

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 1998**  
**in Collaboration with The Center for Disease Control and Prevention's**  
**Behavioral Risk Factor Surveillance System**

FINAL, January 2, 1998

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

HAVEPLN3 (CDC-C, modified wording)

YES/NO.

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)

YES/NO.

(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 AYES@ RESPONSES A-H GO TO PASTPLAN	
IF 6E= AYES@ THEN GO TO MEDIMAN2	

MEDIMAN2 (CA-UCB - modified)

YES/NO.

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

PAYPART1 (CA-UCB)

PAYPTA.

8. **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

HMOPLAN (CA-KAISER)

YESNO.

9. **Is your health care coverage provided by an HMO (health maintenance organization), for example, Kaiser**

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

HLTHLIST (CA-KAISER)

HLTHLISTA.

10. **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?**

- |  |           |   |              |
|--|-----------|---|--------------|
| 1.Aetna Health Plans                       |           | 48.Healthcare Foundation of Superior CA |              |
| 2.Affordable/Health Care Compare           |           | 49.HMO California (Employers Health)    |              |
| 3.Alameda Alliance for Health              |           | 50.Inland Empire Health Plan            |              |
| 4.AM. Western Life                         |           | 51.Inter Valley Health Plan             |              |
| 5.Anthem Health                            |           | 52.Interplan                            |              |
| 6.Anthem Health Companies                  |           | 53.John Alden Life                      |              |
| 7.Beckwith, Hightower, & Renberg           |           | 54.John Hancock                         |              |
| 8.Beech Street                             |           | 55.Joint Benefit Trust                  |              |
| 9.Blue Cross Standard (standard insurance) |           | 56.Kaiser Foundation Health Plan, Inc.  |              |
| 10.Blue Cross CaliforniaCare               |           | 57.Kern Health Systems                  |              |
| 11.Blue Cross Senior California Care       |           | 58.Key Health Plan                      |              |
| 12.Blue Cross Prudent Buyer                |           | 59.L.A. Care Health Plan                |              |
| 13.Blue Shield Access+/HMO Cross           | 14.Blue   | 60.Lifeguard Health Plan                |              |
| 15.Blue Shield                             |           | 61.MASS. Mutual                         |              |
| 16.BPS (Vivahealth)                        |           | 62.Maxicare                             |              |
| 17.Care First Health Plan                  |           | 63.MEDI-CAL                             |              |
| 18.CareAmerica                             |           | 64.MEDICARE                             | 65.MET       |
| 19.CCN                                     |           | LIFE                                    |              |
| 20.CHAMPUS\VA\TRICARE                      |           | 66.Metra Health (United Health Care)    |              |
| 21.Chinese Community Health Plan           |           | 67.Molina Medical Center                |              |
| 22.CIGNA Health Care                       |           | 68.National Health Plan                 |              |
| 23.CNA                                     |           | 69.New York Life                        |              |
| 24.Community Health Plan                   |           | 09.Northwest Nat. Life                  |              |
| 25.Community Health Group                  |           | 71.Omni Healthcare Inc                  |              |
| 26.Contra Costa Health Plan Health Care    | 27.Delta  | 72.One Health Plan of California, Inc   |              |
| 28.Employer Self-Insured                   |           | 73.Operating Engineers                  |              |
| 29.Employers Health (HMO California)       |           | 74.OUCH                                 | 75.Pacific   |
| 30.Farm Bureau                             |           | Health Alliance                         |              |
| 31.Farmer=s Insurance                      |           | 76.Pacific Mutual Life Insurance Co.    |              |
| 32.Foundation Health Systems               |           | 77.PacifiCare                           |              |
| 33.Foundation                              |           | 78.PacifiCare of California             |              |
| 34.Foundation Senior Value                 |           | 79.PacifiCare Secure Horizons           |              |
| 35.Golden Outlook                          |           | 80. PERS Care                           |              |
| 36.GOV. HOSP. ASSO. Western                | 37.Great  | 81.PPO Alliance                         |              |
| 38.Great American Health Plan              |           | 82.Principal Financial Group            |              |
| 39.Greater Pacific Healthplan              |           | 83.Prudential HealthCare of Ca, Inc.    |              |
| 40.Guardian                                |           | 84.Provident Insurance                  |              |
| 41.Health Net Elect                        |           | 85.Pru Net (Prudential)                 |              |
| 42.Health Net Seniority Plus               |           | 86.PruCare of California                |              |
| 43.Health Net Select Plan of Redwoods      | 44.Health | 87.Qual Care                            | 88.San       |
| 45.Health Plan of San Mateo                |           | Francisco Health Plan                   |              |
| 46.Health Plan of San Joaquin              |           | 89.Santa Clara County Health Authority  |              |
| 47.Health Net                              |           | 90.Santa Cruz County Health Options     |              |
| 94.Sharp Health Plan                       |           | 91.Santa Barbara Health Initiative      |              |
| 95.Shield 65 Comm. Care                    | 96.Sierra | 92.SCAN Health Plan                     |              |
|  |           | 93.Self Pay                             |              |
|  |           | 97.Solano Partnership HealthPlan        |              |
|  |           | 98.State Farm Ins. Basset Service PPO   | 99.Gallagher |

