

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2003

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

Version 1.7
15 May 2003

Questions about the survey should be directed to:
Bonnie Davis, Ph.D.
Chief, Survey Research Group
Cancer Surveillance Section
1700 Tribute Road, Suite 100
Sacramento, CA 95815-4402
Phone (916) 779-0331

INTROQ

HELLO, I'm (interviewer name) calling for the California Department of Health Services in Sacramento and the Centers for Disease Control and Prevention.

PRIVRES

Is this a private residence?

- 1. Yes ---> We're doing a study of the health practices of California residents. Your number has been chosen randomly represent 2,900 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important issues facing Californians today.
- 2. No ---> Thank you very much, but we are only interviewing private residences. (Stop)

EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 2,900 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important health issues facing Californians today.

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) from the California Department of Health Services and the Centers for Disease Control and Prevention.

We're doing a special study of California residents regarding their health practices and day-to-day living habits to guide state and federal health policies. You have been randomly chosen to represent almost 6,000 other {men/women} in California. Your participation in this voluntary survey will contribute valuable information used by state and federal health policy makers. You may refuse to answer any question. We will collect NO information that can identify you. All information you give us will be confidential. If you have any questions about this survey, I can provide a toll free telephone number for you to call.

While supervisory staff may monitor this interview for quality control purposes, 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 |

Is this (phone number) ?

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

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

GENHLTH (CDC-CORE)

HEALTH.

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

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

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

PHYSHLTH (CDC-CORE)

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-CORE)

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

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

POORHLTH (CDC-CORE)

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-CORE)

YESNO.

5. These next few questions are about your access to medical care. Please be assured that I am not trying to sell you insurance coverage. Do you have ANY kind of health care coverage including health insurance, prepaid plans such as HMOs (health maintenance organizations) or government plans such as Medicare or Medi-Cal.

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

HLTHPLAN (CA)

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 have health care coverage through:

	Yes	No	Dk/Ns	Ref
A. Your employer	1	2	77	99 EMPPLAN
B. Someone else's employer (including spouse)	1	2	77	99 OEMPLAN
C. A plan that you or someone else buys on your own	1	2	77	99 OWNPLAN
D. Medicare	1	2	77	99 MEDICARE
E. Medi-Cal (Medicaid)	1	2	77	99 MEDICAL
F. The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA]	1	2	77	99 MILPLAN
G. The Indian Health Service	1	2	77	99 INDPLAN
H. Some other source	1	2	77	99 OTHPLAN

IF NO "YES" RESPONSES A-H GO TO PERSDOC

(If HLTHPLAN responses A – H >1 then go to MAINPLAN, else go to HLTHLIST)

MAINPLAN (CA)

MAINPLN.

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

HLTHLIST (CA-KAISER)**HLTHLSTB.**

8. 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 | 44. SANTA CLARA COUNTY HEALTH AUTHORITY |
| 2. ALAMEDA ALLIANCE FOR HEALTH | 45. SANTA CRUZ COUNTY HEALTH OPTIONS |
| 3. ANTHEM HEALTH COMPANIES | 46. SCAN HEALTH PLAN |
| 4. BLUE CROSS | 47. SHARP HEALTH PLAN |
| 5. BLUE SHIELD | 48. SOLANO PARTNERSHIP HEALTHPLAN |
| 6. BPS (VIVAHEALTH) | 49. TOWER HEALTH |
| 7. CARE FIRST HEALTH PLAN | 50. ULLICO INC |
| 8. CAREAMERICA | 51. UNITED HEALTH CARE (METRA HEALTH) |
| 9. CCN | 52. METRA HEALTH (UNITED HEALTH CARE) |
| 10. CHINESE COMMUNITY HEALTH PLAN | 53. UNITED HEALTH PLAN |
| 11. CIGNA HEALTH CARE | 54. UNITED INSURANCE COMPANY OF AMERICA |
| 12. CNA | 55. UNIVERSAL CARE, INC |
| 13. COMMUNITY HEALTH GROUP | 56. VALLEY HEALTH PLAN |
| 14. COMMUNITY HEALTH PLAN | 57. VENTURA COUNTY HEALTH CARE PLAN |
| 15. CONTRA COSTA HEALTH PLAN | 58. WESTERN HEALTH ADVANTAGE |
| 16. FOUNDATION HEALTH SYSTEMS | 59. BLUE CROSS CALIFORNIA CARE |
| 17. GREAT AMERICAN HEALTH PLAN | 60. BLUE SHIELD ACCESS+/HMO |
| 18. GREATER PACIFIC HEALTHPLAN | 61. PRUCARE OF CALIFORNIA |
| 19. GUARDIAN | 62. BLUE CROSS SENIOR CALIFORNIA CARE |
| 20. HEALTH NET | 63. FOUNDATION SENIOR VALUE |
| 21. HEALTH PLAN OF SAN JOAQUIN | 64. HEALTH NET SENIORITY PLUS |
| 22. HEALTH PLAN OF SAN MATEO | 65. PACIFICARE SECURE HORIZONS |
| 23. HEALTH PLAN OF REDWOODS | 66. SHIELD 65 |
| 24. HMO CALIFORNIA (EMPLOYERS HEALTH) | 67. AFFORDABLE/HEALTH CARE COMPARE |
| 25. EMPLOYERS HEALTH (HMO CALIFORNIA) | 68. ANTHEM HEALTH |
| 26. INLAND EMPIRE HEALTH PLAN | 69. BEECH STREET |
| 27. INTER VALLEY HEALTH PLAN | 70. BLUE CROSS PRUDENT BUYER |
| 28. KAISER FOUNDATION HEALTH PLAN, INC. | 71. BLUE CROSS STANDARD (STANDARD INSURANCE) |
| 29. KERN HEALTH SYSTEMS | 72. BECKWITH, HIGHTOWER, & RENBERG FOUNDATION |
| 30. KEY HEALTH PLAN | 73. FOUNDATION |
| 31. L.A. CARE HEALTH PLAN | 74. HEALTHCARE FOUNDATION OF SUPERIOR CALIFORNIA |
| 32. LIFEGUARD HEALTH PLAN | 75. HEALTH NET ELECT |
| 33. MAXICARE | 76. HEALTH NET SELECT |
| 34. MOLINA MEDICAL CENTER | 77. INTERPLAN |
| 35. NATIONAL HEALTH PLAN | 78. OUCH |
| 36. OMNI HEALTHCARE INC | 79. PACIFICARE |
| 37. ONE HEALTH PLAN OF CALIFORNIA, INC | 80. PACIFIC HEALTH ALLIANCE |
| 38. PACIFIC MUTUAL LIFE INSURANCE COMPANY | 81. PPO ALLIANCE |
| 39. PACIFICARE OF CALIFORNIA | 82. PRU NET (PRUDENTIAL) |
| 40. PRINCIPAL FINANCIAL GROUP | 83. QUAL CARE |
| 41. PRUDENTIAL HEALTHCARE OF CALIFORNIA, INC | |
| 42. SAN FRANCISCO HEALTH PLAN | |
| 43. SANTA BARBARA HEALTH INITIATIVE | |

