

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2017
Track II
In Collaboration with The Center for Disease Control and Prevention's
Behavioral Risk Factor Surveillance System

Merged English/Spanish Version

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**Behavioral Risk Factor Surveillance System
2017 State Questionnaire
Track II**

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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 with the assistance of the Centers for Disease Control and Prevention.

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

ENTER 1 TO CONTINUE

CHKPHON

Is this (XXX)-XXX-XXXX ?

¿Es este (XXX)-XXX-XXXX ?

1. YES
2. NO

GO TO PRIVRES
GO TO WRONGNUM

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 **GO TO INTROQST**

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).

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 CONSECUTIVE DAYS CONCURRENT WITH THE INTERVIEW INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

READ ONLY WHEN NECESSARY:

ENGLISH:

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

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

1. YES
2. NO, CONTINUE
3. NO, BUSINESS PHONE ONLY

GO TO IS_CELL
GO TO COLLEGE
GO TO 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 = 4450

ASK IF PRIVRES NOT EQUAL 1

COLLEGE

Do you live in college housing?

¿Vive en una vivienda universitaria?

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

GO TO IS_CELL

2. No

GO TO NONRES

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.

DISPOS = 4500

IS_CELL

CELL PHONE

Is this a cell phone?

¿Es este un celular?

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION.

INTERVIEWER NOTE:

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

READ ONLY WHEN NECESSARY:

ENGLISH:

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

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

GO TO INCALI

2. YES

INCALI

CONFIRM STATE OF RESIDENCE OF RESPONDENT

Do you currently live in California?

¿Vive actualmente en California?

1. YES
2. NO

GO TO RUADULT

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 CONSECUTIVE DAYS CONCURRENT WITH THE INTERVIEW INCLUDING VACATION HOMES, RVs OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

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

ASK IF PRIVRES =1

RUADULT

Are you 18 years of age or older?

¿Tiene usted 18 años de edad o más?

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 2,500 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important issues facing Californians today.

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

GO TO NUMADULT1

2. IF No SAY:

Thank you for your cooperation, but we are only interviewing ADULTS age 18 and older at this time.

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

GO TO LLNOADLT

LLNOADLT

NO ADULT USES PHONE IN COLLEGE HOUSING

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4700

NUMADULT1

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?

INTERVIEWER NOTE: IF COLLEGE HOUSING WAS YES, NUMBER OF ADULTS IS AUTOMATICALLY '1'.

___ ENTER THE NUMBER OF ADULTS

IF (ANS = 1) GO TO ONEADULT
ELSE GO TO NUMMEN1

Ask if NUMADULT GT 1

NUMMEN1

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) GO TO WRONGTOT
IF (ANS = ADULTS) GO TO 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) GO TO WRONGTOT
ELSE GO TO SELECTED

WRONGTOT

TOTAL ADULTS IS INCONSISTENT

I'm sorry, something is not right.

NUMBER OF MEN - XX
NUMBER OF WOMEN - + XX

NUMBER OF ADULTS – XX

- 1. CORRECT THE NUMBER OF MEN
- 2. CORRECT THE NUMBER OF WOMEN
- 3. CORRECT THE NUMBER OF ADULTS

IF (ANS = 1) GO TO NUMMEN1
IF (ANS = 2) GO TO NUMWOMEN1
IF (ANS = 3) GO TO NUMADULT1

Ask if NUMADULT GT 1

SELECTED

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
2. NO

GO TO SEX1
GO TO GETADULT

ASK IF ADULT = 1

ONEADULT

Are you the adult?

¿Es usted el adulto?

If 'yes'...

Then you are the person I need to speak with. (Ask gender if necessary).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

1. MALE RESPONDENT
 2. FEMALE RESPONDENT
- NO, PLEASE SCHEDULE A CALLBACK

GO TO SEX1
GO TO SEX1

GETADULT

May I speak with him/her?

ASK FOR THE ADULT

¿Me permite hablar con el/la?

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

NEWADULT

NEW ADULT TO SPEAK WITH

Hello, I'm _____ from the California Department of Public Health and the Centers for Disease Control and Prevention. We're doing a special study of California residents regarding their health practices and day-to-day living habits to guide state and federal health policies. You have been randomly chosen to represent 5,000 people in California.

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

1. PERSON INTERESTED, CONTINUE
2. PERSON IS NOT INTERESTED CODE THE APPROPRIATE REFUSAL (HIT F3).

SEX1 (CDC-CORE)

INTERVIEWER NOTE: CONFIRM SEX OF SELECTED RESPONDENT.

YOU MUST ASK:

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

FOR CALLING BACK PEOPLE (HIT F2 FOR RESTART)

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 F3)

- Introduction and Screening Questions for CELL -

INTROQST

Hello, I'm _____ calling for the California Department of Public Health with the assistance of the Centers for Disease Control and Prevention.

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

RUSAFE

YESNO.

Is this a safe time to talk with you?

¿Es este un momento seguro para hablar con usted?

- 1. Yes
- 2. No

GO TO CHKPHON

If 'NO', Thank you very much. We will call you back at a more convenient time. **SET APPT**

*Si 'NO', Muchas gracias. Le llamaremos en un momento más conveniente. **SET APPT***

CHKPHON

YESNO.

Is this XXX-XXX-XXXX?

¿Es este XXX-XXX-XXXX?

- 1. Yes
- 2. No

GO TO WRONGNUM

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

IS_CELL

YESNO.

Is this a cell phone?

¿Es este un celular?

READ ONLY IF NECESSARY: By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.

Por teléfono celular nos referimos a un teléfono que es móvil y utilizable fuera de su vecindario.

- 1. Yes
- 2. No

GO TO CADULT
GO TO NOTCELL

NOTCELL

NOT CELL

Thank you very much, but we are only interviewing cell phones at this time.

Muchas gracias, pero solamente estamos entrevistando a persona con teléfono celular en este tiempo.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4460

CADULT

Are you 18 years of age or older?

¿Tiene por lo menos 18 años de edad o mas?

- 1. Yes
- 2. No

- 7. DON'T KNOW
- 9. REFUSED

GO TO PRIVRES
GO TO CELLNOT18

GO TO CELLNOT18
GO TO CELLNOT18

CELLNOT18

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.

DISPOS = 4700

PRIVRES

YESNO.

Do you live in a private residence?

¿Vive en una residencia privada?

READ IF NECESSARY: By private residence, we mean someplace like a house or apartment.

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

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 CONSECUTIVE DAYS CONCURRENT WITH THE INTERVIEW INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 1. Yes
- 2. No

GO TO CSTATE
GO TO COLLEGE

ASK IF PRIVRES NOT EQUAL 1
COLLEGE

Do you live in college housing?

¿Usted vive en vivienda de colegio?

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
- 2. No

GO TO CSTATE

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.

DISPOS = 4500

CSTATE

YESNO.

Do you currently live in California?

¿Vive usted en California?

- 1. Yes
- 2. No

GO TO LANDLINE
GO TO RSPSTATE

RSPSTATE

In what state do you currently live?

¿En qué estado vive usted?

_____ ENTER STATE FIPS CODE

LANDLINE

YESNO.

Do you also have a landline telephone in your home that is used to make and receive calls?

¿Tiene usted también un teléfono fijo en su casa que se utilice para hacer y recibir llamadas?

READ ONLY IF NECESSARY: By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls. Please include landline phones used both for business and personal use.

READ ONLY IF NECESSARY: *Por teléfono fijo, nos referimos a un teléfono 'regular' en su casa que se usa para hacer o recibir llamadas. Favor de incluir teléfonos fijos utilizados para negocios y uso personal.*

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

1. Yes
2. No

HHADULT (CDC-CORE)

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 NOTE: IF COLLEGE HOUSING WAS YES, NUMBER OF ADULTS IS AUTOMATICALLY '1'.

ENTER THE NUMBER OF ADULTS (1-18)

_____ Number of Adults

99. REFUSED

SEX1 (CDC-CORE)

INTERVIEWER NOTE: CONFIRM SEX OF SELECTED RESPONDENT.

YOU MUST ASK:

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

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. (1-800-321-2194).

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. 1-800-321-2194.

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

GO TO GENHLTH

2. PERSON IS NOT INTERESTED. PLEASE CODE APPROPRIATE REFUSAL (SOFT vs. HARD). F3

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.

F3

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 (CAL-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?

¿Hay una persona quien usted considera ser su médico personal o proveedor de su cuidado médico?

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?"

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: Hypertension awareness

BPHIGH2 (CDC-CORE)

YES/NO.

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

¿ALGUNA VEZ le ha dicho un doctor (médico), una enfermera u otro profesional de la salud que usted tiene la presión (de la sangre) alta?

READ ONLY IF NECESSARY: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

Por “otro profesional de la salud” nos referimos a una enfermera especializada, un asistente de médico o algún otro profesional de la salud con licencia para ejercer.

IF “YES” AND RESPONDENT IS FEMALE, ASK: “Was this only when you were pregnant?”

¿Fue esto solo cuando estaba embarazada?

1. YES/ SÍ
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **GO TO CHOLCHK1**
SÍ, PERO MUJER DIJO SÓLO DURANTE EL EMBARAZO
3. NO **GO TO CHOLCHK1**
4. TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE **GO TO CHOLCHK1**
LE AN DICHO QUE ESTA AL LÍMITE ALTO O AL BORDE DE LA HIPERTENSIÓN
77. DON'T KNOW/ NOT SURE **GO TO CHOLCHK1**
99. REFUSED **GO TO CHOLCHK1**

BPMED (CDC-CORE)

YES/NO.

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

¿Actualmente toma algún medicamento para controlar la presión (de la sangre) alta? (94)

1. YES
2. NO
77. DON'T KNOW / NOT SURE
99. REFUSED

Section 5: Cholesterol Awareness

CHOLCHK1 (CDC-CORE)**HOWLNGI.**

5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

El colesterol en la sangre es una sustancia grasosa que se encuentra en la sangre. ¿Cuánto tiempo hace desde la última vez que le midieron el colesterol en la sangre?

Read only if necessary:

- 1. Never / Nunca GO TO HEART2
- 2. Within the past year (anytime less than 12 months ago)
En el último año (hace menos de 12 meses)
- 3. Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años (hace 1 año pero menos de 2)
- 4. Within the past 5 years (2 years but less than 5 years ago)
En los últimos 5 años (hace 2 años pero menos de 5)
- 5. 5 or more years ago
Hace 5 años o más

Do not read:

- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED GO TO HEART2

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

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

¿ALGUNA VEZ le ha dicho un médico, una enfermera, u otro profesional de la salud que su nivel de colesterol en la sangre es alto?

- 1. YES
- 2. NO GO TO HEART2
- 77. DON'T KNOW/ NOT SURE GO TO HEART2
- 99. REFUSED GO TO HEART2

CHOLMED1 (CDC-CORE) NEW 2017**YESNO.**

5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

¿Actualmente está tomando medicamentos recetados por un médico u otro profesional de la salud para su colesterol en la sangre?