100.Sutter preferred		
101.Tower Health		
102.Travelers		
103.Tricare Prime (CHAMPUS) Care	104.UC	
105.ULLICO Inc		
106.Union Self-Insured		
107.United Health Care (Metra Health)		
108.United Health Plan		
109.United Insurance Company of America		
		110.Universal Care, Inc
		111.Universal Health Network
		112.Valley Health Plan
		113.Ventura County Health Care Plan
		114.Western Health Advantage
		115.OTHER (Specify)
		777. Don=t know/Not sure
		999. Refused



MAJMED (CA-KAISER)

YESNO.

11. **Some health care coverage pays for only major medical, that is, hospitalizations and emergency room visits. Does your health care coverage also pay for routine care you receive in a doctor's office or clinic? This includes coverage that requires a deductible.**

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

HMOPPO (CDC-C)

YESNO.

12. **Is there a book or list of doctors associated with your health CARE coverage?**

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

SATISFAC (CA-UCB)

SATISF.

13. **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 (CDC-C)

YESNO.

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

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

PASTPLAN (CDC-C)

HOWLNGB.

15. **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.

16. **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?**

		Very im- portant	Im- portant	Not im- portant	DK/not Sure	Refused	
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 **Q16a**; ELSE GO TO TRYPLN |

16a. WHYNOTX3 -----> What is the most important reason why you are not insured?

TRYPLN (CA-UCB)

YESNO.

17. **You indicated that you are not currently covered by health insurance. Have you tried to find any private health insurance coverage in the last year?**

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

NEEDDOC (CA)

YESNO.

18. **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.

19. **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

**These next questions are about conditions and limitations you may have in your daily life.**

CONDITN (CA)

YESNO.

20. **In the past year have you experienced any of the following:**

	Yes	No	DK/NS	Ref	
A. <b>A back or neck problem</b>	1	2	7	9	BACK2
B. <b>A broken bone or joint injury</b>	1	2	7	9	BONEINJ
C. <b>Problems walking</b>	1	2	7	9	WALKPROB
D. <b>Hearing problem</b>	1	2	7	9	HEARING
E. <b>A lung problem or problems breathing</b>	1	2	7	9	LUNG

CONDITN2 (CA)

YESNO.

21. **Have you ever been told by a doctor that you have any of the following:**

	Yes	No	DK/NS	Ref	
A. <b>Arthritis or rheumatism</b>	1	2	7	9	ARTHRIT
B. <b>Heart Trouble</b>	1	2	7	9	HEART
C. <b>Stroke</b>	1	2	7	9	STROKE
D. <b>Cancer, other than skin cancer</b>	1	2	7	9	CANCER
E. <b>Depression</b>	1	2	7	9	DEPRESN
F. <b>Skin Cancer</b>	1	2	7	9	SKINCA

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

BPCHECK2 (CDC-RC; YR2k Obj. 15.13)

BPCHECK.

24. **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 DIABCOR1)
- 9. Refused

BPHIGH1 (CDC-RC; YR2k Obj. 15.13)

YESNO.

25. **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 DIABCOR1)
- 7. Don't know/Not sure (Go to DIABCOR1)
- 9. Refused (Go to DIABCOR1)

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

HIGHGT.

26. **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 DIABCOR1)
- 7. Don't know/Not sure (Go to DIABCOR1)

9. Refused (Go to DIABCOR1)

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

27. To control your high blood pressure, are you...

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

DIABCOR1 (CDC-C, modified wording; YR2k Obj 17.11) DIABCORA.

28. 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 EXERANY1)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 7. Don't know/Not sure (Go to EXERANY1)
- 9. Refused (Go to EXERANY1)

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

DIABGEST (CA, 95) YESNO.

29. Was this ONLY while you were pregnant?

- 1. Yes (Go to EXERANY1)
- 2. No (Includes never been pregnant)
- 7. Don't know/Not sure
- 9. Refused

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)

30. How old were you when you were told you have diabetes? Type XV

\_\_ Enter age in years

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

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

31. **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

32. **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.

33. **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.

34. **Have you ever heard of glycosylated hemoglobin (gli-KOS-ilated he-mo-glo-bin) 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

35. **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 (Go to VISCHK2)
- 99. Refused

If HEARDGH EQ 2, go to CHKSORE |

DIABDOC2 (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C)

Type I

36. **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)

37. **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, modified response categories) VISCHKB.

38. **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.

