Es permitido en todas partes y en cualquier momento dentro de mi casa*
- 4. *OTRO (ESPECIFIQUE)*

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

HOUSTYPE (CA-TCP)

HOUSTYPE.

15.3 Which best describes the building you live in?

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

INTERVIEWER NOTE: SEE F5 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
Una casa móvil
- 2. A house that is not attached to any other house
Una casa que no está conectada a ninguna otra vivienda.
- 3. A house that is attached to one or more houses
Una casa conectada 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, barco, u otro (incluye dormitorio)

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

SHSEXPOS (CA-TCP)

YESNO.

15.4 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

IF (SHSEXPOS > 1) & (EMPLOY2 < 3) SKP WORK7DAY

IF (SHSEXPOS > 1) & (EMPLOY2 > 2) SKP DRNKALC2

SHSWHERE (CA-TCP)

WHEREXPB.

15.5 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

IF (EMPLOY2 > 2) SKP DRNKALC2

WORK7DAY (CA-TCP)

YESNO.

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

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

1. Yes (GO TO WHATAREA)
2. No
77. DON'T KNOW
99. REFUSED

WHATAREA (CA-TCP)

WHATAREA.

15.7 The last time this happened, what work area were you in?

(DON'T READ THE ANSWERS)

La última vez que pasó esto, ¿en qué área de trabajo estaba usted?

1. Close to entrance (e.g., within 20 feet)
2. In a specially designated smoking outdoor area on the property
3. In a specially designated smoking room in an indoor area
4. Office work area
5. Break room
6. Cafeteria
7. Office hallway, lobby
8. Stairwell, elevator
9. Restroom
10. Hotel or motel guest room
11. Hotel or motel lobby, meeting room, or banquet room
12. Cabin of motor truck or truck tractor
13. Taxi cab (or car)
14. Warehouse facility
15. Private residence, including a family day care home
16. Long-term health care facility
17. Theatrical production site
18. Medical research or treatment site where smoking is part of the research/treatment
19. American Indian casino
20. Bar or tavern
21. Retail or wholesale tobacco shop, or private smoker's lounge (including cigar or hookah bar)
22. Covered parking structure
23. Don't know
24. Refused
25. Other -----(specify)---> WORKEXPTEXT

Section 16: Alcohol Consumption

DRNKALC2 (CDC CORE)

TYPE II.

16.1 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 DAYS IN PAST 30 DAYS

- | | | |
|------|--|------------------|
| 888. | NONE / NINGUNA BEBIDA EN LOS ÚLTIMOS 30 DÍAS | (GO TO FLUSHOT6) |
| 777. | DON'T KNOW/ NOT SURE | (GO TO FLUSHOT6) |
| 999. | REFUSED | (GO TO FLUSHOT6) |

NALCOCC3 (CDC CORE)**TYPE I.**

16.2 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 ml), a una copa de vino de 5 onzas (150 ml) o a una medida de licor. Durante los últimos 30 días, en los días en que bebió, aproximadamente cuántos tragos bebió en promedio?

INTERVIEWER NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail 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 / NOT SURE

99. REFUSED

DRNKGE5B (CDC CORE)**TYPE I.**

16.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if SEX1=1 "5 or more" if SEX1=2 "4 or more") drinks on one occasion?

Considerando todo tipo de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días, bebió {if(SEX1=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 / NOT SURE

99. REFUSED

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

16.4 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 / NOT SURE

99. REFUSED

Section 17: Immunizations**FLUSHOT6 (CDC-CORE)****YES/NO.**

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

NOTA AL ENTREVISTADOR: LEER SÓLO SI ES NECESARIO: Una nueva vacuna antigripal salió en el 2011 se inyecta la vacuna en la piel con una aguja muy pequeña. Se llama Fluzone intradérmica. Vacuna. También se considera una vacuna antigripal.

- 1. Yes
- 2. No

(GO TO PNEUMVC3)

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

(GO TO PNEUMVC3)

(GO TO PNEUMVC3)

FLSHTWH3 (CDC-CORE)

TYPE1.

17.2 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 estacional 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

9 9 / 9 9 9 9 REFUSED

FLUPLAC5 (CDC- OPTIONAL MODULE- CA IMMUN)

FLUPLACF.

17.3 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

PNEUMVC3 (CDC-CORE)

YES/NO.

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

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

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

TETNUS14 (CDC-CORE)

TDAP.

Next I will ask about the tetanus diphtheria vaccine. *A continuación, le voy a preguntar sobre la vacuna contra el tétano y la difteria*

17.5 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?"

¿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
- 99. REFUSED

Section 18: Falls

If AGE \geq 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.

18.1 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.

18.2 {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 '1'
IF RESPONSE IS 'NO', CODE '888'.

-- NUMBER OF FALLS [76 = 76 OR MORE]

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 19: Seat Belt Use

SEATBELT (CDC-CORE)

SEATBELT.

19.1 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)
77. DON'T KNOW/ NOT SURE
99. REFUSED

IF SEATBELT =88 and RESPGEND = 2 SKP HADMAM2
IF SEATBELT =88 and RESPGEND = 1 SKP PSADRADV

Section 20: Drinking and Driving

If DRNKALC2 = Not Applicable, and RESPGEND =2 go to HADMAM2
If DRNKALC2 = Not Applicable, and RESPGEND =1 go to **PSADRADV**

The next question is about drinking and driving.

La siguiente pregunta es acerca de beber y conducir.

DRINKDRI (CDC-CORE)

TYPE I.

20.1 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 21: Breast and Cervical Cancer Screening

If SEX1 = 1, go to 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)

YESNO.

21.1 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.

'Un mamograma' is also known as 'una mamografía'.

1. Yes

2. No

(Go to HADPAP2)

77. DON'T KNOW / NOT SURE

(Go to HADPAP2)

99. REFUSED

(Go to HADPAP2)

HOWLONG2 (CDC-CORE)

HOWLNGC.

**21.2 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)
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 / NOT SURE
- 99. REFUSED

HADPAP2 (CDC-CORE)

YES/NO.

