

## 2003 CALIFORNIA WOMEN'S HEALTH SURVEY

Revised 8/7/2003

Questions about the survey should be directed to:

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**INTROQ**

**HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.**

**Is this (phone number) ?**

1. Yes---> (Continue)
2. No ---> Thank you very much, but I seem to have dialed the wrong number. (Stop)

**NUMADULT**

**We're doing a study of the health practices of California adults. Your number has been randomly chosen to be included in the study, and we'd like to ask some questions about things people do which may affect their health. Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?**

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

**NUMWOMEN**

(If NUMADULT GT 1)

**How many are women?**

\_\_\_\_ Enter the number of women (0-9)

**MENONLY**

(If NUMWOMEN EQ 0)

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

**NUMMEN**

(If NUMADULT GT 1)

**How many are men?**

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

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

**SELECTED**

(If NUMWOMEN GT 1)

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

**Are you the (SELECTED) ?**

1. Yes---> Continue.
2. No ---> **May I speak with the \_\_\_\_\_?**

**ONEADULT**

(If NUMWOMEN = 1)

**Are you the adult?**

1. Yes---> **Then you are the person I need to speak with. All the information obtained in this study will be confidential.**
2. No ---> **May I speak with her?** (When selected adult answers:)

**Hello, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.**

**Introduction:**

**We're doing a special survey of California women and are asking about their health practices and day-to-day living habits. Your telephone number was randomly selected from all California phone numbers. You have been randomly chosen to be included in the study from among the adult women of your household.**

**Before I ask you any questions, I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. You will not be identified in any way in any reports. Your answers will be combined with the answers of the 4000 other women who take part in the survey.**

**You may stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.**

**In this survey, we are asking questions about health care coverage, experience with cancer screening tests, alcohol and tobacco use, vitamin use, public assistance, disability, mental health, and family violence. Depending on your age, you may also be asked about family planning, childbirth and breastfeeding experience, and experience with the Women, Infants and Children's program.**

**We appreciate your cooperation with this survey. The only cost to you is the time needed to answer the questions. The survey takes about 25 minutes. Although you may not gain personally from taking part in this survey, the information you give will be used to improve state programs and to identify areas of need to improve the health of California women.**

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

GENHLTH (Core)

HEALTH.

**1. Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?**

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
  
- 7. Don't know / Not sure
- 9. Refused

PHYSHLTH (Core)

TYPEVII.

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

\_\_\_ Enter Number of days

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

MENTHLTH (Core)

TYPEVII.

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

\_\_\_ Enter Number of days

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

POORHLTH (Core) (Ask if PHYSHLTH &gt;=1 or MENTHLTH &gt;=1)

TYPEVII.

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

\_\_\_ Enter Number of days

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

**HEALTH ACCESS**

**These next questions are about women's access to medical care. Please be assured that I am not trying to sell you insurance coverage.**

HAVEPLN3 (Core)

YESNO.

**5. Do you have ANY kind of health care coverage? (This would include health insurance, prepaid plans such as HMOs--health maintenance organizations--or government plans such as Medicare or Medi-Cal.)**

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

HLTHPLAN (Core)

YESNO.

(If HAVEPLN3 = 2, 7, or 9 ask:)

**There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:**

(If HAVPLN3 = 1, ask:)

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

	Yes	No	DK/NF	RF	
<b>6. Your employer</b>	1	2	7	9	EMPPLAN
<b>7. Someone else's employer</b> (including spouse)	1	2	7	9	OEMPLAN
<b>8. A plan that you or someone else buys on your own</b>	1	2	7	9	OWNPLAN
<b>9. Medicare</b>	1	2	7	9	MEDICARE
<b>10. Medi-Cal (Medicaid)</b>	1	2	7	9	MEDICAL
<b>11. The military, CHAMPUS, or the VA [or CHAMP-VA]</b>	1	2	7	9	MILPLAN
<b>12. Indian Health Service, or,</b>	1	2	7	9	INDIANHS
<b>13. Some other source</b>	1	2	7	9	OTHRSRCE

If no "Yes" responses to Q6-13, go to PASTPLAN;  
 If more than one "Yes" to Q6-13, go to MAINPLAN, else go to GAPPLNT2

MAINPLAN (Core)

MAINPLN.

**14. What type of health care coverage do you use to pay for MOST of your medical care?**

Is it coverage through: (Read only if necessary)

1. Your employer
2. Someone else's employer (including your spouse)
3. A plan that you or someone else buys on your own
4. Medicare
5. Medi-Cal (Medicaid)
6. The military, CHAMPUS, the VA (or CHAMP-VA)
7. Indian Health Service
8. Some other source

88. None

77. Don't know / Not sure

99. Refused

GAPPLNT2 (Core)

TYPE II.

**15. In how many of the past 12 months were you without any coverage? F6=none**

\_\_\_\_ (number)

77. Don't know / Not sure

99. Refused

HMOPPO2 (Core)

YESNO.

**16. Do you receive your health care through an HMO (Health Maintenance Organization)?**

1. Yes

2. No

7. Don't know / Not sure

9. Refused

HLTHLIST (Core)

HLTHLIST.

**17. Not including any supplemental and medigap health insurance, what is the name of the health plan you use to pay for most of your medical care?**

Select from Brandlist

96. Other (Specify)

777. Don't know / Not sure

(Go to CHECKUP2)

888. None

(Go to CHECKUP2)

999. Refused

(Go to CHECKUP2)

PASTPLAN (Core)

HOWLONGC.

**18. About how long has it been since you had health care coverage?**

Read Only if Necessary

1. Within the past 6 months (more than 0 to 6 months)
2. Within the past year (more than 6 months to 1 year)
3. Within the past 2 years (more than 1 year to 2 years)
4. Within the past 5 years (more than 2 years to 5 years)
5. More than 5 years ago
  
7. Don't know / Not sure
8. Never
9. Refused

CHECKUP2 (Core) Ask all women

HOWLONG.

**19. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine medical checkup?**  
(Read only if necessary)

1. Within the past year (0 years to 1 year)
2. Within the past 2 years (more than 1 year to 2 years)
3. Within the past 5 years (more than 2 years to 5 years)
4. More than 5 years ago
  
7. Don't know / Not sure
8. Never
9. Refused

**DISABILITY**

DISANY NEW (Core)

YESNO.

**20. Are you limited in any way in any activities because of a physical, mental, or emotional problem?**

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

DISLONG NEW (EPIC) If Yes to above

HOWLONGJ.

**21. How long have your activities been limited?**

1. Less than six months
2. Six months to 1 year
3. One year to 5 years
4. More than five years
  
7. Don't know/Not sure
9. Refused

DISWORK NEW (DSS)

OFTENC.

**22. In the past 12 months, how often has this problem affected your ability to take a job, work, attend educational or training activities? Would you say...** F6 if Respondent answers she's retired

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never

DISCARE NEW (EPIC)

YESNO.

**23. Has this problem ever made it hard for you to get medical care?**

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

DISMDPRB NEW (EPIC) IF YES to above

YESNO.

**24. What problem or problems have you had getting medical care?**

- |  |         |
|--|---------|
| 1. Transportation  | DISMD_A |
| 2. Lack of specialists I need                                      | DISMD_B |
| 3. Wrong exam tables or other equipment                            | DISMD_C |
| 4. Lack of assistance (for example with removing clothing, moving) | DISMD_D |
| 5. Bad attitude/Insensitivity of health workers                    | DISMD_E |
| 6. Costs/Insurance exclusions                                      | DISMD_F |
| 7. Lack of time allotted for appt.                                 | DISMD_G |
| 8. Other (specify) _____   | DISMD_H |

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

FLUVAC NEW (Immunization)

YESNO.