- | | |
|-----------------------------------|-------------------------------------|
| 84. UNIVERSAL HEALTH NETWORK | 110. AM. WESTERN LIFE |
| 85. OTHER (SPECIFY) | 111. MASS. MUTUAL |
| 86. MEDICARE | 112. SUTTER PREFERRED |
| 87. MEDI-CAL | 113. JOHN ALDEN LIFE |
| 88. SELF PAY | 114. JOHN HANCOCK |
| 89. TRICARE PRIME (CHAMPUS) | 115. OPERATING ENGINEERS |
| 90. CHAMPUS\VA\TRICARE | 116. SECURE HORIZONS |
| 91. UC CARE | 117. CAL FARM |
| 92. MET LIFE | 118. MOTION PICTURE |
| 93. UNION SELF- INSURED | 119. CAL OPTIMA |
| 94. EMPLOYER SELF-INSURED | 120. AARP |
| 95. FARM BUREAU | 121. FIRST HEALTH |
| 96. FARMERS INSURANCE | 122. HARDER & COMPANY |
| 97. GREAT WESTERN | 123. UNICARE |
| 98. NEW YORK LIFE | 124. GENERAL AMERICAN |
| 99. NORTHWEST NAT LIFE | 125. GOV EMPL HEALTH ASSOC (GEHA) |
| 100. PERS CARE | 126. MUTUAL OF OMAHA |
| 101. GOV. HOSP. ASSO. | 127. ADVENTIST HEALTH |
| 102. TRAVELERS | 128. EXCLUSIVE HEALTH CARE |
| 103. GOLDEN OUTLOOK | 129. RISK MANAGEMENT |
| 104. JOINT BENEFIT TRUST | 130. UNITED AMERICAN |
| 105. SIERRA COMM. CARE | 131. HUMANA EMPLOYERS HEALTH |
| 106. STATE FARM INS. | 132. SISC SELF INSURED SCHOOL OF CA |
| 107. GALLAGHER BASSET SERVICE PPO | 133. CORESTAR |
| 108. PROVIDENT INSURANCE | 777. DK |
| 109. DELTA HEALTH CARE | 999. RF |

PERSDOC (CDC-CORE)

YESNO.

9. Do you have one person you think of as your personal doctor or health care provider? (if no, ask "Is there more than one or is there "no" person who you think of?")

- 1. Yes, only one
- 2. More than one
- 3. No
- 77. Don't know/Not sure
- 99. Refused

PAYNOGOB (CDC-CORE-NEW)

YESNO.

10. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

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

CHECKUP (CA)

HOWLNGC.

11. 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
- 5. Never
- 77. Don't know/Not sure
- 99. Refused

DIABCOR1 (CDC-CORE)

DIABCORA.

12. 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 BPHIGH1)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 77. Don't know/Not sure (Go to BPHIGH1)
- 99. Refused (Go to BPHIGH1)

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

DIABGEST (CA, 95)

YESNO.

13. Was this ONLY while you were pregnant?

- 1. Yes (Go to BPHIGH1)
- 2. No (Includes never been pregnant)
- 77. Don't know/Not sure
- 99. Refused

DIABAGE (CA-DBCP-DIABETES MODULE)

TYPE XV.

(Note: Asked if SEX=1 and DIABCOR1=1, or SEX=2 and DIABCOR1=1 and DIABGEST ne 1)

14. 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-DIABETES MODULE)

YESNO.

15. Are you now taking insulin?

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

DIABPILL (CA-DBCP-DIABETES MODULE)

YESNO.

16. Are you now taking diabetes pills?

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

99. Refused

CHKGLU (CA-DBCP-DIABETES MODULE)

Type XIX.

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

- 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

CHKSORE2 (CA-DBCP-DIABETES MODULE)

Type I.

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

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

- 555 = No Feet
- 888 = Never
- 777 = Don't know
- 999 = Refused

FEETSORE (CA-DBCP-DIABETES MODULE)

YESNO.

19. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

DIABDOC2 (CA-DBCP-DIABETES MODULE)

Type I.

20. About how many times in the past 12 months 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 (Go to VISCHK2)

DIABDOC3 (CA-DBCP-DIABETES MODULE)

Type I.

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

____ number of times (verify if GT DIABDOC2)

- 88. None
- 77. Don't know

99. Refused

CHKSORE (CA-DBCP-DIABETES MODULE)

Type I.

(Note: asked if DIABDOC2 ne 88)

22. About how many times in the past 12 months 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-DIABETES MODULE)

VISCHKB.

23. 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
- 77. Don't know/Not sure
- 88. Never
- 99. Refused

RETINHAD (CA-DBCP-DIABETES MODULE)

YESNO.

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

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

DIABCRSE (CA-DBCP-DIABETES MODULE)

YESNO.

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

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

BPHIGH2 (CDC-CORE)

YESNO.

26. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")

- 1. Yes
- 2. Yes, but female told only during pregnancy (Go to BLOODCHO)
- 3. No (Go to BLOODCHO)
- 77. Don't know/Not sure (Go to BLOODCHO)
- 99. Refused (Go to BLOODCHO)

HIGHT1 (CA- ADDED in for calculating prevalence HBP)

HIGHT.