39. **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.

40. **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.

41. **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.**

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

YESNO.

42. **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 (Go to SMOKE100)
  
7. Don't Know / Not Sure (Go to SMOKE100)
9. Refused (Go to SMOKE100)

EXERACT1 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11)

EXERACT.

43. **What type of physical activity or exercise did you spend the most time doing during the past MONTH?**

- |   |                                    |
|---|------------------------------------|
| 01. Aerobics class  | 15. Golf                           |
| 02. Backpacking   | 16. Handball                       |
| 03. Badminton   | 17. Health club exercise           |
| 04. Basketball  | 18. Hiking - cross-country         |
| 05. Bicycling for pleasure                                      | 19. Home exercise                  |
| 06. Boating (canoeing, rowing, sailing for pleasure or camping) | 20. Horseback riding               |
| 07. Bowling   | 21. Hunting large game - deer, elk |
| 08. Boxing  | 22. Jogging                        |
| 09. Calisthenics  | 23. Judo/karate                    |
| 10. Canoeing/rowing - in competition                            | 24. Mountain climbing              |
| 11. Carpentry   | 25. Mowing lawn                    |
| 12. Dancing-aerobics/ballet                                     | 26. Paddleball                     |
| 13. Fishing from river bank or boat                             | 27. Painting/papering house        |
| 14. Gardening (spading, weeding, digging, filling)              |                                    |



28. Racquetball
29. Raking lawn
30. Running/running on a treadmill
31. Rope skipping
32. Scuba diving
33. Skating - ice, roller or in-line
34. Sledding, tobogganing
35. Snorkeling
36. Snowshoeing
37. Snow shoveling by hand
38. Snow blowing
39. Snow skiing
40. Soccer
41. Softball
42. Squash
43. Stair climbing

44. Stream fishing in waders
45. Surfing
46. Swimming laps
47. Table tennis
48. Tennis
49. Touch football
50. Volleyball
51. Walking/walking on a treadmill
52. Water-skiing
53. Weight lifting
54. Other (specify)\_\_\_\_\_EXERTXT2 (Text)
55. Bicycling machine exercise
56. Rowing machine exercise
99. Refused (Go to EXEROTH2)

If EXERACT1 EQ JOG, RUN, SWIM, or WALK go to EXERDIS	
If EXERACT1 NE JOG, RUN, SWIM, or WALK go to EXEROFT	

EXERDIS1 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) (not formatted)

44. **How far did you usually JOG|RUN|SWIM|WALK?**

EXAMPLE: one half mile is coded as 0.5  
1 mile is coded as 1.0

\_\_\_ Enter distance (verify if GT 8 miles)

777. Don't Know/ Not Sure  
999. Refused

EXEROFT (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) Type III

45. **How many times per WEEK or per MONTH did you take part in this activity during the past month?**

1xx = enter #times a week (verify if GT 107)  
2xx = enter #times a month (verify if GT 230)

777. Don't Know / Not Sure  
999. Refused

EXERHMM1 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) (not formatted)

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

EXAMPLE: for 30 MINUTES ENTER 30  
for AN HOUR AND 30 MINUTES ENTER 130)

\_\_\_ ENTER HOURS/MINUTES OR MINUTES ONLY (verify if GT 530)

7777. Don't Know / Not Sure  
9999. Refused

EXEROTH2 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) YESNO.

47. **Was there another physical activity or exercise that you participated in during the last month?**

1. Yes
2. No (Go to SMOKE100)
7. Don't Know / Not Sure (Go to SMOKE100)
9. Refused (Go to SMOKE100)

EXERACT2 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11)EXERACT.

48. **What other type of physical activity gave you the next most exercise during the past MONTH?**

- |   |   |
|---|---|
| 01. Aerobics class  | 28. Racquetball                         |
| 02. Backpacking   | 29. Raking lawn                         |
| 03. Badminton   | 30. Running/running on a treadmill      |
| 04. Basketball  | 31. Rope skipping                       |
| 05. Bicycling for pleasure                                      | 32. Scuba diving                        |
| 06. Boating (canoeing, rowing, sailing for pleasure or camping) | 33. Skating - ice, roller or in-line    |
| 07. Bowling   | 34. Sledding, tobogganing               |
| 08. Boxing  | 35. Snorkeling                          |
| 09. Calisthenics  | 36. Snowshoeing                         |
| 10. Canoeing/rowing - in competition                            | 37. Snow shoveling by hand              |
| 11. Carpentry   | 38. Snow blowing                        |
| 12. Dancing-aerobics/ballet                                     | 39. Snow skiing                         |
| 13. Fishing from river bank or boat                             | 40. Soccer                              |
| 14. Gardening (spading, weeding, digging, filling)              | 41. Softball                            |
| 15. Golf  | 42. Squash                              |
| 16. Handball  | 43. Stair climbing                      |
| 17. Health club exercise  | 44. Stream fishing in waders            |
| 18. Hiking - cross-country                                      | 45. Surfing                             |
| 19. Home exercise   | 46. Swimming laps                       |
| 20. Horseback riding  | 47. Table tennis                        |
| 21. Hunting large game - deer, elk                              | 48. Tennis                              |
| 22. Jogging   | 49. Touch football                      |
| 23. Judo/karate   | 50. Volleyball                          |
| 24. Mountain climbing   | 51. Walking/walking on a treadmill      |
| 25. Mowing lawn   | 52. Water-skiing                        |
| 26. Paddleball  | 53. Weight lifting                      |
| 27. Painting/papering house                                     | 54. Other (specify)_____EXERTXT2 (Text) |
|   | 55. Bicycling machine exercise          |
|   | 56. Rowing machine exercise             |
|   | 99. Refused (Go to smoke100)            |