- 1. YES
- 2. NO
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Section 6: Chronic Health Conditions**HEART2 (CDC-CORE)****YESNO.**

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.

Has a doctor, nurse, or other health professional ever told you that you had any of the following?

For each, tell me 'Yes', 'No' or you're 'Not sure'.

¿Alguna vez le ha dicho un médico, enfermera u otro profesional de la salud que tenía alguno de los siguientes?

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

(Ever told) 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) 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 (Ever told) you that you had angina (anne - J - EYE- nah) or coronary heart disease?

¿(Alguna vez le ha dicho) que usted tuvo angina (anne - J - EYE- nah) de pecho o una enfermedad coronaria del corazón?

- 1. YES
- 2. NO

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

STROKE2 (CDC-CORE)

YESNO.

6.3 (Ever told) you that you had a stroke?

¿(Alguna vez le ha dicho) que usted tuvo una embolia?

- 1. YES
- 2. NO

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

ASTHEVE3 (CDC-CORE)

YESNO.

6.4 (Ever told) you that you had asthma?

¿(Alguna vez le ha dicho) que usted tuvo asma?

- 1. YES
- 2. NO

GO TO SKCANC

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

GO TO SKCANC
GO TO SKCANC

ASTHNOW (CDC-CORE)

YESNO.

6.5 Do you still have asthma?

¿Todavía tiene usted asma?

- 1. YES
- 2. NO

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

SKCANC (CDC-CORE)

YESNO.

6.6 (Ever told) you that had skin cancer?

¿(Alguna vez le ha dicho) 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 (Ever told) you that you had any other types of cancer?

¿(Alguna vez le ha dicho) 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 (Ever told) you that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?

¿(Alguna vez le ha dicho) que usted tuvo una enfermedad pulmonar obstructiva crónica, EPOC (también llamada COPD por sus siglas en inglés), de enfisema, o de bronquitis crónico?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE

99. REFUSED

ARTHRITID (CDC-CORE)

YES/NO.

6.9 (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) que usted tiene algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia (fibrómī'alj (ē) ə)?

Arthritis diagnoses include: rheumatism, polymyalgia rheumatica, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa.

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)

YES/NO.

6.10 (Ever told) you that you have a depressive disorder (including depression, major depression, dysthymia), or minor depression?

¿(Alguna vez le ha dicho) 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)

YES/NO.

6.11 (Ever told) you that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence (IN-CON-TIN-ANTS).

¿(Alguna vez le ha dicho) que usted tuvo una enfermedad renal (de los riñones)? NO incluya piedras en el riñón, infección en la vejiga (vesícula) ni incontinencia (IN-CON-TIN-ENS-IYA).

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

- 1. YES
- 2. NO

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

DIABCOR3 (CDC-CORE)

DIABCDC.

Next I would like to ask you about diabetes, sometimes called sugar diabetes.

Ahora, me gustaría preguntarle acerca de la diabetes, a veces llamada azúcar en la sangre.

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/ SÍ | GO TO DIABAGE |
| 2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY/ SÍ, PERO MUJER DIJO SÓLO DURANTE EL EMBARAZO (GESTATIONAL DIABETES) | IF (RespGend = 1) GO TO DIAFEMALE
GO TO LIMITJN2 |
| 3. NO | GO TO LIMITJN2 |
| 4. NO, PRE-DIABETES OR BORDERLINE DIABETES/ NO, AL PREDIABETES O AL BORDE DE LA DIABETES | GO TO PREDMBGT |
| 77. DON'T KNOW / NOT SURE | GO TO LIMITJN2 |
| 99. REFUSED | GO TO LIMITJN2 |

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 | GO TO LIMITJN2 |
| 2. NO, RE-ASK QUESTION DIABCOR3 | GO TO 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

**ASK IF (DIABCOR3 = 4) OTHERWISE SKP DIABINS
PREDMBGT (CA-DBCP-PRE-DIABETES MODULE)**

YESNO.

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

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

- 1. YES
- 2. NO

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

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

Section 7: Diabetes

DIABINS (CA-DBCP-DIABETES MODULE)

YESNO.

7.1 Are you now taking insulin?

¿En la actualidad, está usted tomando insulina?

- 1. YES
- 2. NO

- 99. REFUSED

CHKGLU (CA-DBCP-DIABETES MODULE)

TYPE XIX.

7.2 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

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

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

- 1xx = times per day (verify if GT 105)
- 2xx = times per week (verify if GT 235)
- 3xx = times per month
- 4xx = times per year
- 888 = Never

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

CHKSORE2 (CA-DBCP-DIABETES MODULE)

TYPE I.

7.3 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

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

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

INTERVIEWER: IF NO FEET PLEASE ENTER 555 AND SELECT NO FEET

1xx = times per day (verify if GT 105)
2xx = times per week (verify if GT 235)
3xx = times per month
4xx = times per year
555 = No Feet
888 = Never

777 = DON'T KNOW/ NOT SURE
999 = REFUSED

DIABDOC2 (CA-DBCP-DIABETES MODULE)

TYPE I.

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

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

_____ number of times (verify if GT 12)
88. None

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

DIABDOC3 (CA-DBCP-DIABETES MODULE)

TYPE I.

7.5 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

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

_____ number of times (verify if GT DIABDOC2)
88. None
98. Never heard of "A one C" test

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

SKIP IF CHKSORE2 = 555 "NO FEET"

CHKSORE (CA-DBCP-DIABETES MODULE)

TYPE I.

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

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

_____ number of times (verify if GT DIABDOC2)
88. None

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

VISCHK2 (CA- DBCP-DIABETES MODULE)**VISCHKB.**

7.7 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

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

1. Within the past month (ANYTIME LESS THAN 1 MONTH AGO)
Dentro del mes pasado (en cualquier momento menos de 1 mes)
 2. Within the past year (1 MONTH BUT LESS THAN 12 MONTHS AGO)
En el último año (Dentro de 1 mes pero menos de 12 meses)
 3. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
En los últimos 2 años (1 año pero menos de 2 años)
 4. More than 2 years ago
Hace más de 2 años
8. NEVER
77. DON'T KNOW / NOT SURE
99. REFUSED

RETINHAD (CA-DBCP-DIABETES MODULE)**YESNO.**

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

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

1. YES
 2. NO
77. DON'T KNOW/ NOT SURE
99. REFUSED

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

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

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

1. YES
 2. NO
77. DON'T KNOW/ NOT SURE
99. REFUSED

Section 8: Arthritis Burden

ASK IF ARTHRITD=YES, OTHERWISE SKIP TO AGE8

Next, I will ask you about your arthritis.

Ahora le voy a hacer preguntas sobre la artritis.

LIMITJN2 (CDC-CORE)**YESNO.**

8.1 Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

La artritis puede causar síntomas como dolor o como rigidez en o alrededor de las coyunturas.

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

¿Actualmente está usted limitado/a en cualquier manera en alguna de sus actividades usuales a causa de la artritis o síntomas de las coyunturas?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: *"Por favor, responda a esta pregunta, basada en su experiencia actual, independientemente de si usted está tomando cualquier medicamento o tratamiento"*.

Ask all respondents regardless of employment status

ARTHWRK2 (CDC-CORE)

YES/NO.

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

En esta próxima pregunta nos referimos al trabajo por pago, ¿Actualmente, le afecta la artritis o los síntomas de las coyunturas si usted trabaja, el tipo de trabajo que usted hace, o la cantidad de trabajo que usted hace?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

INTERVIEWER: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES."

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: *"Por favor responda a la pregunta con base en su experiencia actual, sin considerar si está tomando algún medicamento o si sigue un tratamiento"*.

ARTHPLAY (CDC-CORE)

HOWMUCH.

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

En los últimos 30 días, ¿hasta qué punto interfirió su artritis o síntomas de las coyunturas con sus actividades sociales normales, tales como ir de compras, ir al cine, o ir a reuniones religiosas o sociales? Diría usted...

Please read [1-3]:

1. A lot/ Mucho
2. A little/ Un poco
3. Not at all/ Nada

Do not read:

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

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Por favor responda a la pregunta con base en su experiencia actual, sin considerar si está tomando algún medicamento o si sigue un tratamiento".

ARTHPAIN (CDC-CORE)

TYPE I.

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

Por favor, piense en los últimos 30 días, teniendo en cuenta todo su dolor en las coyunturas y si usted ha tomado o no medicamentos. En una escala de 0 (Cero) a 10 (Diez) donde el 0 representa nada de dolor, y el 10 representa el peor dolor o molestia posible. DURANTE LOS ÚLTIMOS 30 DÍAS, ¿en promedio qué tan grave fue su dolor en las coyunturas?

_ _ ENTER NUMBER (0-10)

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

ARTHTDY2 (CA-CAPP)

ARTHTDY.

8.5 Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY?

Pensando en su artritis o los síntomas de las articulaciones, ¿cuál de las siguientes opciones le describe mejor? ¿Diría...

READ RESPONSES 1- 4

1. I can do everything I would like to do;
Puedo hacer todo lo que quiero hacer
2. I can do most things I would like to do;
Puedo hacer la mayoría de las cosas que quiero hacer
3. I can do some things I would like to do;
Puedo hacer algunas cosas que quiero hacer
4. I can hardly do anything I would like to do.

Apenas puedo hacer las cosas que quiero hacer

77. DON'T KNOW/NOT SURE

99. REFUSED

ARTHWGHT (CA-CAPP)

YESNO.

8.6 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

¿Le ha sugerido ALGUNA vez algún médico o profesional de la salud que bajara de peso para aliviar los síntomas de su artritis, o la molestia que siente en las coyunturas?

1. YES

2. NO

77. DON'T KNOW/ NOT SURE

99. REFUSED

ARTHPA (CA-CAPP)

YESNO.

8.7 Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

¿Le ha sugerido ALGUNA vez algún médico o profesional de la salud alguna actividad física o ejercicio para aliviar los síntomas de su artritis, o la molestia que siente en las coyunturas?

INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS AN INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

1. YES

2. NO

77. DON'T KNOW/ NOT SURE

99. REFUSED

ARTHED (CA-CAPP)

YESNO.

8.8 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

¿Ha tomado ALGUNA vez un curso o clase relacionada con la artritis, o las molestias que siente en las coyunturas?

1. YES

2. NO

77. DON'T KNOW/ NOT SURE

99. REFUSED

Section 9: Demographics

AGEB (CDC-CORE)

9.1 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.

9.2 Are you Hispanic, Latino/a, or of Spanish origin?

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

1. YES

2. NO

GO TO ORACE3A

77. DON'T KNOW / NOT SURE

99. REFUSED

GO TO ORACE3A

GO TO ORACE3A

HISPMEX (CDC-CORE)

YESNO.