21.3 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 Papanicolaou, es un examen para detectar cáncer de la cerviz. ¿Alguna vez, le han hecho la prueba de Papanicolaou?

NOTA AL ENTREVISTADOR: Una prueba de Papanicolaou es cuando material del cuello del útero es tomado, que es la boca de la matriz, para ver si hay células cancerosas presentes.

- 1. Yes
- 2. No (Go to HPVTEST)
- 77. DON'T KNOW/ NOT SURE (Go to HPVTEST)
- 99. REFUSED (Go to HPVTEST)

WHENPAP2 (CDC-CORE)

HOWLONG.

21.4 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 Papanicolaou?

- 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 / NOT SURE
- 99. REFUSED

HPVTEST (CDC-CORE)

YES/NO.

Now, I would like to ask you about the Human Papillomavirus (**Pap-uh-loh-muh virus**) or HPV test.

Ahora, me gustaría preguntarle sobre el Virus del Papiloma Humano (Pap-uh-loh-muh virus) o prueba de HPV.

21.5 An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test?

*Una prueba de HPV se da a veces con la prueba de Papanicolaou para la detección del cáncer cervical.
¿Alguna vez ha tenido una prueba de HPV?*

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

HPLSTTST (CDC-CORE)

21.6 How long has it been since you had your last HPV test? HOWLNGC.

¿Cuánto tiempo tiene desde que tuvo su última prueba del HPV?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 77 Don't know / Not sure
- 99 Refused

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

PREGNANT (CDC-CORE)

YESNO.

21.7 To your knowledge, are you now pregnant?

¿Que usted sepa, está embarazada?

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

IF PREGNANT=1 go to HADSTLHM

HYSTER2 (CDC-CORE)

YESNO.

21.8 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
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

IF (AGE > 49) SKP HADSTLHM

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

PFPPRVN1 (CDC-OPTIONAL MODULE) –ASKED IN 4TH QRT ONLY

BCNTRL.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Las siguientes preguntas son sobre sus pensamientos y experiencias con la planificación familiar. Por favor, recuerde que todas sus respuestas serán confidenciales.

21.21 Did you or your partner do anything the last time you had vaginal sex to keep you from getting pregnant?

¿La última vez que tuvieron relaciones sexuales, usted o su esposo/pareja hicieron algo para evitar un embarazo?

- | | |
|---|----------------|
| 1. Yes/ Sí | |
| 2. No | GO TO NOBCUSE6 |
| 3. No partner/not sexually active/No tiene pareja/no tiene actividad sexual | GO TO PSADRADV |
| 4. Same sex partner/No sabe/No está segura | GO TO PSADRADV |
| 7. DON'T KNOW / NOT SURE | GO TO NOBCUSE6 |
| 9. REFUSED | GO TO NOBCUSE6 |

TYPENR7 (CDC-OPTIONAL MODULE) –ASKED IN 4TH QRT ONLY

TYPENR7.

21.22 What did you or your partner do the last time you had sex to keep you from getting pregnant?

¿La última vez que tuvieron relaciones sexuales, ¿qué hicieron usted o su esposo/pareja para evitar un embarazo?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

Si la encuestada indica MÁS DE UN método anticonceptivo, anote el que aparezca primero en la lista.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING “CONDOMS,” PROBE TO DETERMINE IF “FEMALE CONDOMS” OR MALE CONDOMS.”

Si la encuestada indica usar “condones”, pregúntele si son “condones de mujer” o “condones de hombre”.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”

Si la encuestada indica usar “DIU” (dispositivo intrauterino), pregunte para saber si es “DIU de levonorgestrel” o “DIU de alambre de cobre”.

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Si la encuestada responde “otro método”, pídale que especifique y asegúrese de que la respuesta no corresponda a alguna otra categoría. Si la respuesta corresponde a otra categoría, márkelo adecuadamente.

Read only if necessary:

- | | | |
|----|---|----------------|
| 01 | Female sterilization (ex. Tubal ligation, Essure, Adiana) | GO TO PSADRADV |
| 02 | Male sterilization (vasectomy) | GO TO PSADRADV |
| 03 | Contraceptive implant (ex. Implanon) | GO TO PSADRADV |
| 04 | Levonorgestrel (LNG) or hormonal IUD (ex. Mirena) | GO TO PSADRADV |

05	Copper-bearing IUD (ex. ParaGard)	GO TO PSADRADV
06	IUD, type unknown	GO TO PSADRADV
07	Shots (ex. Depo-Provera)	GO TO PSADRADV
08	Birth control pills, any kind	GO TO PSADRADV
09	Contraceptive patch (ex. Ortho Evra)	GO TO PSADRADV
10	Contraceptive ring (ex. NuvaRing)	GO TO PSADRADV
11	Male condoms	GO TO PSADRADV
12	Diaphragm, cervical cap, sponge	GO TO PSADRADV
13	Female condoms	GO TO PSADRADV
14	Not having sex at certain times (rhythm or natural family planning)	GO TO PSADRADV
15	Withdrawal (or pulling out)	GO TO PSADRADV
16	Foam, jelly, film, or cream	GO TO PSADRADV
17	Emergency contraception (morning after pill)	GO TO PSADRADV
18	Other method	GO TO PSADRADV

77 DON'T KNOW / NOT SURE
99 REFUSED

01. Esterilización femenina (p. ej., ligadura de trompas, Essure, Adiana)
 02. Esterilización masculina (vasectomía)
 03. Implante anticonceptivo (p. ej., Implanon)
 04. DIU de Levonorgestrel (LNG) u hormonal (como Mirena)
 05. DIU de cobre (como ParaGard)
 06. DIU, de tipo desconocido
 07. Inyecciones (como Depo-Provera)
 08. Pastillas anticonceptivas de cualquier tipo
 09. Parche anticonceptivo (como Ortho Evra)
 10. Anillo anticonceptivo (como NuvaRing)
 11. Condones de hombre
 12. Diafragma, capuchón cervical, esponja
 13. Condones de mujer
 14. No tiene relaciones sexuales en ciertos días (método de ritmo o método anticonceptivo natural)
 15. Retiro antes de la eyaculación (eyacula afuera)
 16. Espuma, gel, película o crema anticonceptiva
 17. Anticonceptivos de emergencia (pastilla de la "mañana siguiente")
 18. Otro método
77. NO SABE/NO ESTÁ SEGURA
99. SE NIEGA A CONTESTAR

NOBCUSE6 (CDC-OPTIONAL MODULE) –ASKED IN 4TH QRT ONLY

BCWHYNTD.

