

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 1997**

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

FINAL, MARCH 21, 1997

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 national Public Health Service.

Is this  (phone number)  ?

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

PRIVRES

Is this a private residence?

1. Yes ---> **We're doing a study of the health practices of California residents. 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.**
2. No ---> **Thank you very much, but we are only interviewing private residences.** (Stop)

NUMADULT

**Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?**

\_\_\_ Enter the number of adults

NUMMEN

(If NUMADULT GT 1)

**How many are men?**

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

NUMWOMEN

(If NUMADULT GT 1)

**How many are women?**

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

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED

(If NUMADULT GT 1)

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

Are you the  (SELECTED)  ?

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

ONEADULT  
(If ADULT = 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.** (Go to GENHLTH-Q1)
2. No ---> **May I speak with him or her?** (When selected adult answers:)

**Hello, I'm (interviewer name) calling on behalf of the California Department of Health Services and the national Public Health Service.**

**We're doing a special study of California residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.**

**All the information obtained in this study will be confidential.**

SEX INTERVIEWER: Enter sex of respondent.

1. Male
2. Female

RESPOND

(INTERVIEWER, DO NOT READ ALOUD) Identify the respondent ---->

- |                         |                           |
|-------------------------|---------------------------|
| 11. Oldest MALE         | 21. Oldest FEMALE         |
| 12. Second Oldest MALE  | 22. Second Oldest FEMALE  |
| 13. Third Oldest MALE   | 23. Third Oldest FEMALE   |
| 14. Fourth Oldest MALE  | 24. Fourth Oldest FEMALE  |
| 15. Fifth Oldest MALE   | 25. Fifth Oldest FEMALE   |
| 16. Sixth Oldest MALE   | 26. Sixth Oldest FEMALE   |
| 17. Seventh Oldest MALE | 27. Seventh Oldest FEMALE |
| 18. Eighth Oldest MALE  | 28. Eighth Oldest FEMALE  |
| 19. Ninth Oldest MALE   | 29. Ninth Oldest FEMALE   |

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

GENHLTH (CDC-C)

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 (CDC-C)

Type VII

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

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

MENTHLTH (CDC-C)

Type VII

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

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

POORHLTH (CDC-C, NEW)

TYPE VII

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

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

HAVEPLN3 (CDC-C, modified wording)

YESNO.

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

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

HLTHPLAN (CDC-C)

YESNO.

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

6. **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/Ns	Ref	
A. <b>Your employer</b>	1	2	7	9	EMPPLAN
B. <b>Someone else's employer</b> (including spouse)	1	2	7	9	OEMPLAN
C. <b>A plan that you or someone else buys on your own</b>	1	2	7	9	OWNPLAN
D. <b>Medicare</b>	1	2	7	9	MEDICARE
E. <b>Medi-Cal (Medicaid)</b>	1	2	7	9	MEDICAL
F. <b>The military, CHAMPUS, or the VA [or CHAMP-VA]</b>	1	2	7	9	MILPLAN
G. <b>The Indian Health Service</b>	1	2	7	9	INDPLAN
H. <b>Some other source</b>	1	2	7	9	OTHPLAN

IF NO "YES" RESPONSES A-H GO TO PASTPLAN  
IF 6E= "YES" THEN GO TO MEDIMAN

MEDIMAN2 (CA-UCB - modified)

YESNO.

7. **Are you enrolled in either a HMO (health maintenance organization) or health plan that Medi-Cal pays for?**

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

If only one Yes response to Q6A-6H, go to TIMEPLAN.

MAINPLAN (CDC-C)

MAINPLN.

8. **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, or the VA (or CHAMP-VA)
7. The Indian Health Service
8. Some other source
88. None (Go to WHYNOPL3)
  
77. Don't know/Not sure
99. Refused

TIMEPLAN (CDC-C)

HOWLNGD.

9. **About how long have you had (Medicare/Medi-Cal/this particular health coverage)?**

**Read only if necessary**

1. For less than 12 months (more than 0 months to 12 months)
2. For less than 2 years (more than 1 year to 2 years)
3. For less than 3 years (more than 2 years to 3 years)
4. For less than 5 years (more than 3 years to 5 years)
5. For 5 or more years (more than 5 years ago)
  
7. Don't know/Not sure
9. Refused

IF HLTHPLAN 6A OR 6B = 1 THEN ASK PAYPART1; ELSE GO TO HMOPPO

PAYPART1 (CA-UCB)

PAYPTA.

10. **How much of the cost of your health insurance premium does your employer or some else's employer pay? All of the cost, part of the cost, or none of the cost? This does not include your co-pay.**

1. All of the cost
2. Part of the cost
3. None of the cost
  
7. Don't know/Not sure
9. Refused

HMOPPO (CDC-C)

YESNO.

11. **Is there a book or list of doctors associated with your (Medicare/Medi-Cal/health coverage)?**

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

PRIMDOCS (CDC-C)

YESNO.

12. **Does your (Medicare/Medi-cal/health coverage) require you to select a certain doctor or clinic for all of your routine care?**

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

PLANLIST (CA-UCB, NEW)

YESNO.

13. **Does your health plan require that you choose your doctors from their approved list?**

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

SATISFAC (CA-UCB)

SATISF.

14. **Overall, how satisfied are you with your present health insurance plan? Would you say you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied?**

1. Very satisfied
2. Satisfied
3. Neither Satisfied nor dissatisfied (Neutral)
4. Dissatisfied
5. Very dissatisfied
  
7. Don't know/not sure
9. Refused

GAPPLN (CA-UCB)

YESNO.

15. **In the past 12 months, was there any time that you did NOT have ANY health insurance or coverage?**

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

PASTPLAN (CDC-C)

HOWLNGB.

16. **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 months 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

WHYNOPLA,WHYNOPLB,WHYNOPLC (CA-UCB-modified)

WHYNOPB.

17. **Many people do not have health insurance for various reasons. How important are each of the following in explaining why YOU are not covered by any health insurance?**

Refused		Very im- portant	Im- portant	Not im- portant	DK/not Sure	
1.	You, your spouse or your parent lost a job or changed employers? Would you say this reason is very important, important or not important?	1	2	3	7	9
2.	Insurance wasn't offered by the employer? Would you say this reason is very important, important or not important?		1	2	3	7 9
3.	Insurance costs too much? Would you say this reason is very important, important or not important?		1	2	3	7 9

(If 1,2 and 3=3,7, or 9) then go to Q17a; ELSE GO TO TRYPLN



17a. WHYNOTX3 -----> What is the most important reason why you are not insured?

TRYPLN (CA-UCB)

YESNO.

18. **You indicated that you are not currently covered by health insurance. Have you tried to find any health insurance coverage?**

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

PRIMCARE (CA-from 1993; YR2k Obj 16.14/21.3)

YESNO.