If EXERACT2 EQ JOG, RUN, SWIM, or WALK go to EXERDIS2	
If EXERACT2 NE JOG, RUN, SWIM, or WALK go to EXEROFT2	

EXERDIS2 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) (not formatted)

49. **How far did you usually JOG|RUN|SWIM|WALK?**

EXAMPLE: one half mile is coded as 0.5  
1 mile is coded as 1.0

\_\_\_ Enter distance (verify if GT 8 miles)

777. Don't Know/ Not Sure  
999. Refused

EXEROFT2 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) Type III

50. **How many times per WEEK or per MONTH did you take part in this activity?**

1xx = enter #times a week (verify if GT 107)  
2xx = enter #times a month (verify if GT 230)

777. Don't Know / Not Sure  
999. Refused

EXERHMM2 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) (not formatted)  
51. **And when you took part in this activity, for how many minutes or hours did you usually keep at it?**

EXAMPLE: for 30 MINUTES ENTER 30  
for AN HOUR AND A HALF ENTER 130)

\_\_\_ ENTER HOURS/MINUTES OR MINUTES ONLY (verify if GT 530)

7777. Don't Know / Not Sure  
9999. 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.

52. **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.

53. **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

54. **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.

55. **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

56. **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

57. **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

58. **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

59. **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.  
60. **During the past 12 months, have you quit smoking for 1 day or longer?**

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

QUITINT (CA-TCS) YESNO.  
61. **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  
62. **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.  
63. **What brand do you usually SMOKE?**

Enter the brand below:

1. Benson and Hedges
2. Camel
3. Carlton
4. Generic
5. Kent
6. Kool
7. Marlboro
8. Merit
9. More
10. Newport
11. Pall Mall
12. Salem
13. Vantage
14. Virginia Slims
15. Winston
16. American Spirit
17. Austin
18. Basic
19. Belair
20. Bonus Value
21. Bugler
22. Cambridge
23. Capri
24. Chester
25. Chesterfields
26. Dunhill
27. Doral

28. Eve
29. F & L (Food and Liguor)
30. Harley Davidsons
31. Hope
32. L&M
33. Lucky Strikes
34. Misty
35. Montclair
36. Moore's
37. Now
38. Old Gold
39. Parliaments
40. Players
42. Pure
43. Quality Smoke
44. Raliegh
45. Saratoga
46. Style
47. Summit
48. Tarenton
49. Viceroy
50. True
91. Other       (specify)       -----> SMKTXT
77. Don't Know/Not sure
99. Refused

SMKB2TXT

**63.5 Please specify the brand or describe the package**

LIKESTOP (CA-TCS)

YESNO.

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

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

QUIT30 (CA-TCS)

YESNO.

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

1. Yes (Go to SMOKELSE2)
2. No
7. Don't know/Not sure
9. Refused

QUIT6 (CA-TCS)

YESNO.

66. **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.

67. **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

68. **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.

69. **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.

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

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

SMKELSEN (CA-TCS; YR2k Obj. 3.8)

Type VII

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

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

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

SMKCIGAR (CDC-Emerging core)

YESNO.

72. **Have you ever smoked a cigar, even just a few puffs? (Cigar=large cigar, cigarillo, or small cigar)**

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

WHNCIGAR (CDC-Emerging core)

73. **When was the last time you smoked a cigar?**

(Read Only if Necessary)

- 1. Within the past month (0 months to 1 month ago)
- 2. Within the past 3 months (More than 1 months to 3 months ago) (Go to HHRULES2)
- 3. Within the past 6 months (More than 3 months to 6 months ago) (Go to HHRULES2)
- 4. Within the past year (More than 6 months to 12 months ago) (Go to HHRULES2)
- 5. Within the past 5 years (More than 1 year to 5 years ago) (Go to HHRULES2)
- 6. Within the past 15 years (More than 5 years to 15 years ago) (Go to HHRULES2)
- 7. 15 or more years ago (Go to HHRULES2)