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

Algunos de los motivos que puede haber tenido usted para no hacer nada para evitar un embarazo la última vez que tuvieron relaciones sexuales pueden ser: desear un embarazo, no tener dinero para comprar un método anticonceptivo o pensar que no puede quedar embarazada.

21.23 What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

¿La última vez que tuvieron relaciones sexuales, ¿cuál fue el motivo principal de que usted no hiciera nada para evitar un embarazo?

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Si la encuestada responde “otro motivo”, pídale que especifique y asegúrese de que la respuesta no corresponda a alguna otra categoría. Si la respuesta corresponde a otra categoría, márkelo adecuadamente..

Read only if necessary:

- | | | |
|----|---|----------------|
| 01 | You didn't think you were going to have sex/no regular partner | GO TO PSADRADV |
| 02 | You just didn't think about it | GO TO PSADRADV |
| 03 | Don't care if you get pregnant | GO TO PSADRADV |
| 04 | You want a pregnancy | GO TO PSADRADV |
| 05 | You or your partner don't want to use birth control | GO TO PSADRADV |
| 06 | You or your partner don't like birth control/side effects | GO TO PSADRADV |
| 07 | You couldn't pay for birth control | GO TO PSADRADV |
| 08 | You had a problem getting birth control when you needed it | GO TO PSADRADV |
| 09 | Religious reasons | GO TO PSADRADV |
| 10 | Lapse in use of a method | GO TO PSADRADV |
| 11 | Don't think you or your partner can get pregnant (infertile or too old) | GO TO PSADRADV |
| 12 | You had tubes tied (sterilization) | GO TO PSADRADV |
| 13 | You had a hysterectomy | GO TO PSADRADV |
| 14 | Your partner had a vasectomy (sterilization) | GO TO PSADRADV |
| 15 | You are currently breast-feeding | GO TO PSADRADV |
| 16 | You just had a baby/postpartum | GO TO PSADRADV |
| 17 | You are pregnant now | GO TO PSADRADV |
| 18 | Same sex partner | GO TO PSADRADV |
| 19 | Other reasons | GO TO PSADRADV |

- 77 DON'T KNOW / NOT SURE
99 REFUSED

- 01 *No pensaba que iba a tener una relación sexual/no tiene una pareja fija*
02 *Simplemente no pensó que podía quedar embarazada*
03 *No le importaba quedar embarazada*
04 *Quería quedar embarazada*
05 *Usted o su pareja no quieren usar métodos anticonceptivos*
06 *A usted o a su pareja no les gustan los métodos anticonceptivos o sus efectos secundarios*
07 *No tuvo dinero para comprar un método anticonceptivo [*
08 *Tuvo problemas para conseguir un método anticonceptivo cuando lo necesitó*
09 *Motivos religiosos*
10 *Interrumpió brevemente el uso de un método anticonceptivo*
11 *No cree que usted o su pareja puedan tener hijos (infértil o edad avanzada)*
12 *Le ligaron las trompas (esterilización)*
13 *Le hicieron una histerectomía*
14 *Su pareja tuvo una vasectomía (esterilización)*
15 *Está amamantando actualmente*
16 *Acababa de tener un bebé/posparto*
17 *Está embarazada actualmente*
18 *Pareja del mismo sexo*

19 Otro motivo

77 NO SABE/NO ESTÁ SEGURA

99 SE NIEGA A CONTESTAR

Section 22: Prostate Cancer Screening

If SEX1=1 and AGEB GE 40 continue, else to HADSTLHM

PSADRADV(CDC-CORE) (NEW)

YES/NO.

22.1 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

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

PSADRDIS (CDC-CORE) (NEW)

YES/NO.

22.2 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

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

PSADRREC (CDC-CORE) (NEW)

YES/NO.

22.3 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

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

PSAHAD2 (CDC-CORE)

YES/NO.

22.4 Have you EVER HAD a PSA test?

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

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

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

PSAWHEN2 (CDC-CORE)

HOWLNGC.

22.5 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 (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 / NOT SURE
99. REFUSED

PSAMAIN1 –MODIFIED (CDC-CORE)

PSAREAS12.

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

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

1. Part of a routine exam
Parte de un examen de rutina
2. Because of a prostate problem
Debido a un problema de la próstata
3. Because of a family history of prostate cancer
Debido a una historia familiar de cáncer de próstata
4. Because you were told you had prostate cancer
Porque le dijeron que tenía cáncer de próstata
5. Some other reason
Otra razón
77. DON'T KNOW / NOT SURE
99. REFUSED

Section 23: Colorectal Cancer Screening

IF (AGEB <= 49) SKP AIDSTST8

HADSTLHM (CDC-CORE)

YESNO.

23.1 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 | |
| 2. | No | IF (ANS > 1) SKP HADSIG4 |
| 77. | DON'T KNOW/ NOT SURE | IF (ANS > 1) SKP HADSIG4 |
| 99. | REFUSED | IF (ANS > 1) SKP HADSIG4 |

WHENSTO3 (CDC-CORE)

HOWLNGC.

23.2 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
<i>En el último año</i> | (anytime less than 12 months ago) |
| 2. | Within the past 2 years
<i>En los últimos 2 años</i> | (1 year but less than 2 years ago) |
| 3. | Within the past 3 years
<i>En los últimos 3 años</i> | (2 years but less than 3 years ago) |
| 4. | Within the past 5 years
<i>En los últimos 5 años</i> | (3 years but less than 5 years ago) |
| 5. | 5 or more years ago
<i>5 años o más</i> | |
| 77. | DON'T KNOW / NOT SURE | |
| 99. | REFUSED | |

HADSIG4 (CDC-CORE)

YESNO.