**25. During the past 12 months, did you get a flu shot?**

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

FLUVAC50 NEW (Immunization)

TYPEXVI.

**26. At a particular age, everyone is recommended to get a yearly flu shot. At what age have you heard the general public should start getting a flu shot? F6=Haven't heard**

\_\_\_\_\_ Enter Age

7777. Don't know/Not sure  
9999. Refused  
8888. Haven't Heard



**CONTINUITY OF CARE**

WHERCARE (MCH)

WHERCARE.

**27. During the past 12 months, where did you USUALLY go when you needed health care? Have you usually gone to an. . .**

1. Emergency room
  2. Private doctor
  3. Hospital clinic
  4. HMO clinic
  5. Community clinic
  6. Acute care clinic
  7. Urgent care clinic
  8. Doesn't go to one place most often (Do not read)
  9. Did not see anyone during the past 12 months (Do not read)
  10. Other (Specify \_\_\_\_\_)
- 
77. Don't know / Not sure
  99. Refused

**LONG TERM CARE**

**The next few questions deal with long-term care . Long-term care is defined as needing help for at least three months to perform daily activities, like bathing, dressing, eating, or toileting. (This can include hospice care/caring for someone terminally ill).**

LTCRCVD NEW (CPLTC)

YESNO.

**28. Do you know anyone that has received long-term care?**

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

LTCGIVE NEW (CPLTC)

YESNO.

**29. Have you ever provided long-term care services to someone for more than one month?**

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

LTCBUY NEW (CPLTC)

YESNO.

**30. Have you purchased or do you think you will purchase long-term care insurance for yourself or a family member?**

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

LTCDISC NEW (CPLTC)

YESNO.

**31. Have you discussed with your family or friends your own long-term care needs?**

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

LTCWHO NEW (CPLTC)

LTCWHO.

**32. If you become unable to take care of yourself, who do you think will take care of you? (Do not read)**

1. Family/Spouse/Partner
2. Friends
3. Community services
4. Nursing home
5. Assisted living
6. Government
7. Never thought about it
8. Other (Specify)
77. Don't Know
99. Refused

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

SMOKE100 (Core) Ask all women

YESNO.

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

5 packs = 100 cigarettes

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

SMKEVDA2 (Core)

EVDAY.

**34. Do you now smoke cigarettes everyday, some days, or not at all?**

1. Everyday
2. Some days
3. Not at all
7. Don't know / / Not sure
9. Refused

**The next few questions are about the Women, Infants, and Children program, also known as the WIC program**

WICHEAR (WIC) Ask all women (on '97 and '99)

YESNO.

**35. Have you heard of WIC, the Women, Infants and Children Supplemental Nutrition Program?**

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

WHATHEA3 (WIC) (New response categories)

YESNO.

**36. What have you heard about the WIC program? (Mark all that apply) (Do not read responses)**

- 1. it's for people on welfare WHATH\_A
- 2. it's for people on Medi-Cal WHATH\_B
- 3. it's for pregnant women WHATH\_C
- 4. it's for teen parents WHATH\_J
- 5. it's for women and their children WHATH\_D
- 6. it's to get free food and formula WHATH\_E
- 7. it's to get nutrition counseling WHATH\_F
- 8. it's for lower income people WHATH\_K
- 9. it's for children under 5 (young children) WHATH\_L
- 88. Other (Specify) WHATH\_I
- 77. Don't know/Not sure
- 99. Refused

**Because a number of the following questions are age-dependent, before we continue, I need to ask:**

AGEB (Core)

TYPEI.

**37. What is your age?**

- \_\_\_ Enter age in years
- 7. Don't know / Not sure
- 9. Refused

If AGE LT 50, go to PREGNANT;  
 If AGE GE 50 and LT 55, go to PREG5YR;  
 If AGE GE 55, go to LIVEBRT2

**PREGNANCY**

PREGNANT (Core) (Asked of those AGE 18-49)

YESNO.

**38. To your knowledge, are you now pregnant?**

- 1. Yes (Go to PREG5YR)
- 2. No
- 7. Don't know / Not sure
- 9. Refused

TRYPREG (OFP)

YESNO.

**39. Are you currently trying to become pregnant?**

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

PREG5YR (Core) Asked of those AGE 18-54

YESNO.

**40. Have you been pregnant in the past five years?**

If PREGNANT=1 ASK:]

**Other than your current pregnancy, have you been pregnant in the past five years?**

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

LIVEBRT2 (MCH) Ask all women

TYPEII.

**41. How many children have you ever given birth to, counting only live births?**

\_\_\_ Enter Number

- 88. None (Go VITBWHYB)
- 77. Don't know / Not sure (Go VITBWHYB)
- 99. Refused (Go VITBWHYB)

LOBRTHWT NEW (DSS)

TYPEII.

**42. Thinking about those births, how many had a birth weight less than 5 pounds 8 ounces?**

\_\_\_ Enter Number (1-25)

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

DATEBRTH (MCH)

**43. On what date did you last give birth to a live baby?**

\_\_\_ Enter month DATEB\_A  
\_\_\_ Enter year DATEB\_B

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

BRTHWGHT (MCH) Ask if PREG5YR = yes

**44. How much did your last baby weigh at birth?**

\_\_\_ Enter pounds\ounces  
\_\_\_ Enter grams

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

BRSTFED2 (WIC) ask of all women who have had at least 1 live birth: YESNO.

**45. Did you breastfeed your baby born in year xxx?**

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

WNSTPBF2 (WIC) ask if YES above

**46. How old was that child when you stopped any breastfeeding (no longer breastfed that child)?**

- \_\_\_ Enter Number TYPE X.
- \_\_\_ Enter Weeks, Months WHEN III. (Verify if GT 24-months)
- 77. Don't know / Not sure
- 99. Refused

**VITAMIN USE**

Now, I would like to ask you about your use of vitamins and minerals.

VITBWHYB (MCH)

VITBWHYB.

**47. Some health experts recommend that women take the B vitamin folic acid or folate. To the best of your knowledge, for which one of the following reasons is this vitamin recommended for women: to make strong bones, to prevent birth defects or to prevent weight gain?**

- 1. to make strong bones
- 2. to prevent birth defects
- 3. to prevent weight gain
- 7. Don't know\Not sure
- 9. Refused

OFTCERL NEW (MCH) Ask all women

TYPEIV.

**48. How often do you eat cold cereal? F6=None**

- \_\_\_ Enter Number of times
- \_\_\_ Per Day/week/month/year

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

VITMILK NEW (MCH) Ask of women who consume cold cereal

YESNO.

**49. Do you drink the remaining milk in the bowl after eating your cold cereal?**

- 1. Yes
- 2. No
- 3. Doesn't use milk with cereal
- 7. Don't know / Not sure
- 9. Refused

VITTAKEC (MCH) Modified Ask all women

YESNO.

**50. Are you CURRENTLY taking a prenatal or multi-vitamin pill or a pill containing the B vitamin folate or folic acid?**

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

VITDAILY (MCH)

YESNO.

**51. Do you take any of these on a daily basis?**

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

FOLICLRN (MCH)

YESNO.