27. 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
- 77. Don't know/Not sure
- 99. Refused

BPMED (CDC-CORE)

YESNO.

28. Are you currently taking medicine for your high blood pressure?

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

BLOODCHO (CDC-CORE)

YESNO.

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

- 1. Yes
- 2. No (Go to JUICE94)
- 77. Don't Know /Not sure (Go to JUICE94)
- 99. Refused (Go to JUICE94)

CHOLCHK (CDC-CORE)

HOWLONGC.

30. 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
- 77. Don't Know /Not sure
- 88. Never (Go to JUICE94)
- 99. Refused

TOLDHI (CDC-CORE)

YESNO.

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

- 1. Yes
- 2. No
- 77. Don't Know/Not sure
- 99. 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-CORE)

Type X

32. 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-CORE)

Type X

33. 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-CORE)

Type X

34. 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-CORE)

Type X

35. 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-CORE)

Type X

36. 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-CORE)

Type X

37. Not counting carrots, potatoes or salad, how many SERVINGS of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

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-CORE)

YESNO.

38. Are you now trying to lose weight?

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

(Go to FEWCAL2)

KEEPWT (CDC-CORE)

YESNO.

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

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

(Go to WTADVICE)

(Go to WTADVICE)

(Go to WTADVICE)

FEWCAL2 (CDC-CORE)

FEWCAL.

40. (If LOSEWT = 1 ask:) 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
- 77. Don't know/ Not sure
- 99. Refused

PHYACT94 (CDC-CORE)

YESNO.

41. (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
- 77. Don't know/ Not sure
- 99. Refused

LIKEWT (CDC-CORE)

42. How much would you like to weigh?

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

WTADVICE (CDC-CORE)

WTADV.

43. 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

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

ASTHEVE3 (CDC-CORE)

YESNO.

44. Now I'm going to ask you some questions about your health. Have you ever been told by a doctor, nurse or other health professional that you had asthma?

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

(Go to FLUSHOT2)
 (Go to FLUSHOT2)
 (Go to FLUSHOT2)

ASTHNOW (CDC-CORE)

YESNO.

45. Do you still have asthma?

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

FLUSHOT2 (CDC-CORE)

YESNO.

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

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

(Go to NOFLWHY2)
 (Go to PNEUMVC2)
 (Go to PNEUMVC2)

FLUPLAC2 (CA-IMMUN-FLU MODULE)

FLUPLACE.

47. At what kind of place did you get your last flu shot? (DO NOT READ)

- 1. A doctor's office or health maintenance organization
- 2. A health department
- 3. Another type of clinic or health center (Example: a community health center)
- 4. A senior, recreation, or community center
- 5. A store (Examples: supermarket, drugstore)
- 6. A hospital or emergency room
- 7. Workplace or
- 8. Some other kind of place (Specify)
- 77. Don't know/Not sure
- 99. Refused

IF FLUSHOT2=no go to NOFLUWHY2, else if FLUSHOT2=YES go to PNEUMVC2

NOFLUWHY2 (CA-IMMUN)

NOFLUWHY.

48. What is the main reason you didn't get a flu shot in the past 12 months? (DO NOT READ)

1. Didn't know I needed it/I am not at risk
2. Didn't think of it/forgot/"lazy"
3. Cost
4. Inconvenient/inaccessible time or location
5. Flu vaccine unavailable
6. Doctor didn't suggest that I get it
7. Didn't think it would work
8. Flu is not a serious disease
9. Shot could give me the flu/reaction
10. Unable to get shot for medical reasons
11. Don't like shots or needles
96. Other. Specify: _____
77. Don't know/Not sure
99. Refused

PNEUMVC2 (CDC-CORE)

YESNO.

49. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (new-ma-COCK-all)

1. Yes (Go to CHRONCND)
2. No
77. Don't Know/Not sure (Go to CHRONCND)
99. Refused (Go to CHRONCND)

NOPNWHY2 (CA-IMMUN)

NOPNEWHY.

50. What is the main reason you didn't get a pneumonia shot? (DO NOT READ)

1. Didn't know I needed it/I am not at risk
2. Didn't think of it/forgot/"lazy"
3. Cost
4. Inconvenient/inaccessible time or location
5. Pneumonia vaccine unavailable
6. Doctor didn't suggest that I get it
7. Didn't think it would work
8. Pneumonia is not a serious disease
9. Shot could give me the pneumonia/reaction
10. Unable to get shot for medical reasons
11. Don't like shots or needles
12. Never heard of it/didn't know it existed
96. Other. Specify: _____
77. Don't know/Not sure
99. Refused

CHRONCND (CA-IMMUN-NEW)

YESNO.

- 51. Do you have heart or lung disease, or a disease that results in a weakened immune system?**
- 1. Yes
 - 2. No
 - 77. Don't Know/Not sure
 - 99. Refused

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

SMOKE100 (CDC-CORE)

YESNO.

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

(5 packs = 100 cigarettes)

- 1. Yes
- 2. No (Go to SMKELSE2)
- 77. Don't know/Not sure (Go to SMKELSE2)
- 99. Refused (Go to SMKELSE2)

SMKEVDA2 (CDC-CORE)

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)
- 99. Refused (Go to SMK30ANY)

SMOKENUM (CA-TCS)

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)
- 77. Don't know/Not sure (Go to SMKWHOLE)
- 99. Refused (Go to SMKWHOLE)

SMK30DAY (CA-TCS)

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 (CA-TCS)

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)

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

If SMKEVDA2 = 1 or SMKEVDA2=2 go to QUIT1DY3, else go to SMOKREG2

QUIT1DY3 (CDC-CORE)

YESNO.

60. During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?

1. Yes

2. No

77. Don't know/Not sure

99. Refused

LIKESTOP (CA-TCS)

YESNO.

61. Would you like to stop smoking?

1. Yes

2. No

77. Don't know/Not sure

99. Refused

QUIT30 (CA-TCS)

YESNO.

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

1. Yes

2. No

77. Don't know/Not sure

99. Refused

(Go to SMOKELSE2)

QUIT6 (CA-TCS)

YESNO.