19. **Is there one particular clinic, health center, doctors office, or other place that you usually go to when you are sick or when you need routine health care?**

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

NEEDDOC (CA)

YESNO.

20. **Have you needed to see a doctor because of illness or injury in the past 12 months?**

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

PAYNOGO (CDC-C)

YESNO.

21. **Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?**

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

RESTRIC2 (CDC-QOL Module)

YESNO.

22. **Are you limited in any way in any activities because of any impairment or health problem?**

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

CHECKUP (CDC-C; state added lead-in)

HOWLNGC.

23. **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 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

**Now I have a few questions about dentists and dental health issues.**

WHENDNT2 (CDC-DH module, from 95)

WHENDENT.

24. **How long has it been since you last visited the dentist or a dental clinic?**

(Read only if necessary)

1. Less than Six months (Go to LOSTEETH)
2. Six months to less than One year (Go to LOSTEETH)
3. One year to less than Two years
4. Two years to less than Five years
5. Five or more years ago
6. Never
7. Don't know/Not sure (Go to LOSTEETH)
9. Refused

DENTNOGO (CDC-DH module, from 95)

DENTNO.

25. **What is the main reason you have not visited the dentist in the last year?**

1. Fear, apprehension, nervousness, pain, dislike going (or similar response)
2. Cost
3. Do not have/know a dentist
4. Can't get to the office/clinic (too far away, no transportation, no appointments available)
5. No reason to go (e.g., no pain, no problems, no teeth)
6. Other priorities
7. Didn't think of it
8. Other
77. Don't know/Not sure
99. Refused

LOSTEETH (CDC-DH module, from 95)

LOSTETH.

26. **How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.**

1. Five or fewer
2. 6 or more, but not all
3. All
4. None
7. Don't know/Not sure
9. Refused

DENTPLN2 (CDC-mod, from 95)

YESNO.

27. **Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs (Health Maintenance Organizations), or government plans such as Medi-Cal?**

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

BPCHECK2 (CDC-RC; YR2k Obj. 15.13)

BPCHECK.

28. **About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?**

(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 (Go to BLOODCHO)
9. Refused

BPHIGH1 (CDC-RC; YR2k Obj. 15.13)

YESNO.

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

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

HIGHGT1 (CDC-RC; YR2k Obj 15.4/15.5)

HIGHGT.

30. **Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?**

- 1. More than once
- 2. Only once (Go to BLOODCHO)
- 7. Don't know/Not sure (Go to BLOODCHO)
- 9. Refused (Go to BLOODCHO)

PCNTL (CA; YR2k Obj. 15.5; becomes variables BPDJET-BPMED on final dataset)

YNNA.

31. **To control your high blood pressure, are you...**

	Yes	No	DK/NS	NA	REF	
A. <b>Dieting to lose weight?</b>	1	2	7	8	9	BPDJET
B. <b>Using less salt in your diet?</b>	1	2	7	8	9	BPSALT
C. <b>Exercising?</b>	1	2	7	8	9	BPEXER
D. <b>Taking medicine prescribed by a doctor?</b>	1	2	7	8	9	BPMED

BLOODCHO (CDC-C; YR2k Obj 15.14)

YESNO.

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

- 1. Yes
- 2. No (Go to DIABCOR1)
- 7. Don't know/Not sure (Go to DIABCOR1)
- 9. Refused (Go to DIABCOR1)

CHOLCHK (CDC-C; YR2k Obj 15.14)

HOWLNGC.

33. **About how long has it been since you last had your blood cholesterol checked?**

(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 (Go to DIABCOR1)
- 9. Refused

TOLDHI (CDC-C)

YESNO.

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

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

DIABCOR1 (CDC-C; YR2k Obj 17.11)

DIABCORA.

35. **Next I would like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?**

- 1. Yes
- 2. No (Go to EXERREA)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
  
- 7. Don't know/Not sure (Go to EXERREA)
- 9. Refused (Go to EXERREA)

If SEX EQ 1 go to DIABAGE  
If SEX EQ 2 go to DIABGEST

DIABGEST (CA, 95)

YESNO.

36. **Was this ONLY while you were pregnant?**

- 1. Yes (Go to EXERREA)
- 2. No (Includes never been pregnant)
  
- 7. Don't know/Not sure
- 9. Refused

Type XV

DIABAGE (CA-DBCP, from 1996 CDC module, DK/REFs coded differently per 1994 CDC-C)  
(Note: Asked if SEX=1 and DIABCOR1=1, or SEX=2 and DIABCOR1=1 and DIABGEST ne 1)

37. **How old were you when you were told you have diabetes?**

\_\_\_ Enter age in years

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

DIABINS (CA-DBCP, from 1996 CDC module)

YESNO.

38. **Are you now taking insulin?**

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

INSOFT2 (CA-DBCP, from 1996 CDC module)

Type XVIII

39. **Currently, about how often do you use insulin?**

1xx = times per day (verify if GT 104)  
2xx = times per week (verify if GT 228)

333 = Use insulin pump  
777 = Don't know/Not sure  
999 = Refused

CHKGLU (CA-DBCP, from 1996 CDC module) Type XIX.

40. **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 checked by a health professional.**

1xx = times per day (verify if GT 105)  
2xx = times per week (verify if GT 235)  
3xx = times per month  
4xx = times per year

555 = Never  
777 = Don't know  
999 = Refused

HEARDGH (CA-DBCP, from 1996 CDC module) YESNO.

41. **Have you ever heard of glycosylated hemoglobin (gli-KOS-ilated he-mo-globin) or hemoglobin "A one C"?**

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

DIABDOC2 (CA-DBCP, from 1996 CDC module, coding is per 1994 CDC-C) Type I

42. **About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?**

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

88. None (Go to VISCHK2)
77. Don't know
99. Refused

If HEARDGH EQ 2,7 or 9 go to CHKSORE

DIABDOCB (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C) Type I

43. **About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?**

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

- 88. None
- 77. Don't know
- 99. Refused

CHKSORE (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C) Type I

*(Note: asked if DIABDOC2 ne 88)*

44. **About how many times in the last year has a health professional checked your feet for any sores or irritations?**

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

- 88. None
- 77. Don't know
- 99. Refused

VISCHK2 (CA-DBCP, from 1996 CDC module, response categories different from 1994)  
VISCHKB.

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

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

**I would now like to ask you some questions about how well you see. If you use glasses or contacts, please tell me about the quality of your vision while wearing your glasses or contacts.**

VISFAR (CA-DBCP, from 1996 CDC module) VISOFT.