**52. Where did you learn about folic acid or folate?**

(Mark all that apply) (Do not read)

- |   |          |
|---|----------|
| 1. Magazine or newspaper article                          | FOLICL_A |
| 2. Radio  | FOLICL_B |
| 3. Television   | FOLICL_C |
| 4. Physician \OB-GYN\GP\FP                                | FOLICL_D |
| 5. Books  | FOLICL_E |
| 6. Brochures \Literature at health care provider's office | FOLICL_F |
| 7. Friend \Relative \Co-worker                            | FOLICL_G |
| 8. School \College  | FOLICL_H |
| 9. Label \Back of vitamin bottle                          | FOLICL_I |
| 10. Nutrition Classes other than in school or college     | FOLICL_J |
| 11. Nurse \Nurse practitioner                             | FOLICL_K |
| 12. Nursing School  | FOLICL_L |
| 13. Media   | FOLICL_M |
| 14. Other (specify)                                       | FOLICL_N |
| 15. Movie theater (new category)                          | FOLICL_O |
| 77. Don't know\Not sure                                   |          |
| 99. Refused   |          |

HERBTAKE NEW (MCH) Ask all women

YESNO.

**53. In the last 12 months, have you taken any herbs in any form to improve your health? (This includes tinctures and extracts).**

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

HERBSUP NEW (MCH) Ask all women

YESNO.

**54. In the last 12 months, did you take an herbal supplement that contained any of the following: ginkgo, ginseng, Echinacea, St. John's Wort, Evening Primrose Oil, Ginger, Golden Seal or Parsley? Do not include herbs used as flavoring in cooking.**

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

Ask if HERBTAKE=1 or HERBSUP=1; Else, go to SELFWGHT
--

HERBTALK NEW (MCH)

YESNO.

**55. Does your health care provider know about your use of any herbs?**

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

HERBSORC NEW (MCH)

HERBSORC.

**56. What was the most important source of information when deciding to use herbs? (Do not read)**

1. Physician
2. Other health care provider (than physician) as nurse, registered dietitian, physician assistant
3. Health food store employee
4. Pharmacist
5. Herbalist
6. Other alternative health provider (than herbalist) such as chiropractor, homeopathic practitioner, naturopath, masseuse
7. Product label
8. Magazines/books/newspaper
9. Internet
10. Television/radio
11. Friend/relative/co-worker
12. Safety/side effect info.
13. Other (specify)
77. Don't know/Not sure
99. Refused

SELFWGHT (CPNS)

WEIGHT.

**57. Currently, do you consider yourself:**

1. Overweight
2. Underweight
3. About the right weight for your height (Go to DAILYEAT)
7. Don't know / Not sure (Go to DAILYEAT)
9. Refused (Go to DAILYEAT)

LIKEWT2 (CPNS) (Do not accept a range)

TYPEIV.

**58. What do you consider a healthy weight for yourself?**

- \_\_\_\_ Enter weight
7. Don't know / Not sure
  9. Refused

**DIETARY QUALITY**

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month and so forth. Remember I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

DAILYEAT (CPNS)

TYPEIII.

**59. A serving is about 1/2 cup of vegetables or fruit, 6 ounces of 100% fruit or vegetable juice, a medium piece of fruit, or 1 cup of green salad. About how many servings of fruits and vegetables do you usually eat or drink on an average day?**

\_\_\_\_ Enter number

7. Don't know / Not sure

9. Refused

DAILYVEG (CPNS)

TYPEIII.

**60. How many total servings of fruits and vegetables do YOU think you should eat every day for good health? (That's a combined total of BOTH fruits and vegetables.) (A serving = 1/2 cup of vegetables or fruit, 6 ounces of juice, a piece of fruit, 1 cup of green salad)**

\_\_\_\_ Enter number

7. Don't know / Not sure

9. Refused

**FISH CONSUMPTION**

FISHOFT NEW (EAS)

TYPEIV.

**61. How often do you eat fish (dried, canned, fresh, frozen, smoked), not including shellfish? F6=Never**

\_\_\_\_ Enter Number of times  
Per day/week/month/year

888. Never

(Go to FISHWARN)

777. Don't know / Not sure

(Go to FISHWARN)

999. Refused

(Go to FISHWARN)

FISHSERV NEW (EAS)

TYPEIV.

**62. How many servings of fish do you usually eat per occasion? A serving of fish is 3 ounces, or a piece about the size of a deck of cards or the palm of your hand.**

1xx. Enter number of servings

777. Don't know/not sure

999. Refused

FISHWARN NEW (EAS) Ask all women

YESNO.

**63. Are you aware of any public health warnings about eating fish for women of childbearing age?**

1. Yes

2. No

7. Don't know / Not sure

9. Refused



**DEMOGRAPHICS**

HISP3 (Core)

YESNO.

**64. Are you Hispanic or Latina? (This includes Mexican American, Latin American, Puerto Rican or Cuban?)**

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

ORACE3 (Core)

YESNO.

**65. Which one or more of the following would you say is your race?**

Please read and mark all that apply.

- |  |                  |
|--|------------------|
| 1. White   | ORACE3_A         |
| 2. Black or African American                               | ORACE3_B         |
| 3. Asian   | ORACE3_C         |
| 4. Native Hawaiian or Other Pacific Islander               | ORACE3_D         |
| 5. American Indian or Alaska Native                        | ORACE3_E         |
| 6. Other [specify] -----> ORACETXT (Recoded, not retained) | ORACE3_F         |
| 7. Don't know / Not sure                                   | (Go to REF_DEMO) |
| 9. Refused   | (Go to REF_DEMO) |

If more than one response to ORACE3, continue. Otherwise, go to ORACE2A

ORACE4 (Core)

ORACEC.

**66. Which one of these groups would you say best represents your race?**

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify] -----> ORACETXT (Recoded, not retained)
7. Don't know / Not sure
9. Refused

If ORACE3\_C EQ 1 or ORACE3\_D EQ 1 or ORACE4 EQ 3 or 4, go to ORACE2A;  
Else go to BIRTHPLC

ORACE2A (Core)

ORACE2A.

**67. Are you Chinese, Japanese, Korean, Filipino, Vietnamese, Cambodian, Laotian, East Indian, Indonesian or Other?**

1. Chinese
3. Korean
5. Vietnamese
7. Laotian
9. Indonesian
11. Samoan
13. Saipanese
15. OTHER: (specify)

2. Japanese
4. Filipino
6. Cambodian
8. East Indian
10. Hawaiian
12. Pakistani
14. Fijian

-----&gt;ORA2ATXT (Text)

77. Don't know / Not sure

99. Refused

BIRTHPLC (Core)

BIRTHPLC.

**68. In what country were you born?**

Select From Brand List

14. Other (specify \_\_\_\_\_)

77. Don't know / Not sure

(Go to MARITAL)

99. Refused

(Go to MARITAL)

BIRTHTXT

**68.5 OTHER (SPECIFY)**

If BIRTHPLC eq1 go to MARITAL;  
Else continue

USEENTRY2 (Core)

TYPEI.

**69. In what year did you come to live in the United States?**

\_\_\_ Enter year

7777. Don't know / Not sure

9999. Refused

MARITAL (Core)

MARITAL.

**70. Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?**

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple
9. Refused

CHILD18 (Core)

TYPEII.

**71. How many children under age 18 live in this household?**

\_\_\_ Enter Number of children

00. None

(Go to EDUCA)

99. Refused

(Go to EDUCA)

CHILD1-CHILD9 (Core)

TYPEII.