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

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

IF SMKEVDA2 NE 1,2 ASK SMOKREG2; ELSE Go to SMKELSE2

SMOKREG2 (CA-TCS from CDC)

SMOKREGC.

64. 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. Within the past 15 years (more than 5 years to 15 years ago)
- 7. 15 or more years ago (15 or more years ago)
- 77. Don't know/Not sure
- 88. Never smoked regularly (Do not read)
- 99. Refused (Do not read)

SMKELSE2 (CA-TCS)

YESNO.

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

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

SMKELSEN (CA-TCS)

Type VII

66. How many other household members currently smoke?

- _____ Enter number of household members
- 77. Don't know/Not Sure
- 99. Refused

SMKCIGAR (CA-TCS)

YESNO.

67. 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)
- 77. Don't know/Not sure (Go to HHRULES2)
- 99. Refused (Go to HHRULES2)

WHNCIGAR (CA-TCS)**WHNCIGAB.****68. 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) |
| 77. | Don't know/not sure | | (Go to HHRULES2) |
| 99. | Refused | | (Go to HHRULES2) |

OFTCIGAR (CA-TCS)**OFTCIGAR.****69. 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 |
| 77. | Don't know/Not sure |
| 99. | Refused |

HHRULES2 (CA-TCS)**HHRULES.****70. 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 | (Go to HHEVER) |
| 2. | Smoking is generally prohibited with few exceptions | |
| 3. | Smoking is allowed in some rooms only | (Go to HHEVER) |
| 4. | There are no restrictions on smoking | |
| 5. | Other (specify) | |
| 77. | Don't know/Not sure | |
| 99. | Refused | |

HHALLOW (CA-TCS)**YESNO.****71. Is any smoking ever allowed inside your home?**

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

HHEVER (CA-TCS)**YESNO.****72. Does anyone ever smoke inside your home?**

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

DRNKANY1 (CA added for trends; modified wording)

YESNO.

73. Next I would like to ask you about alcohol use. During the past 30 days, 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 SUNBURN)
- 77. Don't know/Not sure (Go to SUNBURN)
- 99. Refused (Go to SUNBURN)

DRNKALC3 (CDC-CORE -NEW)

YESNO.

74. A drink of alcohol is 1 can or bottle of beer (12 oz.), 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or one shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

101-107 = days per week

201-231 = days in past 30

____ Enter Days per week or per month

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

NALCOCC (CDC-CORE)

Type I

75. On the days when you drank, about how many drinks did you drink on the average?

____ Enter Number of drinks (One half= .5) (verify if GT 11)

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

DRINKGE5 (CDC-CORE)

Type VII

76. Considering all types of alcoholic beverages, how many times during the past 30 days 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

IF DRINKGE5=1 then go to BEERNUM; else go to SUNBURN

BEERNUM (CA-Chronic Disease Epi Section-CDC Optional Module-New)

77. You answered that you drank 5 or more alcoholic beverages on one occasion at least once in the past 30 days. The next questions are about the most recent occasion.

During the most recent occasion when you had 5 or more alcoholic beverages, about how many beers, including malt liquor, did you drink?

- __ Number
- 88. None
- 77. Don't know/not sure
- 99. Refused

WINENUM (CA-Chronic Disease Epi Section-CDC Optional Module-New)

78. About how many glasses of wine, including wine coolers, hard lemonade, or hard cider, did you drink?

- __ Number
- 88. None
- 77. Don't know/not sure
- 99. Refused

LIQRNUM (CA-Chronic Disease Epi Section-CDC Optional Module-New)

79. About how many drinks of liquor, including cocktails, did you have?

- __ Number
- 88. None
- 77. Don't know/not sure
- 99. Refused

BINGEWHR (CA-Chronic Disease Epi Section-CDC Optional Module-New) BINGEWHR.

80. During this most recent occasion, where were you when you did most of your drinking?

Please read 1-5

- 1. At your home, for example, your house, apartment, condominium, or dorm room
- 2. At another person's home
- 3. At a restaurant or banquet hall
- 4. At a bar or club
- 5. At a public place, such as at a park, concert, or sporting event
- 6. Other
- 77. Don't know/not sure
- 99. Refused

BINGEHOW (CA-Chronic Disease Epi Section-CDC Optional Module-New) BINGEHOW.

81. During this most recent occasion, how did you get most of the alcohol?

(Please read 1-4)

- 1. Someone else bought it for me or gave it to me
- 2. I bought it at a store, such as a liquor store, convenience store, or grocery store
- 3. I bought it at a restaurant, bar or public place or
- 4. Some other place
- 77. Don't know/not sure
- 99. Refused

BINGEDRV (CA-Chronic Disease Epi Section-CDC Optional Module-New) BINGEDRV.

82. Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion?

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

SUNBURN (CDC-CORE)

YES/NO.

83. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months?

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

SUNBRNMY (CDC-CORE)

SUNBURN.

84. Including times when only a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six or more
- 77. Don't Know/Not sure
- 99. Refused

AGEB (CDC-CORE)

85. What is your age?

- Enter age in years
- 77. Don't know/Not sure
- 99. Refused

HISP3 (CDC-CORE)

YES/NO.

86. Are you HISPANIC or LATINO (this includes Mexican American, Latin American, Puerto Rican or Cuban)?

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

ORACE3 (CDC-CORE)

ORACEB.

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

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native
- 6. Other: (specify)
- 77. Don't know/Not sure
- 99. Refused

(PROB ORACE2X IF HISP2=1 and ORACE3 = 6)

If more than one response to ORACE3 then go to ORACE4, else go to ORACE2A

ORACE4 (CDC-CORE)

- 88. Which one of these groups would you say best represents your race? Would you say...**
- | | |
|--|-----------------|
| 1. White | (Go to MARITAL) |
| 2. Black or African American | (Go to MARITAL) |
| 3. Asian | (Go to ORACE2A) |
| 4. Native Hawaiian or Other Pacific Islander | (Go to ORACE2A) |
| 5. American Indian or Alaska Native | (Go to MARITAL) |
| 6. Other: (specify) -----> | (Go to MARITAL) |
| 77. Don't know/Not sure | (Go to MARITAL) |
| 99. Refused | (Go to MARITAL) |

ORACEB.