46. **How much of the time does your vision limit you in recognizing people or objects across the street? Would you say all of the time, most, some, a little bit, or none of the time?**

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little bit of the time
- 5. None of the time
  
- 7. Don't know/Not sure
- 9. Refused

VISNEAR (CA-DBCP, from 1996 CDC module) VISOFT.

47. **How much of the time does your vision limit you in reading print like in a newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say all of the time, most, some, a little bit, or none of the time?**

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
  
7. Don't know/Not sure
9. Refused

VISTV (CA-DBCP, from 1996 CDC module)

VISOFT.

48. **How much of the time does your vision limit you in watching television? Would you say all of the time, most, some, a little bit, or none of the time?**

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
  
7. Don't know/Not sure
9. Refused

**The next few questions are about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties.**

EXERREA (EXERREA1-EXERREA6) (DHS-LEAN new)

49. **There are many reasons why people may not be as physically active or exercise as much as they would like. Please tell me if any of the following ever prevent you from exercising or being as physically active as you would like.**

	Yes	No	DK/NS	NA	REF	
A. Lack of time because of work, social or family demands	1	2	7	8	9	
B. Self conscious about looks when physically active	1	2	7	8	9	
C. Lack of enjoyment from physical activity	1	2	7	8	9	
D. No one with whom to exercise		1	2	7	8	9
E. Concerns about personal safety because of crime or injuries	1	2	7	8	9	
F. Lack of energy		1	2	7	8	9



EXERANY (CDC-RC96; YR2k Obj. 1.2/2.3/15.10)

YESNO.

50. **During the past MONTH, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?**

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

SEATBELT (CDC-C; YR2k Obj 9.12)

SEATBELT.

51. **How often do you use seatbelts when you drive or ride in a car?**  
**Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?**

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
  
7. Don't know/Not sure
8. Never drive or ride in a car
9. Refused

RIDEBIKE (CA-YR2k Obj. 9.13)

YESNO.

52. **Have you ridden a bicycle in the past 12 months?**

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

HELMBIKE (CA-YR2k Obj. 9.13)

ALWNEV.

53. **When you ride a bicycle, do you wear a helmet or other head protection gear?**  
**Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?**

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
7. Don't know/Not sure
9. Refused

SMKALARM (CDC-C; YR2K Obj 9.17)

ALARM.

54. **When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them?**

- |                               |                                   |
|-------------------------------|-----------------------------------|
| 1. Within the past month      | (0 months to 1 month ago)         |
| 2. Within the past 6 months   | (more than 1 month to 6 months)   |
| 3. Within the past year       | (more than 6 months to 12 months) |
| 4. One or more years ago      |                                   |
| 5. Never                      |                                   |
| 6. No smoke detectors in home |                                   |
| 7. Don't know/Not sure        |                                   |
| 9. Refused                    |                                   |

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

SMOKE100 (CDC-C, Q25; YR2k 3.4/15.12/16.6) YESNO.

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

5 packs = 100 cigarettes

- |                        |                  |
|------------------------|------------------|
| 1. Yes                 |                  |
| 2. No                  | (Go to SMKELSE2) |
| 7. Don't know/Not sure | (Go to SMKELSE2) |
| 9. Refused             | (Go to SMKELSE2) |

SMKEVDA2 (CDC-C, Q26)

EVDAY.

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

- |               |                  |
|---------------|------------------|
| 1. Everyday   | (Go to SMOKENUM) |
| 2. Somedays   | (Go to SMK30ANY) |
| 3. Not at all | (Go to SMK30ANY) |
| 9. Refused    | (Go to SMK30ANY) |

SMOKENUM (CDC-C, Q27)

Type V

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

(1 pack = 20 cigarettes)

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

888. Don't smoke regularly  
777. Don't know/Not sure  
999. Refused

SMK30ANY (CA-TCS)

YESNO.

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

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

SMK30DAY (CA-TCS, dropped from CDC-C 1996; YR2k Obj. 3.6/3.7)

Type VII

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

\_\_\_ Enter number of days

- 30. Every day
- 77. Don't know
- 99. Refused

IF SMKEVDA2 EQ 2 Go to SMK30NUM; ELSE Go To SMKWHOLE

SMK30NUM (CDC-C, Q27a; modified wording)

Type VIII

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

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

- 777. Don't know
- 999. Refused

SMKWHOLE (CA-TCS; YR2k Obj. 4.5)

Type VII

61. **About how old were you when you smoked your first whole cigarette?**

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

- 77. Don't know
- 99. Refused

SMOKEAGE (CA-TCS)

Type XI

62. **About how old were you when you first started smoking cigarettes fairly regularly?**

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

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

SMKEVDA2	SMK30ANY	GO TO
EQ 1		QUIT1DY2
EQ 2		QUITINT
EQ 3	EQ 1	QUITINT
EQ 3	NE 1	SMOKREG2

QUIT1DY2 (CDC-C, Q28) STOPSMOK (CDC-C,93) (YR2k Obj. 3.6) YESNO.  
 63. **During the past 12 months, have you quit smoking for 1 day or longer?**

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

QUITINT (CA-TCS) YESNO.  
 64. **During the past 12 months, on the days you did not smoke, was this because you were trying to quit smoking?**

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

SMKWAKE (CA-TCS) Type XI  
 65. **How soon after you awake in the morning do you usually smoke your first cigarette?**

EXAMPLE: for 30 minutes enter 30  
 for 10 hours and 30 minutes enter 1030

\_\_\_\_\_ Enter hours/minutes or minutes only

0000.Immediately  
 7777.Don't know  
 9999.Refused

SMKBRAN2 (CA-TCS, compatible with CATS)

SMKBRAND.

66. **What brand do you usually SMOKE?**

Enter the brand below:

- |                      |  |
|----------------------|--|
| 1. Benson and Hedges | 10. Newport  |
| 2. Camel             | 11. Pall Mall  |
| 3. Carlton           | 12. Salem  |
| 4. Generic           | 13. Vantage  |
| 5. Kent              | 14. Virginia Slims                                   |
| 6. Kool              | 15. Winston  |
| 7. Marlboro          | 91. Other <u>      (specify)      </u> -----> SMKTXT |
| 8. Merit             |  |
| 9. More              | 77. Don't Know/Not sure                              |
| 99. Refused          |  |

LIKESTOP (CA-TCS)

YESNO.

67. **Would you like to stop smoking?**

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

QUIT30 (CA-TCS)

YESNO.

68. **Are you planning to quit smoking in the next 30 days?**

1. Yes (Go to SMOKEELSE2)
2. No
7. Don't know/Not sure
9. Refused

QUIT6 (CA-TCS)

YESNO.

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

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

IF SMKEVDA2=3 ASK SMOKREG2; ELSE Go to SMKELSE2

SMOKREG2 (CDC-C, Q29; modified wording & response categories) SMOKREGB.

