

## **CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2004**

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

Version 10.0  
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Questions about the survey should be directed to:

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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. We will collect NO information that can identify you. There is no risk to you. All information you give us will be confidential. If there is a question you cannot or do not wish to answer, please tell me and we can move on. If you have any questions about this survey that I cannot answer, I will 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, like your spouse's or Parent's employer	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. A source other than the ones already mentioned	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, like your spouse's or parent's employer
- 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. A source other than the ones already mentioned
- 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. (probe) No
- 77. Don't know/Not sure
- 99. Refused

**SICKPLC (CDC-CORE)**

**SICKPLC.**

**10. When you are sick or need advice about your health, to which one of the following places do you usually go?**

Would you say: [Please read]

- 1. A doctor's office
- 2. A public health clinic or community health center
- 3. A hospital outpatient department
- 4. A hospital emergency room
- 5. Urgent care center
- 6. Some other kind of place
- 8. No usual place
  
- 77. Don't know
- 99. Refused

**NOMED (CDC-CORE)**

**YESNO.**

**11. 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

**12. Intentionally blank**



**CHECKUP (CA)**

**HOWLNGC.**

**13. 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

**EXERANY1 (CDC-CORE)**

**YESNO.**

**14. 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

**ENVAIR (CDC-CORE-NEW)**

**YESNO.**

**15. The next two question are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold. Things like dust, mold, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptoms that you think was caused by something in the air inside a home, office, or other building? (Note: If respondent has experienced an illness or symptom within the past 12 months that was caused by something in the air he or she encountered more than 12 months ago, the answer is "Yes".)**

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

**ENVAIRB (CDC-CORE-NEW)**

**YESNO.**

**16. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptoms that you think was caused by pollution in the air outdoors? (Note: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent has experienced an illness or symptoms within the past 12 months that was caused by something in the air he or she encountered more than 12 months ago, the answer is "Yes")**

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

**SUNBURN (CDC-CORE)****YESNO.****17. 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 SMOKE100)
- 77. Don't Know/Not sure (Go to SMOKE100)
- 99. Refused (Go to SMOKE100)

**SUNBRNMY (CDC-CORE)****SUNBURN.****18. 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

**Now I would like to ask you a few questions about cigarette smoking ...****SMOKE100 (CDC-CORE)****YESNO.****19. 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.****20. 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.****21. 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.****22. 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.

**23. 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.

**24. 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.

**25. 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.

**26. 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.

**27. 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.

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

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

**QUIT30 (CA-TCS)**

**YESNO.**

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

- 1. Yes (Go to SMOKEELSE2)
- 2. No
- 77. Don't know/Not sure
- 99. Refused

**QUIT6 (CA-TCS)**

**YESNO.**

**30. 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.**

**31. 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.**

**32. 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**

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

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

**SMKCIGAR (CA-TCS)**

**YESNO.**

**34. 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.****35. 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.****36. 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.****37. 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.****38. Is any smoking ever allowed inside your home?**

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

**HHEVER (CA-TCS)****YESNO.****39. 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.**

**40. 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 ASTHEVE3)
- 77. Don't know/Not sure (Go to ASTHEVE3)
- 99. Refused (Go to ASTHEVE3)

**DRNKALC3 (CDC-CORE)**

**YESNO.**

**41. 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 1 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 ASTHEVE3)
- 777. Don't know/Not sure (Go to ASTHEVE3)
- 999. Refused (Go to ASTHEVE3)

**NALCOCC (CDC-CORE)**

**Type I**

**42. 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**

**43. 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

**DRINKDRI (CDC- CORE)**

**Type VII**

**43.5 During the past 30 days, 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

*IF DRINKGE5=1 then go to BEERNUM; else go to ASTHEVE3*

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

**44. 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)**

**45. 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)**

**46. 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) BINGEWHR.**

**47. 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) BINGEHOW.**

**48. 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) BINGEDRV.**

**49. 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

**ASTHEVE3 (CDC-CORE)**

**YESNO.**

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

- 1. Yes
- 2. No (Go to DIABCOR2)
- 7. Don't know/Not sure (Go to DIABCOR2)
- 9. Refused (Go to DIABCOR2)