Don't know/not sure

(Go to HHRULES2)

99. Refused

(Go to HHRULES2)

OFTCIGAR (CDC-Emerging core)

74. **In the past month, did you smoke cigars everyday, several times per week, once per week, or less than once per week?**

- 1. Everyday
- 2. Several times per week
- 3. Once per week
- 4. Less than once per week
- 7. Don't know/Not sure
- 9. 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

**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.**

JUICE94 (CDC-RC98)

Type X

76. **How often do you drink fruit juices such as orange, grapefruit or tomato?**

101-105 = times per day 301-375 = times per month  
201-221 = times per week 401-499 = times per year

- 1xx. Enter times per day (verify if GT 105)
- 2xx. Enter times per week (verify if GT 238)
- 3xx. Enter times per month
- 4xx. Enter times per year

- 555. Never
- 777. Don't know / Not sure
- 999. Refused

FRUIT94 (CDC-RC98)

Type X

77. **Not counting juice, how often do you eat fruit?**

101-105 = times per day 301-375 = times per month  
201-221 = times per week 401-499 = times per year

- 1xx. Enter times per day (verify if GT 105)
- 2xx. Enter times per week (verify if GT 238)
- 3xx. Enter times per month
- 4xx. Enter times per year

- 555. Never
- 777. Don't know / Not sure
- 999. Refused

SALAD (CDC-RC98)

Type X

78. **How often do you eat green salad?**

101-105 = times per day 301-375 = times per month  
201-221 = times per week 401-499 = times per year

1xx. Enter times per day (verify if GT 105)  
2xx. Enter times per week (verify if GT 238)  
3xx. Enter times per month  
4xx. Enter times per year

555. Never  
777. Don't know / Not sure  
999. Refused

POTATOES (CDC-RC98)

Type X

79. **How often do you eat potatoes not including french fries, fried potatoes or potato chips?**

101-105 = times per day 301-375 = times per month  
201-221 = times per week 401-499 = times per year

1xx. Enter times per day (verify if GT 105)  
2xx. Enter times per week (verify if GT 238)  
3xx. Enter times per month  
4xx. Enter times per year

555. Never  
777. Don't know / Not sure  
999. Refused

CARROTS (CDC-RC98)

Type X

80. **How often do you eat carrots?**

101-105 = times per day 301-375 = times per month  
201-221 = times per week 401-499 = times per year

1xx. Enter times per day (verify if GT 105)  
2xx. Enter times per week (verify if GT 238)  
3xx. Enter times per month  
4xx. Enter times per year

555. Never  
777. Don't know / Not sure  
999. Refused

VEG90 (CDC-RC98)

Type X

81. **Not counting carrots, potatoes or salad, how many SERVINGS of vegetables do you usually eat?**

101-110 = # servings per day 301-399 = # servings per month  
201-299 = # servings per week 401-499 = # servings per year

1xx. Enter number servings per day (verify if GT 105)  
2xx. Enter number servings per week (verify if GT 238)  
3xx. Enter number servings per month  
4xx. Enter number servings per year

555. Never  
777. Don't know / Not sure  
999. Refused

LOSEWT (CDC-RC98)

YESNO.

82. **Are you now trying to lose weight?**

1. Yes (Go to FEWCAL2)  
2. No  
7. Don't know/ Not sure  
9. Refused

KEEPWT (CDC-RC98)

YESNO.

83. **Are you now trying to maintain your current weight, that is to keep from gaining weight?**

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

FEWCAL2 (CDC-RC98)

FEWCAL.

(If LOSEWT = 1 ask:)

84. **Are you eating either fewer calories or less fat to lose weight?**

(If KEEPWT = 1 ask:)

**Are you eating either fewer calories or less fat to keep from gaining weight?**

(INTERVIEWER: PROBE TO FIND OUT WHICH OPTION IS MOST APPROPRIATE)

1. Yes, fewer calories
2. Yes, less fat
3. Yes, fewer calories and less fat
4. No
  
7. Don't know/ Not sure
9. Refused

PHYACT94 (CDC-RC98)

YESNO.

85. (If LOSEWT = 1 ask:)

**Are you using physical activity or exercise to lose weight?**

(If KEEPWT = 1 ask:)

**Are you using physical activity or exercise to keep from gaining weight?**

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

WTADVICE (CDC-RC98)

WTADV.

86. **In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?**

(INTERVIEWER: PROBE FOR WHETHER ADVICE WAS TO GAIN WEIGHT, TO LOSE WEIGHT, OR TO MAINTAIN THE SAME WEIGHT)

1. Yes, lose weight
2. Yes, gain weight
3. Yes, maintain current weight
4. No
  
7. Don't know/ Not sure
9. Refused

WTPILL (CDC-Emerging core,NEW)

WTPILL.