- 72. (If CHILD18=1, ask:) How old is the child?**  
**(If CHILD18 GT 1, ask:) How old are the children?**

INTERVIEWER NOTE: List the ages of all children in the household. If child is less than one year old then age = 1.0. ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year-olds (.1=younger 5.15 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}  
 5.2  
 13.0

Youths =

- \_\_\_\_ AGE OF CHILD/CHILDREN  
 77. Don't know / Not sure  
 99. Refused

EDUCA (Core)

EDUCA.

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

1. Eighth grade or less
2. Some high school (grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
4. Some technical school
5. Technical School Graduate
6. Some College
7. College graduate
8. Post graduate or professional degree
9. Refused

EMPLOY3 (Core)

EMPLOYB.

- 74. Are you currently: Employed full time, Employed part time, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?**

1. Employed full time (32 or more hours a week)
2. Employed part time (less than 32 hours a week)
3. Self-employed
4. Out of work for more than 1 year
5. Out of work for less than 1 year
6. Homemaker
7. Student
8. Retired
9. Unable to work
99. Refused

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

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

INCOM02 (Core)

INCOMEB.

**76. Which of the following categories best describes your annual household income from all sources?**  
**Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to less than \$100,000 or \$100,000 or more?**

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 or more

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

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

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

THRESH02 (Core)

YESNO.

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

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

INCOM94	=	1 <10K	2 10-15K	3 15-20K	4 20-25K	5 25-35K	6 35-50K	7 50-75K	8 75-100K	9 100K+
HHSIZE=	1	8,850	11,500	16,400/ 17,700	22,150					
(Household Size)	2		11,950	15,500	22,100/ 23,900	29,850				
	3			19,550		27,800/ 30,050	37,550			
	4			18,100	23,550	33,500	36,200/ 45,250			
	5				21,200	27,550	39,200/ 42,350	52,950		
	6				24,250	31,550	44,900/ 48,500	60,650/ 72,800		
	7					27,350	35,550	50,600/ 54,700/ 68,350		
	8					30,400	39,550	56,300/ 60,850	76,050	
	9					33,500	43,550	62,000/ 67,000	83,750	
	10						36,600/ 47,550	67,650/ 73,150	91,450	
	11						39,650	51,550/ 73,350	79,300	99,150
	12						42,750	55,550	79,050/ 85,500	106,850
	13						45,800	59,550	84,750/ 91,650	114,550

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Feb 14, 2002 rounded to nearest \$50.)

If NUMADULT EQ 1 and CHILD1-CHILD9 EQ 0, go to HEIGHT  
Else continue

INCOM94B (Core)

INCOMEB.

**78. Which of the following categories best describes your PERSONAL annual income from all sources, that is, the amount of money you, yourself, bring into the household? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to \$100,000, or more than \$100,000?**

1. Less than \$10,000
  2. \$10,000 to less than \$15,000
  3. \$15,000 to less than \$20,000
  4. \$20,000 to less than \$25,000
  5. \$25,000 to less than \$35,000
  6. \$35,000 to less than \$50,000
  7. \$50,000 to less than \$75,000
  8. \$75,000 to \$100,000
  9. more than \$100,000
9. \$0; Doesn't have any personal income
77. Don't know / Not sure
99. Refused

HEIGHT (Core)

TYPEIV.

**79. About how tall are you without shoes?**

Round fractions down

Enter height in feet and inches  
(Ex. 5 feet 11 inches = 511)

\_\_\_ Enter height (verify if Less Than 408 or Greater Than 608)

777. Don't know / Not sure
999. Refused

WEIGHT (Core)

TYPEIV.

**80. About how much do you weigh without shoes?**

Round fractions up

\_\_\_ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know / Not sure
999. Refused

WT12MB (CPNS)

TYPEIV.

**81. If age 50 or younger ask: If you were not pregnant, how much did you weigh one year ago? (F6 if they WERE pregnant)**  
**If age 51 or older ask: How much did you weigh one year ago? (F6 if they WERE pregnant)**

Round fractions up

\_\_\_ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know / Not sure
999. Refused

COUNTY1 (Core)

COUNTYA.

**82. What county do you live in?**

Select From Brand List

777. Don't know / Not sure

999. Refused

ZIPCODE (Core)

TYPEIX.

**83. What is your zip code?**

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

77777 Don't know / Not sure

99999 Refused

NUMPHON2 (Core)

(not formatted)

**84. How many residential telephone numbers do you have? Exclude dedicated fax lines, computer lines, cellular and mobile phones.**

(8 = 8 or more)

1. One

2. Two

3. Three

4. Four

5. Five

6. Six

7. Seven

8. Eight

INCOMADQ (Core)

YESNO.

**85. During the past month, did you feel you had enough money to meet your basic living needs?**

1. Yes

2. No

7. Don't know / Not sure

9. Refused

**FOOD ADEQUACY**

Now I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was **OFTEN** true, **SOMETIMES** true, or **NEVER** true for you in the last 12 months. (That is, since MONTH of last year)

OUTOFFD (DSS and CPNS) Ask all women

TRUEFALB.

**86. The food that I bought just didn't last, and I didn't have money to get more. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?**

1. Often

2. Sometimes, or

3. Never true

7. Don't know / Not sure

9. Refused

AFRDMEAL (DSS and CPNS)

TRUEFALB.

**87. I couldn't afford to eat balanced meals. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?**

1. Often true
2. Sometimes true
3. Never true
  
7. Don't know / Not sure
9. Refused

CUTMEAL (DSS and CPNS)

YESNO.

**88. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?**

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

CUTOFTN ( DSS, CPNS)

HOWLONGG.

**89. How often did this happen? Was it almost every month, some months but not every month, or, only in one or two months in the last 12 months?**

1. Almost every month
2. Some months, but not every month
3. Only in one or two months
  
7. Don't know / Not sure
9. Refused

EATLESSC ( DSS,CPNS) (Health Status Indicator)

YESNO.

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

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

EVRHNGRY ( DSS,CPNS)

YESNO.

**91. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?**

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



NOTEAT (CPNS, DSS)

YESNO.

**92. During the last 12 months, did you ever eat less than you wanted or not eat at all so that some other member of your household would have enough to eat?**

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

FDSTMAPP (CPNS, DSS)

YESNO.

**93. In the last twelve months, have you applied for food stamps?**

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

FDSTMDEN (CPNS, DSS)

YESNO.

**94. Were you denied food stamps?**

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

**In the last 12 months, have you received food assistance from any of the following sources? For each one, please tell me if you received food from the source named.**

(DSS) (Ask of all women)

YESNO.

	YES	NO	DK	RF	
<b>95. Emergency food banks</b>	1	2	7	9	FOODBANK
<b>96. Food stamps</b> (share with CPNS)	1	2	7	9	FOODSTP (Go to FOODSTLS)
<b>97. WIC (coupons/vouchers)?</b> (share with CPNS)	1	2	7	9	FOODWIC2

WHYNOFS (CPNS, DSS) (DO not ask if poverty threshold clearly over 250%) WHYNOFS.

**98. What is the main reason you are not currently receiving food stamps? (DO NOT READ)**

- 1. Don't need them
- 2. Don't think I'm eligible
- 3. Don't know how to get them
- 4. Too hard to apply
- 5. Don't want government help
- 6. Worried about my citizenship status
- 7. Too embarrassed to use them
- 8. Other (specify)
- 9. Denied food stamps
- 77. Don't know / Not sure
- 99. Refused

FOODSTLS (CPNS, DSS) Ask if yes to FOODSTP

TYPEIII.