If ORACE3= 2 or 4 then go to ORACE2A, else go to MARITAL

ORACE2A (CA)

89. Are you Chinese, Japanese, Korean, Filipino or Other?

- | | | |
|---------------|----------------|-------------------------|
| 1. Chinese | 7. Laotian | 13. Saipanese |
| 2. Japanese | 8. East Indian | 14. Fijian |
| 3. Korean | 9. Indonesian | 15. Other: (specify) |
| 4. Filipino | 10. Hawaiian | 77. Don't know/Not sure |
| 5. Vietnamese | 11. Samoan | |
| 6. Cambodian | 12. Pakistani | 99. Refused |

ORACE2A.

MARITAL (CDC-CORE)

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

- | |
|------------------------------------|
| 1. Married |
| 2. Divorced |
| 3. Widowed |
| 4. Separated |
| 5. Never married |
| 6. A member of an unmarried couple |
| 77. Don't know/not sure |
| 99. Refused |

MARITAL.

CHILD18 (CDC-CORE)

Type VII

91. How many children less than 18 years of age live in your household?

___ Enter Number of children

- | | |
|----------------|---------------|
| 77. Don't Know | (Go to EDUCA) |
| 88. None | (Go to EDUCA) |
| 99. Refused | (Go to EDUCA) |

CHILDAGE (CA)

Type VII

92. (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 (3.0 suffix), two 5 year-olds (5.1=younger 5 year old, 5.2=older 5 year old) and one 13 year old (13.0 suffix)}

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-CORE, response categories are from 1992)**EDUCA.****93. 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
88. NA/ Never attended school or only kindergarten
99. Refused

EMPLOY2 (CDC-CORE)**EMPLOYA.****94. 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
4. Out of work for less than 1 year
5. Homemaker
6. Student
7. Retired
8. Unable to work
99. Refused

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

INCOM01 (CDC-CORE –CA modified)

INCOME.C.

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 less than \$75,000; \$75,000 to \$100,000 or over \$100,000?

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

THRESH02(CA)

YES.NO.

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

INCOM01 =	1(<10)	2(10-15)	3(15-20)	4(20-25)	5(25-35)	6(35-50)	7(50-75)	8(75-100)	9(>100)
HHSIZE= 1	8,860		17,720		26,580				
2		11,940		23,880		35,820			
3			15,020		30,040	45,060			
4			18,100				36,200	54,300	
5				21,180		42,360	63,540		
6				24,260		48,520	72,780		
7					27,340		54,680	82,020	
8					30,420		60,840	91,260	
9					33,500		67,000		100,500
10						36,580	73,160		109,740
11						39,660		79,320	118,980
12						42,740		85,480	128,220
13						45,820		91,640	137,460

(100%, 200% and 300% of Federal Poverty Line; From: Federal Register, Feb 14, 2002)

WEIGHT (CDC-CORE)

(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-CORE)

(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-CORE)

COUNTYA.

99. 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

NUMHOLD2 (CDC-CORE)

YESNO.

100. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. Yes

2. No

(Go to NOPHON)

77. Don't know

(Go to NOPHON)

99. Refused

(Go to NOPHON)

NUMPHON3 (CDC-CORE)

101. How many of these are residential numbers?

(8 = 8 or more)

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 77. Unknown
- 99. Refused

NOPHON (CDC-CORE-NEW)

YESNO.

102. During the past 12 months, has your household been without telephone service for 1 week or more? (Note: Do not include interruptions of phone service due to weather or natural disasters.)

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

ZIPCODE (CA)

103. What is your zip code?

_____ Enter the five digit number

77777 Don't know/Not sure

99999 Refused

REF_DEMO (Note: this script will come up if respondents answered RF or DK to selected demographic questions. This includes age and race but may include other demographic variables)

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?

MILITARY (CDC-CORE)

MILITARY.

104. The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

(Go to PREGNANT)

(Go to PREGNANT)

(Go to PREGNANT)

MILSTATB (CDC-CORE-NEW)

MILSTATB.

105. Which of the following best describes your service in the United States military?

Interviewer please read:

- 1. Currently on active duty (Go to PREGNANT)
- 2. Currently in a National Guard or Reserve unit (Go to PREGNANT)
- 3. Retired from military service
- 4. Medically discharged from military service
- 5. Discharged from military service
- 77. Don't know / Not sure
- 99. Refused

VAHOSP (CDC-CORE)

VAHOSP.

106. In the last 12 months have you received some or all of your health care from VA facilities? (If "yes" probe for "all" or "some" of the health care.)

- 1. Yes, all of my health care
- 2. Yes, some of my health care
- 3. No, no VA health care received
- 77. Don't know / Not sure
- 99. Refused

IF AGE LT 45 AND SEX EQ 2 go to PREGNANT

IF AGE GE 45 go to KIDCARE

PREGNANT (CDC-C)

YESNO.

107. To your knowledge, are you now pregnant?

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

IF (CHILD1-CHILD9) GE 2 and LE 13 GO TO KIDCARE, ELSE GO TO STIFF2

KIDCARE (CA-SCPP)

YESNO.

108. Are you one of the primary care providers for the (age of oldest CHILD)-year-old child in your household?

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

KIDBURN (CA-SCPP)

YESNO.

109. Has the (age of youngest CHILD)-year-old child had a sunburn within the past 12 months? By sunburn, I mean reddening of the skin that lasted at least 12 hours.

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

KIDBRNHM (CA-SCPP)

110. How many times has the (age of youngest CHILD)-year-old child been sunburned in the past 12 months?

- _____ Enter the number of sunburns
- 77. Don't know/Not sure
- 99. Refused

KIDSUN (CA-SCPP)

111-114. When the (age of CHILD)-year-old child goes outside on a sunny day for MORE than one hour, how often does s/he (READ STATEMENT) Would you say [READ RESPONSES]?