**ASTHNOW (CDC-CORE)**

**YESNO.**

**51. Do you still have asthma?**

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

*If "yes" to ASTHEVE3 continue. .*

**ASTHAGE2 (CA-EHIB-ASTHMA MODULE-modified)**

**52. How old were you when you were first told by a doctor, nurse or other health professional that you had asthma?**

\_\_\_\_ (age in years)

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

*If "yes" to core ASTHNOW continue, else go to DIABCOR2*

**ASTH12B (CA-EHIB-ASTHMA MODULE)**

**YESNO.**

**53. During the past 12 months, have you had an episode of asthma or an asthma attack?**

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

**ASTHEMX (CA-EHIB-ASTHMA MODULE)**

**54. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?**

\_\_\_\_ Number of visits [87 = 87 or more]

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



**ASTHSYX (CA-EHIB-ASTHMA MODULE)**

**55. [If ASTHEMX >=1, fill in (Besides those emergency room visits,)] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?**

\_\_\_\_\_ Number of visits [87 = 87 or more]

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

**ASTHDRX (CA-EHIB-ASTHMA MODULE)**

**56. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?**

\_\_\_\_\_ Number of visits [87 = 87 or more]

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

**ASTHWRK2 (CA-EHIB-ASTHMA MODULE)**

**57. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?**

\_\_\_\_\_ Number of days

- 888. None
- 777. Don't know/Not sure
- 999. Refused

**ASTH30 (CA-EHIB-ASTHMA MODULE)**

**ASTH30.**

**58. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say:**

- 1. Not at any time
- 2. Less than once a week
- 3. Once or twice a week
- 4. More than 2 times a week, but not every day
- 5. Every day, but not all the time or
- 6. Every day, all the time

(Go to ASTHMED2)

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

**ASTHSLP (CA-EHIB-ASTHMA MODULE)**

**ASTHSLP.**

**59. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say:**

- 1. None
- 2. One or two
- 3. Three to five
- 4. Six to ten or
- 5. More than ten
- 77. Don't know/Not sure
- 99. Refused

**ASTHMED2 (CA-EHIB-ASTHMA MODULE)**

**ASTHMED2.**

**60. During the past 30 days how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. Would you say:**

- 1. Didn't take any
- 2. Less than once a week
- 3. Once or twice a week
- 4. More than 2 times a week, but not every day
- 5. Once every day or
- 6. 2 or more times every day
- 77. Don't know/Not sure
- 99. Refused

**DIABCOR2 (CDC-CORE) NEW**

**DIABCORB.**

**61. 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?**

**(If Respondent says pre-diabetes or borderline diabetes, use response "pre-diabetes")**

- 1. Yes
- 2. No (Go to DIABFMLY)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 4. Pre-diabetes (Go to DIABFMLY)
- 77. Don't know/Not sure (Go to DIABFMLY)
- 99. Refused (Go to DIABFMLY)

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

**DIABGEST (CA, 95)**

**YESNO.**

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

- 1. Yes (Go to DIABFMLY)
- 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 DIABCOR2=1, or SEX=2 and DIABCOR2=1 and DIABGEST ne 1)**

**63. 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.**

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

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

**DIABPILL (CA-DBCP-DIABETES MODULE)**

**YESNO.**

**65. 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.**

**66. 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.**

**67. 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.**

**68. 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.**

**69. 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 DIABFMLY)

77. Don't know

(Go to DIABFMLY)

99. Refused

(Go to DIABFMLY)

**DIABDOC3 (CA-DBCP-DIABETES MODULE-modified)**

**Type I.**

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

\_\_\_\_\_ 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)**

**71. 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.**

**72. 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.**

**73. 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.**

- 74. 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

**DIABFMLY (CA-DBCP-NEW)**

- 75. Which, if any, of your biological family members ever had diabetes? (Check all that apply)**
1. None
  2. Father
  3. Mother
  4. Brother
  5. Sister
  6. Son
  7. Daughter
  8. Other (specify)
  9. Don't Know/Not sure
  10. Refused