**99. In an average month, how many days do food stamps last in your household?**

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

77. Don't know / Not sure

99. Refused

PUBASST3 (DSS)

YESNO.

**Now, I would like to ask you about receiving money from the county for your family on a regular basis. This assistance is sometimes called welfare, AFDC CalWorks, or TANF.****100. Thinking back over the past 12 months, did you ever receive money through one of these programs?**

1. Yes

2. No (GO TO FOSTCARE)

7. Don't know / Not sure (GO TO FOSTCARE)

9. Refused (GO TO FOSTCARE)

PUBASTN2 (DSS)

YESNO.

**101. Thinking back to the last 30 days, did you receive money through one of these programs?**

1. Yes

2. No

7. Don't know / Not sure

9. Refused

FOSTCARE (DSS)

YESNO.

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

1. Yes

2. No

7. Don't know / Not sure

9. Refused

**Now, I would like to ask you a few questions about your housing situation.**

HMLSRENT NEW (OWH)

YESNO.

**103. In the past 12 months, has your household been more than 30 days late paying the rent or mortgage?**

1. Yes

2. No

7. Don't know/Not sure

9. Refused

HOMELESS NEW (OWH)

YESNO.

**104. In the past 12 months, have you been without your own housing for any period of time?** Interviewer note: This can include living on the street, in a car, or any type of temporary shelter for any period of time.

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

HMLSMOVE NEW (OWH)

TYPEIV.

**105. How many times have you moved in the past 12 months?** F6=zero/none

\_\_\_\_ Enter Number of times

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

HMLSADQ NEW (OWH) Ask if HMLSMOVE&gt;1 and &lt;26

YESNO.

**106. In the past 12 months, have you had trouble finding safe, adequate, or affordable housing?**

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

Next, I would like to ask you about physical activity and weight control.

If EMPLOY3 = 4, 6, 7, 8 or 9, Go to EXERMOD2; Else continue
--

EXERWORK (Core)

EXERWORK.

**107. When you are at work, which of the following best describes what you do?**

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labor or physically demanding work
8. Doesn't work (Do not read)
7. Don't know / Not sure
9. Refused

EXERMOD2 (Core)

TYPEIII.

**108. In a usual week, how many days do you do moderate or vigorous activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?**

\_\_\_\_ Enter number of times

888. None

(Go to EXBMODAB)

777. Don't know / Not sure

(Go to EXBMODAB)

999. Refused

(Go to EXBMODAB)

EXEROFT2 (Core)

TYPEXIV.

**109. On days when you do moderate or vigorous activities for at least 10 minutes at a time, how much total time do you spend doing these activities?**

\_\_\_\_ Enter number of minutes

\_\_\_\_ Enter number of hours

777. Don't know / Not sure

999. Refused

EXBMODAB (CPNS)

TYPEIII.

**110. For good health, how many days a week do you think a person SHOULD participate in moderate or vigorous physical activity, exercise, or sports? (F6 for none).**

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

8. None

(Go to BARRPA)

7. Don't know / Not sure

(Go to BARRPA)

9. Refused

(Go to BARRPA)

EXBMODMB (CPNS)

TYPEIII.

**111. On these days, for how many minutes do YOU think a person SHOULD be moderately or vigorously active?**

\_\_\_\_ Enter number of minutes

7. Don't know / Not sure

9. Refused

BARRPA NEW (CPNS) Ask all women

BARRPA.

**112. What is the main reason that you are not more physically active? Choose one. Do not read.**

1. Already exercise enough/I don't need to

2. Not enough time/too busy/too tired

3. Lazy

4. Don't find exercise enjoyable/boring

5. Lack self-motivation

6. Medical/Health condition/disability

7. Other (specify): \_\_\_\_\_

77. Don't know/Not sure

99. Refused

WORKPHYS (CPNS) Ask if EMPLOY3=1-3

YESNO.

**113. Does your employer provide any convenient physical fitness benefits, such as a gym, health club membership, exercise classes, release time for physical activity, sports teams, lockers or showers?**

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

WORKNTRN (CPNS) Ask if EMPLOY3=1-3

YESNO.

**114. Does your employer provide any convenient nutrition-related benefits, such as nutrition classes, weight loss groups, discounts on healthy food choices in the worksite cafeteria, or labeled healthy dining selections in the worksite cafeteria?**

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

If Yes to any HLTHPLAN, continue;  
Else go to DIET12M

HINSNTRN (CPNS)

YESNO.

**115. Does your health insurance coverage include an affordable weight loss program or nutrition counseling?**

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

DIET12M (CPNS) Ask of all respondents

YESNO.

**116. Have you intentionally tried to lose weight in the past 12 months?**

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

WGHTHLTH (CPNS) Ask of all respondents

YESNO.

**116.5 Do you consider yourself to be at a healthy weight?**

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

WTBARRI NEW (CPNS)

WTBARRI.

**117. What is the single biggest barrier to [reaching a healthy weight/keeping your weight at a healthy level]? (Select one. Do not read).**

1. Weight already healthy/Don't have any (Go to ANTCOLD2)
2. Inactivity
3. Not able to exercise (ill, disabled)
4. No time to exercise
5. Metabolism/Genetics/Heredity
6. Stress
7. Lazy
8. Lack of discipline/Willpower
9. Food/enjoy eating/ amount of food I eat/ type of food
10. Other (specify)
77. Don't know/Not sure
99. Refused

WTFACIL NEW (CPNS) – Ask if WGHTHLTH=2

WTFACIL.

**118. What is the one change that you feel would best help you reach a healthy weight? (Select one. Do not read).**

1. Nothing would help/hereditary/too old
2. Making time for exercise/More time for exercise
3. Finding an exercise I like
4. Motivation
5. Eating less
6. Eating different kinds of food/More healthy food choices
7. Weight loss classes or doctor visits
8. More discipline/ I had more will power
9. Don't need to/Don't worry about it
10. Other (specify)
77. Don't know/Not sure
99. Refused

## ANTIBIOTIC USE /RESISTANCE

ANTCOLD2 NEW (DISB) modified from 2000 (Asked of all women)

YESNO.

**119. Antibiotics, such as penicillin, doxycycline, or amoxicillin, are used to treat a variety of medical conditions. Do you believe that a cold or flu should usually be treated with antibiotics?**

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

**BREAST and CERVICAL CANCER SCREENING**

**I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.**

HADMAM (BCEDP; CDC-C, modified lead-in) (Note: ask all women) YESNO.

**120. Have you ever had a mammogram?**

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

HOWLONG2 (BCEDP; CDC-C)

HOWLONGB.

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

(Read only if necessary)

- 1. Within the past year (more than 0 months to 12 months ago)
- 2. Within the past 2 years (more than 1 year to 2 years ago)
- 3. Within the past 3 years (more than 2 years to 3 years ago)
- 4. Within the past 5 years (more than 3 years to 5 years ago)
- 5. More than 5 years ago (Go to WHYDONE)
- 7. Don't know / Not sure
- 9. Refused

MANYMAM (BCEDP; Asked in 1997)

TYPEII.

**122. About how many mammograms have you had in the past five years?**

- \_\_\_\_\_ Enter number
- 00. None (Go to WHYNOTDB)
- 77. Don't know/Not sure
- 99. Refused

WHYDONE (BCEDP)

WHYDONE.