23.3 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 u otros problemas de salud. ¿Alguna vez, le han hecho uno de estos exámenes?

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

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

(Go to AIDSTST8)
 (Go to AIDSTST8)

SIGORCOL (CDC-CORE)

SIGORCOL.

23.4 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 y por lo general, 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.

23.5 How long has it been since you had your last {IF SIGORCOL = 1 (sigmoidoscopy) OR SIGORCOL = 2 (colonoscopy)}?

¿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."

(READ ONLY IF NECESSARY)

- | | | |
|----|---|--------------------------------------|
| 1. | Within the past year
<i>En el último año</i> | (anytime less than 12 months ago) |
| 2. | Within the past 2 years
<i>En los últimos 2 años</i> | (1 year but less than 2 years ago) |
| 3. | Within the past 3 years
<i>En los últimos 3 años</i> | (2 years but less than 3 years ago) |
| 4. | Within the past 5 years
<i>En los últimos 5 años</i> | (3 years but less than 5 years ago) |
| 5. | Within the past 10 years
<i>En los últimos 10 años</i> | (5 years but less than 10 years ago) |
| 6. | 10 or more years ago
<i>10 años o más</i> | |

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

Section 24: 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)

YESNO.

24.1 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 cuenta las pruebas que le hayan realizado al donar sangre. Incluya las pruebas de fluidos (saliva) de su boca.

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

(SKP EXPWHERE)
(SKP EXPWHERE)
(SKP EXPWHERE)

TSTDATE (CDC-CORE – Collected in Cell Q1, but should not have been collected at all) TSTDATE.

24.2 Not including blood donations, in what month and year was your last HIV test? (Include saliva tests).

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985 CODE "DON'T KNOW." CODE 4 DIGIT YEAR.

ENTER MONTH AND YEAR (MMYYYY)

(FOR EXAMPLE: JUNE OF 2013 = 062013)

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY, 1985

CODE '777777' = DON'T KNOW/NOT SURE

INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS '77' AND THE LAST FOUR DIGITS FOR THE YEAR. - EX. 772000.

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

- 777777. DON'T KNOW / NOT SURE
- 999999. REFUSED

TSTWHERE (CDC-CORE)

TSTWHERE.

(Incorrectly collected for Cell phones in Q1 – should not have been collected at all)

18.3 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
- 0 2 Counseling and testing site
- 0 3 Hospital inpatient (4 in programming)
- 0 4 Clinic (5 in programming)
- 0 5 Jail or prison (or other correctional facility) (6 in programming)
- 0 6 Drug treatment facility (7 in programming)
- 0 7 At home (8 in programming)
- 0 8 Somewhere else (9 in programming)
- 0 9 Emergency room (3 in programming)
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

EXPWHERE (CDC-CORE)

YESNO.

24.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

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

You have used intravenous drugs in the past year.
Se inyectó drogas intravenosamente en el último año

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

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

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

Ha dado o recibió dinero o drogas a cambio de sexo en el último año

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

Tuvo sexo anal sin condón en el último año.

You had four or more sex partners in the past year.

Tuvo cuatro o más parejas sexuales en el último año.

Do any of these situations apply to you?

¿Alguna de estas situaciones le aplica a usted?

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

Section 25: Childhood Lead Poisoning Prevention

Now I would like to ask you some health related questions about {if NUMADULT (NUMADULC in CELL) =1 and CHILD18=0, "the place where you live", else "your family, the place where you live, and where your family plays"}}

Ahora me gustaría hacerle algunas preguntas relacionadas con la salud de {if NUMADULT (NUMADULC in CELL)=1 and CHILD18=0, "el lugar donde usted vive", else "su familia, el lugar donde usted vive, trabaja, y donde su familia juega"}}.

LEADAH (CA-Lead Program—*New Question*)—Ask all respondents **TRUE.**

**25.1 Lead paint is more likely to be found in older homes than in newer homes.
Is this statement true or false?**

*La pintura con plomo es más probable que se encuentre en las casas viejas que en las casas más nuevas.
(¿Es esta declaración cierta o falsa?)*

- 1. True
- 2. False
- 77. Don't Know/Not Sure
- 99. Refused

LEADPC (CA-Lead Program—*New Question*)—Ask all respondents **TRUE.**

**25.2 Lead paint chips can be poisonous when eaten.
Is this statement true or false?**

*Pedazos (cáscaras) de pintura con plomo pueden ser venenosas cuando se comen?
(¿Es esta declaración cierta o falsa?)*

- 1. True
- 2. False
- 77. Don't Know/Not Sure
- 99. Refused

LEAD1 (CA-LEAD PROGRAM--*Asked on the 2001 and 2005-2015 BRFSS*)—Ask all respondents

YESNO.

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

Pensando en la casa o edificio donde vive usted. ¿Fue construida antes de 1978?

- 1. Yes
- 2. No (GO TO LEAD1)
- 77. DON'T KNOW/NOT SURE (GO TO LEAD1)
- 99. REFUSED (GO TO LEAD1)

LEADCHP1 (CA-LEAD PROGRAM—LEADCHIP asked on the 2005-2007 and 2009-2010, and 2012-2013 BRFSS, LEADCHP1 asked on 2015)—Ask only of those answering LEAD1 as “Yes.”

25.4 Does the place you live in have peeling or chipped paint? YESNO.

¿Tiene su hogar pintura que se está despegando o pelando?

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

LEADREN4 (CA-LEAD PROGRAM—LEADRENO asked on 2008 and 2009, LEADREN1 asked on 2010, LEADREN2 asked on 2011, and LEADREN3 asked on the 2012 BRFSS, and LEADREN4 asked on the 2013-2015 BRFSS)-- Ask only of those answering LEAD1 as “Yes.” **YESNO.**

25.5 Has the place you live in been remodeled, renovated, repaired, painted, or had work done on it

in the last 12 months?

¿El lugar donde vive usted ha sido remodelado, renovado, reparado, pintado, o le han hecho trabajo en los últimos 12 meses?