70. **About how long has it been since you last smoked cigarettes regularly?**

(Read only if necessary)

- |     |                          |                                   |
|-----|--------------------------|-----------------------------------|
| 1.  | Within the past month    | (from 0 month to 1 month)         |
| 2.  | Within the past 3 months | (more than 1 month to 3 months)   |
| 3.  | Within the past 6 months | (more than 3 months to 6 months)  |
| 4.  | Within the past year     | (more than 6 months to 1 year)    |
| 5.  | Within the past 5 years  | (more than 1 year to 5 years ago) |
| 6.  | 5 or more years ago      |                                   |
| 77. | Don't know/Not sure      |                                   |
| 88. | Never smoked regularly   | (Do not read)                     |
| 99. | Refused                  | (Do not read)                     |

PUFF (CA-TCS; appears as variables PUFFYR1-PUFFDY1 on final dataset) Type VII

71. **When did you last smoke or have a puff on a cigarette?**

INTERVIEWER: Enter 00 if time frame doesn't apply.  
Enter 77 if "Don't Know" for that time frame.  
Enter 99 if "Refused" for that time frame.

YEARS since last smoked PUFFYR1  
MONTHS since last smoked PUFFMO1  
WEEKS since last smoked PUFFWK1  
DAYS since last smoked PUFFDY1

77. Don't know  
99. Refused

RETURN12 (CA-TCS)

RETURN.

72. **Do you think it is likely or unlikely that you will return to smoking in the next 12 months?**

1. Likely  
2. Unlikely  
3. Never a regular smoker  
  
7. Don't know/Not sure  
9. Refused

SMKELSE2 (CA-TCS; MODIFIED, YR2k Obj. 3.8)

YESNO.

73. **Does anyone else living in the household smoke cigarettes now?**

1. Yes  
2. No (Go to HHRULES2)  
  
7. Don't know/Not sure (Go to HHRULES2)  
9. Refused (Go to HHRULES2)

SMKELSEN (CA-TCS; YR2k Obj. 3.8)

Type VII

74. **How many other household members currently smoke?**

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

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

HHRULES2 (CA-TCS, 95, from CATS; YR2k Obj. 3.8)

HHRULES.

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

- 1. Smoking is completely prohibited
- 2. Smoking is generally prohibited with few exceptions
- 3. Smoking is allowed in some rooms only
- 4. There are no restrictions on smoking
- 5. Other (specify) -----> HHTXT
- 7. Don't know/Not sure
- 9. Refused

PREVADV (CA-UCB, becomes PREVEXER-PREVSTD)

YN.

76. **In the last three years, has your physician or other health professional discussed any of the following health education topics with you?**

(Please read:)

	Yes	No	
A. <b>Exercise</b>	1	2	PREVEXER
B. <b>Nutrition or Diet</b>	1	2	PREVDIET
C. <b>Smoking</b>	1	2	PREVSMK
D. <b>Gun Safety</b>	1	2	PREVGUNS
E. <b>Alcohol</b>	1	2	PREVALC
F. <b>Sexually Transmitted Disease or HIV</b>	1	2	PREVSTD
G. Unknown (DK/NS Refused)	1	2	
H. None or No Others	1	2	

PREVPRG2 (CA-UCB-modified)

PREVPRG.

77. **A health improvement program helps you to change your health behaviors such as stop smoking, lose weight, reduce stress, or increase physical activity. Did you participate in any health improvement program in 1996 offered through your MAIN employer, your health plan and/or a community group?**

(If yes, mark all that apply.)

- 1. Yes, through my main employer
- 2. Yes, through my health plan
- 3. Yes, through a community organization or group
- 4. No
- 7. Don't know/Not sure
- 9. Refused

AGE (CDC-C)

(various formats)

78. **How old were you on your last birthday?**

\_\_\_ Enter age in years

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

HISPANIC (CDC-C, modified wording and order)

YESNO.

79. **Are you of HISPANIC ORIGIN such as Mexican American, Latin American, Puerto Rican or Cuban?**

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

ORACE2 (CDC-C, 95--expanded response categories)

ORACEB.

80. **What is your race?**

**Would you say: White, Black, Asian, Pacific Islander, American Indian, Alaska Native, or Other?**

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



MARITAL (CDC-C)

MARITAL.

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

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

CHILD18 (CA)

Type VII

82. **How many children or youths under age 18 live in this household?**

\_\_\_ Enter Number of children

- 00. None (Go to EDUCA)
- 99. Refused (Go to EDUCA)

CHILDAGE (CA-TCS Previously CHILD1-CHILD9)

Type VII

83.

(If CHILD18=1, ask:)

**How old is the child?**

(If CHILD18 GT 1, ask:)

**How old are the children? Beginning with the youngest...**

INTERVIEWER NOTE: List the ages of all children in the household from youngest to oldest. If child is less than one year old then age = 1.0.

ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year-olds (.1=younger

5.1 5 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}

5.2

13.0

Youths =

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

77 Don't know

99 Refused

CHLDSFTY (CDC-C)

SEATBELT.

(If OLDCHLD GE 5, ask:)

84. **How often does the oldest child in your household use a seatbelt when they ride in a car?**

(If OLDCHLD LT 5, ask:)

**How often does the oldest child in your household use a car safety seat when they ride in a car?**

**Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?**

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
7. Don't know/Not sure
8. Never rides in a car
9. Refused

If AGE OF OLDEST CHILD GT 5 go to CHLDHELM

If AGE OF OLDEST CHILD LE 5 go to CHILDPLN

CHLDHELM (CDC-C)

CHLDHLM.

85. **During the past year, how often has the (age of OLDCHLD)-year-old child worn a helmet when riding a bicycle?**

**Would you say: Always, Nearly Always, Sometimes, Seldom, or Never?**

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
7. Don't know/Not sure
8. Never rides a bicycle
9. Refused

CHILDPLN (CA, 95)

YESNO.

(If CHILD18=1, ask:)

86. **Is your child covered by a health plan?**

(If CHILD18 GT 1, ask:)

**Are your children covered by a health plan?**

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



FIRMTYPE (CA-UCB)

FTYPE.

91. **Is your MAIN employer a private business, or part of the federal, state or local government?** (INTERVIEWER: Probe for the appropriate response category.)

1. Private business
2. Federal government
3. State government
4. Local government
  
7. Don't know/Not sure
9. Refused

FIRMSIZ2 (CA-UCB,modified answer )

TYPE I.

(If EMPLOY2=1 then ask:)

92. **Counting ALL of the locations where your MAIN employer operates, about how many people, including part-time employees, work for your employer?** (Your best guess is fine.)

(If EMPLOY2=2 then ask:)

**Counting ALL of the locations where your business operates, about how many people, including part-time employees, work for your business?** (Your best guess is fine.)