9.3 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)

YESNO.

9.4 Are you... Puerto Rican?

¿Es usted... Puertorriqueño/a?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

HISPCUB (CDC-CORE)

YESNO.

9.5 Are you...Cuban?

¿Es usted... Cubano?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

HISPOTH (CDC-CORE)**YESNO.****9.6 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

ORACE3A (CDC-CORE)**MRACE.****9.7 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 |
| 5. Pacific Islander | ORACE3A_5 |
| 6. Other: (specify) | ORACE3A_6, ORACE3ATX |

- | | |
|--------------------------|----------------------------|
| 77. DON'T KNOW/ NOT SURE | IF (ANS > 6) GO TO MARTIAL |
| 99. REFUSED | |

IF (ORACE3A = 4) SKP ORACE2AB

If (ORACE3A = 5) SKP ORACE2AB

IF ((ORACE3A = 1) & (ORACE3A = 2 | ORACE3A = 3 |ORACE3A = 6)) GO TO ORACE4A

IF ((ORACE3A = 2) & (ORACE3A = 3 | ORACE3A = 6)) GO TO ORACE4A

IF ((ORACE3A = 5) & (ORACE3A = 6)) GO TO ORACE4A

SKP MARTIAL

*If more than one response to ORACE3 then GO TO ORACE4, else GO TO ORACE2AB***ORACE2AB (CDC-CORE)****ORACE2AB.****9.8 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?"**

"Aunque indicó asiático/a o de las Islas del Pacífico como una de sus razas, pero no es la raza que mejor representa a sí mismo, necesitamos saber si es chino/a, Japonés, Coreano/a, Filipino/a o de otro/a?"

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) <ORACE2ABTXT>

777. DON'T KNOW / NOT SURE

999. REFUSED

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

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

GO TO MARITAL

ORACE4A (CDC-CORE)

ORACEB.

9.9 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?

INTERVIEWER: PLEASE READ OPTIONS

INTERVIEWER: IF YOU NEED TO GO BACK USE F6

INTERVIEWER: IF THEY WILL NOT CHOOSE A RACE THEN SELECT DON'T KNOW OR REFUSED BASED ON THEIR RESPONSE

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

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

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

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

1. MARRIED
2. DIVORCED
3. WIDOWED
4. SEPARATED
5. NEVER MARRIED
6. A MEMBER OF AN UNMARRIED COUPLE

77. DON'T KNOW / NOT SURE

99. REFUSED

SXORIEN2 (CA - CORE)**SXORIENB.**

9.11 The next two questions are about sexual orientation and gender identity.

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: 1. Heterosexual, that is, straight; 2. Homosexual, that is gay or lesbian; 3. Bisexual, or 4. Other?

Las dos preguntas siguientes son sobre la orientación sexual y la identidad de género.

Recuerde que todas sus respuestas son confidenciales y no tiene que contestar ninguna pregunta que usted no quiera. ¿Se considera usted ser... 1. heterosexual, 2. homosexual o sea gay o lesbiana, 3. bisexual u 4. otra?

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.

IF NEEDED SAY: *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.*

IN HELP SCREEN: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. 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.

Hacemos esta pregunta para comprender mejor las necesidades de salud y atención médica de las personas con diferentes orientaciones sexuales. 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.

9.12 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.

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

OWNHOME (CDC-CORE)

9.14 Do you own or rent your home?

RENT.

¿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.

"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: Home is defined as the place where you live most of the time/the majority of the year. We ask this question in order to compare health indicators among people with different housing situations.

NOTA PARA EL ENCUESTADOR: Hogar es definido como la residencia principal que usted ocupa la mayoría del tiempo. 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

COUNTY (CDC-CORE)

COUNTYA.

9.15 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 | | |

IF ANS=OTHER ASK, OTHERWISE SKP TO ZIPCODE2

COUNTY0TH (CDC-CORE)

9.16 What county do you live in?

ZIPCODE17 (CDC-CORE)

9.17 What is the ZIP Code where you currently live?

¿Cuál es el código postal dónde actualmente vive?

_____ ENTER THE FIVE DIGIT NUMBER

777777. DON'T KNOW/ NOT SURE

999999. REFUSED

NUMHOLD2 (CDC-CORE) (LANDLINE ONLY)

YES/NO.

9.18 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

GO TO CELL

77. DON'T KNOW / NOT SURE

99. REFUSED

HELPTXT:

The reason we ask these questions is because we randomly select CA phone numbers to call. It is important for us to know how likely each person is to be selected. For example, someone with 3 phones is more likely to be randomly selected than someone with one phone.

La razón por la cual hacemos estas preguntas es porque escogemos números de teléfono de CA para llamar al azar. Es importante para nosotros saber la probabilidad de cómo cada persona debe ser seleccionada. Por ejemplo, alguien con 3 teléfonos es más probable que sea seleccionado al azar que alguien con un teléfono.

NUMPHON4 (CDC-CORE) (LANDLINE ONLY)

9.19 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

HELPTTEXT:

The reason we ask these questions is because we randomly select CA phone numbers to call. It is important for us to know how likely each person is to be selected. For example, someone with 3 phones is more likely to be randomly selected than someone with one phone.

La razón por la cual hacemos estas preguntas es porque escogemos números de teléfono de CA para llamar al azar. Es importante para nosotros saber la probabilidad de cómo cada persona debe ser seleccionada. Por ejemplo, alguien con 3 teléfonos es más probable que sea seleccionado al azar que alguien con un teléfono.

CELL17 (CDC-CORE) (LANDLINE ONLY)

YESNO.

9.20 Including phones for business and personal use, do you have a cell phone for personal use?

*Incluyendo teléfonos para uso personal y comercial (negocio),
¿Tiene un teléfono celular para uso personal?*

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

HELPTTEXT:

The reason we ask these questions is because we randomly select CA phone numbers to call. It is important for us to know how likely each person is to be selected. For example, someone with 3 phones is more likely to be randomly selected than someone with one phone.

La razón por la cual hacemos estas preguntas es porque escogemos números de teléfono de CA para llamar al azar. Es importante para nosotros saber la probabilidad de cómo cada persona debe ser seleccionada. Por ejemplo, alguien con 3 teléfonos es más probable que sea seleccionado

MILITAR2 (CDC-CORE)

YESNO.

9.21 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?

¿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?

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.

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.

9.22 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?

INTERVIEWER NOTE: **IF MORE THAN ONE SAY, Select the category which best describes you.**

Seleccione la categoría que mejor le describa.

- 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

- 99. REFUSED

CHILD18 (CDC-CORE)

TYPE VII.

9.23 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) GO TO **INCOM02**

77. DON'T KNOW / NOT SURE

GO TO **INCOM02**

99. REFUSED

GO TO **INCOM02**

CHILDAGE (CA-CORE)

TYPE VII.

9.24 (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.

9.25 (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

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

Household size.

HHSIZE = NUMADULT1 + CHILDREN (**LANDLINE ONLY**)

HHSIZE = HHADULT + CHILDREN (**CELL ONLY**)

INCOM02 (CDC-CA-CORE)

INCOMED.

9.26 Which of the following categories best describes your annual household income from all sources?

¿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) GO TO HH1IN2
IF (HHSIZE = 1 & INCOM02 = 3) GO TO HH1IN3
IF (HHSIZE = 1 & INCOM02 = 4) GO TO HH1IN41
IF (HHSIZE = 1 & INCOM02 = 5) GO TO HH1IN5
IF (HHSIZE = 2 & INCOM02 = 3) GO TO HH2IN3
IF (HHSIZE = 2 & INCOM02 = 4) GO TO HH2IN4
IF (HHSIZE = 2 & INCOM02 = 5) GO TO HH2IN51
IF (HHSIZE = 2 & INCOM02 = 6) GO TO HH2IN6
IF (HHSIZE = 3 & INCOM02 = 3) GO TO HH3IN4
IF (HHSIZE = 3 & INCOM02 = 5) GO TO HH3IN5
IF (HHSIZE = 3 & INCOM02 = 6) GO TO HH3IN61
IF (HHSIZE = 3 & INCOM02 = 7) GO TO HH3IN7
IF (HHSIZE = 4 & INCOM02 = 4) GO TO HH4IN4
IF (HHSIZE = 4 & INCOM02 = 5) GO TO HH4IN5

IF (HHSIZE = 4 & INCOM02 = 6) GO TO HH4IN61
 IF (HHSIZE = 4 & INCOM02 = 7) GO TO HH4IN7
 IF (HHSIZE = 5 & INCOM02 = 5) GO TO HH5IN5
 IF (HHSIZE = 5 & INCOM02 = 6) GO TO HH5IN6
 IF (HHSIZE = 5 & INCOM02 = 7) GO TO HH5IN71
 IF (HHSIZE = 6 & INCOM02 = 5) GO TO HH6IN5
 IF (HHSIZE = 6 & INCOM02 = 6) GO TO HH6IN6
 IF (HHSIZE = 6 & INCOM02 = 7) GO TO HH6IN71
 IF (HHSIZE = 6 & INCOM02 = 8) GO TO HH6IN8
 IF (HHSIZE = 7 & INCOM02 = 6) GO TO HH7IN61
 IF (HHSIZE = 7 & INCOM02 = 7) GO TO HH7IN71
 IF (HHSIZE = 7 & INCOM02 = 8) GO TO HH7IN8
 IF (HHSIZE = 8 & INCOM02 = 6) GO TO HH8IN6
 IF (HHSIZE = 8 & INCOM02 = 7) GO TO HH8IN71
 IF (HHSIZE = 8 & INCOM02 = 8) GO TO HH8IN8
 IF (HHSIZE = 8 & INCOM02 = 9) GO TO HH8IN9
 IF (HHSIZE = 9 & INCOM02 = 6) GO TO HH9IN6
 IF (HHSIZE = 9 & INCOM02 = 7) GO TO HH9IN7
 IF (HHSIZE = 9 & INCOM02 = 8) GO TO HH9IN81
 IF (HHSIZE = 9 & INCOM02 = 9) GO TO HH9IN9
 IF (HHSIZE = 10 & INCOM02 = 6) GO TO HH10IN6
 IF (HHSIZE = 10 & INCOM02 = 7) GO TO HH10IN7
 IF (HHSIZE = 10 & INCOM02 = 8) GO TO HH10IN81
 IF (HHSIZE = 10 & INCOM02 = 9) GO TO HH10IN9
 IF (HHSIZE = 11 & INCOM02 = 7) GO TO HH11IN71
 IF (HHSIZE = 11 & INCOM02 = 8) GO TO HH11IN8
 IF (HHSIZE = 11 & INCOM02 = 9) GO TO HH11IN9
 IF (HHSIZE = 11 & INCOM02 = 10) GO TO HH11IN10
 IF (HHSIZE = 12 & INCOM02 = 7) GO TO HH12IN7
 IF (HHSIZE = 12 & INCOM02 = 8) GO TO HH12IN8
 IF (HHSIZE = 12 & INCOM02 = 9) GO TO HH12IN91
 IF (HHSIZE = 12 & INCOM02 = 10) GO TO HH12IN10
 IF (HHSIZE = 13 & INCOM02 = 7) GO TO HH13IN7
 IF (HHSIZE = 13 & INCOM02 = 8) GO TO HH13IN8
 IF (HHSIZE = 13 & INCOM02 = 9) GO TO HH13IN91
 IF (HHSIZE = 13 & INCOM02 = 10) GO TO HH13IN10

GO TO INTERNET

Find the point on the table where HHSIZE and INCOM02 intersect. If there is a value in that cell, ask HH#IN# with the value. If there are multiple values in the cell, ask HH#IN# with the lowest value, and if the answer is NO continue to the next lowest value.