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

The following 7 questions should be asked of all respondents:

LEADI (CA-LEAD PROGRAM—*New Question*)--Ask all respondents. LIKELY.

25.6 Compared to higher-income families, what is the likelihood that low-income families in government-assisted programs are at risk for lead poisoning?

¿Comparado con familias de ingresos más altos, cuál es la probabilidad que las familias de bajos ingresos en los programas de asistencia del gobierno están en riesgo de envenenamiento por plomo?

1. More Likely / *Es más probable*
2. Equally Likely / *Igual de probable*
3. Less Likely / *Menos probable*

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

25.7 LEADR (CA-LEAD PROGRAM—*New Question*)--Ask all respondents. LIKELY.

Compared to other population groups, what is the likelihood that African Americans, Latinos, and recent immigrants are at risk for lead poisoning?

En comparación con otros grupos de la población, ¿cuál es la probabilidad de que los afroamericanos, los latinos y los inmigrantes recientes están en riesgo de envenenamiento por plomo?

1. More Likely / *Es más probable*
2. Equally Likely / *Igual de probable*
3. Less Likely / *Menos probable*

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

25.8 LEADLL2 (CA-LEAD PROGRAM—*Modified QUESTION*—LEADLL was asked on 2013-2014 BRFSS and LEADLL1 was asked on the 2015 BRFSS)—Ask all respondents. LEADLL2.

Even low levels of lead in children cause _____.
Incluso bajos niveles de plomo en los niños causan ____.

1. Weight gain / *Aumento de peso*
2. Allergies / *Alergias*
3. Difficulty learning / *Dificultad de aprendizaje*

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

H: Lead makes it hard to learn. (Difficulty learning).

25.9 LEADSKS--(CA-LEAD PROGRAM—NEW QUESTION)--Ask all respondents.

TRUE.

Children can get lead in their bodies from touching or using some powders or cosmetics like surma, kohl or sindoor.

Is this statement true or false?

Los niños pueden obtener plomo en sus cuerpos por tocar o usar algunos polvos o cosméticos como el kohl, surma o sindoor.

(¿Es esta declaración cierta o falsa?)

- 1. True
- 2. False
- 77. Don't Know/Not Sure
- 99. Refused

H: TRUE, Children can have lead in their bodies from touching or using some IMPORTED powders or cosmetics like surma, kohl or sindoor.

25.10 LEADTC--(CA-LEAD PROGRAM—NEW QUESTION)--Ask all respondents.

TRUE.

Children can get lead in their bodies from eating foods with brightly colored spices like turmeric or chili.

Is this statement true or false?

Los niños pueden obtener plomo en sus cuerpos por comer alimentos con especias de colores brillantes como cúrcuma o Chile.

(¿Es esta declaración cierta o falsa?)

- 1. True
- 2. False
- 77. Don't Know/Not Sure
- 99. Refused

H: TRUE, Children can have lead in their bodies from eating IMPORTED foods with brightly colored spices like turmeric or chili.

25.11 LEADC--(CA-LEAD PROGRAM—NEW QUESTION)--Ask all respondents.

TRUE.

Children can get lead in their bodies from eating foods like Mexican grasshoppers or Chapulines.

Is this statement true or false?

Los niños pueden obtener plomo en sus cuerpos por comer alimentos como saltamontes (Mexicanos) o Chapulines.

(¿Es esta declaración cierta o falsa?)

- 1. True
- 2. False
- 77. Don't Know/Not Sure
- 99. Refused

H: TRUE, Children can have lead in their bodies from eating IMPORTED foods like Mexican grasshoppers or

Chapulines.
ENDHELP

**25.12 LEADTHR--(CA-LEAD PROGRAM—*NEW QUESTION*)--Ask all respondents.
TRUE.**

Children cannot get lead in their bodies from using traditional or herbal remedies. Is this statement true or false?

Los niños no pueden obtener plomo en sus cuerpos por usar remedios de hierbas o tradicionales.

¿Es esta declaración cierta o falsa?

- 1. True
- 2. False
- 77. Don't Know/Not Sure
- 99. Refused

H: TRUE, Children can have lead in their bodies from using IMPORTED traditional or herbal remedies.
ENDHELP

25.13 LPPS1 (CA-LEAD PROGRAM—*Modified QUESTION*—LPPS was asked on the 2015 BRFSS)--Ask only respondents with children. YESNO.

Has your child's childcare, pre-school, or elementary school given you information or talked to you about preventing childhood lead poisoning?

Alguna vez le han dado información o han hablado con usted acerca de la prevención del envenenamiento infantil por plomo en la guardería, el preescolar o la escuela primaria de su hijo/a?

- 1. Yes
- 2. No
- 3. No child in those grades /
- 77. Don't know/Not sure
- 99. Refused

Interviewer Note: Elementary school is defined as up to grade 6. / La escuela primaria se define hasta el sexto (6) grado.

(Ask this about the children in the household in this order: 2 year-old, 1 year-old, 3 year-old, 4 year-old, 5 year-old, but only ask once.) If NO children under age 6 years, GO TO NEXT MODULE.

25.14 CAREKIDD (CA-LEAD PROGRAM—CAREKIDC was surveyed on 2009-2012 and the 2014, CAREKIDD was surveyed on the 2015 BRFSS) YESNO.

**Did you personally take the **-year-old to a regular medical checkup during the past twelve months?
¿Usted personalmente llevo al niño/a de ** - años de edad, para un chequeo médico regular durante los últimos doce meses?**

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

(The last two questions, LEAD8 and LEADTST3, are to be asked only of respondents with a child living in the household < 6 years of age AND only if the respondent reported that they personally took the child to their checkup.)

25.15 LEAD8 (CA-LEAD PROGRAM--LEAD5 was surveyed on the 2001 BRFSS, LEAD6 was asked on 2002-2008 BRFSS, LEAD7 was surveyed on the 2014 BRFSS and LEAD8 was asked on the 2015 BRFSS.) YESNO.

Thinking about that medical appointment, did the doctor or other health care workers give you information or materials about preventing childhood lead poisoning?

En esa misma cita médica, el médico u otros trabajadores de salud le dieron información o materiales acerca de la prevención contra el envenenamiento con plomo?