\_\_\_\_\_ number of employees

77. Don't know
99. Refused

SICTXT2 (CA-UCB-modified)

SICTXT.

(If EMPLOY2=1 ask:)

93. **Thinking about your MAIN employer, which of the following best describes the business or industry?**

(If EMPLOY2=2 ask:)

**Thinking about your business, which of the following best describes the industry?**

(Please read)

1. Mining
2. Construction
3. Manufacturing
4. Transportation
5. Wholesale sales
6. Retail sales
7. Financial
8. Services
9. Government
10. Healthcare
11. High technology
12. Agriculture
13. Other \_\_\_\_\_ (Specify) -----> SICOTHR

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

HHSIZE (CA) \*\*\* Calculated variable do not ask \*\*\* (not formatted)  
 94. Household size. ((NUMADULT-NHHADULT)+CHILD18)

INCOM94 (CDC-C wording retained from previous years) INCOMEB.  
 95. 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 \$75,000; or over \$75,000?

- 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 \$75,000
- 8. Over \$75,000
  
- 77. Don't know/Not sure
- 99. Refused

Find the point on the table where HHSIZE and INCOM94 intersect.  
 If there is a table value and the table value is LT the "less than" value of the response to INCOM94, go to THRESH96.

THRESH96(CA) YESNO.  
 96. 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	2	3	4	5	6	7	8
HHSIZE= 1	7,700		15,500					
(Household Size)	2	10,400		20,700				
	3	13,000			26,000			
	4		15,600		31,200			
	5		18,200			36,400		
	6			20,800		41,700		
	7			23,500		46,900		
	8				26,100		52,200	
	9				28,700		57,400	
	10				31,300		66,600	
	11				33,900		67,900	
	12					36,600	73,100	
	13					39,200		78,400

(100% and 200% of Federal Poverty Line; From: Federal Register, Mar 4, 1996, rounded to nearest \$100.)

WEIGHT (CDC-C)

(not formatted)

97. **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

HEIGHT (CDC-C)

(not formatted)

98. **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

COUNTY1 (CDC-C)

COUNTYA.

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

001. ALAMEDA

003. ALPINE

005. AMADOR

007. BUTTE

009. CALAVERAS

011. COLUSA

013. CONTRA COSTA

015. DEL NORTE

017. EL DORADO

019. FRESNO

021. GLENN

023. HUMBOLDT

025. IMPERIAL

027. INYO

029. KERN

031. KINGS

033. LAKE

035. LASSEN

037. LOS ANGELES

039. MADERA

041. MARIN

043. MARIPOSA

045. MENDOCINO

047. MERCED

049. MODOC

051. MONO

053. MONTEREY

055. NAPA

057. NEVADA

059. ORANGE

061. PLACER

063. PLUMAS

065. RIVERSIDE

067. SACRAMENTO

069. SAN BENITO

071. SAN BERNARDINO

073. SAN DIEGO

075. SAN FRANCISCO

077. SAN JOAQUIN

079. SAN L OBISPO

081. SAN MATEO

083. SANTA BARBARA

085. SANTA CLARA

087. SANTA CRUZ

089. SHASTA

091. SIERRA

093. SISKIYOU

095. SOLANO

097. SONOMA

099. STANISLAUS

101. SUTTER

103. TEHAMA

105. TRINITY

107. TULARE

109. TUOLUMNE

111. VENTURA

113. YOLO

115. YUBA

777. Don'tKnow/Not Sure

999. Refused

NUMHOLD (CDC-C)

YESNO.

100. **Do you have more than one telephone number in your household?**

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

NUMPHON2 (CDC-C)

(not formatted)

101. **How many residential telephone numbers do you have?**

(8 = 8 or more)

1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Refused

(102. intentionally left blank)

ZIPCODE (CA)

(not formatted)

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

\_\_\_\_\_

Enter the five digit number

77777  
99999

Don't know/Not sure  
Refused

IF SEX=1 Go to FLUSHOT2

HADMAM (CDC-C, modified lead-in)

YESNO.

*(Note: asked of all women)*

104. **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.**

**Have you ever had a mammogram?**

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

HOWLONG2 (CDC-C)

HOWLNGC.

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

(Read only if necessary)

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

WHYDONE (CDC-C)

WHYDONE.

106. **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

HADCBE (CDC-C)

YESNO.

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

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

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

WHENCBE (CDC-C)

HOWLNGC.

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

(Read only if necessary)

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



WHYCBE (CDC-C)

WHYCBE.

109. **Was your last breast exam 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 other than cancer
3. Had breast cancer
  
7. Don't know/Not sure
9. Refused

HADPAP (CDC-C, modified lead-in)

YESNO.

110. **A Pap smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present.**

**Have you ever had a Pap smear?**

1. Yes
2. No (Go to HYSTER2)
  
7. Don't know/Not sure (Go to HYSTER2)
9. Refused (Go to HYSTER2)

WHENPAP2 (CDC-C)

HOWLNGC.

111. **How long has it been since you had your last Pap smear?**

(Read only if necessary)

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

WHYPAP (CDC-C, modified wording)

WHYPAP.

112. **Was your last Pap smear done as part of a routine exam, or to check a problem, or for some other reason?**

1. Routine exam
2. Check current or previous problem
3. Other
  
7. Don't know/Not sure
9. Refused

HYSTER2 (CDC-C)

YESNO.

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

- 1. Yes (Go To FLUSHOT2)
- 2. No
  
- 7. Don't know/Not sure
- 9. Refused

IF AGE LT 45 go to PREGNANT  
IF AGE GE 45 go to FLUSHOT2

PREGNANT (CDC-C)

YESNO.

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

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

FLUSHOT2 (CDC-RC)

YESNO.

115. **During the past 12 months, have you had a flu shot?**

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

PNEUMHAD (CA-R2K Obj.20.10, new)

YESNO.

116. **In the past 12 months, did your doctor tell you that you had pneumonia?**

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

PNEUMDAY (CA-R2K Obj.20.10, new)

TYPE I.

117. **How many days were you sick with pneumonia?**

\_\_\_\_\_ Enter number of Days

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

PNEUMVAC (CDC-RC)

YESNO.

118. **Have you ever had a pneumonia vaccination?**

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

TETANUS (CA-IMMUN)

YESNO.

119. **Have you ever had a tetanus shot?**

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

WHENTET (CA-IMMUN)

HOWLNGE.

120. **How long ago did you have your last tetanus shot?** (Your best guess is fine.)

(Read if necessary)

1. Within the past 10 years (0 years to 10 years)
2. Between 10 and 20 years ago (more than 10 years to 20 years)
3. More than 20 years ago
  
7. Don't know/Not sure
9. Refused

WHYTET2 (CA-IMMUN)

WHYTET.