HH#IN# (POVERTY THRESHOLD FOLLOW-UP QUESTIONS) (CA-CORE)

9.27 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

INCOM02	=	1	2	3	4	5	6	7	8	9	10
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100-125k	125k+
HHSIZE=	1		\$11,880	\$15,800	\$21,978/ \$23,760	\$29,700					
(Household Size)	2			\$16,020	\$21,307	\$29,637/ \$32,040	\$40,050				
	3				\$20,160	\$26,813	\$37,296/ \$40,320	\$50,400			
	4				\$24,300	\$32,319	\$44,955/ \$48,600	\$60,750			
	5					\$28,440	\$37,825	\$52,614/ \$56,880/ \$71,100			
	6					\$32,580	\$43,331	\$60,273/ \$65,160	\$81,450		
	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. 81, No. 15, January 25, 2016, pp. 4036-4037.)

INTERNET (CDC-CORE)

YES/NO.

9.28 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)

9.29 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.

___ ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) Range: 50 – 650
(verify all answers)

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

HEIGHT (CDC-CORE)

9.30 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.

___ ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509)
(verify all answers)

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

Section 10: Preconception Health/ Family Planning

IF AGE_B >= 50 OR IF SEX₁=1 GO TO DEAF

PREGNANT (CDC-CORE)

YESNO.

10.1 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 DEAF

PFPPRVN2 (CDC-OPTIONAL MODULE)

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.

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

¿Usted o su pareja hicieron algo la última vez que tuvieron relaciones sexuales para evitar que usted quedara embarazada?

1. Yes/ Sí
2. No
3. No partner/not sexually active/ *No tiene pareja/no tiene actividad sexual*
4. Same sex partner/ *No sabe/No está segura*
5. Has had a hysterectomy/ *Ha tenido una histerectomía*

GO TO NOBCUSE6
GO TO DEAF
GO TO DEAF
GO TO DEAF

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

GO TO NOBCUSE6
GO TO NOBCUSE6

TYP CNTR7 (CDC-OPTIONAL MODULE)

TYP CNTR7.

10.3 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 (LE-VO-NOR-GES-TREL) 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, márkuelo adecuadamente.

Read only if necessary:

01 Female sterilization (ex. Tubal ligation, Essure, Adiana)	GO TO DEAF
02 Male sterilization (vasectomy)	GO TO DEAF
03 Contraceptive implant (ex. Implanon)	GO TO DEAF
04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)	GO TO DEAF
05 Copper-bearing IUD (ex. ParaGard)	GO TO DEAF
06 IUD, type unknown	GO TO DEAF
07 Shots (ex. Depo-Provera)	GO TO DEAF
08 Birth control pills, any kind	GO TO DEAF
09 Contraceptive patch (ex. Ortho Evra)	GO TO DEAF
10 Contraceptive ring (ex. NuvaRing)	GO TO DEAF
11 Male condoms	GO TO DEAF
12 Diaphragm, cervical cap, sponge	GO TO DEAF
13 Female condoms	GO TO DEAF
14 Not having sex at certain times (rhythm or natural family planning)	GO TO DEAF
15 Withdrawal (or pulling out)	GO TO DEAF
16 Foam, jelly, film, or cream	GO TO DEAF
17 Emergency contraception (morning after pill)	GO TO DEAF
18 Other method (TYPCNTROTH)	GO TO DEAF
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)

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.

10.4 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 DEAF |
| 02 You just didn't think about it | GO TO DEAF |
| 03 Don't care if you get pregnant | GO TO DEAF |
| 04 You want a pregnancy | GO TO DEAF |
| 05 You or your partner don't want to use birth control | GO TO DEAF |
| 06 You or your partner don't like birth control/side effects | GO TO DEAF |
| 07 You couldn't pay for birth control | GO TO DEAF |
| 08 You had a problem getting birth control when you needed it | GO TO DEAF |
| 09 Religious reasons | GO TO DEAF |

10 Lapse in use of a method	GO TO DEAF
11 Don't think you or your partner can get pregnant (infertile or too old)	GO TO DEAF
12 You had tubes tied (sterilization)	GO TO DEAF
13 You had a hysterectomy	GO TO DEAF
14 Your partner had a vasectomy (sterilization)	GO TO DEAF
15 You are currently breast-feeding	GO TO DEAF
16 You just had a baby/postpartum	GO TO DEAF
17 You are pregnant now	GO TO DEAF
18 Same sex partner	GO TO DEAF
19 Other reasons	GO TO DEAF

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 11: 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.

DEAF (CDC-CORE-asked in 2009)

YES/NO.

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 pueden utilizar el equipo para comunicarse por teléfono.

11.1 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.

11.2 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.

11.3 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.

11.4 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.

11.5 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.

11.6 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 12: 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.

12.1 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

GO TO USENOW3

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

GO TO USENOW3
GO TO USENOW3

SMKEVDA2 (CDC-CORE)

EVDAY.

12.2 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*
2. SOME DAYS / *ALGUNOS DÍAS*
3. NOT AT ALL / *NINGÚN DÍA*

GO TO USENOW3
GO TO USENOW3

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

LASTSMK2 (CDC-CORE)

SMOKREGB.

12.3 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 cigarillos regularmente*

77. DON'T KNOW / NOT SURE

99. REFUSED

USENOW3 (CDC-CORE)

EVDAY.

12.4 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 (RHYMES WITH GOOSE)/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.") SNUS (TABACO SUECO) ES UN TABACO HÚMEDO SIN HUMO, POR LO GENERAL SE VENDE EN BOLSAS PEQUEÑAS QUE SE COLOCAN BAJO EL LABIO CONTRA LA ENCÍA.

1. EVERYDAY
2. SOME DAYS
3. NOT AT ALL

77. DON'T KNOW

99. REFUSED

IF SMOKE 100 > 1 GO TO ECIGUSE
IF SMKEVDA2 > 2 GO TO ECIGUSE

Section 13: Quitting

QUIT1DY3 (CDC-CORE)

YESNO.

13.1 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

HELPTTEXT: 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 undía 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, ELSE GO TO QUITTIME

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

TYPE V.

13.2 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

HELPTXT: 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

IF NOSMK =777 or 999 SKP TO RETSITUA or IF NOSMK =888 SKP QUITTIME, ELSE CONTINUE

QUITHELP (CA-TCP)

QUITHELP.

13.3 In the last quit attempt you made, did you?

¿En el último intento que hizo para dejar de fumar, usted?

INTERVIEWER: IF THEY DID NOT USE ANY OF THESE ONLY SELECT 88

1. Use medication, like Chantix or Zyban
Usó los medicamentos como Chantix o Zyban
2. Use Nicotine patches, nicotine gum or nicotine lozenges
Usó Parches de nicotina, chicle de nicotina o pastillas de nicotina
3. Use counseling advice

Usó el apoyo de un consejero
4. Use any self-help materials
Usó algunos materiales de autoayuda

88. NONE OF THESE
77. DON'T KNOW/NOT SURE
99. REFUSED

RETSITUA (CA-TCP)

RETSITUA.

13.4 In what situation did you return to smoking?

¿Debido a que situación volvió usted a fumar?

INTERVIEWER: DO NOT READ. PROBE FOR MOST IMPORTANT REASON

1. A stressful situation
2. A death or tragedy
3. Where alcohol was served
4. Because of marital problems
5. In a social situation
6. The aroma of cigarette smoke
7. Because you were irritable due to smoking withdrawal
8. While driving
9. For enjoyment
10. OTHER _____ (specify) <RETURTXT>

77. DON'T KNOW
99. REFUSED

ASK IF SMKEVDA2 <=2

QUITTIME (CA-TCP)

QUIT.

13.5 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

ASK IF SMKEVDA<=2

MDSEE2 (CA-TCP)

YESNO.

13.6 Did you see your doctor or other health provider in the past 12 months?

¿Ha visitado a su doctor (médico) u otro profesional de la salud en los últimos 12 meses?

1. YES
2. NO

GO TO ECIGUSE

77. DON'T KNOW

GO TO ECIGUSE

MDSTOP2 (CA-TCP)**YESNO.****13.7 In the last 12 months did your doctor or other health care provider advise you to stop smoking?**

¿En los últimos 12 meses, le aconsejó su doctor (médico) u otro profesional de la salud que debe dejar de fumar?

- 1. YES
- 2. NO

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

Section 14: E-Cigarettes

The next questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for “marijuana.”

Las preguntas siguientes son sobre los cigarrillos electrónicos y otros productos electrónicos de 'vapear'. Estos productos típicamente contienen nicotina, sabores y otros ingredientes. No incluya productos que se usen sólo para 'marihuana'.

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

ECIGUSE (CDC-CORE)**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?

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.

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.

- 1. YES
- 2. NO

GO TO DRNKALC2

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

GO TO DRNKALC2
GO TO DRNKALC2**ECIGEVDA (CDC-CORE)****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?

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.

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.

1. EVERYDAY
2. SOME DAYS
3. NOT AT ALL

77. DON'T KNOW
99. REFUSED

WHYECIGA (CA-TCP)

YN.

14.3 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: Alcohol Consumption

DRNKALC2 (CDC CORE)

TYPE II.

15.1 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
777. DON'T KNOW / NOT SURE
999. REFUSED

GO TO FRUIT17
GO TO FRUIT17
GO TO FRUIT17

NALCOCC3 (CDC CORE)

TYPE I.

15.2 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 ALL ANSWERS)

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

DRNKGE5B (CDC CORE)

TYPE I.

15.3 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 an 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 ALL ANSWERS)

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

DRINKNUM (CDC- CORE)

TYPE VII.

15.4 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 ALL ANSWERS)

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

Section 16: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Ahora piense en los alimentos que comió o bebió durante el mes pasado, es decir, los últimos 30 días,

incluyendo comidas y meriendas (aperitivos).

INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

FRUIT17 (CDC-CORE)

TYPE XIX.