87. **In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications; include only pills taken for the primary purpose of losing weight.**

(INTERVIEWER: PROBE FOR WHICH)

- 1. Yes, I am currently taking them
- 2. Yes, I have taken them but I am not currently taking them
- 3. No, I have not taken them (Go to EATLESS)
- 7. Don=t know/Not sure (Go to EATLESS)
- 9. Refused (Go to EATLESS)

PREWGHT (CDC-Emerging core NEW)

(Not formatted)

88. **How much did you weigh just before you started taking prescription weight loss pills for the first time?**

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

EATLESS (CA)

EATLESS.

89. **How frequently do you eat less than you feel you should because there is not enough food or money to buy food? Would you say never, one to three times per month, four to seven times per month, or more than seven times per month?**

- 1. Never
- 2. One to Three times per month
- 3. Four to Seven times per month
- 4. More than Seven times per month
- 7. Don't know/Not sure
- 9. Refused

PREVADV (CA-UCB, becomes PREVEXER-PREVSTD)

YN.

90. **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.

91. **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 1997 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)

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

\_\_\_ Enter age in years

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

(Go to REF\_DEMO)

(Go to REF\_DEMO)

HISPANIC (CDC-C, modified wording and order)

YESNO.

93. **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 (Go to REF\_DEMO)
- 9. Refused (Go to REF\_DEMO)

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

ORACEB.

94. **What is your race?**

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

- 1. White (Go to MARITAL)
- 2. Black (Go to MARITAL)
- 3. Asian (Go to ORACE2A)
- 4. Pacific Islander (Go to ORACE2A)
- 5. American Indian, Alaska Native (Go to MARITAL)
- 6. Other: (specify) -----> ORACETXT (Recoded, not retained) (Go to MARITAL)
- 7. Don't know/Not sure (Go to REF\_DEMO)
- 9. Refused (Go to REF\_DEMO)

ORACE2A

ORACE2A.

95. **Are you Chinese, Japanese, Korean, Filipino, or Other?**

- 1. Chinese
- 2. Japanese
- 3. Korean
- 4. Filipino
- 6. Other: (specify) -----> ORACTXT2 (Recoded, not retained)
- 7. Don't know/Not sure
- 9. Refused

REF\_DEMO

ORACE2A.

95.2 **Our data analysis is based on several factors ---and AGE/ETHNICITY/RACE is one of the most important. You have already invested several minutes providing extremely important and useful data for this study. Also, please remember that your answers are confidential and will not be revealed to anyone.**

**Would you be willing to tell me your AGE/ETHNICITY/RACE now?**



MARITAL (CDC-C)

MARITAL.

96. **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

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

\_\_\_ Enter Number of children

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

CHILDAGE (CA-TCS Previously CHILD1-CHILD9)

Type VII

98.

(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

EDUCA (CDC-C, response categories are from 1992)

EDUCA.

99. **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

EMPLOY2 (CDC-C)

EMPLOYA.

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

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year (Go to INCOM94)
4. Out of work for less than 1 year (Go to INCOM94)
5. Homemaker (Go to INCOM94)
6. Student (Go to INCOM94)
7. Retired (Go to INCOM94)
8. Unable to work (Go to INCOM94)
9. Refused (Go to INCOM94)

WORKHRS (CA-UCB)

Type VX

101. **On average, how many hours per week do you work on your MAIN job? Do not include hours worked at a second job.**

\_\_\_\_\_ (number)

97. Don't Know
99. Refused

JOBLONG (CA-UCB)

Type XXIII

102. **How long have you been working continuously for this employer?**

101-107 = # of days                      301-312 = # of months  
201-251 = # of weeks      401-499 = # of years

\_\_\_\_\_ (Enter time)

555. Never
777. Don't know / Not sure
999. Refused

FIRMTYPE (CA-UCB)

FTYPE.

103. **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 )  
 (If EMPLOY2=1 then ask:)

TYPE I.

104. **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)  
 (If EMPLOY2=1 ask:)

SICTXT.

105. **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. Education
- 14. Entertainment/recreation
- 15. Other       (Specify)       -----> SICOTHR
- 77. Don=t know/not sure
- 99. Refused

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

106. Household size. ((NUMADULT-NHHADULT)+CHILD18)

INCOM94 (CDC-C wording retained from previous years)

INCOMEB.

107. **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 THRESH97. |

THRESH97(CA)

YESNO.

108. **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	7,900		15,800					
(Household Size) 2		10,600		21,200				
3		13,330		26,660				
4		16,100		32,200				
5		18,770			37,540			
6			21,500		43,000			
7			24,200		48,400			
8				26,900		53,800		
9				29,700		59,400		
10				32,400		64,700		
11						35,100	70,200	
12					37,800		75,600	
13					40,500		81,000	

(100% and 200% of Federal Poverty Line; From: Federal Register, Mar 10, 1997, rounded to nearest \$100.)