121. **Did you get the shot as part of routine care, after an injury, for travel abroad, or for some other reason?**

1. Routine Care
2. Injury
3. Travel abroad
4. Other (specify) \_\_\_\_\_
  
7. Don't know/Not sure
9. Refused

ORALCAN (CA-DH YR2k Obj 13.7 NEW)

YESNO.

122. **Have you ever heard of a test or exam for oral or mouth cancer?**

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

ORALREAS(CA-DH-YR2k Obj 13.7 NEW)

YESNO.

123. **Have you ever had a test (exam) for oral or mouth cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?**

- 1. Yes (Go To ORALSIGN)
- 2. No
- 7. Don't know/not sure (Go To ORALSIGN)
- 9. Refused (Go To ORALSIGN)

ORLWHYNO(CA-DH-YR2k Obj 13.7, NEW)

ORALREAS.

124. **What is the most important reason why you never had an oral cancer exam? (please do not read list)**

- 1. No reason/never thought about it/didn't know I should
- 2. Not needed/haven't had any problems
- 3. Put it off/laziness
- 4. Costs too much/no insurance
- 5. Doctor/dentist didn't recommend it
- 6. Don't go to doctors or dentist/don't like it
- 7. Other (Specify) \_\_\_\_\_ ORTXT1
- 77. Don't know/not sure
- 99. Refused

ORALSIGN(CA-DH-YR2k Obj 13.7, NEW)

ORALSIGN.

125. **What is one early sign of oral or mouth cancer?**

(Do not read answer categories. Mark the one that best fits respondent's answer)

- 1. White patches in the mouth which are not painful
- 2. Red patches in the mouth which are not painful
- 3. Sore/lesion in the mouth which does not heal
- 4. Bleeding in the mouth
- 5. Other (Specify) \_\_\_\_\_ ORTXT2
- 7. Don't know/not sure
- 9. Refused

ORALTEST(CA-DH-YR2k Obj 13.7, NEW)

YESNO.

126. **I am going to read a list of things which may or may not increase a person's chance of getting mouth or lip cancer. For each of these, tell me if you think it increases a person's chances of getting mouth or lip cancer?**

	Yes	No	Unknown	Refused	
1. Excessive exposure to sunlight	2		7	9	ORALSUN
2. Eating hot spicy foods	1	2	7	9	ORALHOT
3. Regular alcohol drinking	1	2	7	9	ORALALC
4. Tobacco use in any form	1	2	7	9	ORALTAB
5. Frequently biting the cheek or lip	1	2	7	9	ORALBIT

PERIDONT(CA-DH-YR2k Obj 13.6, NEW)

YESNO.

127. **Periodontal disease is a condition that attacks the bone and tissues around the teeth. Have you ever been told by a dentist that you have periodontal disease?**

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

If AGE GE 40 go to HADSTLHM

If AGE LT 40 go to AIDSGRD3

HADSTLHM(CDC 97, new)

YESNO.

*(Note: Asked only of persons age 40 and over.)*

128. **A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?**

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

WHENSTO2 (CDC 97, new)

WHEN.

129. **When did you have your last blood stool test using a home kit?**

(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. 5 or more years ago
  
7. Don't know/Not sure
9. Refused

HADSIG (CDC,CA-modified)

YESNO.

*(Note: Asked only of persons age 40 and over.)*

130. **A SIGMOIDOSCOPY or PROCTOSCOPY is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever HAD this exam?**

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

WHENSIG2 (CDC,CA-modified)

WHENB.

131. **When did you have your last sigmoidoscopy or protoscopy?**

(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 3 years | (more than 2 year to 3 years)  |
| 4. Within the past 5 years | (more than 3 years to 5 years) |
| 5. More than 5 years ago   |                                |
| 7. Don't know/Not sure     |                                |
| 9. Refused                 |                                |

**These next questions are about a blood test to check for prostate cancer. This test may also be called PSA or Prostate Specific Antigen.**

PSAHEAR (CA-CSS)

YESNO.

(Note: Asked of males only.)

132. **Have you ever HEARD of a blood test to check for prostate cancer?**

- |                        |                  |
|------------------------|------------------|
| 1. Yes                 |                  |
| 2. No                  | (Go to AIDSGRD3) |
| 7. Don't know/Not sure | (Go to AIDSGRD3) |
| 9. Refused             | (Go to AIDSGRD3) |

PSAHAD (CA-CSS)

YESNO.

133. **Have you ever HAD a blood test to check for prostate cancer?**

- |                        |                  |
|------------------------|------------------|
| 1. Yes                 |                  |
| 2. No                  | (Go to AIDSGRD3) |
| 7. Don't know/Not sure | (Go to AIDSGRD3) |
| 9. Refused             | (Go to AIDSGRD3) |

PSAWHEN (CA-CSS)

WHEN.

134. **When did you have your last blood test to check for prostate cancer?**

(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     |                                |
| 9. Refused                 |                                |

PSAWHY (CA-CSS)

WHYDONE.

135. **Was your last blood test for prostate cancer done as part of a routine checkup, because of a prostate problem, or because you've already had prostate cancer?**

1. Routine checkup
2. Prostate problem
3. Prostate cancer
  
7. Don't know
9. Refused

AIDINTRO

IF AGE LT 45 go to AIDSGRD3  
IF AGE GE 45 go to SUN15MIN

**The next few questions are about 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.**

AIDSGRD3 (CDC-C; modified selection criteria)

Type XXI.

136. **If you had a child in school, at what grade do you think he or she should begin receiving education about HIV infection and AIDS?**

- Enter grade
55. Kindergarten
  88. Never
  
  77. Don't know
  99. Refused

CONDUSE2 (CDC-C; modified selection criteria)

CONDUS.

137. **If you had a teenager who was sexually active, would you encourage him or her to use a condom?**

1. Yes
2. No
3. Would give other advice
  
7. Don't know/Not sure
9. Refused

GETAIDS2 (CDC-C; modified selection criteria)

GETAIDS.

138. **What are your chances of getting infected with HIV, the virus that causes AIDS? Would you say: High, Medium, Low, or None?**

1. High
2. Medium
3. Low
4. None
5. Not applicable
  
7. Don't know/Not sure
9. Refused

AIDSTST3 (CDC-C; modified selection criteria)

YESNO.

139. **Have you ever had your blood tested for HIV?**

- 1. Yes (Go to LASTTST2)
- 2. No
  
- 7. Don't know/Not sure
- 9. Refused

AIDSDON (CDC-C; modified selection criteria) YESNO.