**WHENDNT3 (CDC-CORE)**

**WHENDENT.**

- 76. Now I would like to ask a few questions about your dental health. How long has it been since you last visited a dentist or a dental clinic for any reason? (Include visits to dental specialists, such as orthodontists, if wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth)**

Read Only if Necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
77. Don't know/Not sure
88. Never
99. Refused

**LOSTEETH (CDC-CORE)**

**LOSTETH.**

- 77. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (Include teeth lost due to "infection")**
1. 1 to 5
  2. 6 or more but not all
  3. All
  88. None
  77. Don't know/Not sure
  99. Refused

(Go to FLUSHOT2)

**DENTCLN (CDC-CORE)****WHENDENT.****78. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?**

Read Only if Necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
77. Don't know/Not sure
88. Never
99. Refused

**FLUSHOT2 (CDC-CORE)****YESNO.****79. During the past 12 months, have you had a flu shot? (The flu shot is an influenza vaccine injected in your arm)**

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

**FLUNOSE (CDC-CORE)****YESNO.****79.5 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? (The flu vaccine that is sprayed in the nose is also called FluMist TM)**

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

*If FLUSHOT2=1 or FLUNOSE=1 then go to FLUPLAC3, ELSE GO TO NOFLUWHY3***FLUPLAC3 (CA-IMMUN-FLU MODULE)****FLUPLACE.****80. At what kind of place did you get your last flu vaccine? (DO NOT READ)****(Vaccine includes either a flu shot or flu spray)**

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=2 and FLUNOSE=2 then go to NOFLWHY3, ELSE GO TO PNEUMVC2

**NOFLWHY3 (CA-IMMUN)**

**NOFLUWHY.**

**81. What is the main reason you didn't get a flu vaccine 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.**

**82. 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
2. No
77. Don't Know/Not sure
99. Refused

**CHRONCND (CA-IMMUN)**

**YESNO.**

**83. 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

**AGEB (CDC-CORE)**

**84. What is your age?**

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

**HISP3 (CDC-CORE)**

**YESNO.**

**85. 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.**

**86. 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)**

**ORACEB.**

**87. 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)

*If ORACE3= 3 or 4 then go to ORACE2A, else go to MARITAL*

**ORACE2A (CA)**

**ORACE2A.**

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

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



**MARITAL (CDC-CORE)**

**MARITAL.**

**89. 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

**CHILD18 (CDC-CORE)**

**Type VII**

**90. 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**

**91. (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.**

**92. 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.**

**93. 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)

91b Household size. ((NUMADULT-NHHADULT)+CHILD18)

**INCOM01 (CDC-CORE –CA modified)**

**INCOMEC.**

**94. 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)**

**YESNO.**

**95. 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 =	( <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	8,980	17,960	26,940	36,360	45,780	55,200	64,620	74,040	83,460
2		12,120	24,240	30,520	36,800	43,080	49,360	55,640	61,920
3			15,260	18,400	21,540	24,680	27,820	30,960	34,100
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

(100%, 200% and 300% of Federal Poverty Line; From: Federal Register, Feb 7, 2003)

**WEIGHT (CDC-CORE)**

**(not formatted)**

**96. 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)**

**97. 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)****98. 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

**COUNTYA.****NUMHOLD2 (CDC-CORE)****99. 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)****100. 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)**

**YESNO.**

**101. 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 because of weather or natural disasters.)**

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

**ZIPCODE (CA)**

**102. 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?**

*IF AGEB LT 45 AND SEX EQ 2 go to PREGNANT*

*IF AGEB GE 45 or SEX EQ 1 go to MILITARY*

**PREGNANT (CDC-C)**

**YESNO.**

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

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

**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 BCNTRL2)

(Go to BCNTRL2)

(Go to BCNTRL2)

**MILSTATB (CDC-CORE)**

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

Interviewer please read:

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

**MILSTATB.**

(Go to BCNTRL2)

(Go to BCNTRL2)

**VAHOSP (CDC-CORE)**

**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

**VAHOSP.**

*If SEX=2 and AGE>=45, pregnant=1, or SEX=1 and AGE>=60, go to HADMAM2, else go to BCNTRL2. Questions are asked of females 18-44 years of age and males 18-59 years of age*