WEIGHT (CDC-C)

(not formatted)

109. **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)

110. **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.

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

- |                   |                     |                          |
|-------------------|---------------------|--------------------------|
| 001. ALAMEDA      | 041. MARIN          | 081. SAN MATEO           |
| 003. ALPINE       | 043. MARIPOSA       | 083. SANTA BARBARA       |
| 005. AMADOR       | 045. MENDOCINO      | 085. SANTA CLARA         |
| 007. BUTTE        | 047. MERCED         | 087. SANTA CRUZ          |
| 009. CALAVERAS    | 049. MODOC          | 089. SHASTA              |
| 011. COLUSA       | 051. MONO           | 091. SIERRA              |
| 013. CONTRA COSTA | 053. MONTEREY       | 093. SISKIYOU            |
| 015. DEL NORTE    | 055. NAPA           | 095. SOLANO              |
| 017. EL DORADO    | 057. NEVADA         | 097. SONOMA              |
| 019. FRESNO       | 059. ORANGE         | 099. STANISLAUS          |
| 021. GLENN        | 061. PLACER         | 101. SUTTER              |
| 023. HUMBOLDT     | 063. PLUMAS         | 103. TEHAMA              |
| 025. IMPERIAL     | 065. RIVERSIDE      | 105. TRINITY             |
| 027. INYO         | 067. SACRAMENTO     | 107. TULARE              |
| 029. KERN         | 069. SAN BENITO     | 109. TUOLUMNE            |
| 031. KINGS        | 071. SAN BERNARDINO | 111. VENTURA             |
| 033. LAKE         | 073. SAN DIEGO      | 113. YOLO                |
| 035. LASSEN       | 075. SAN FRANCISCO  | 115. YUBA                |
| 037. LOS ANGELES  | 077. SAN JOAQUIN    | 777. Don't Know/Not Sure |
| 039. MADERA       | 079. SAN L OBISPO   | 999. Refused             |

NUMHOLD (CDC-C)

YESNO.

112. **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)

113. **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

ZIPCODE (CA)

(not formatted)

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

\_\_\_\_\_

Enter the five digit number

77777  
99999

Don't know/Not sure  
Refused

IF SEX=1 Go to ORALCAN |

HADMAM (CDC-C, modified lead-in)

YESNO.

*(Note: asked of all women)*

115. **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.

116. **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.

117. **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.

118. **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.

119. **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.

120. **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.

121. **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)

HOWLNGB.

122. **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.

123. **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.

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

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

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

PREGNANT (CDC-C)

YESNO.

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

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



- 9. Refused

Now I would like to ask you some questions about your dental health.

ORALCAN (CA-DH YR2k Obj 13.7 )

YESNO.

126. **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 )

YESNO.

127. **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)

ORALREAS.

128. **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,modified categories)

ORALSIGN.

129. **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. Discoloration of gum/gum disease/change in gums
- 6. Pain other than toothache
- 7. Other (Specify) \_\_\_\_\_ ORTXT2
- 77. Don=t know/not sure
- 99. Refused

ORALTEST(CA-DH-YR2k Obj 13.7)

YESNO.

130. **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 1	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

IF AGE LT 45 go to AIDSGRD3	
IF AGE GE 45 go to <b>ASTHMA2</b>	

**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.**

AIDSGRD4 (CDC-C; modified categories, NEW) Type XXI.

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

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

CONDUSE2 (CDC-C; modified selection criteria) CONDUS.

132. **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.

133. **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 (GO TO TSTBLR2)
  
- 7. Don't know/Not sure
- 9. Refused

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

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

- 1. Yes
- 2. No (Go to AIDSTST5)
  
- 7. Don't know (Go to AIDSTST5)
- 9. Refused (Go to AIDSTST5)

DONBLD12 (CDC-C, NEW) YESNO.

135. **Have you donated blood in the last 12 months?**

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

AIDSTST4 (CDC-C, NEW)

YESNO.

136. **Except for tests you may have had as part of blood donations, have you ever been tested for HIV?**

- 1. Yes (Go to TSTBLYR1)
- 2. No (Go to **ASTHMA2**)
  
- 7. Don't know/Not sure (Go to **ASTHMA2**)
- 9. Refused (Go to **ASTHMA2**)

AIDSTST5 (CDC-C, NEW)

YESNO.

137. **Have you ever been tested for HIV?**

- 1. Yes (Go to TSTBLYR2)
- 2. No (Go to **ASTHMA2**)
  
- 7. Don't know/Not sure (Go to **ASTHMA2**)
- 9. Refused (Go to **ASTHMA2**)

TSTBLYR1 (CDC-C, NEW)

YESNO.