16.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

Sin incluir jugos, ¿con qué frecuencia comió fruta? Usted me puede decir en veces por día, por semana o veces por mes.

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?"*

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': Include fresh, frozen or canned fruit. Do not include dried fruits. / *Incluya frutas frescas, congeladas o enlatadas. No incluya frutas secas.*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ DAY / WEEK / MONTH

300. LESS THAN ONCE A MONTH

555. NEVER

777. DON'T KNOW

999. REFUSED

JUICE17 (CDC-CORE)

TYPE XIX.

16.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

Sin incluir las bebidas con sabor a fruta o jugos de frutas con azúcar agregada, ¿con qué frecuencia bebió jugo de frutas 100% como jugo de manzana o naranja?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?"*

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "Do not include fruit-flavored drinks with added sugar like cranberry cocktail, hi-c, lemonade, kool-aid, gatorade, tampico, and sunny delight. Include only 100% pure juices or 100% juice blends." / *"No incluya bebidas con sabores de frutas con azúcar (agregado) como cóctel de arándano, hi-c, limonada, kool-aid, gatorade, tampico y sunny delight. Incluya sólo jugos 100% puros o mezclas de 100% jugo."*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ DAY / WEEK / MONTH

300. LESS THAN ONCE A MONTH

555. NEVER
777. DON'T KNOW
999. REFUSED

VEGGRE17 (CDC-CORE)

TYPE XIX.

16.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

¿Con qué frecuencia comió una ensalada de hojas verdes o de lechuga, con o sin otras verduras?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?*

READ IF RESPONDENT ASKS ABOUT SPINACH: "Include spinach salads." / *"Incluya ensaladas de espinaca"*.

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ DAY / WEEK / MONTH

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

POTATO17 (CDC-CORE)

TYPE XIX.

16.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

¿Con qué frecuencia comió cualquier tipo de papas fritas, incluyendo papas fritas (French fries), papas fritas caseras (echas en casa) o hash browns (papa rayada frita)?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?*

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "Do not include potato chips." / *"No incluya papitas fritas"*.

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ DAY / WEEK / MONTH

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

OTHTATO17 (CDC-CORE)

TYPE XIX.

16.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

¿Con qué frecuencia comió algún otro tipo de papas, o camotes (batatas, yams) como papas al horno, hervidas, en puré o ensalada de papa?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.
IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?"*

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes." / *"Incluya todo tipo de papas menos las fritas. Incluya las papas gratinadas, o festoneadas".*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ DAY / WEEK / MONTH

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

OTHRVE17 (CDC-CORE)

TYPE XIX.

16.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?

No incluya las ensaladas de lechuga y papas, ¿con qué frecuencia comió otras verduras?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.
IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?"*

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice." / *"incluya tomates, ejotes, zanahorias, maíz, col, retoños de frijol, berza, y brócoli. Incluya vegetales crudos, cocidos, enlatados o congelados. No incluya arroz".*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ DAY / WEEK / MONTH

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

Section 17: Exercise (Physical Activity)

EXERANY1 (CDC-CORE)

YESNO.

17.1 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 físicas o ejercicios tales como correr, calistenia, golf, jardinería, o camino para hacer ejercicio?

1. YES

2. NO

GO TO STRENGTH

77. DON'T KNOW / NOT SURE

99. REFUSED

GO TO STRENGTH

GO TO STRENGTH

EXERACT3 (CDC-CORE)

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

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

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".

__ (Specify)

[See Physical Activity Coding List]

EXER3OTH

77. DON'T KNOW / NOT SURE

99. REFUSED

GO TO STRENGTH

GO TO STRENGTH

EXEROFT1 (CDC-CORE)

TYPE III.

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

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

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ TIMES PER WEEK / MONTH

000. TIME FRAME DOES NOT APPLY

777. DON'T KNOW / NOT SURE

999. REFUSED

EXERHMM1 (CDC-CORE)

TYPE XI.

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

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

__ HOURS

__ MINUTES

000. TIME FRAME DOES NOT APPLY

7777. DON'T KNOW / NOT SURE

9999. REFUSED

EXERACT4 (CDC-CORE)

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

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

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

__ (SPECIFY)	[SEE PHYSICAL ACTIVITY CODING LIST]	EXER40TH
88. NO OTHER ACTIVITY	GO TO STRENGTH	
77. DON'T KNOW / NOT SURE	GO TO STRENGTH	
99. REFUSED	GO TO STRENGTH	

EXEROFT2 (CDC-CORE)

TYPE III.

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

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

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ TIMES PER WEEK / MONTH
777. DON'T KNOW / NOT SURE
999. REFUSED

EXERHMM2 (CDC-CORE)

TYPE XI.

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

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

__ HOURS
__ MINUTES
000. TIME FRAME DOES NOT APPLY
7777. DON'T KNOW / NOT SURE
9999. REFUSED

STRENGTH (CDC-CORE)

TYPE II.

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

Durante el mes pasado, ¿cuántas veces a la semana o al mes realizó actividades físicas o ejercicios para FORTALECER sus músculos? [NO cuente los ejercicios aeróbicos como caminar, correr o andar en bicicleta.] Cuento las actividades en las que usó su propio peso corporal, como yoga, abdominales o lagartijas y aquellas en las que usó máquinas de pesas, pesas sueltas o bandas elásticas.

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ TIMES PER WEEK / MONTH

- 000. TIME FRAME DOES NOT APPLY
- 888. NOT APPLICABLE (NEVER)
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

Section 18: Seatbelt Use

SEATBELT (CDC-CORE)

SEATBELT.

18.1 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

Section 19: Immunizations

FLUSHOT6 (CDC-CORE)

YES/NO.

19.1 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?

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?

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.

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

GO TO PNEUMVC3

FLSHTWH3 (CDC-CORE)**TYPE1.**

19.2 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

77 / 7777 DON'T KNOW / NOT SURE

99 / 9999 REFUSED

FLUPLAC5 (CDC- OPTIONAL MODULE- CA IMMUN)**FLUPLACF.**

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

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

INTERVIEWER NOTE: Probe "don't know" with "How would you describe the place where you went to get your most recent flu vaccine?"

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

Please read only if necessary:

Léale solo si es necesario:

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

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

99. REFUSED/SE NIEGA A CONTESTAR

PNEUMVC3 (CDC-CORE)**YESNO.**

19.4 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

ASK IF AGE >=50

SHINGLES17 (CDC-CORE)

YESNO.

The next question is about the Shingles vaccine.

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

19.5 Have you ever had the shingles or zoster vaccine?

¿Alguna vez ha tenido usted la vacuna contra Shingles (la culebrilla) o herpes zóster?

READ IF NECESSARY: Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine.

Shingles (La culebrilla) es causada por el virus de la varicela. Es un brote de sarpullido o ampollas en la piel que puede acompañarse de dolor intenso. Desde mayo del 2006 existe una vacuna contra shingles (la culebrilla): se llama Zostavax[®], vacuna contra el herpes zóster o vacuna contra Shingles (la culebrilla).

- 1. YES
- 2. NO

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

Section 20: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask about testing, we will not ask you about the results of any test you may have had.

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

AIDSTST8 (CDC-CORE)

YESNO.

20.1 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. Incluye las pruebas de fluidos (saliva) de su boca.

- 1. YES
- 2. NO

GO TO EXPWHERE

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

GO TO EXPWHERE
GO TO EXPWHERE

TSTDATE (CDC-CORE)

TSTDATE.

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

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

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

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.

ENTER MONTH AND YEAR (MMYYYY)
(FOR EXAMPLE: JUNE OF 2013 = 062013)

___/___ ENTER MONTH AND YEAR (TSTDT_M/TSTD_Y)

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

EXPWHERE17 (CDC-CORE)

YESNO.

20.3 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 injected any drug other than those prescribed for you in the past year.

Se inyectó cualquier otro medicamento aparte de aquellos recetados para usted en el último año.

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

Usted ha sido tratado para una enfermedad de transmisión sexual o ETS (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 21: Sugary Beverages/Fast Food/Menu Labeling

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

Ahora me gustaría hacerle algunas preguntas sobre bebidas endulzadas.

SODAPOP (CA-NEOP)

TYPE XIX.

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

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

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ DAY / WEEK / MONTH

- 000. LESS THAN ONCE A MONTH
- 555. NOT APPLICABLE (NEVER)
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

SWTDRINK (CA-NEOP)

TYPE XIX.

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

¿Durante los últimos 30 días, con que frecuencia tomo bebidas de fruta endulzadas con azúcar (como Kool aid y limonada), té dulce y bebidas energéticas (como Gatorade y Red Bull)? No incluya jugo 100% de fruta, bebidas dietéticas o bebidas endulzadas artificialmente.

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ DAY / WEEK / MONTH

- 000. LESS THAN ONCE A MONTH
- 555. NOT APPLICABLE (NEVER)
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

Section 22: Marijuana Use

Now I would like to ask you a few questions about marijuana use.

Ahora me gustaría hacerle algunas preguntas sobre el uso de la marihuana.

MARIJANA (CDC OPTIONAL MODULE CA-DHCS)**TYPE I.****22.1 During the past 30 days, on how many days did you use marijuana or hashish?***Durante los últimos 30 días, cuántos días ¿ha usado marihuana o hachís?*

_____ 1-30 NUMBER OF DAYS

77. DON'T KNOW / NOT SURE

88. NONE (ZERO DAYS)

99. REFUSED

IF RESPONSE =1 to 30, 77 ASK USEMRJNA17, OTHERWISE SKIP TO ASBIDRNK

USEMRJNA17 (CDC OPTIONAL MODULE CA-DHCS)**MUSE.****22.2 During the past 30 days, what was the primary mode you used marijuana? Please select one. Did you....***Durante los últimos 30 días, ¿cuál fue el modo principal que utilizó la marihuana? Por favor seleccione uno. ¿Usted la ...*

INTERVIEWER NOTE: Use clarification in parentheses if needed.

PLEASE SELECT ONE

1. Smoke it? (for example: in a joint, bong, pipe, or blunt)

Fumó? (por ejemplo: en cigarro, bong (pipa de agua), pipa, o en un puro)

2. Eat it? (for example, in brownies, cakes, cookies, or candy)

Comió? (por ejemplo, en brownies, pasteles, galletas o dulces)

3. Drink it? (for example, in tea, cola, alcohol)

Bebió? (por ejemplo, en el té, bebidas de cola, o alcohol)

4. Vaporize it? (for example in an e-cigarette-like vaporizer or another vaporizing device)

Vaporizó? (Por ejemplo en un vaporizador parecido a un cigarrillo electrónico u otro aparato (dispositivo) de vaporización)

5. Dab it? (for example, using waxes or concentrates)

Unto? (por ejemplo, el uso de ceras o concentrados)

6. Use it some other way?

La utilizó de algún otro modo?