	Never	Rarely	Some times	Often	Always	Too young	DK	RF	
111. Apply or wear sunscreen or sun block?	1	2	3	4	5	6	77	99	KIDSCRN
112. Wear a wide-brimmed hat, or a hat with neck flaps?	1	2	3	4	5	6	77	99	KIDHAT2
113. Wear protective clothing such as long sleeved shirts and long pants?	1	2	3	4	5	6	77	99	KIDCLTH
114. Stay in an area protected by shade?	1	2	3	4	5	6	77	99	SHADE

STIFF2 (CDC-CORE)

YESNO.

115. The next questions refer to your joints. Please do NOT include the back or neck. During the past 30 days, have you had any symptoms of pain, aching, or stiffness in or around a joint?

- 1. Yes
- 2. No (Go to ARTHRITD)
- 77. Don't Know/Not Sure (Go to ARTHRITD)
- 99. Refused (Go to ARTHRITD)

SYMP3M (CDC-CORE)

YESNO.

116. Did your joint symptoms FIRST begin more than 3 months ago?

- 1. Yes
- 2. No (Go to ARTHRITD)
- 77. Don't Know/Not Sure (Go to ARTHRITD)
- 99. Refused (Go to ARTHRITD)

JNTDOC2 (CDC-CORE)

YESNO.

117. Have you EVER seen a doctor or other health professional for these joint symptoms?

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

ARTHRITD (CDC-CORE-NEW)**YESNO.****118. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (FI – bro – my – al – jah)?**

- 1. Yes
- 2. No (If STIFF2 = 2, 77, 99 then go to ARTHTDY)
- 77. Don't Know/Not Sure (If STIFF2 = 2, 77, 99 then go to ARTHTDY)
- 99. Refused (If STIFF2 = 2, 77, 99 then go to ARTHTDY)

interviewer note (for QSI): arthritis diagnoses include:

- 1. rheumatism, polymyalgia rheumatica
- 2. osteoarthritis (NOT osteoporosis)
- 3. tendonitis, bursitis, bunion, tennis elbow
- 4. carpal tunnel syndrome, tarsal tunnel syndrome
- 5. joint infection, Reiter's syndrome
- 6. ankylosing spondylitis; spondylosis
- 7. rotator cuff syndrome
- 8. connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- 9. vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

LIMITJN2 (CDC-CORE)**YESNO.****119. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?**

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

*QSI -Interviewer note: If a respondent question arises about medication, then the interviewer replies: "please answer the next question based on how you are when you are taking any of the medications or treatments you might use"**If AGEB<=64 THEN GO TO ARTHWRK2, ELSE GO TO ARTHTDY***ARTHWRK2 (CDC-CORE-NEW)****YESNO.****120. In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?***(Note: if respondent says he/she is retired or out-of-work, reply: "did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"*

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

If "yes" to SYMP3M or ARTHRITD then go to ARTHTDY; else go to ARTFND

ARTHTDY(CA-CDCB-ARTHRITIS Module-NEW)

ARTHTDY.

121. Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY? (Read responses 1- 4)

- 1. I can do everything I would like to do
- 2. I can do most things I would like to do
- 3. I can do some things I would like to do
- 4. I can hardly do anything I would like to do
- 77. Don't Know/Not Sure
- 99. Refused

ARTHWGHT (CA-CDCB-ARTHRITIS Module-NEW)

YESNO.

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

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

ARTHPA (CA-CDCB-ARTHRITIS Module-NEW)

YESNO.

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

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

ARTHED (CA-CDCB-ARTHRITIS Module-NEW)

YESNO.

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

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

ARTFND (CA-CDCB)

YESNO.

125. Have you ever contacted the Arthritis Foundation?

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

If AGE_B ≥ 45 go to FALL3MN; else go to RESTRIC3

FALL3MN (CDC-CORE-NEW)

YESNO.

126. The next question asks about a recent fall. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. In the past 3 months, have you had a fall?

- 1. Yes
- 2. No (Go to RESTRIC3)
- 77. Don't Know/Not Sure (Go to RESTRIC3)
- 99. Refused (Go to RESTRIC3)

FALLINJR (CDC-CORE-NEW)

YESNO.

127. Were you injured?

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

RESTRIC3 (CDC-CORE)

YESNO.

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

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

EQUIP (CDC-CORE)

YESNO.

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

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

If RESTRIC3=1 or EQUIP=1 go to MAJRPRB2, else go to DAYSPAIN

MAJRPRB2 (CA-CDCB-QOL Module)

MAJRPRBB.

130. What is your major impairment or health problem?

Read Only if Necessary

- | | |
|---------------------------------|--|
| 1. Arthritis/rheumatism | 9. Stroke problem |
| 2. Back or neck problem | 10. Hypertension/high blood pressure |
| 3. Fractures, bone/joint injury | 11. Diabetes |
| 4. Walking problem | 12. Cancer |
| 5. Lung/breathing problem | 13. Depression/anxiety/emotional problem |
| 6. Hearing problem | 14. Other impairment/problem |
| 7. Eye/vision problem | 77. Don't know/Not sure |
| 8. Heart problem | 99. Refused |

PROBLONG (CA-CDCB-QOL Module)

XXIII

131. For how long have your activities been limited because of your major impairment or health problem?

- 1. ___ Days
- 2. ___ Weeks
- 3. ___ Months
- 4. ___ Years
- 777. Don't know/Not Sure
- 999. Refused

PERSHELP (CA-CDCB-QOL Module)

YESNO.

132. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

RUTNHELP (CA-CDCB-QOL Module)

YESNO.

133. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

DAYSPAIN (CA-CDCB-QOL Module)

Type I.

134. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

Number of days

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

DAYSSAD (CA-CDCB-QOL Module)

Type I.

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

Number of days

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

DAYSANX (CA-CDCB-QOL Module)

Type I.

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

Number of days

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

99. Refused

DAYSLEEP (CA-CDCB-QOL Module)

Type I.

137. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

_____ Number of days

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

DAYSVIGR (CA-CDCB-QOL Module)

Type I.

138. During the past 30 days, for about how many days have you felt very healthy and full of energy?

_____ Number of days

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

EXERANY1 (CDC-CORE)

YESNO.