**The next few questions ask about pregnancy and ways to prevent pregnancy.**

**BCNTRL2 (CDC-CORE)**

**107. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.**

**Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert "you"; insert "her" if male] from getting pregnant? (If multiple partners, consider usual method)**

- 1. Yes
- 2. No
- 3. No partner/not sexually active
- 4. Same sex partner
- 77. Don't know/Not sure
- 99. Refused

**BCNTRL.**

(Go to BCWHYNT3)

(Go to HADMAM2)

(Go to HADMAM2)

(Go to HADMAM2)

(Go to HADMAM2)

**BCTYPE4 (CDC-CORE-Revised categories)****BCTYPEC.****108. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert “you”; insert “her” if male] from getting pregnant?**

(INTERVIEWER: Record respondent's condition if both have had sterilization procedures, if more than one method, record first method listed)

Read Only if Necessary

- |   |                  |
|---|------------------|
| 1. Tubes tied   | (Go to HADMAM2)  |
| 2. Hysterectomy (sterilization)                           | (Go to HADMAM2)  |
| 3. Vasectomy (sterilization)                              | (Go to HADMAM2)  |
| 4. Pill, all kinds (Seasonale, etc)                       | (Go to CHLDFEEL) |
| 5. Condoms (Male or female)                               | (Go to CHLDFEEL) |
| 6. contraceptive implants (Jadelle or Implants)           | (Go to CHLDFEEL) |
| 7. Shots (Depo-Provera)                                   | (Go to CHLDFEEL) |
| 8. Shots (Lunelle)  | (Go to CHLDFEEL) |
| 9. Contraceptive Patch                                    | (Go to CHLDFEEL) |
| 10. Diaphragm, cervical ring, or cap (Nuvaring or others) | (Go to CHLDFEEL) |
| 11. IUD (including Mirena)                                | (Go to CHLDFEEL) |
| 12. Emergency contraception (EC)                          | (Go to CHLDFEEL) |
| 13. Withdrawal  | (Go to CHLDFEEL) |
| 14. Not having sex at certain times (rhythm)              | (Go to CHLDFEEL) |
| 15. Other method (foam, jelly, cream, etc.)               | (Go to CHLDFEEL) |
| 77. Don't know/not sure                                   | (Go to CHLDFEEL) |
| 99. Refused   | (Go to CHLDFEEL) |

**BCWHYNT3 (CDC-CORE-revised categories)****BCWNYNTC.****109. [FEMALES] What is your main reason for not doing anything to keep you from getting pregnant? [MALES] What is your main reason for not doing anything to keep your partner from getting pregnant?**

Read Only if Necessary

- |   |                 |
|---|-----------------|
| 1. Didn't think was going to have sex/no regular partner          |                 |
| 2. You want a pregnancy   |                 |
| 3. You or your partner don't want to use birth control            |                 |
| 4. You or your partner don't like birth control/fear side effects |                 |
| 5. You can't pay for birth control                                |                 |
| 6. Lapse in use of a method                                       |                 |
| 7. Don't think you or your partner can get pregnant               |                 |
| 8. You or your partner had tubes tied (sterilization)             | (Go to HADMAM2) |
| 9. You or your partner had a vasectomy (sterilization)            | (Go to HADMAM2) |
| 10. You or your partner had a hysterectomy                        | (Go to HADMAM2) |
| 11. You or your partner are too old                               |                 |
| 12. You or your partner are currently breast-feeding              |                 |
| 13. You or your partner just had a baby/postpartum                |                 |
| 14. Other reason  |                 |
| 15. Don't care if get pregnant                                    |                 |
| 16. Partner is pregnant now                                       | (Go to HADMAM2) |
| 17. Same sex partner  |                 |
| 77. Don't know/not sure   |                 |
| 88. Other   |                 |
| 99. Refused   |                 |

**CHLDFEEL (CDC-CORE-NEW)**

**110. How do you feel about having a child sometime in the future? Would you say:**

Please read

- 1. You don't want to have one (Go to HADMAM2)
- 2. You do want to have one (Go to CHLDSOON)
- 3. You're not sure if you do or don't (Go to HADMAM2)
- 77. Don't know/not sure (Go to HADMAM2)
- 99. Refused (Go to HADMAM2)