77. DON'T KNOW / NOT SURE

99. REFUSED

RSNMRJNA (CA-TCP NEW 2017)**MARIJMED.****22.3 When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction? (such as: excitement, to “fit in” with a group, increased awareness, to forget worries, for fun at a social gathering).***¿Cuándo usó la marihuana o hachís durante los últimos 30 días, fue por razones médicas para tratar o disminuir los síntomas de una condición de la salud, o fue sin razón (motivo) médica para obtener placer o satisfacción? (Tales como: excitación (emoción), 'quedar bien' con un grupo, aumentar la conciencia, olvidar las preocupaciones, o diversión en una reunión social).***Read if necessary:**1. Only for medical reasons to treat or decrease symptoms of a health condition / *Sólo por razones médicas para tratar o disminuir los síntomas de una condición de salud*2. Only for non-medical purposes to get pleasure or satisfaction / *Sólo para fines de obtener placer o satisfacción sin motivos médicos*

3. Both medical and non-medical reasons / *Por las dos razones médicas y no médicas*

Do not read:

77. DON'T KNOW/NOT SURE

99. REFUSED

Section 23: Alcohol Screening and Brief Intervention (ASBI)

IF CHECKUP2 = 1, OR 2 ASK ASBIDRNK, ELSE GO TO CANCDIFF

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

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

ASBIDRNK (CDC-OPTIONAL MODULE)

YESNO.

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

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

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

ASBIMUCH (CDC-OPTIONAL MODULE)

YESNO.

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

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

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

ASBIOCCA (CDC-OPTIONAL MODULE)

YESNO.

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

¿El proveedor de atención médica le preguntó específicamente si toma [5 FOR MEN /4 FOR WOMEN] bebidas alcohólicas o más en una ocasión?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

ASBIADVC (CDC-OPTIONAL MODULE)

YESNO.

SKIP PATTERN ERROR DATA NOT COLLECTED WHEN SHOULD HAVE BEEN QUARTER 1 ONLY

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

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

- 1. YES
- 2. NO

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

IF ASBIDRNK, ASBIMUCH, OR ASBIOCCA = 1 (YES) CONTINUE TO ASBILESS, ELSE GO TO CANCDIFF

ASBILESS (CDC-OPTIONAL MODULE)

YESNO.

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

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

- 1. YES
- 2. NO

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

Section 24: Cancer Survivorship

ASK IF OTHCANC OR SKCANC = 1; ELSE GO TO WEAR1

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.

24.1 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.

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

¿A qué edad le dijeron que tenía cáncer?

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

¿A qué edad fue diagnosticado\la por primera vez con el 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.

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”.

24.3 What type of cancer was it?

¿Qué tipo de cáncer era?

IF TWO OR THREE TYPES ASK: “With your most recent diagnoses of cancer, what type of cancer was it?”

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]:

INTERVIEWER NOTE: IF RESPONDENT SAYS ‘VAGINAL CANCER’ PROBE TO SEE IF IT IS OVARIAN, CERVICAL, UTERUS, OR VAGINAL’

INTERVIEWER NOTE: IF RESPONDENT SAYS ‘PENAL CANCER’ PROBE TO SEE IF IT IS TESTICULAR OR PROSTATE CANCER

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) GO TO CANCTYPOTH

Do not read:

77 DON'T KNOW / NOT SURE

99 REFUSED

ELSE GO TO 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 2017)

SURVIVE1A.

24.4 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

5. Treatment was not needed / El tratamiento no era necesario

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

SURVIVE2 (CA-CCCP)

TYPEDOC.

24.5 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

Ask if SURVIVE1 =1, 2, 77, OR 99

SURVIVE8 (CA-CCCP)

YESNO.

24.6 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.

24.7 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 información de cuidado después, de tratamiento de cáncer: resumen de tratamiento, plan de vigilancia, cuidado preventivo, y síntomas reportables.

1. Yes

2. No

GO TO SURVIVE9

77. DON'T KNOW / NOT SURE

GO TO SURVIVE9

99. REFUSED

GO TO SURVIVE9

SURVPLN2 (CA-CCCP)

YESNO.

24.8 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.

24.9 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 electrónico, o direcciones a un sitio de internet conteniendo el plan de cuidados de supervivencia.

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

SURVPLN4 (CA-CCCP)

YESNO.

24.10 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

GO TO SURVIVE9

77. DON'T KNOW / NOT SURE

GO TO SURVIVE9

99. REFUSED

GO TO SURVIVE9

SURVPLN5 (CA-CCCP)

YESNO.

24.11 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.

24.12 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

GO TO SURVIVE6

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

GO TO SURVIVE6
GO TO SURVIVE6

Ask if SURVIVE9=1

SURVIV10A (CA-CCCP)

SURVIV10.

24.13 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

Ask if SURVIVE1 =1, 2, 77, OR 99

SURVIVE6 (CA-CCCP)

YESNO.

24.14 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.

24.15 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 25: Wearable Fitness

Wearable devices include wrist bands, biometric clothing, apps, or other devices used to monitor your general health, nutrition, sleep, or physical activity. Online apps may include sites that allow you to store and track daily activity levels or nutrition. Do not include devices prescribed by your healthcare provider, or devices that monitor specific health conditions (such as pacemakers, rehabilitation devices or implanted devices).

Los aparatos portátiles incluyen pulseras, ropa biométrica, aplicaciones u otros aparatos utilizados para monitorear su salud general, la nutrición, el sueño o la actividad física. Las aplicaciones en línea pueden incluir sitios que le permiten almacenar y estar al corriente de los niveles de actividad diaria o la nutrición. No incluya aparatos recetados por su médico, o aparatos que monitorean las condiciones de salud específicas (Como un marcapasos, dispositivos para la rehabilitación o aparatos implantados).

WEAR1 (CDC OPTIONAL MODULE)

YES/NO.

25.1 Do you track your nutrition, sleep, or physical activity using a wearable device or a mobile application (such as Fitbit, Samsung Gear Fit, Apple fitness app or other consumer application)?

¿Mantiene un registro (historial) de su nutrición, sueño o de su actividad física usando un aparato portátil o una aplicación móvil (Como Fitbit, Samsung Gear Fit, una aplicación de fitness de Apple u otra aplicación para el consumidor)?

- 1. Yes
- 2. No

GO TO SMOKENUM

- 77. DON'T KNOW
- 99. REFUSED

GO TO SMOKENUM
GO TO SMOKENUM

WEAR2 (CDC OPTIONAL MODULE)

WEAR2A.

25.2 What types of health information do you track using your mobile app or wearable device?

¿Qué tipo de información de salud sigue (vigila) usando su aplicación móvil o aparato portátil?

SELECT ALL THAT APPLY:

- 1. Physical activity / *Actividad física*
- 2. Nutrition/ calories / *Nutrición/ calorías*
- 3. Sleep / *Dormir*
- 4. Chronic indicator (blood sugar, blood pressure) / *Indicador crónico (azúcar en la sangre, presión arterial)*
- 5. Other / *Otro*

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

WEAR3 (CDC OPTIONAL MODULE)**WEAR3A.****25.3 How often do you enter information on your mobile app or wearable device?***¿Con qué frecuencia ingresa (anota) usted información en su aplicación móvil o aparato portátil?***READ OPTIONS IF NECESSARY:**

1. It is automatically entered by the app / Es automáticamente anotado por la aplicación
2. Multiple times per day / Varias veces al día
3. Daily / Diario
4. At least once per week / Al menos una vez por semana
5. At least once per month / Por lo menos una vez al mes
6. Less frequently than once per month / Menos de una vez al mes

77. DON'T KNOW/NOT SURE

99. REFUSED

WEAR4 (CDC OPTIONAL MODULE)**YESNO.****25.4 Would you be willing to share information stored on your mobile device or app for use in public health research?***¿Estaría usted dispuesto a compartir información guardada (almacenada) en su aparato (dispositivo) móvil o aplicación para utilizarla en estudios de la salud pública?*

1. Yes

2. No

77. DON'T KNOW

99. REFUSED

Section 26: Current Cigarette Use**Earlier we asked you about your lifetime cigarette use, we have a few more questions about cigarettes and other tobacco products.***Anteriormente le preguntamos sobre su consumo de cigarrillos durante toda su vida, tenemos unas preguntas más sobre cigarrillos y otros productos de tabaco.*

IF SMOKE100 >1, SKP TO EVEROTP, OTHERWISE ASK IF SMKEVDA2 = 1

SMOKENUM (CA-TCP)**TYPE V.****26.1 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

HELPTXT: 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.

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

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

HELPTTEXT: 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) GO TO SMKWHOLE

77. DON'T KNOW / NOT SURE

99. REFUSED

SMK30NUM (CA-TCP)

TYPE I.

26.3 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

HELPTTEXT: 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

ASK IF SMOKE100=1

SMKWHOLE (CA-TCP)

TYPE I.

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

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

____ ENTER AGE IN YEARS

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

IF (SMKEVDA2 = 3 & LASTSMK4 > 4) GO TO EVEROTP

Ask if (SMKEVDA2 <= 2) or (SMKEVDA=3 AND LASTSMK2 <=4)

SMK12AGO (CA-TCP)

YESNO.

26.5 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

HELPTXT: 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

GO TO SMKWAKE

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

GO TO SMKWAKE
GO TO SMKWAKE

SMK12DL2 (CA-TCP)

EVDAY.

26.6 Were you smoking cigarettes every day or some days?

¿Fumaba cigarrillos todos los días o solamente en algunos días?

- 1. EVERY DAY
- 2. SOME DAYS

- 7. DON'T KNOW
- 9. REFUSED

IF (SMKEVDA2 = 3) GO TO EVEROTP

SMKWAKE (CA-TCP)

TYPE XXV.

26.7 How soon after you awake in the morning do you usually smoke your first cigarette?

¿Al despertarse por la mañana, cuánto tiempo pasa usualmente, antes de que fume su primer cigarrillo?

INTERVIEWER: ENTER ZERO IF TIME FRAME DOES NOT APPLY

____ HOURS (SMKWHRS)
____ MINUTES (SMKWMIN)

- 8888. IMMEDIATELY
- 7777. DON'T KNOW
- 9999. REFUSED

SMO30MEN (CA-TCP)

YESNO.

26.8 During the past 30 days were the cigarettes that you usually smoked menthol?

Durante los últimos 30 días, ¿fueron los cigarrillos que usted usualmente fumo de mentol?

1. YES
2. NO

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

Section 27: Cigarette Purchases

ASK IF AGE_B <=20 AND SMKEVDA₂ <=2, OTHERWISE CONTINUE

WHOBUY (CA-TCP-NEW 2017)

WHOBUY.

27.1 How do you obtain your cigarettes?

¿Cómo obtiene sus cigarrillos(cigarros)?