**123. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?**

- 1. Routine checkup
- 2. Breast problem
- 3. Had breast cancer
- 7. Don't know/Not sure
- 9. Refused

If MANYMAM= None, go to MAMMPAY;

If HOWLONG2>1 and HOWLONG2 <=5 and age>=40 continue; Else go to MAMMPAY

WHYNOTDB (BCEDP)

WHYNOTDB.

**124. What was the MAIN reason you did not have a mammogram within the past year?**

1. Doctor never said it was needed
2. I had no reason to have a mammogram
3. Cost
4. No insurance to pay for it
5. Too painful
  
8. Other (specify)
77. Don't know / Not sure
99. Refused

MAMMPAY (BCEDP) (Ask all women)

PORTION.

**125. If you wanted to have a mammogram, would you have to pay for all, part or none of the cost?**

1. All
2. Part (includes co pay)
3. None (Go to HADCBE)
  
7. Don't know / Not sure (Go to HADCBE)
9. Refused (Go to HADCBE)

MAMMDFPB (BCEDP)

DIFFIC.

**126. How difficult would it be for you to pay for the cost of a mammogram? Would you say very difficult, somewhat difficult, or not at all difficult?**

1. Very difficult
2. Somewhat difficult
3. Not at all difficult
  
7. Don't know / Not sure
9. Refused

**A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.**

HADCBE (BCEDP) ASK ALL WOMEN

YESNO.

**127. Have you ever had a clinical breast exam?**

1. Yes
2. No (Go to F40CBEGB)
  
7. Don't know / Not sure (Go to F40CBEGB)
9. Refused (Go to F40CBEGB)



WHENCBE (BCEDP)

HOWLONGB.

**128. How long has it been since your last clinical breast exam? (Read only if necessary)**

1. Within the past year (more than 0 months to 12 months ago)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 3 years (more than 2 years to 3 years ago)
4. Within the past 5 years (more than 3 years to 5 years ago)
5. More than 5 years ago (Go to F40CBEGB)
  
7. Don't know / Not sure
9. Refused

MANYCBE (BCEDP)

TYPEII.

**129. About how many clinical breast exams have you had in the past five years?**

\_\_\_\_\_ Enter number

00. None

77. Don't know/Not sure

99. Refused

F40CBEGB (BCEDP) Ask all women Modified responses

BGUIDE.

**130. How often do you think a woman your age should have a clinical breast exam?**

1. More than once every year
2. Once every year
3. Once every 2 years
4. Once every 3 or more years
5. Never
  
7. Don't know/not sure
9. Refused

GYNEXAM (OWH)

TYPEIV.

**131. When was your last regular female check-up, also called your annual gynecologic exam? (This may or may not include a Pap test). F6=Not Applicable**

\_\_\_\_\_ Enter month

\_\_\_\_\_ Enter Year

8888. Never

(Go to HYSTER2)

7777. Don't Know

9999. Refused

PAPINFO2 (OWH) Ask if GYNEXAM is after January, 2000

YESNO.

**132. At the time of your last regular female check-up, did your doctor or other health care provider give you written information such as a pamphlet or flier, on gynecologic cancers: those include cancers of the cervix, uterus, ovaries or vulva?**

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

If PREGNANT EQ 1 or TRYPREG =1, go to MHOVRWLM; else continue.

HYSTER2 (Core)

YESNO.

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

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

## MENTAL HEALTH ISSUES

Now I would like to ask you about your feelings and experiences.

MHOVRWLM (Core ) Ask All Women (modified lead in)

OFTEN.

**134. In the past 30 days, how often have you felt problems were piling up so high that you could not overcome them? Would you say...**

1. Very often
2. Often
3. Sometimes
4. Rarely
5. Never
7. Don't know/Not sure
9. Refused

DAYSANX (DSS,MCH) Ask all women

TYPEIII.

**135. During the past 30 days, for about how many days have you felt worried, tense, or anxious?**

\_\_\_ Enter Number of days

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

DAYSSAD (DSS,MCH) Ask all women

TYPEIII.

**136. During the past 30 days, for about how many days have you felt sad, blue, or depressed?**

\_\_\_ Enter Number of days

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

MHHELP2 (DSS)

YESNO.

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

1. Yes
2. No (Go to DRNKANY1)
7. Don't know/Not sure (Go to DRNKANY1)
9. Refused (Go to DRNKANY1)

MHHPWN2 ( DSS)

YESNO.

**138. Did you get help?**

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

**ALCOHOL USE****Next I would like to ask you a few questions about alcohol use.**

DRNKANY1 (Core) (All Women)

YESNO.

**139. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?**

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

DRKALC (Core)

TYPEII.

**140. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average?**

\_\_\_\_ Enter Number 1XX per week  
\_\_\_\_ Enter Week or Month 2XX per month

- 888. None (F6) (Go to DRUNK)
- 777. Don't know / Not sure (Go to DRUNK)
- 999. Refused (Go to DRUNK)

NALCOCC (Core)

TYPEIII.

**141. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the AVERAGE?**

\_\_\_\_ Enter Number of drinks (One half = .5) (verify if GT 11)  
88 None  
77. Don't know / Not sure  
99. Refused

DRINKGE5 (Core)

TYPEIII.

**142. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?**

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

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

DRUNK (ADP) Ask all women

TYPEIV.

**143. How often in the past year did you drink enough to feel drunk?**

\_\_\_ Enter Number of times (verify if GT 10)

77. Don't know / Not sure

99. Refused

DRUNKNUM (ADP) Ask all women

TYPEIV.

**144. How many drinks does it take you to feel drunk?**

\_\_\_ Enter Number of drinks (verify if GT 10)

88. Never been drunk

77. Don't know / Not sure

99. Refused

DRKGUILT (ADP) Ask all women

YESNODK.

**145. During the last year have you had a feeling of guilt or remorse after drinking?**

1. Yes

2. No

3. Never Drink (Do not read)

7. Don't know / Not sure

9. Refused

**ACCESS TO FAMILY PLANNING SERVICES**

Now I'd like to ask you a few questions about sexual behavior. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

SEXBHAGE (OFF) Ask all women

TYPEVIII.

**146. How old were you at the time of your first sexual intercourse experience?**

\_\_\_ Enter age in number of years

555. Never had intercourse

(Go to WHOSXEVR)

777. Don't know / Not sure

(Go to WHOSXEVR)

999. Refused question

(Go to WHOSXEVR)

HYSTER2=1 OR AGE&gt;50 or SEXBHAGE = 555, go to WHOSXVER; else continue

**Now I would like to ask you about your access to a health provider for family planning services.**

FPWHEN2 (OFF) (Ask if HYSTER2 NE 1 and AGE LE 50)

HOWLONGD.

**147. When did you last have a visit with a health provider to talk about or receive birth control? (Read only if necessary)**

1. Within the last six months

2. More than 6 months to 12 months ago

3. More than 12 months to 2 years ago

4. More than two years ago

5. Never

7. Don't know / Not sure

9. Refused

8. Refused Module

(Go to BCUSE3)

FPDENIE3 (OFP)

YESNORF.

**148. In the past 12 months have you gone without birth control supplies because you did not have enough money to pay for them?**

- 1. Yes
- 2. No

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

(Go to BCUSE3)

FPDENLO2 (OFP)

YESNORF.

**149. In the past 12 months have you gone without birth control because you did not know where to get services or supplies?**

- 1. Yes
- 2. No

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

(Go to BCUSE3)

FPDENAP (OFP)

YESNORF.