138. **Not including your blood donations, have you ever been tested for HIV in the past 12 months?**

- 1. Yes (Go to REASTST3)
- 2. No (Go to **ASTHMA2**)
  
- 7. Don't know/Not sure (Go to **ASTHMA2**)
- 9. Refused (Go to **ASTHMA2**)

TSTBLYR2 (CDC-C, NEW)

YESNO.

139. **Have you ever been tested for HIV in the past 12 months?**

- 1. Yes (Go to REASTST3)
- 2. No (Go to **ASTHMA2**)
  
- 7. Don't know/Not sure (Go to **ASTHMA2**)
- 9. Refused (Go to **ASTHMA2**)

REASTST3 (CDC-C, NEW)

REASTEST.

140. **What was the main reason you had your last 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 **ASTHMA2**)
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)

WHERST4 (CDC-C, NEW )

WHERETST.

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

(Read only if necessary)

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

TSTRESLT (CDC-C)

YESNO.

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

- 1. Yes
- 2. No (Go to ASTHMA2)
  
- 7. Don't know (Go to ASTHMA2)
- 9. Refused (Go to ASTHMA2)

COUNSEL3 (CDC-C)

YESNO.

143. **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

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

ASTHMA2 (CA-EHIB, 98; YR2K Obj. 17.4, NEW)

YESNO.

144. **Have you ever been told by a doctor or other health professional that you have asthma?**

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

ASTHAGE (CA-EHIB, 98; YR2K Obj. 17.4, NEW)

145. **How old were you when you were told you have asthma?**

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

ASTH12 (CA-EHIB, 98, NEW)

YESNO.

146. **During the past 12 months, did you experience asthma symptoms, such as wheezing or whistling in the chest or a dry cough at night which was not associated with a cold or chest infection?**

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

ASTHDR (CA-EHIB, 98, NEW)

YESNO.

147. **Did these symptoms require an urgent visit to a doctor, urgent care center, or emergency room?**

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

ASTHMED (CA-EHIB, 98,NEW)

YESNO.

148. **Did these symptoms require asthma medication?**

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

MIGRAN (CA-EHIB, 98,NEW)

YESNO.

149. **Have you ever been told by a doctor or other health professional that you have migraines?**

- 1. Yes (Go to MIGRAN12)
- 2. No (Go to HAVEGUN2)
  
- 7. Don't know (Go to HAVEGUN2)
- 9. Refused (Go to HAVEGUN2)

MIGRAN12 (CA-EHIB, 98,NEW)

150. **During the past 12 months, how many times did you have migraines?**

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

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

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

HAVEGUN2 (CA-EPIC, NEW)

YESNO.

151. **Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.**

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

HANDGUN4 (CA-EPIC, NEW)

YESNO.

152. **Are any of the firearms in or around your home handguns, such as pistols or revolvers?**

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

LONGGUN (CA-EPIC, NEW)

YESNO.

153. **Are any of the firearms in or around your home long guns, such as rifles or shotguns?**

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

IF HANDGUN4=1 GO TO LOCKED3	
IF HANDGUN4=2,7, or 9 GO TO LOCKED4	

LOCKED3 (CA-EPIC, NEW)

YESNO.

154. **Firearms are sometimes kept locked up by using trigger locks or by keeping the firearms locked in a cabinet, drawer, lockbox, or other locked container.**  
**Are any handguns in or around your home now loaded and not locked up?**

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

IF LONGGUN=1 GO TO LOCKED4	
IF LONGGUN=2,7, or 9 GO TO WHYGUN2	

LOCKED4 (CA-EPIC, NEW)

YESNO.

155. If (HANDGUN3=2,7, or 9 then read intro. If HANDGUN3=1 then skip intro.)

**(INTRO) Firearms are sometimes kept locked up by using trigger locks or by keeping the firearms locked in a cabinet, drawer, lockbox, or other locked container.**

**Are any long guns in or around your home now loaded and not locked up?**

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

WHYGUN2 (CA-EPIC, NEW)

WHYGUN.

156. (If NUMGUNS=1 then ask:)

**What is the main reason there are firearms in or around your home?**

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

GUNSAFE (CA-EPIC, NEW)

YESNO.

157. **Have you ever attended a firearm safety workshop, class, or clinic?**

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

GUNUSED2

YESNO.

158. **In the past year, have any of the firearms been used to shoot at or scare off an intruder that was seen in or around your home?**

- 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.

159. **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 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  
160. **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  
161. **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  
162. **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  
164. **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  
165. **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  
166. **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

167. **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

168. **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

169. **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, new\*, CAGE)

YNNAB.

170. **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

DRKANOY (CA-ADP, new\*, CAGE)

YESNO.

171. **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, new\*, CAGE)

YESNO.

172. **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, new\*, CAGE)

YESNO.

173. **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

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

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**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**

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

**SPANINT.**

1. Spanish
2. English