**CHLDSOON (CDC-CORE-NEW)**

**111. How soon would you want to have a child? Would you say:**

Please read

- 1. Less than 12 months from now
- 2. Between 12 months to less than two years from now
- 3. Between two years to less than 5 years from now, or
- 4. More than 5 years from now
- 77. Don't know
- 99. Refused

*If SEX=1 go to PSAHAD2; if SEX=2 go to HADMAM2*

**HADMAM2 (CDC-CORE)**

**YESNO.**

**(Note: asked of all women)**

**112. I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

*Interviewer note for QSI: A mammogram involves pressing the breast between 2 plastic plates.*

- 1. Yes
- 2. No (Go to HADCBE2)
- 77. Don't know/Not sure (Go to HADCBE2)
- 99. Refused (Go to HADCBE2)

**HOWLONG2 (CDC-CORE)**

**HOWLNGC.**

**113. 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
- 77. Don't know/Not sure
- 99. Refused



**WHYDONE (CA-CSS)**

**114. 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
- 77. Don't know/Not sure
- 99. Refused

**WHYDONE.**

**HADCBE2 (CDC-CORE)**

**115. A clinical breast exam is when a doctor or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?**

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

**YESNO.**

(Go to HADPAP2)  
 (Go to HADPAP2)  
 (Go to HADPAP2)

**WHENCBE (CDC-CORE)**

**116. 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
- 77. Don't know/Not sure
- 99. Refused

**HOWLNGC.**

**WHYCBE (CA-CSS)**

**117. 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
- 3. Had breast cancer
- 77. Don't know/Not sure
- 99. Refused

**WHYCBE.**

**HADPAP2 (CDC-CORE)**

**118. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?**

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

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

**YESNO.**

(Go to HYSTER2)  
 (Go to HYSTER2)  
 (Go to HYSTER2)

**WHENPAP2 (CDC-CORE)**

**HOWLNGB.**

**119. 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
- 77. Don't know/Not sure
- 99. Refused

**WHYPAP (CA-CSS)**

**WHYPAP.**

**120. 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 problem
- 3. Other
- 77. Don't know/Not sure
- 99. Refused

*IF PREGANT=1 or BCWHYNT3=10 then go to PSAHAD2 else go to HYSTER2*

**HYSTER2 (CDC-C)**

**YESNO.**

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

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

*If SEX=1 and AGEB GE 40 then go to PSAHAD2 else to HADSTLHM*

**PSAHAD2 (CDC-CORE)**

**YESNO.**

**122. Now I would like to ask you some questions about cancer screening tests. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (F6=Never heard of PSA)**

- 1. Yes
- 2. No (Go to HADDRE3)
- 77. Don't Know/not Sure (Go to HADDRE3)
- 99. Refused (Go to HADDRE3)

**PSAWHEN2 (CDC-CORE)**

**HOWLNGC.**

**123. How long has it been since you had your last PSA test?**

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 year)
- 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. 5 or more years ago
- 77. Don't know
- 99. Refused

**HADDRE3 (CDC-CORE)**

**YESNO.**

**124. A digital rectal exam is an exam in which a doctor or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?**

- 1. Yes
- 2. No (Go to PROSDR2)
- 77. Don't know/Not sure (Go to PROSDR2)
- 99. Refused (Go to PROSDR2)

**WHNDRE2 (NEW-CDC-CORE)**

**HOWLNGC.**

**125. How long has it been since your last digital rectal exam?**

- 1. Within the past year (0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 year)
- 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. 5 or more years ago
- 77. Don't know
- 99. Refused

**PROSDR2 (CDC-CORE)**

**YESNO.**

**126. Have you ever been told by a doctor or other health professional that you had prostate cancer?**

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

IF AGEB GE 40 GO TO HADSTLHM ELSE GO TO RESTRIC3

**HADSTLHM (CDC-CORE) (Note: Asked only of persons 40 and over) YESNO.**

**127. (If male "And now I would like to ask you some questions about cancer screening tests). A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?**

- 1. Yes
- 2. No (Go to HADSIG3)
- 77. Don't Know/Not sure (Go to HADSIG3)
- 99. Refused (Go to HADSIG3)