**150. In the past 12 months have you gone without birth control because you could not get an appointment or it was not convenient to go to the appointment?**

- 1. Yes
- 2. No

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

## BIRTH CONTROL USE

BCUSE3 (OFP) (Asked if PREGNANT NE1)

YESNOM.

**151. Are you or your male sex partner using a birth control method to prevent pregnancy? This includes male or female sterilization.**

- 1. Yes
- 2. No
- 3. No male sexual partner

(Go to BCWHYNOT)  
(Go to EMRGBC)

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

(Go to BCWNTHOW)  
(Go to BCWNTHOW)  
(Go to BCWNTHOW)

BCTYPE (OFP)

YESNO.

**152. Which birth control method or methods are you using?**

(Read only if necessary) (Select all that apply)

- |  |         |
|--|---------|
| 1. Male sterilization /vasectomy                       | BCTYP_A |
| 2. Female sterilization                                | BCTYP_B |
| 3. Norplant/implants                                   | BCTYP_C |
| 4. Depo-Provera /Injectables                           | BCTYP_D |
| 5. Birth control pills/oral contraceptive              | BCTYP_E |
| 6. IUD/coil/loop                                       | BCTYP_F |
| 7. Condoms/rubbers                                     | BCTYP_G |
| 8. Diaphragm   | BCTYP_H |
| 9. Female condom/vaginal pouch                         | BCTYP_I |
| 10. Cervical cap                                       | BCTYP_J |
| 11. Foam/jelly/cream/vaginal contraceptive film (VCF)  | BCTYP_K |
| 12. Withdrawal/pulling out                             | BCTYP_L |
| 13. Natural family planning/Rhythm/Fertility Awareness | BCTYP_M |
| 14. Other (Specify)                                    | BCTYP_N |
| 77. Don't know / Not sure                              |         |
| 99. Refused Question                                   |         |
| 88. Refused Module                                     | BCTYP_O |

BCTYPTXT

**152.5 OTHER (SPECIFY)**

After answering BCTYPE, go to BCPAY
-------------------------------------

BCWHYNOT (OFP)

BCWHYNOT.

**153. What is the MAIN reason that you are not CURRENTLY using birth control?**

(Read only if necessary)

Select from Brand List

18. Other (Specify)
88. Didn't think about it
77. Don't know / Not sure

BCWHYNOX

**153.5 Other (SPECIFY)**

If BCTYP_A =1 , go to EMRGBC; If BCTYP_B =1, (sterilized),or BCWHYNOT = 14 (sterilized), go to BCPAY2 Else, go to BCWNTHOW
--

If PREGNANT EQ1, or BCTYP_L=1.OR.BCTYP_M =1 go to BCWNTHOW; Else continue
---

BCPAY (OFF)

YESNO.

**154. How do you pay for the primary method of birth control that you use? (Select all that apply.)**

- |   |         |
|---|---------|
| 1. Private Health Insurance   | BCPAY_A |
| 2. Medi-Cal   | BCPAY_B |
| 3. Family PACT/state program/SOFP/BIC/HAP                                       | BCPAY_C |
| 4. College-based health insurance   | BCPAY_D |
| 5. Got method free from a clinic outside of a school (e.g. county or community) | BCPAY_E |
| 6. Got method free from school or school clinic                                 | BCPAY_F |
| 7. You paid co-pay  | BCPAY_G |
| 8. Partner paid co-pay  | BCPAY_H |
| 9. You paid entire cost   | BCPAY_I |
| 10. Partner paid entire cost  | BCPAY_J |
| 11. Share cost with partner   | BCPAY_K |
| 12. Family member pays cost   | BCPAY_L |
| 13. Other (specify)   | BCPAY_M |
| 14. Don't use birth control   | BCPAY_N |
| 77. Don't know / Not sure   |         |
| 99. Refused   |         |

BCPAY2 (OFF)

YESNO.

**154.5 How did you pay for the sterilization?**

- |   |          |
|---|----------|
| 1. Private Health Insurance   | BCPAY2_A |
| 2. Medi-Cal   | BCPAY2_B |
| 3. Family PACT/state program/SOFP/BIC/HAP                                       | BCPAY2_C |
| 4. College-based health insurance   | BCPAY2_D |
| 5. Got method free from a clinic outside of a school (e.g. county or community) | BCPAY2_E |
| 6. Got method free from school or school clinic                                 | BCPAY2_F |
| 7. You paid co-pay  | BCPAY2_G |
| 8. Partner paid co-pay  | BCPAY2_H |
| 9. You paid entire cost   | BCPAY2_I |
| 10. Partner paid entire cost  | BCPAY2_J |
| 11. Share cost with partner   | BCPAY2_K |
| 12. Family member pays cost   | BCPAY2_L |
| 13. Other (specify)   | BCPAY2_M |
| 14. Don't use birth control   | BCPAY2_N |
| 77. Don't know / Not sure   |          |
| 99. Refused   |          |

If any "Yes" responses to HLTHPLAN and BCUSE3=2, continue;  
Else, go to EMRGBC

BCWNTHOW (OFF)

PORTION.

**155. If you wanted to use birth control how would you pay for it? Would you say your private health insurance would pay. . .**

- |                          |
|--------------------------|
| 1. the entire cost       |
| 2. some of the cost      |
| 3. or, none of the cost  |
| 7. Don't know / Not sure |
| 9. Refused               |

EMRGBC (OFF)

YESNO.

**156. To the best of your knowledge, if a woman has unprotected sex is there anything she can do in the three days following intercourse that will prevent pregnancy?**

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

EMERGWHT (OFF)

EMERGWHT.

**157. What can she do? (Do not read responses)**

1. Use emergency contraception
2. Take the "morning after" pill
3. Have an IUD inserted
4. Take high dose/extra/several birth control pills
5. Take birth control pills
6. Take RU486
7. Have an abortion
8. Douche
9. Pray
10. Other (Specify)
77. Don't know / Not sure
99. Refused

**The next question asks about with whom you have had any kind of sexual activity over your adult lifetime.**

WHOSXEVR (Core) (Asked of all women)

WHOSEXB.

**158. Which response best describes whom you have had sex with over your adult lifetime? Would you say ... (Adult = 18 or older)**

1. Sex only with a woman (or with women)
2. Sex only with a man (or with men)
3. Sex with both men and women
4. Never had sex (Go to STDCHLY3)
7. Don't know / Not sure
9. Refused

WHOSX12M (Core) (Asked of all women)

WHOSEXB.

**159. Which response best describes whom you have had sex with in the past 12 months? Would you say...**

1. Sex only with a woman (or with women) (Go to STDCHLY3)
2. Sex only with a man (or with men)
3. Sex with both men and women
4. Did not have sex (Go to STDCHLY3)
7. Don't know / Not sure
9. Refused



**SEXUALLY TRANSMITTED DISEASES**

I would now like to ask you some questions about sexually transmitted diseases or STDs.

STDCHLY3 (STD) Ask if age<50

YESNOUN.

**160. Do most people who are infected with chlamydia have symptoms? Would you say: yes, no, you don't know, or you don't know what chlamydia is?**

1. Yes
2. No
3. Don't know what chlamydia is
  
7. Don't know / Not sure
9. Refused Question

CHLYDTS2 (STD) (Ask if AGE<50)

YESNOUN.

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

1. Yes
2. No
3. Don't know what chlamydia is
  
7. Don't know / Not sure
9. Refused Question
8. Refused Module

(Go to STDADV2)

CHLYDWH2 (STD) (Ask if CHLYDTS2=Yes

WHERE.