140. **Have you donated blood since March 1985?**

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

LASTDON2 (CDC-C; modified selection criteria) Type XVI

141. **When did you last donate blood?**

- \_\_\_\_ Probe for month and year (Go to HIVCHG)  
(Ex. june of 1990 = 0690)  
(if month is unknown use code 77: unknown month, 1988=7788)
- 7777. Don't know/Not sure (Go to HIVCHG)
  - 9999. Refused (Go to HIVCHG)

IF AIDSTST3 NE 1 go to HIVCHG

LASTTST2 (CDC-C; modified selection criteria) Type XVI

142. **When was your last blood test for HIV?**

- \_\_\_\_ Probe for month and year  
(Ex. june of 1990 = 0690)  
(if month is unknown use code 77: unknown month, 1988=7788)
- 7777. Don't know/Not sure
  - 9999. Refused



REASTST2 (CDC-C, modified response categories)

REASTEST.

143. **What was the main reason you had your last blood test for HIV?**

(Read only if necessary)

1. For hospitalization or surgical procedure
2. To apply for health insurance
3. To apply for life insurance
4. For employment
5. To apply for a marriage license
6. For military induction or military service
7. For immigration
8. Just to find out if you were infected
9. Because of referral by a doctor
10. Because of pregnancy
11. Referred by your sex partner
12. Because it was part of a blood donation process (Go to HIVCHG)
13. For routine checkup
14. Because of occupational exposure
15. Because of illness
16. Because I am at risk for HIV
  
77. Don't know/Not sure (Don't Read)
87. Other reason
99. Refused (Don't Read)

WHERTST3 (CDC-C; modified selection criteria #7)

WHERETST.

144. **Where did you have your last blood test for HIV?**

(Read only if necessary)

- |   |  |
|---|--|
| 1. Private doctor, HMO                            | 12. Insurance company clinic                         |
| 2. Blood bank, plasma center,<br>Red Cross        | 13. Other public clinic                              |
| 3. Health department                              | 14. Drug treatment facility                          |
| 4. AIDS clinic, counseling, testing site          | 15. Military induction or<br>military service site   |
| 5. Hospital, emergency room,<br>outpatient clinic | 16. Immigration site                                 |
| 6. Family planning clinic                         | 17. At home, home visit by<br>nurse or health worker |
| 7. Prenatal clinic/obstetrician's office          | 18. At home, using self-test or sampling kit         |
| 8. Tuberculosis clinic                            | 19. In jail or prison                                |
| 9. STD clinic                                     | 77. Don't know/Not sure (Don't read)                 |
| 10. Community health clinic                       | 87. Other  |
| 11. Clinic run by employer                        | 99. Refused (Don't read)                             |

TSTRESLT (CDC-C)

YESNO.

145. **Did you receive the results of your last test?**

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

COUNSEL3 (CDC-C)

YESNO.

146. **Did you receive counseling or talk with a health care professional about the results of your test?**

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

HIVCHG (CDC-C)

HIVCHG.

147. **Due to what you know about HIV, have you changed your sexual behavior in the last 12 months?**

1. Yes
2. No (Go to SUN15MIN)
3. Not applicable (celibate) (Go to SUN15MIN)
  
7. Don't know/Not sure (Go to SUN15MIN)
9. Refused (Go to SUN15MIN)

**Did you make any of the following changes in the last 12 months?**

HIVCHG6 (CDC-C-new)

YESNO.

148. **Did you decrease the number of your sexual partners or become abstinent?**

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

HIVCHG7 (CDC-C new)

YESNO.

149. **Do you now have sexual intercourse with only the same partner?**

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

HIVCHG8 (CDC-C new)

YESNO.

150. **Do you now always use condoms for protection?**

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

If ORACE2 EQ 1 AND HISPANIC EQ 2 go to SUN15MIN  
IF ORACE2 NE 1 OR HISPANIC NE 2 go to ASTHMA

**Now I'd like to ask you a few questions about the time you spend outdoors.**

SUN15MIN (CA-CCS)

Type

VII

*(Note: Asked of Non-hispanic Whites only.)*

151. **During the past 30 days, on how many days did you spend at least 15 minutes outside in the sun?**

\_\_\_ Enter number of days

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

SUNAVOID (CA-CSS)

SUNAVOID.

152. **How often do you avoid going out in the sun between 10 am and 4 pm: Would you say always, almost always, sometimes, seldom, or never?**

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

IF SUN15MIN EQ 1 to 30 go to SUNSCRN

IF SUN15MIN NE 1 to 30 go to ASTHMA

SUNSCRN (CA-CSS)

SUNAVOID.

153. **A sunscreen is a lotion with a sun protection factor, also known as SPF. During the past 30 days, when you went outside in the sun for 15 minutes or more, would you say you used a sunscreen always, almost always, sometimes, seldom, or never?**

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

SUNCLOTH (CA-CSS)

SUNAVOID.

154. **Some people keep the sun from reaching their skin when they go outside by using protective clothing such as a hat or long sleeves. During the past 30 days, when you went outside in the sun for 15 minutes or more, would you say you wore protective clothing always, almost always, sometimes, seldom, or never?**

1. Always
2. Almost always
3. Sometimes
4. Seldom
5. Never
  
7. Don't know/Not sure
9. Refused

SUNLAMP (CA-CSS)

YESNO.

155. **During the past 30 days, have you used a sun lamp or tanning booth?**

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

SKINTONE (CA-CSS)

SKINTONE.

156. **Would you say your complexion, that is your skin tone, is fair, medium, or dark?**

1. Fair
2. Medium
3. Dark
  
7. Don't know
9. Refused

**Now I would like to ask you some questions about allergies.**

ASTHMA (CA-EHIB, 95; YR2K Obj. 17.4)

YESNO.

157. **Have you ever experienced or been told by a doctor that you had asthma?**

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

HAYFEVER (CA-EHIB, 95)

YESNO.

158. **Do you ever get hayfever symptoms such as sneezing and red eyes?**

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

**Now I would like to ask you about firearms.**

HAVEGUN (CA-EPIC)

YESNO.

159. **Is there a gun in your house?**

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

GUNGT1 (CA-EPIC) YESNO.

160. **Is there more than one gun in your house?**

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

RIFLE (CA-EPIC) YESNO.

161. (If there is one gun ask:)  
**Is the gun a rifle?**  
 (If there is more than one gun ask:)  
**Are any of the guns rifles?**

- 1. Yes (if GUNGT1=2, go to DRNKANY1)
- 2. No
- 7. Don't know/Not sure
- 9. Refused

SHOTGUN (CA-EPIC) YESNO.

162. (If there is one gun ask:)  
**Is the gun a shotgun?**  
 (If there is more than one gun ask:)  
**Are any of the guns shotguns?**

- 1. Yes (if GUNGT1=2, go to DRNKANY1)
- 2. No
- 7. Don't know/Not sure
- 9. Refused

HANDGUN3 (CA-EPIC) YESNO.