1. Purchase cigarettes yourself / *Compra los cigarrillos (cigarros) usted mismo*
2. Ask someone to purchase for you / *Le pide a alguien que los compre para usted*

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

ASK IF SMKEVDA <=2, OTHERWISE SKIP TO EVEROTP

WHEREBUY17 (CA-TCP)

WHEREBUY17.

27.2 Where do you usually buy your cigarettes? Do you buy them...

¿Usualmente, donde compra sus cigarrillos(cigarros)? Los compra en...

1. Gas station or convenience store / *Gasolineras o tienda de conveniencia*
2. Grocery store / *Tienda de comestibles*
3. Drugstore or pharmacy / *Farmacia*
4. Internet / *Internet*
5. Liquor store / *Licorería*
6. Restaurant, deli, or donut shop / *Restaurante, deli, o tienda de donuts*
7. Tobacco or vape shop / *Tienda de tabaco o de vapear*
8. OTHER (specify) <BUYTXT>

77. DON'T KNOW
99. REFUSED

SMKBRAN2 (CA-TCP)

SMKBRAND.

27.3 What brand do you usually smoke?

¿Qué marca fuma usted usualmente?

READ ONLY IF NECESSARY

- | | | |
|----------------------|------------------------------------|----------------|
| 1. Benson and Hedges | 9. More | 77. DON'T KNOW |
| 2. Camel | 10. Newport | |
| 3. Carlton | 11. Pall Mal | 99. REFUSED |
| 4. Generic | 12. Salem | |
| 5. Kent | 13. Vantage | |
| 6. Kool | 14. Virginia Slims | |
| 7. Marlboro | 15. Winston | |
| 8. Merit | 91. OTHER _____ (specify) <SMKTXT> | |

PRICE (CA-TCP)

TYPE VII.

27.4 How much do you usually pay for a pack of cigarettes?

¿Cuánto paga usualmente por una cajetilla de cigarrillos?

EXAMPLE: FOR \$2.00 ENTER 200
FOR \$1.75 ENTER 175
FOR \$0.95 ENTER 95

__ _ _ ENTER RESPONSE

77777. DON'T KNOW
99999. REFUSED

BUYDOWN (CA-TCP)

YESNO.

27.5 The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions?

La última vez que compró usted cigarrillos, ¿tomo ventaja de los cupones, rebajas, compró uno y obtuvo uno gratis, o compró dos por el precio de uno, o usó alguna otra oferta especial?

- 1. Yes
- 2. No

77. DON'T KNOW
99. REFUSED

Section 28: Other tobacco use

ASK EVERYONE

Now I'm going to ask you a few questions about other tobacco use throughout your life time.

Ahora voy a hacerle unas preguntas sobre otro uso de tabaco durante toda su vida.

EVEROTP (CA-TCP NEW 2017)

YESNO.

28.1 In your entire life, which of the following tobacco products have you ever used, even just one time?

En toda su vida, cuál de los siguientes productos de tabaco ha usado, incluso los que uso sólo una vez?

CHEWING TOBACCO	(CHEWEVER1)	YES	NO	DK	REF
TABACO DE MASCAR					
BIG CIGARS	(CIGAREVER)	YES	NO	DK	REF
PUROS GRANDES					
CIGARILLOS OR LITTLE CIGARS	(CIGRILLSEVER)	YES	NO	DK	REF
CIGARRILLOS O PUROS PEQUEÑOS					
TOBACCO PIPE	(PIPEEVER)	YES	NO	DK	REF
PIPA DE TABACO					
HOOKAH WATER PIPE	(HOOKAKEVER)	YES	NO	DK	REF
PIPA DE AGUA (HOOKAH)					

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).

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).

ASK IF CHEWEVER1=1, OTHERWISE SKIP TO CIGAR30

USESNU (CA-TCP)

TYPE I.

28.2 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

ASK IF CIGAREVER=1, OTHERWISE SKIP TO CIGRILLO

CIGAR30 (CA-TCP)

TYPE I.

28.3 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

ASK IF CIGARILLOEVER=1, OTHERWISE SKIP TO PIPE30

CIGRILLO (CA-TCP)

TYPE I.

28.4 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

ASK IF PIPEEVER=1, OTHERWISE SKIP TO HOOKAH2

PIPE30 (CA-TCP)

TYPE I.

28.5 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

ASK IF HOOKAHEVER=1, OTHERWISE SKIP TO FLAVTOB

HOOKAH2 (CA-TCP)

TYPE I.

28.6 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

ASK EVERYONE

FLAVTOB (CA-TCP)

YESNO.

Now I am going to ask you about flavored tobacco products.

Ahora voy a preguntarle acerca de los productos de tabaco con sabor.

28.7 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)?

¿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
2. Cigars/ Puros Y/N
3. Cigarrillos/ Cigarritos Y/N
4. Flavored hookah / Pipa turca (hookah) de agua con sabor? Y/N
5. Flavored e-cigarettes / Cigarrillos electrónicos con sabor? Y/N

FLAVCHW3
FLAVCGR3
FLAVCGL3
FLAVHKK3
FLAVECIG3

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

ASK CIGARETTE SMOKERS OR EVER USED OTHER TOBACCO PRODUCTS:

SMOKE100 =1, OR USESNUS <=2, OR FLAVCHW3, FLAVCGR3, FLAVCGL3, FLAVHKK3, FLAVECIG3=1, OR CHEWEVER, CIGAREVER, CIGRILLSEVER, PIPEEVER, HOOKAHEVER=1 ASK FIRSTTOB, OTHERWISE CONTINUE TO ECIGUSE

FIRSTTOB (CA-TCP NEW 2017)

YESNO.

28.8 When you first started using tobacco products such as cigarettes, e-cigarettes or vaping products, cigars, cigarillos, did you start with flavored tobacco products that taste like menthol, mint, clove, spice, fruit, chocolate, alcoholic drinks, candy or other sweets?

¿Cuando empezó por primera vez a usar productos de tabaco, como cigarillos(cigarros), cigarillos electrónicos o productos de vapear, puros, cigarritos, empezó con productos de sabores que saben a mentol, menta, clavo de olor, especias, frutas, chocolate, bebidas alcohólicas, caramelos u otros Dulces?

1. YES

2. NO

GO TO SHSEXPOS

77. DON'T KNOW

99. REFUSED

GO TO SHSEXPOS

GO TO SHSEXPOS

FLAVSTART (CA-TCP 2017)

FLAVSTART.

28.9 Which flavored tobacco product did you start with?

¿Con cuál(cuáles) producto(s) de tabaco con sabor comenzó?

PICK ONLY ONE

1. Cigarettes / Cigarillos(Cigarros)

2. E-cigarettes or vaping products / Cigarillos electrónicos o productos de vapear

3. Cigars / Puros

4. Cigarillos / Cigarrillos

5. Chew / Tabaco de mascar

6. Hookah / Pipa de agua(Hookah)

77. DON'T KNOW

99. REFUSED

Section 29: Secondhand smoke

SHSEXPOS (CA-TCP)

YESNO.

29.1 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) GO TO OUTWORK

IF (SHSEXPOS > 1) & (EMPLOY2 > 2) GO TO SMKELSEN1

SHSWHERE (CA-TCP)

WHEREXPB.

29.2 Where were you in California the last time this happened?

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

INTERVIEWER NOTE: DO NOT READ IN HELP TEXT: CLICK ON THE BOX NEXT TO THE MOST RELATED/SIMILAR OPTION

RESPONDENT MUST PROVIDE ONLY ONE LOCATION BASED ON THE LAST EVENT OF TOBACCO SECOND HAND SMOKE.

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

OUTWORK (CA-TCP)

YES/NO.

29.3 Do you currently work outside your home?

¿Actualmente, trabaja usted fuera de casa?

1. YES
2. NO

GO TO WORKEXP

77. DON'T KNOW
99. REFUSED

GO TO WORKEXP
GO TO WORKEXP

INDOORS (CA-TCP)

INDOORS.

29.4 Do you work primarily indoors or outdoors?

¿Trabaja usted principalmente bajo techo o al aire libre?

1. INDOORS
2. OUTDOORS

77. DON'T KNOW
99. REFUSED

IF EMPLOY2=1 or EMPLOY2=2 THEN ASK, OTHERWISE SKIP TO SMKELSEN1

WORKEXP (CA-TCP NEW 2017)

YES/NO.

29.5 In the last two weeks, have you ever been exposed to the following in your work place?

En las últimas dos semanas, ¿alguna vez ha sido expuesto a lo siguiente en su lugar de trabajo?

1. Tobacco secondhand smoke (YES/NO) **TOBSHS**
Al humo de Tabaco de segunda mano

2. Vaping aerosol (YES/NO) **VAPESHHS**
Al vapor de vapear

HELP SCREEN FOR VAPING AEROSOL

The aerosol of e-cigarettes (also referred to as vapor) is the emission that is exhaled by the user of an e-cigarette. Similar to smoke when it is exhaled by a cigarette smoker.

El aerosol de cigarrillos electrónicos (también conocido como vapor) es la emisión que es exhalada por el usuario de un cigarrillo electrónico. Similar al humo cuando es exhalado por un fumador de cigarrillos.

3. Marijuana secondhand smoke (YES/NO) **MARJSHS**
Al humo de marihuana de segunda mano

77. DON'T KNOW
99. REFUSED

**IF NUMADULT=1 & NUMCHILD=0, SKP HOMETOB
SMKELSEN1 (CA-TCP MODIFIED)**

TYPE I.

29.6 How many household members currently smoke cigarettes, not including you?

¿Cuántos miembros del hogar actualmente fuman cigarrillos, sin contar (Incluir) a usted?

INTERVIEWER: Do not include the respondent.

__ _ ENTER NUMBER

77. DON'T KNOW
99. REFUSED

HOMETOB (CA-TCP NEW 2017)

HHRULESB.

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

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

1. It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
3. It is allowed anywhere and at any time inside my home / *Es permitido en todas partes y en cualquier momento dentro de mi casa*

77. DON'T KNOW
99. REFUSED

HOMEVAPE (CA-TCP NEW 2017)

HHRULESB.

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

¿Cuál declaración describe mejor las reglas sobre vapear dentro de su hogar?

1. It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
3. It is allowed anywhere and at any time inside my home / *Es permitido en todas partes y en cualquier momento dentro de mi casa*

77. DON'T KNOW

99. REFUSED

HOMEMJ (CA-TCP NEW 2017)

HHRULESB.

29.9 Which statement best describes the rules about smoking or vaping marijuana or hashish inside your home?

¿Qué declaración mejor describe las reglas sobre fumar o vapear marihuana o hachís dentro de su hogar?

1. It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
3. It is allowed anywhere and at any time inside my home / *Es permitido en todas partes y en cualquier momento dentro de mi casa*

77. DON'T KNOW

99. REFUSED

HOUSTYPE (CA-TCP)

HOUSTYPE.