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

25.16 LEADTST3 (CA-LEAD PROGRAM--LEADTST2 was asked on 2009-2010 and 2012 BRFSS, and LEADTST3 was surveyed on 2014-2015 BRFSS.) YESNO.

Has your **-year-old child ever had a blood lead test?

¿Alguna vez ha tenido su hijo(a) de *** años una prueba de plomo en la sangre?

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

Section 26: Cancer Survivorship

Ask if OTHCANC or SKCANC = 1; else go to TYPEWORK

IF (OTHCANC <> 1) & (SKCANC <> 1) SKP TYPEWORK

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

Usted nos dijo que había tenido cáncer. Me gustaría hacerle algunas preguntas más sobre esta enfermedad.

CANCDIFF (CA-CCCP)

CANC.

26.1 How many different types of cancer have you had?

¿Cuántos distintos tipos de cáncer ha tenido?

READ ONLY IF NECESSARY

- 1. Only one / Solo uno
- 2. Two / Dos
- 3. Three or more / Tres o más
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

CANCAGE (CA-CCCP)

TYPE VIII.

26.2 At what age were you told that you had cancer?

¿A qué edad le dijeron que tenía cáncer?

___ AGE IN YEARS (97 = 97 AND OLDER)

777. DON'T KNOW / NOT SURE

999. REFUSED

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

If CANCDIFF = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

¿A qué edad fue diagnosticado/a por primera vez con el cáncer?"

CANCTYPE (CA-CCCP)

CANCER.

If SKCANC = 1 (Yes) and CANCDIFF = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"?"

INTERVIEWER NOTE: CODE 21 IF "MELANOMA" OR 22 IF "OTHER SKIN CANCER".

26.3 What type of cancer was it?

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

¿Qué tipo de cáncer era?

Con su más reciente diagnóstico de cáncer, ¿qué tipo de cáncer era?

INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E., NAME OF CANCER) [1-28]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx (30 in programming)

Gastrointestinal

1 0 Colon (intestine) cancer (09 in programming)

1 1 Esophageal (esophagus) (10 in programming)

1 2 Liver cancer (11 in programming)

1 3 Pancreatic (pancreas) cancer (12 in programming)

1 4 Rectal (rectum) cancer (13 in programming)

1 5 Stomach (14 in programming)

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 6 Hodgkin's Lymphoma (Hodgkin's disease) (15 in programming)

1 7 Leukemia (blood) cancer (16 in programming)

1 8 Non-Hodgkin's Lymphoma (17 in programming)

Male reproductive

1 9 Prostate cancer (18 in programming)

2 0 Testicular cancer (19 in programming)

Skin

2 1 Melanoma (20 in programming)

2 2 Other skin cancer (21 in programming)

Thoracic

2 3 Heart (22 in programming)

2 4 Lung (23 in programming)

Urinary cancer:

2 5 Bladder cancer (24 in programming)

2 6 Renal (kidney) cancer (25 in programming)

Others

2 7 Bone (26 in programming)

2 8 Brain (27 in programming)

2 9 Neuroblastoma (28 in programming)

3 0 Other (Specify) (29 in programming)

IF (ANS = 29) SKP CANCTYPOTH

Do not read:

77 DON'T KNOW / NOT SURE

99 REFUSED

ELSE SKP SURVIVE1

CANCTYPOTH (CA-CCCP)

What type of cancer was it?

¿Qué tipo de cáncer era?

___ OPEN ENDED ANSWER

SURVIVE1 (CA-CCCP) (new modified response categories 2014)

SURVIVE1.

26.4 Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

En la actualidad, ¿está recibiendo tratamiento para el cáncer? Por tratamiento, queremos decir cirugía, terapia mediante radiación, quimioterapia inyectada, o pastillas de quimioterapia?

1. Yes / Sí
2. No, I've completed treatment / No, ya he completado tratamiento
3. No, I've refused treatment / No, he negado tratamiento
4. No, I haven't started treatment / No, he empesado tratamiento
77. DON'T KNOW / NOT SURE
99. REFUSED

SURVIVE2 (CA-CCCP)

TYPEDOC.

26.5 What type of doctor provides the majority of your health care?

¿Qué tipo de médico se encarga mayormente de atender su salud?

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

1. Cancer Surgeon / Cirujano de cáncer
2. Family Practitioner / Médico familiar
3. General Surgeon / Cirujano general
4. Gynecologic Oncologist / Ginecólogo oncólogo
5. General Practitioner, Internist / Médico general, Internista
6. Plastic Surgeon, Reconstructive Surgeon / Cirujano plástico, Cirujano reconstructivo
7. Medical Oncologist / Médico oncólogo
8. Radiation Oncologist / Oncólogo de radiación
9. Urologist / Urólogo
10. Other (specify) / Otro (especifique)

Do not read:

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

SURVIVE8 (CA-CCCP)

YESNO.

26.6 Did you participate in a clinical trial as part of your cancer treatment?

¿Participó en algún estudio clínico como parte de su tratamiento para el cáncer?

1. Yes

2. No

77. DON'T KNOW/ NOT SURE

99. REFUSED

SURVPLN1 (CA-CCCP)

YESNO.

26.7 Was a survivorship care plan ever created for you?

¿Fue un plan de cuidados de supervivencia creado para usted?

INTERVIEWER NOTE: PLEASE EXPLAIN EXACTLY WHAT A SURVIVORSHIP CARE PLAN IS : A survivorship care plan is a written document that often, but not always, includes the following information regarding care after cancer treatment is complete: treatment summary; surveillance plan; preventive care; and symptoms to report.

Un plan de cuidados de supervivencia es un documento escrito que frecuentemente, pero no siempre, contiene la siguiente informacion de cuidado despues, de tratamiento de cancer: resumen de tratamiento, plan de vigilancia, cuidado preventivo, y sintomas reportables.

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

(Go to SURVIVE9)

(Go to SURVIVE9)

(Go to SURVIVE9)

SURVPLN2 (CA-CCCP)

YESNO.