163. (If there is one gun ask:)  
**Is the gun a handgun?**  
 (If there is more than one gun ask:)  
**Are any of the guns handguns?**

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

IF GUNGT1 EQ 2 go to LOCKED2  
 IF GUNGT1 NE 2 go to NUMGUNS

NUMGUNS (CA-EPIC) Type VII

164. **How many handguns are there in your household?**

(If GUNGT1=2 go to LOCKED2)

\_\_\_ enter number

- 77. Don't know
- 99. Refused

LOCKED2 (CA-EPIC)

YESNO.

165. **Guns are sometimes kept locked up by using a trigger lock or by keeping the gun locked in a cabinet, drawer, box, or other locked container.**

(If GUNGT1=2 then ask:)

**Is the handgun ever kept locked up?**

(If NUMGUNS ne 1, 77, or 99 then ask:)

**Are any of the handguns ever kept locked up?**

- 1. Yes
- 2. No (Go to LOADED2)
- 3. Refused to continue with gun module (Go to DRNKANY1)
- 7. Don't know/Not sure (Go to LOADED2)
- 9. Refused (Go to LOADED2)

LOCKNOW2 (CA-EPIC)

YESNO.

166. (If NUMGUNS=1 then ask:)

**Is the handgun locked up now?**

(If NUMGUNS ne 1, 77 or 99 then ask:)

**Are any of the handguns locked up now?**

- 1. Yes
- 2. No
- 3. Refused to continue with gun module (Go to DRNKANY1)
- 7. Don't know/Not sure
- 9. Refused

LOADED2 (CA-EPIC)

YESNO.

167. (If NUMGUNS=1 then ask:)

**Is the handgun loaded now?**

(If NUMGUNS ne 1 then ask:)

**Are any of the handguns loaded now?**

- 1. Yes
- 2. No
- 3. Refused to continue with gun module (Go to DRNKANY1)
- 7. Don't know/Not sure
- 9. Refused

WHYGUN (CA-EPIC)

WHYGUN.

168. (If NUMGUNS=1 then ask:)

**What is the most important reason a handgun is kept in your household?**

(If NUMGUNS ne 1, 77, or 99 then ask:)

**What is the most important reason handguns are kept in your household?**

- 1. Safety/self-protection
- 2. Requirement of employment for someone in the household
- 3. Hunting
- 4. Target practice/hobby/gun collector/recreation (other than hunting)
- 5. Other (specify) -----> WHYGNTXT (Text)
- 7. Don't know
- 9. Refused

GUNUSED

YESNO.

169. (If GUNGT1=1, ask:)

**Has the handgun ever been used to shoot at or scare off an intruder?**

(If GUNGT1 ne 1, 77, or 99 then ask:)

**Have any of the handguns ever been used to shoot at or scare off an intruder?**

- 1. Yes
- 2. No
- 3. Refused to continue with gun module
- 7. Don't know/Not sure
- 9. Refused

**Finally, I would like to ask you a few questions about alcohol use.**

DRNKANY1 (CDC-RC)

YESNO.

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

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

DRKBEER (CA-ADP; module below originally from 1988 CDC-C; YR2k Obj. 4.8)

Type II

171. **During the past month, how many days per week or per month did you drink any beer?**

101-107 = days per week  
201-231 = days per month

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

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

NBEEROCC (CA-ADP)

Type I

172. **On the days when you drank beer, about how many BEERS 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

DRKWINE (CA-ADP)

Type II

173. **During the past month, how many days per week or per month did you drink any wine?**

101-107 = days per week  
201-231 = days per month

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

- 777. Don't know/Not sure (Go to DRKLIQR)
- 888. Never or none (Go to DRKLIQR)
- 999. Refused (Go to DRKLIQR)

NWINEOCC (CA-ADP)

Type I

174. **On the days when you drank wine, about how many glasses of WINE 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

DRKLIQR (CA-ADP)

Type II

175. **During the past month, how many days per week or per month did you drink any LIQUOR?**

101-107 = days per week  
201-231 = days per month

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

- 777. Don't know/Not sure (Go to DRINKGE5)
- 888. Never or none (Go to DRINKGE5)
- 999. Refused (Go to DRINKGE5)

NLIQROCC (CA-ADP)

Type I

176. **On the days when you drank LIQUOR, about how many DRINKS did you have 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 (CDC-RC)

Type VII

177. **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)

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

DRINKDRI (CDC-RC)

Type VII

178. **During the past month, how many times have you driven when you've had perhaps too much to drink?**

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

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

RIDEDRNK (CA-ADP, CDC-C in 1993)

Type VII

179. **During the past month, how many times have you ridden with a driver who has had perhaps too much to drink?**

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

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

**These next four questions refer to experiences you may or may not have had with alcohol over your entire lifetime. If you have had less than 20 drinks in your life, or you feel that these questions do not apply to you, please tell us and we will move on.**

DRKCUT (CA-ADP, CAGE)

YNNAB.

180. **Have you EVER felt you ought to cut down on your drinking?**

- 1. Yes
- 2. No
- 3. Not Applicable, had less than 20 drinks (Go to YTHSAMP)
- 4. Not Applicable, discontinue CAGE module (Go to YTHSAMP)
- 7. Don't know/Not sure
- 9. Refused

DRKAN0Y (CA-ADP, CAGE)

YESNO.

181. **Have people EVER annoyed you by criticizing your drinking?**

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)
  
7. Don't know/Not sure
9. Refused

DRKGLTY (CA-ADP, CAGE)

YESNO.

182. **Have you EVER felt bad or guilty about your drinking?**

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)
  
7. Don't know/Not sure
9. Refused

DRKMORN (CA-ADP, CAGE)

YESNO.

183. **Have you EVER had a drink first thing in the morning to steady your nerves or get rid of a hangover?**

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)
  
7. Don't know/Not sure
9. Refused

If there is at least one child aged 11 through 17 read YTHSAMP; Else go to Closing Statement.  
If DIABOTH1=1 read DIABSAMP; Else go to Closing Statement.

YTHSAMP

**Your answers indicate that there \_\_\_\_\_ is a youth/are youths\_\_\_\_\_ between the ages of 12 and 17 living in this household. We would like to interview \_\_\_\_\_this youth/one of these youths\_\_\_\_\_ as part of a study on youth attitudes toward smoking and other issues.**

**All answers will be kept confidential. While participation is voluntary, your cooperation and the cooperation of the youth in this survey is very important to the success of our study. May we interview \_\_\_\_\_ for this study?**

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.**

SPANINT

SPANINT.

(TO INTERVIEWER:) Was this interview completed in English or Spanish?

1. Spanish
2. English