**WHENSTO3 (CDC-CORE)**

**WHEN.**

**128. How long has it been since you had your last blood stool test using a home kit?**  
(Read only if necessary)

- 1. Within the past year (0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 years)
- 3. Within the past 5 years (more than 2 years to 5 years)
- 4. 5 or more years ago
- 77. Don't Know /Not sure
- 99. Refused

**HADSIG3 (CDC-CORE) (Note: Asked only of persons age 40 and over) YESNO.**

**129. SIGMOIDOSCOPY or COLONOSCOPY are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever HAD either of these exams?**

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

**WHENSIG4 (CDC-CORE)**

**WHENC.**

**130. How long has it been since you had your last sigmoidoscopy or colonoscopy?(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 that 2 years to 5 years)
- 4. Within the past 10 years (more than 5 years to 10 years)
- 5. More than 10 years ago
- 77. Don't Know /Not sure
- 99. Refused

**RESTRIC3 (CDC-CORE)**

**YESNO.**

**131. 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.**

**132. 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 go to DISLONG, else go to OSTEIOIS*

**133. DISLONG (EPIC-NEW)**

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

- \_\_\_ Days
- \_\_\_ Weeks
- \_\_\_ Months
- \_\_\_ Years
- 77. Don't know/Not sure
- 99. Refused

**DISCARE (EPIC-NEW)**

**YESNO.**

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

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

*IF DISCARE=1 go to DISMDPRB, else go to OSTEIOIS*

**DISMDPRB (EPIC-NEW)**

**DISMDPRB.**

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

- 1. Transportation
- 2. Lack of specialists I need
- 3. Wrong exam tables or other equipment
- 4. Lack of assistance (for example with removing clothing, moving)
- 5. Bad attitude/insensitivity of health workers
- 6. Costs/Insurance exclusions
- 7. Lack of time allotted for appt.
- 96. Others (specify) \_\_\_\_\_
- 77. Don't know/Not sure
- 99. Refused

**OSTEOIS (COPE-NEW)**

**OSTEOIS.**

**136. What do you think osteoporosis is? (Do not read list; no other specify)**

- 1. Bone loss (less bone mass /density, holes in your bones, thin / brittle bones)
- 2. Joint problems (painful joints, stiff joints, can't bend knees / fingers/ shoulders)
- 3. Other (mentioned other definition; NOT open-ended text response)
- 77. Don't know
- 99. Refused

**Now I'd like to ask you some more questions about osteoporosis. Osteoporosis, sometimes called thin or brittle bones, is a disease in which bones become fragile and more likely to break.**

**OSTRISK (COPE-NEW)**

**OSTRISK.**

**137. What percent of men will develop osteoporosis?**

- \_\_\_\_\_ enter 0%-100%
- 77. Don't know
  - 99. Refused

**OSTEOTL3 (COPE-NEW)**

**YESNO.**

**138. Have you been told by your doctor or other healthcare provider that you have osteoporosis?**

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

IF AGE 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.**

**139. 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.**

**140. 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

**AIDSTST8 (CDC CORE)**

**YESNO.**

**141. As far as you know, 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)

**TSTX(CDC-CORE-NEW)**

**142. In the past 12 months, how many times have you been tested for HIV, including times you did not get your results:**

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

**TSTDATE (CDC-CORE)**

**143. 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)****REASTSTB.**

**144. 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

**WHERTST7 (CDC-CORE-NEW)****WHERTSTC.**

**145. 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, in a drug treatment facility, 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. In a drug treatment facility
7. Home
8. Somewhere else
77. Don't know/Not sure (Don't read)
99. Refused (Don't read)

*if WHERTST7 = 4 then go to CLINTYPE else go to TESTWHO*

**CLINTYPE (CDC CORE-NEW)****CLINTYPE.**

**146. What type of clinic did you go to for your last HIV test?**

1. Family planning clinic
2. STD clinic
3. Prenatal clinic
4. Public health clinic
5. Community health clinic
6. Hospital clinic
7. Other
77. Don't know/Not sure (Don't read)
99. Refused (Don't read)



if WHERST7 = 7 then go to TESTWHO else go to HIVRISK

**TESTWHO (CDC CORE-NEW)**

**TESTWHO.**

**147. Was this test done by a nurse or other health worker, or with a home testing kit?**

- 1. Nurse or health worker
- 2. A test kit
- 77. Don't know/Not sure (Don't read)
- 99. Refused (Don't read)