139. The next question is about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties. During the past MONTH, other than your regular job, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?

- 1. Yes
- 2. No
- 77. Don't Know / Not Sure
- 99. Refused

If EMPLOY2 EQ 1 or 2, continue, ELSE go to EXERMOD

EXERWORK (CDC CORE)

EXERWORK.

140. When you are at work, which of the following best describes what you do? Would you say mostly sitting or standing, mostly walking, or mostly heavy labor or physically demanding work? (If respondent has multiple jobs, include all jobs)

- 1. Mostly sitting or standing
- 2. Mostly walking
- 3. Mostly heavy labor or physically demanding work
- 77. Don't know/Not sure
- 99. Refused

EXERMOD (CDC CORE)

EXERMOD.

141. We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to EMPLOY2]. In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

- 1. Yes

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

(Go to EXERVIG)
(Go to EXERVIG)
(Go to EXERVIG)

MODDAY (CDC CORE)

MODDAY.

142. How many days per week do you do these moderate activities for at least 10 minutes at a time?
 _____ Days per week
 77. Don't know/Not sure
 99. Refused

MODTIME (CDC CORE)

MODTIME.

143. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
 : Hours and minutes per day
 777. Don't know/Not sure 999.
 Refused

EXERVIG (CDC CORE)

EXERVIG.

144. Now thinking about the vigorous physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to EMPLOY2]. In a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
 1. Yes
 2. No (Go to HIVPG)
 77. Don't know/Not sure (Go to HIVPG)
 99. Refused (Go to HIVPG)

VIGDAY (CDC CORE)

VIGDAY.

145. How many days per week do you do these vigorous activities for at least 10 minutes at a time?
 _____ Days per week
 77. Don't know/Not sure
 99. Refused

VIGTIME (CDC-CORE)

VIGTIME.

146. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
 : Hours and minutes per day
 777. Don't know/Not sure 999.
 Refused

IF AGEB LE 64 THEN GO TO HIVPG, ELSE GO TO HAVEGUN2

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

HIVPG (CDC-CORE)

TRUE.

147. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.
 1. True
 2. False
 77. Don't know/Not Sure

99. Refused

HIVTRT (CDC-CORE)

TRUE.

148. There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

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

HIVIMPT(CDC CORE)

IMPORTB.

149. How important do you think it is for people to know their HIV status by getting tested? Would you say very important, somewhat important or not at all important?

- 1. Very important
- 2. Somewhat important
- 3. Not at all important
- 8. Depends on risk
- 77. Don't know/Not sure
- 99. Refused

AIDSTST7 (CDC CORE)

YESNO.

150. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (Include saliva tests)

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

TSTDATE (CDC-CORE)

151. Not including blood donations, in what month and year was your last HIV test? (Include saliva tests) interviewer note: If response is before January 1985 code "don't know" Code 4 digit year.

/ Code month and year

- 7777. Don't know/Not sure
- 9999. Refused

REASTST5 (CDC CORE)

REASTST2.

152. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

(Please Read)

- 1. It was required
- 2. Someone suggested you should be tested
- 3. You thought you may have gotten HIV through sex or drug use
- 4. You just wanted to find out whether you had HIV
- 5. You were worried that you could give HIV to someone
- 6. IF FEMALE: You were pregnant
- 7. It was done as part of a routine medical check-up
- 8. Or you were tested for some other reason
- 77. Don't Know/Not Sure
- 99. Refused

WHERTST6 (CDC CORE)

WHERTST2.

153. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?

- 1. Private doctor or HMO
- 2. Counseling and testing site
- 3. Hospital
- 4. Clinic
- 5. In a jail or prison (or other correctional facility)
- 6. Home
- 7. Somewhere else
- 77. Don't know/Not sure (Don't read)
- 99. Refused (Don't read)

HIVRISK (CDC CORE)

YESNO.

154. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

- You have used intravenous drugs in the past year
- You have been treated for a sexually transmitted or venereal disease in the past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

Do any of these situations apply to you?

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

STDPREV2 (CDC-CORE)

YESNO.

155. Next I'd like to ask about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes. In the past 12 months has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use?

- 1. Yes
- 2. No
- 3. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure
- 99. Refused

CHLAMYNB (CA-STD)

YESNO.

156. Do most people who are infected with Chlamydia have symptoms?

- 1. Yes
- 2. No
- 3. Don't know what Chlamydia is (Go to SEXBADVB)
- 4. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure (Go to SEXBADVB)
- 99. Refused (Go to SEXBADVB)

IF AGE BLE 44 THEN GO TO CHLMTST2, ELSE GO TO HAVEGUN2

IF CHLAMYNB=3 then go to SEXBADV, ELSE GO TO CHLMTST2

CHLMTST2 (CA-STD NEW)

YESNO.

157. Have you been tested for Chlamydia during the past 12 months?

- 1. Yes
- 2. No (Go to SEXBADV)
- 3. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure (Go to SEXBADV)
- 99. Refused (refused question) (Go to SEXBADV)

CHLYDWHR (CA-STD NEW)

CHLYDWHR.

158. Where did you get tested?

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

SEXBADV (CA-STD NEW)

YESNO.

159. In the last 12 months, has a doctor or other health care professional asked you about your sexual behavior?

- 1. Yes
- 2. No
- 3. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure
- 99. Refused

IF CHLAMYNB<>3 go to CHLAMHAD; else go to HERPHAD

CHLAMHAD (CA-STD NEW)

YESNO.

160. Has a doctor or other health professional ever told you that you had chlamydia?

- 1. Yes
- 2. No
- 3. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure
- 99. Refused

HERPHAD (CA-STD NEW)

YESNO.

161. Has a doctor or other health professional ever told you that you had herpes?

- 1. Yes
- 2. No
- 3. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure
- 99. Refused

SEXPARTB (CA-STD NEW)

SEXPART.