26.8 Did any healthcare professional ever discuss your survivorship care plan with you?

¿Alguna vez algún profesional de la salud ha hablado con usted de su plan de cuidados de supervivencia?

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

SURVPLN3 (CA-CCCP)

YESNO.

26.9 Did you ever receive a copy of your survivorship care plan?

¿Alguna vez recibió una copia de su plan de cuidados de supervivencia?

INTERVIEWER NOTE: PLEASE EXPLAIN EXACTLY WHAT A "COPY" OF THE SURVIVORSHIP CARE PLAN CAN BE: a hardcopy written document, a survivorship plan sent by postal service, fax or email, or directions to a website containing the survivorship care plan.

Una copia escrita, un plan de cuidados de supervivencia enviado por el correo postal, fax o correo electronico, o direcciones a un sitio de internet contiendo el plan de cuidados de supervivencia.

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

SURVPLN4 (CA-CCCP)

YESNO.

26.10 Did your Family Practitioner/Primary Care Provider ever receive a copy of your survivorship care plan?

¿Recibió alguna vez su médico de familia/proveedor de atención médica una copia de su plan de cuidados de supervivencia?

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

(Go to SURVIVE9)

(Go to SURVIVE9)

(Go to SURVIVE9)

SURVPLN5 (CA-CCCP)

YESNO.

26.11 Did your Family Practitioner/Primary Care Provider ever discuss your survivorship care plan with you?

¿Alguna vez su médico de familia/proveedor de atención médica ha hablado con usted de su plan de cuidados de supervivencia?

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

SURVIVE9 (CA-CCCP)

YESNO.

26.12 Do you currently have physical pain caused by your cancer or cancer treatment?

¿En la actualidad padece algún dolor físico causado por el cáncer o el tratamiento?

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

(Go to SURVIVE6)

(Go to SURVIVE6)

(Go to SURVIVE6)

Ask if SURVIVE9=1

SURVIV10A (CA-CCCP)

SURVIV10.

26.13 Is your pain currently under control?

¿Está su dolor controlado en la actualidad?

PLEASE READ:

1. Yes, with medication (or treatment) / *Sí, con medicamento (o tratamiento)*
2. Yes, without medication (or treatment) / *Sí, sin medicamento (o tratamiento)*
3. No, with medication (or treatment) / *No, con medicamento (o tratamiento)*
4. No, without medication (or treatment) / *No, sin medicamento (o tratamiento)*
77. DON'T KNOW/ NOT SURE
99. REFUSED

SURVIVE6 (CA-CCCP)

YESNO.

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

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

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

NOTA PARA ENTREVISTADOR: "seguro de salud" también incluye Medicare, Medicaid, u otros tipos de programas de salud estatales.

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

SURVIVE7 (CA-CCCP)

YESNO.

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

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

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

Section 27: Industry and Occupation

Now I am going to ask you about your work.
Ahora voy a preguntarle sobre su trabajo.

If EMPLOY2 =1 (Employed for wages) or 2 (Self-employed) or 4 (Out of work for less than 1 year) ask, else skip to **COCCI1**

TYPEWORK (CDC OPTIONAL MODULE –2013-CA-OHB)

27.1 What kind of work [if EMPLOY = 1 or 2 "do"; if EMPLOY2 = 4 "did"] you do? (for example, registered nurse, janitor, cashier, auto mechanic)

[if EMPLOY2 = 1 or 2] ¿Qué tipo de trabajo realiza usted? (por ejemplo, enfermera titulada, personal de limpieza, cajero, mecánico de automóviles)

[if EMPLOY2 = 4] ¿Cuál fue el título de su trabajo? (por ejemplo, enfermera titulada, personal de limpieza, cajero, mecánico de automóviles)

Enter Response _____

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

*INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK "What was your job title?"
¿Cuál es su profesión (título de su trabajo)?*

*IF RESPONDENT HAD MORE THAN ONE JOB THEN ASK, "What was your main job?"
¿Cuál es su trabajo principal?*

TYPEINDS (CDC OPTIONAL MODULE-2013-CA-OHB)

27.3 What kind of business or industry do (did) you work in? (for example, hospital, elementary school, clothing

manufacturing, restaurant)

¿En qué tipo de negocio o industria trabaja (o ha trabajado)? (por ejemplo, hospital, escuela primaria, fabricación de ropa, restaurante)

Enter Response _____

77. Don't Know/Not Sure

99. Refused

Section 28: Valley Fever Awareness

COCCI1 (CID/DIS New Question) Ask all respondents COCCI1.

28.1 Have you heard about the fungal disease called Valley Fever, also known as coccidioidomycosis [coc·cid·i·oi·do·my·co·sis] or cocci?

Has oído hablar de la enfermedad micótica (fúngica) llamada Fiebre del Valle, también conocida como la Coccidioides [Coc·cid·i·oi·des] o cocci?

1. Yes, and I or someone I know had Valley Fever/ *Sí, y yo o alguien que conozco tuvo Fiebre del Valle*

2. Yes, but I don't know anyone who had Valley Fever/ *Sí, pero no conozco a nadie que tuviera Fiebre del Valle*

3. No

77. Don't know

99. Refused

COCCI2 (CID/DIS New Question) Ask all respondents YESNO.

28.2 Some people are at increased risk for severe Valley Fever if infected. Are you one of these persons at increased risk for severe Valley Fever?

Algunas personas están en mayor riesgo de sufrir Fiebre del Valle si están infectados. ¿Es usted una de esas personas en mayor riesgo de sufrir Fiebre del Valle?

1. Yes

2. No

77. Don't know

99. Refused

COCCI3 (CID/DIS New Question) Ask all respondents YESNO.

28.3 The Valley Fever fungus exists naturally in the soil in some areas and people living in these areas can get infected. Do you live in an area where the Valley Fever fungus exists?

El hongo de la Fiebre del Valle existe naturalmente en el suelo en algunas áreas y la gente que vive en estas áreas puede ser infectada. ¿Vive en una zona donde existe el hongo de la Fiebre del Valle?