29.10 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

HELPTXT: 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

EXPHRS (CA-TCP)

TYPE XXVI.

29.11 In the past week, about how many minutes or hours were you exposed to other people's tobacco secondhand smoke in all environments?

¿Durante la semana pasada, por aproximadamente cuántas horas o minutos se expuso al humo de tabaco de otra gente, en todos ambientes?

EXAMPLE: FOR 30 MINUTES ENTER 0030. FOR 9 HOURS AND 30 MINUTES ENTER 0930

____ ENTER RESPONSE
8888. NONE AT ALL

7777. DON'T KNOW
9999. REFUSED

EXPEHRS (CA-TCP)

TYPE XXVI.

29.12 In the past week, about how many minutes or hours were you exposed to other people's vaping aerosol in all environments?

¿Durante la semana pasada, por aproximadamente cuántas horas o minutos se expuso al humo o vapor de cigarrillos electrónicos de otra gente, en todos ambientes?

EXAMPLE: FOR 30 MINUTES ENTER 30. FOR 10 HOURS AND 30 MINUTES ENTER 1030

____ ENTER RESPONSE
8888. NONE AT ALL

7777. DON'T KNOW
9999. REFUSED

MAREXP (CA-TCP)

TYPE XXVI.

29.13 In the past week, about how many minutes or hours were you exposed to other people's marijuana secondhand smoke in all environments?

¿La semana pasada, como cuántos minutos u horas fue expuesto al humo de marihuana de otras personas en todo tipo de ambientes?

EXAMPLE: FOR 30 MINUTES ENTER 30. FOR 10 HOURS AND 30 MINUTES ENTER 1030

____ ENTER RESPONSE
8888. NONE AT ALL

7777. DON'T KNOW
9999. REFUSED

Section 30: Bar and Casino

SMKFREE2 (CA-TCP MODIFIED)

SMKFREE2.

30.1 During the past 12 months, the last time you went to a bar, tavern or nightclub including those that are attached to a restaurant, hotel or card club, in California, was it smoke-free or vape-free?

¿Durante los últimos 12 meses, la última vez que fue a un bar, una taberna, o club nocturno, incluyendo esos adjuntos a algún restaurante, hotel, o salón de naipes (cartas) en California, estaba libre del humo de cigarrillos o vaporizadores (cigarrillos-electrónicos)?

- 1. No, I did not go to a bar, tavern or nightclub in the past 12 months
No, no fui a un bar, taberna o club nocturno en los últimos 12 meses
- 2. Yes, it was smoke-free and vape free
Sí, era libre de humo y libre de vapor
- 3. Yes, it was smoke-free only
Sí, era sólo libre de humo
- 4. No, it is neither smoke-free nor vape-free
No, no es libre de humo ni de vapor

- 77. DON'T KNOW
- 99. REFUSED

CASNOSMK (CA-TCP)

CASNOSMK.

30.2 If smoking were prohibited in California's Indian Casinos, would this make you more likely to visit them, less likely to visit them, or would it make no difference to you?

Si el fumar fuera prohibido en los casinos Indios (Indian casinos) en California, ¿haría esto más probable, menos probable de que usted visitara los casinos, o no haría ninguna diferencia?

- 1. MORE LIKELY
- 2. LESS LIKELY
- 3. NO DIFFERENCE
- 4. NO OPINION

- 77. DON'T KNOW
- 99. REFUSED

Section 31: Media Exposure

ASKED OF ALL RESPONDENTS

ANTITOB (CA-TCP)

YESNO.

31.1 Within the last 30 days, have you seen or heard any anti-tobacco messages?

¿En los últimos 30 días, ha visto u oído cualquier mensaje en contra del tabaco?

- 1. Yes
- 2. No

GO TO MORETAX

- 77. DON'T KNOW
- 99. REFUSED

GO TO MORETAX
GO TO MORETAX

HADS (CA-TCP MODIFIED)

31.2 Did you see or hear any anti-tobacco message on:

YESNO.

¿Ha visto u oído algún mensaje en contra del tabaco en ...

SELECT ALL THAT APPLY:

1. Social Media (examples: Facebook, Snapchat, YouTube)
Medios de Comunicación Social (ejemplos: Facebook, Snapchat, YouTube)
2. TV
La tele
3. Radio
La radio
4. Magazines
La revista
5. Gas stations or convenience stores
Gas stations or convenience stores
6. Vape or tobacco shops
Tiendas de vapor (Vape) o tabaco
7. OTHER (specify other source) <HOTHTXT / HADS_O1>
Algún otro lugar (specify other source)

88. I HAVEN'T SEEN ADS AGAINST TOBACCO IN THE LAST 30 DAYS IN ANY OF THESE PLACES./ NO HE VISTO ANUNCIOS CONTRA EL TABACO EN LOS ÚLTIMOS 30 DÍAS EN NINGUNO DE ESTOS SITIOS.

77. DON'T KNOW
99. REFUSED

Section 32: Taxes

ASKED OF ALL RESPONDENTS

MORETAX (CA-TCP)

MORETAXB.

32.1 How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other health care programs? Please tell me the highest tax you are willing to support? (Read all the following)

¿Cuántos impuestos adicionales estaría usted dispuesto apoyar sobre una cajetilla de cigarrillos si todo el dinero juntado sería usado para financiar programas dirigidos a prevenir que los jóvenes empiecen a fumar, y otros programas de salud pública? ¿Apoyaría usted un aumento de impuesto de...?

INTERVIEWER NOTE: IF THEY SAY ANY AMOUNT FROM \$3.01 TO INFINITY JUST CLICK OPTION 8

READ ALL THE FOLLOWING

1. \$.25 a pack / \$.25 por cajetilla
2. \$.50 a pack / \$.50 por cajetilla
3. \$.75 a pack / \$.75 por cajetilla
4. \$1.00 a pack / 1.00 por cajetilla
5. \$1.50 a pack / \$1.50 por cajetilla
6. \$2.00 a pack / \$2.00 por cajetilla
7. \$3.00 a pack / \$3.00 por cajetilla
8. More than \$3.00 / Más de \$3.00 por cajetilla
9. No tax increase, or / No aumento de impuestos
10. Some other amount (specify) / Alguna otra cantidad (specify) <MORETXOT>

77. DON'T KNOW

Section 33: Random Child Selection

*If CHILD18 = 0 or CHILD18 = REFUSED, 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_BORN (EHIB/CDC OPTIONAL MODULE)

TYPE I.

33.1 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_SEL (CDC OPTIONAL MODULE)

BOYGIRL.

33.2 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.

33.3 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)

YESNO.

Are they...

33.4 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)

YESNO.

33.5 Puerto Rican?

¿Es el niño(a) Puertorriqueño?

- 1. YES
- 2. NO

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

CH_HCUB (CDC OPTIONAL MODULE)

YESNO.

33.6 Cuban?

¿Es el niño(a) Cubano?

- 1. YES
- 2. NO

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

CH_HOTH (CDC OPTIONAL MODULE)

YESNO.

33.7 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.

33.8 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) GO TO CH_REL
IF (CH_RACE3A = 4 | CH_RACE3A = 5) GO TO CH_RA2AB
IF ((CH_RACE3A = 1) & (CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A
IF ((CH_RACE3A = 2) & (CH_RACE3A = 3 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A
IF ((CH_RACE3A = 5) & (CH_RACE3A = 6)) GO TO CH_RACE4A
IF (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 6) GO TO CH_REL

If CH_RACE3A= 4 or 5 then ask CH_RA2AB, else GO TO CH_REL

CH_RA2AB (CA-CORE)

ORACE2AB.

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

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

1. Chinese
2. Japanese
3. Korean
4. Filipino
5. Vietnamese
6. Cambodian
7. Laotian
8. East Indian
9. Indonesian
10. 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)) GO TO CH_RACE4A

IF ((CH_RACE3A = 4) & (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A
GO TO CH_REL

If more than one response to CH_RACE3, continue. Otherwise, GO TO CH_REL.

CH_RACE4A (CDC OPTIONAL MODULE)

33.10 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: PLEASE READ OPTIONS

INTERVIEWER: IF YOU NEED TO GO BACK USE F6

INTERVIEWER: IF THEY WILL NOT CHOOSE A RACE THEN SELECT DON'T KNOW OR REFUSED BASED ON THEIR RESPONSE

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_REL (CDC OPTIONAL MODULE)

CH_REL.

33.11 How are you related to the child?

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

PLEASE READ:

1. Parent (include biologic, step, or adoptive parent) / *Padre (incluye biológico, padrastro o padre adoptivo)*
2. Grandparent / *Abuelo*
3. Foster parent or guardian / *Padre de crianza o tutor*
4. Sibling (include biologic, step, and adoptive sibling) / *Hermano/a (incluye biológico, hermanastro o hermano adoptivo)*
5. Other relative / *Otra relación*
6. Not related in any way / *Ninguna relación*

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

Section 34: Childhood Asthma Prevalence

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

CHLDAST2 (EHIB/CDC OPTIONAL MODULE)

YES/NO.

34.1 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

GO TO ASTHLOGIC

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

GO TO ASTHLOGIC
GO TO ASTHLOGIC

CHLDASTB (EHIB/CDC OPTIONAL MODULE)
34.2 Does the child still have asthma?

YESNO.

¿Tiene todavía el niño(a) asma?

- 1. YES
- 2. NO

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

Section 35: Closing

If ASTHEVE3=1 or CHLDAST2 =1 continue

ADLTCALL (CDC-ASTHMA CALL BACK)

YESNO.

35.1 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
- 2. NO

GO TO ADLTNAME
GO TO PANEL

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

CHLDCALL (CDC-ASTHMA CALL BACK)

YESNO.

35.2 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
- 2. NO

GO TO ADLTNAME
GO TO PANEL

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

Ask if said yes to ADLTCALL or CHLDCALL

ADLTNAME (CDC-ASTHMA CALL BACK)

35.3 Whom should we ask for when we call back?

¿Por quién debemos preguntar cuando volvamos a llamar?

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

ENTER NAME _____

IF ASTHCB = 1 GO TO CBTIME

Ask if said yes to CHLDSCALL

CHLDNAME (CDC-ASTHMA CALL BACK)

35.4 What is the child's name for when we callback?

¿Cuál es el nombre de el niño/niña para cuando regresemos la llamada?

INTERVIEWER NOTE: We need the name, initials or nickname./ *Es necesario el nombre, iniciales o alias.*

ENTER NAME _____

GO TO MOSTKNOW

MOSTKNOW

35.5 Are you the parent or guardian in the household who knows the most about (CHILDNAME)'s asthma?

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

1. YES

GO TO CBTIME

2. NO

GO TO OTHNAME

77. DON'T KNOW / NOT SURE

99. REFUSED

OTHNAME

OPENEND.

35.6 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)

35.7 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