162. How many sexual partners have you had in the past 12 months? Would you say none, one, two, or more than two?

- 1. 1
- 2. 2
- 3. More than 2
- 4. NONE (Go to HAVEGUN2)
- 5. Have not had sexual intercourse (ever) (Go to HAVEGUN2)
- 77. Don't Know/Not Sure (Go to HAVEGUN2)
- 88. Not Applicable (Go to HAVEGUN2)
- 99. Refused (Go to HAVEGUN2)

OTHRPARB (CA-STD-NEW)

YESNO.

163. During the past 12 months, did you have a new sex partner, that is someone you had sex with for the first time.

- 1. Yes
- 2. No (Go to SEXWOTRB)
- 3. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure (Go to SEXWOTRB)
- 99. Refused Question (Go to SEXWOTRB)

FRSTCNDB (CA-STD-NEW)

YESNO.

164. Did you use a condom when you had sexual intercourse for the first time with your most recent new partner?

- 1. Yes
- 2. No
- 3. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure
- 99. Refused

SEXWOTRB (CA-STD-NEW)

SCALEG.

165. How likely is it that your current or most recent partner was having sex with anyone else besides yourself while you were together?

- 1. Definitely Yes
- 2. Very likely
- 3. Somewhat likely
- 4. Not very likely
- 5. Definitely No
- 77. Don't Know/Not Sure
- 99. Refused

Now I would like to ask you about firearms.

HAVEGUN2 (CDC-CORE)

YESNO.

166. 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 OUTOFFD)
- 3. Refused to continue with gun module (Go to OUTOFFD)
- 77. Don't know/Not sure (Go to OUTOFFD)
- 99. Refused (Go to OUTOFFD)

HANDGUN4 (CA-EPIC)

YESNO.

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

- 1. Yes
- 2. No
- 3. Refused to continue with gun module (Go to OUTOFFD)
- 77. Don't know/Not sure
- 99. Refused

LONGGUN (CA-EPIC)

YESNO.

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

- 1. Yes
- 2. No
- 3. Refused to continue with gun module (Go to OUTOFFD)
- 77. Don't know/Not sure
- 99. Refused

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

LOCKED3 (CA-EPIC)

YESNO.

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

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

LOCKED4 (CA-EPIC)

YESNO.

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

WHYGUN2 (CA-EPIC)

WHYGUN.

171. 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. Inherited/belonged to ex-partner or ex-spouse
- 6. Refused to continue with gun module (Go to OUTOFFD)
- 77. Don't know
- 96. Other (specify)
- 99. Refused

GUNSAFE (CA-EPIC)

YESNO.

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

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

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

OUTOFFD (CPNS-NEW)

TRUEFALB.

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

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 77. Don't know/Not sure
- 99. Refused

AFRDMEAL (CPNS-NEW)

TRUEFALB.

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

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 77. Don't know/Not sure
- 99. Refused

CUTMEAL (CPNS-NEW)

YESNO.

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

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

99. Refused

EATLESSC (CPNS-NEW)

YESNO.

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

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

EVRHNGRY (CPNS-NEW)

YESNO.

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

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

FDSTMAPP (CPNS-NEW)

YESNO.

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

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

LEAD1B (CA-LEAD PROGRAM)

YESNO.

179. (ask Introduction of all respondents) Now I would like to ask you some questions about environmental health issues.

ASK IF CHILD < age 6, else go to LEADFIX

(Ask this of in this order: 2 year-old, 1 year-old, 3 year-old, 4 year-old, 5 year-old , but only ask once)

This question is about the **-year-old child who lives in your home. Including your own home, does this child live in or spend a lot of time in any place built before 1978?

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

LEADPLC (CA-LEAD PROGRAM-NEW)

YESNO.

180. Is this place your home, somewhere else or both?

- 1. My home
- 2. Somewhere else
- 3. Both my home and somewhere else
- 77. Don't know/Not sure (Skip to LEADFIX)
- 99. Refused (Skip to LEADFIX)

LEADCHIP (CA-LEAD PROGRAM-NEW)

YESNO.

181. Does your home (Do any of these places) have peeling or chipped paint?

- 1. Yes

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

LEADFIX (CA-LEAD PROGRAM-NEW)

YESNO.

182. Has your home (Have any of these places) been recently renovated?

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

LEADCNDY (CA-LEAD PROGRAM)

YESNO.

183. Do you or members of your household eat candy that was made in Mexico?

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

IF CHILD < age 6 then go to CAREKID else go to (Go to MOLDPROB)

(Ask this of the children in this order: 2 year-old, 1 year-old, 3 year-old, 4 year-old, 5 year-old , but only ask once)

CAREKID (CA-LEAD PROGRAM)

YESNO.

184. Are you one of the persons most likely to have taken the **-year-old living in your home to a regular medical check-up during the past 12 months?

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

CARECKP (CA-LEAD PROGRAM-NEW)

YESNO.

185. Has this child had a regular medical checkup during the past 12 months?

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

(The next 2 questions are to be asked only of respondents with a child living in the household < 6 years of age AND only if the respondent reported that he or she is one of the primary care providers for the youngest child)

LEAD6 (CA-LEAD PROGRAM)

YESNO.

186. In the past 12 months has a doctor or other health professional talked to you about preventing childhood lead poisoning?

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

LEADTEST (CA-LEAD PROGRAM)

YESNO.

187. During the past 12 months, was the ** -year-old child living in your household tested for lead poisoning? (Ask about 2-year-olds first; then 1-year-olds; then 3, 4, and 5-year-olds in that order, but only ask about the first one in the hierarchy.)**

- 1. Yes
- 2. No
- 3. Had a blood test, but not sure if tested for lead poisoning
- 77. Don't know/Not sure
- 99. Refused (refused question)

LEADBTST (CA-LEAD PROGRAM-NEW)

TF.

188. After I read the following statement, please tell me whether you think it is true, false, or if you don't know.

The main way to determine if a child has lead-poisoning is to do a blood test.

- 1. True
- 2. False
- 77. Don't know/Not sure
- 99. Refused

MOLDPROB (CA-EHIB-NEW)

YESNO.

189. Have you or anyone in your household ever had a health problem that you believe was due to mold growth inside your home or workplace?

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

MOLD (CA-EHIB)

YESNO.

190. Do you currently have mold inside your home covering an area larger than the size of a dollar bill?

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

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