**162. Where were you tested for chlamydia?**

1. Public STD Clinic
2. Other Public Clinic
3. Family Planning clinic
4. Community clinic
5. Private doctor
6. Emergency Room
7. Student Health Center
8. Military facility
9. Jail or other detention facility
10. HMO
11. Other (specify)
  
77. Don't Know/Not sure
99. Refused Question

STDADV2 (STD) Ask if age<50

YESNO.

**163. During the past 12 months, did a doctor or other health care provider talk to you about your personal sexual behavior?**

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

PROBPREG (STD) Ask all women

YESNO.

**164. In the past, have you ever tried for more than 12 months to get pregnant and weren't successful?**

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

INFERTIL (STD) Ask all women

YESNO.

**165. Have you ever been told by a doctor or other health professional that you were infertile?**

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

STDHRPTD (STD) Ask all women

YESNO.

**166. Have you ever been told by your health care provider that you have genital herpes?**

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

STDCHLTD NEW (STD) Ask all women

YESNO.

**167. Have you ever been told by your health care provider that you had chlamydia?**

1. Yes
2. No
3. Don't know what chlamydia is (Do Not Read)
7. Don't know/Not sure
9. Refused

STD TALK NEW (STD) Ask all women

DISCUSS.

**168. Thinking back to when you were a teenager, please indicate how much discussion you had with your parents or guardians about your sexual behavior. Please use a scale from 1 to 5 where 1 means no discussion and 5 means a lot of discussion.**

1. No discussion
2. A little discussion
3. Some discussion
4. Moderate amount of discussion
5. A lot of discussion
7. Don't know/Not sure
9. Refused

DCTRHIV (OWH) Ask all women

YESNO.

**169. During the last 12 months did a doctor or other health care provider ask you about your personal risk for HIV, the virus that causes AIDS?**

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

HIVPGTLK NEW (MCH) (Ask if PREGNANT=1 or PREG5YR=1)

YESNO.

**170. During your most recent pregnancy, did a doctor, nurse, or other health care provider talk with you about HIV (the virus that causes AIDS) and about testing your blood for HIV?**

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

HIVPGTST NEW (MCH) (Ask if PREGNANT=1 or PREG5YR=1)

YESNO.

**171. Did you have your blood tested for HIV (the virus that causes AIDS) during any pregnancy in the last five years?**

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

### DOMESTIC VIOLENCE

The next questions are about relationships with intimate partners. By partner I mean current or former husband, partner, boyfriend or girlfriend. I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

DVFEAR (DV) (Asked of ALL Respondents)

YESNODVA.

**172. In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of a partner or former partner?**

1. Yes
2. No
3. No Partner or former partner in past 12 mos (Go to ACESUBAB)
7. Don't know / Not sure
9. Refused

DVCNTROL (DV) (Asked of ALL Respondents)

YESNODVA.

**173. At any time during the past 12 months, has a partner or former partner tried to control most or all of your daily activities? For example, controlling who you can talk to or where you can go.**

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

DVLASTYR (DV)

YESNO.

**In the past 12 months has a partner or former partner:**

Yes

No

DK/NS

REF

**174. Thrown something at you?**

1

2

7

9

DVYRTHRW

**175. Pushed, grabbed, shoved or slapped you?**

1

2

7

9

DVYRPUSH

**176. Kicked, bit or hit you with a fist?**

1

2

7

9

DVYRHIT

**177. Beaten you up or choked you?**

1

2

7

9

DVYRBEAT

**178. Forced you to have sex against your will?**

1

2

7

9

DVYRSEX

**179. Threatened you with a knife or gun?**

1

2

7

9

DVYRWPN

**180. Used a knife on you or fired a gun at you?**

1

2

7

9

DVYRUSE

**181. Followed you or spied on you?**

1

2

7

9

DVYRFLOW

If no Yes answers to 174 through 181 go to ACESUBAB;  
Else, continue.

DVSKHLP NEW (DV)

YESNO.

**182. Did you seek help following any incident?**

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

**Adverse Childhood Experiences**

The following questions refer to experiences YOU had while you were growing up, that is before you turned 18 years of age.

ACESUBAB NEW (DSS)

YESNO.

**183. Before the age of 18, did you live with someone who was a problem drinker or someone who used street drugs?**

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

ACEDEPMI NEW (DSS)

YESNO.

**184. Before the age of 18, did you live with someone who was depressed or mentally ill?**

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

ACEDVMOM NEW (DSS)

YESNO.

**185. Before you turned 18, was your mother (stepmother) treated violently? F6=no mother**

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

ACEJAIL NEW (DSS)

YESNO.

**186. Before the age of 18, did you live with someone who went to prison or jail?**

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

**TSS**

**I am going to ask you about some stressful experiences you may have had. Please remember that everything you tell me is confidential. If at any time you feel like you would like to stop, please let me know.**

TSSTKAD (DSS)

YESNORF.

**I'm going to ask you some questions about things that may have happened to you after the age of 18.****187. After the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.**

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSBTAD (DSS)

YESNORF.

**188. After the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).**

1. Yes
2. No
7. Don't know / Not sure'
9. Refused
8. Refused Module (Go to PTSD1)

TSSSXAD (DSS)

YESNORF.

**189. After the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you. (This includes any type of unwanted sexual activity, not just penetration.)**

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSDIAD (DSS)

YESNORF.

**190. After the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?**

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

**I'm going to ask you some questions about things that may have happened to you BEFORE the age of 18.**

TSSINSCH NEW (DSS)

YESNORF.

**191. Before the age of 18, did a parent or other adult in your household often or very often, swear at, insult, or put you down, or make you afraid that you would be physically hurt?**

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSTKCH (DSS)

YESNORF.

**192. Before the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.**

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSBTCH (DSS)

YESNORF.

**193. Before the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).**

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSSXCH (DSS)

YESNORF.

**194. Before the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you. (This includes any type of unwanted sexual activity, not just penetration.)**

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSDICH (DSS)

YESNORF.

**195. Before the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?**

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

**PTSD**

**Now I'm going to ask you some questions about experiences people have had that are frightening, upsetting, or stressful to most people. Please think back over your whole life when you answer these questions. Your answers are important to us, but you do not have to answer any questions that you don't want to.**

PTSD1 (DSS)

YESNO.

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

- 1. Yes
- 2. No (Go to MEDI\_FU2)
- 7. Don't know / Not sure (Go to MEDI\_FU2)
- 9. Refused (Go to MEDI\_FU2)
- 8. Refused module (Go to MEDI\_FU2)

PTSD2 (DSS)

YESNO.

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

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

PTSD3 (DSS)

YESNO.

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

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

PTSD4 (DSS)

YESNO.

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

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

PTSD5 (DSS)

YESNO.

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

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

MEDI\_FU2 (ask if age&gt;=65 and did not say "yes" to MEDICARE)

YESNO.

**201. Do you have a social security card with red, white and blue stripes?**

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

**CLOSING:** That's my last question. We appreciate the time you took to help the State of California develop and expand services and educational programs for women. We know that some of the questions we asked you were very personal, but please remember that your answers will be kept confidential. If you would like to talk with someone about these personal questions you may call RAINN at 1-800-656-HOPE. We hope you feel good about your contribution. Thank you.

SPANINT

SPANINT.

(TO INTERVIEWER:) In what language was this survey completed?

- 1. Spanish
- 2. English