1. Yes

2. No

77. Don't know

99. Refused

Section 29: Random Child Selection

*If CHILD18 = 0 or CHILD18 = RF, Go to Section 30: 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 niño menor 17 años viviendo en el hogar. Tengo unas preguntas adicionales sobre uno de los niños en particular. El niño al que me refiero es el de **-año(s)/mes(es) de edad. Todas las preguntas acerca de los niños serán acerca del ** - años de edad*

CH_SEL (CDC OPTIONAL MODULE)

BOYGIRL.

29.1 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 / UNA NIÑA?
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

CH_HISP2 (CDC OPTIONAL MODULE)

YESNO.

29.2 Is this child Hispanic, Latino/a or of Spanish origin?

¿Es el niño(a) Hispano(a), Latino(a) o de origen español?

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

(GO TO CH_RACE3A)
(GO TO CH_RACE3A)
(GO TO CH_RACE3A)

CH_HMEX (CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)
Are they...

29.3 Mexican, Mexican American, or Chicano/a?

¿Es el niño(a) Mexicano, mexicanoamericano, chicano?

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

CH_HPR (CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)

29.4 Puerto Rican?

¿Es el niño(a) Puertorriqueño?

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

99. REFUSED

CH_HCUB (CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)

29.5 Cuban?

¿Es el niño(a) Cubano?

- 1. Yes
- 2. No

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

CH_HOTH (CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)

29.6 Another Hispanic, Latino/a, or Spanish origin?

¿Es el niño(a) De otro origen latino, hispano o español?"

- 1. Yes
- 2. No

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

CH_RACE3A (CDC OPTIONAL MODULE)

YESNO.

29.7 Which one or more of the following would you say is the race of this child? Would you say...

¿Cuál o cuáles de las siguientes diría usted que mejor representa la raza del niño(a)? ¿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 | CH_RAC_A |
| 2. Black or African American | CH_RAC_B |
| 3. American Indian or Alaska Native | CH_RAC_E |
| 4. Asian | CH_RAC_C |
| 5. Pacific Islander | CH_RAC_D |
| 6. Other (Specify) | CH_RAC_F |

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

IF (ANS > 6) SKP CH_BORN

IF (CH_RACE3A = 4 | CH_RACE3A = 5) SKP CH_RA2AB

IF ((CH_RACE3A = 1) & (CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) SKP CH_RACE4A

IF ((CH_RACE3A = 2) & (CH_RACE3A = 3 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) SKP CH_RACE4A

IF ((CH_RACE3A = 5) & (CH_RACE3A = 6)) SKP CH_RACE4A

IF (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 6) SKP CH_BORN

If CH_RACE3A= 4 or 5 then ask CH_RA2AB, else go to CH_BORN

CH_RA2AB (CA-CORE)

ORACE2AB.

29.8 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. Native Hawaiian
11. Samoan
12. Pakistani
13. Saipanese
14. Fijian
15. Guamanian or Chamorro
16. Other: (specify)
77. DON'T KNOW / NOT SURE
99. REFUSED

IF ((CH_RACE3A = 3) & (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) SKP CH_RACE4A

IF ((CH_RACE3A = 4) & (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 5 | CH_RACE3A = 6)) SKP CH_RACE4A
SKP CH_BORN

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

CH_RACE4A (CDC OPTIONAL MODULE)

29.9 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. American Indian or Alaska Native
4. Asian
5. Pacific Islander
6. Other
77. DON'T KNOW / NOT SURE
99. REFUSED

CH_BORN (EHIB/CDC OPTIONAL MODULE)

TYPE I.

29.10 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)
29.11 How are you related to the child?

CH_REL.

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

PLEASE READ:

- 1. Parent (include biologic, step, or adoptive parent) / *Padre (incluye biologico, padastro 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 biologico, hermanastro o hermano adoptivo)*
- 5. Other relative / *Otra relacion*
- 6. Not related in any way / *Ninguna relacion*
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

Section 30: Childhood Asthma Prevalence

This module will only be implemented in households with children (<18 years old).

CHLDAST2 (EHIB/CDC OPTIONAL MODULE)

YESNO.

30.1 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 (EHIB/CDC OPTIONAL MODULE)

YESNO.

30.2 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
  
```

Section 31: Closing

If ASTHEVE3=1 or CHLDAST2 =1 continue

ADLTCALL (CDC-ASTHMA CALL BACK)

YESNO.

31.1 Do you think you would be willing to do a follow-up to this survey in the next two weeks, asking about your 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 su asma?

- 1. Yes IF (ANS = 1) SKP ADLTNAME
- 2. No IF (ANS>1) SKP PANEL
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

CHLDCALL (CDC-ASTHMA CALL BACK)

YESNO.

31.2 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 ADLTNAME
- 2. No IF (ANS>1) SKP PANEL
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ADLTNAME (CDC-ASTHMA CALL BACK) (Ask if said yes to ADLTCALL or CHLDCALL)

31.3 Whom should we ask for when we call back?

¿Por quién debemos preguntar cuando volvamos a llamar?

Interviewer: It would be best to have a name or nickname or initials.

Enter name _____ (IF ASTHCB = 1 SKP CBTIME)

CHLDNAME (CDC-ASTHMA CALL BACK) (Ask if said yes to CHLDCALL)

31.4 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 MostKnow

MOSTKNOW

31.5 Are you the parent or guardian in the household who knows the most about (CHLDNAME)'s

asthma?

¿Es usted el padre o guardian en este hogar que sabe lo mas sobre el asma de (CHILDNAME)

- 1. Yes IF (ANS = 1) SKP CBTime
- 2. No IF (ANS>1) SKP OthName

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

OTHNAME

Openend.

31.6 You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

Dijo que alguien mas esta mas informado sobre el asma del niño/a. Podria, por favor, darme el primer nombre, iniciales o apodo de este adulto para saber con quien hablar cuando regresemos esta llamada con respeto a este niño/a.

ENTER FIRST NAME, INITIALS OR NICKNAME:

CBTIME (CDC-ASTHMA CALL BACK)

31.7 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

SPANINB.

(To Interviewer:) Was this interview completed in English or Spanish?

- 1. Spanish
- 2. English