**HIVRISK (CDC CORE)**

**YESNO.**

**148. 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.**

**149. 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.**

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

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

**HERPTF(CA-STD-new)**

**TRUE.**

**151. Is it possible to get genital herpes from a sex partner when he or she does not have a visible sore?**

- 1. True
- 2. False
- 3. Don't know what herpes is (Go to CHLMTST2)
- 4. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure
- 99. Refused

**HERPKNOW (CA-STD-new)**

**TRUE.**

**152. Most people with genital herpes know they have it. Would you say...**

- 1. True
- 2. False
- 3. Don't know what genital herpes
- 4. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure
- 99. Refused

*IF AGEB LE 50 THEN GO TO CHLMTST2, ELSE GO TO HAVEGUN2*

*IF CHLAMYNB=3 then go to SEXPART3, ELSE GO TO CHLMTST2*

**CHLMTST2 (CA-STD)**

**YESNO.**

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

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

**SEXPART3 (CA-STD)**

**SEXPART.**

**154. In the past 12 months, how many sexual partners have you had? 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)
- 6. Refused module (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)**

**YESNO.**

**155. 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 SEXWOTRC)
- 3. Refused Module (Go to HAVEGUN2)
- 77. Don't know/Not sure (Go to SEXWOTRC)
- 99. Refused (Go to SEXWOTRC)

**FRSTCNDB (CA-STD)**

**YESNO.**

**156. 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

**SEXWOTRC (CA-STD-Modified)**

**SCALEG.**

**157. Think about your current or most recent sex partner. How likely is it that this partner was having sex with anyone else besides yourself while you were together? Would you say:**

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

(Go to HAVEGUN2)

**SEXTALK (CA-STD)**

**SEXTALK.**

**158. Thinking about your current or most recent sexual partner, which of the following statements best describes how seriously you have talked about sexually transmitted diseases with that partner? Would you say you: talked seriously about sexually transmitted diseases, mentioned sexually transmitted diseases but not seriously, never talked about sexually transmitted diseases?**

- 1. talked seriously about sexually transmitted diseases
- 2. mentioned sexually transmitted diseases but not seriously
- 3. never talked about sexually transmitted diseases
- 4. Refused Module
- 77. Don't know/Not Sure
- 99. Refused

(Go to HAVEGUN2)

*IF CHLAMYNB<>3 go to CHLAMHAD; else go to HAVEGUN2*

**CHLAMHAD (CA-STD)**

**YESNO.**

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

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

**The next set of questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries.**

**Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.**

**HAVEGUN2 (CDC-CORE)**

**YESNO.**

**160. Are any firearms now kept in or around your home?**

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

(Go to LEADEF)

(Go to LEADEF)

(Go to LEADEF)

(Go to LEADEF)

To better understand the different storage practices for handguns and long guns our questions will be asked of each firearm type. We consider a handgun to be a pistol or revolver. We consider a long gun to be a rifle or shotgun.

**HANDGUN4 (CA-EPIC)**

**YESNO.**

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

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

**LOADED3 (CDC CORE-NEW)**

**YESNO.**

**162. Are any of these handguns now loaded?**

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

**LOCKED3 (CA-EPIC-NEW)**

**YESNO.**

**163. Are any of these loaded handguns also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.**

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

**LONGGUN (CA-EPIC)**

**YESNO.**

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

- 1. Yes
- 2. No (Go to WHYGUN2)
- 3. Refused to continue with gun module (Go to LEADIFF)
- 77. Don't know/Not sure (Go to WHYGUN2)
- 99. Refused (Go to WHYGUN2)

**LOADED4 (CDC CORE-NEW)**

**YESNO.**

**165. Are any of these long guns now loaded?**

- 1. Yes
- 2. No (Go to WHYGUN2)
- 3. Refused to continue with gun module (Go to LEADIFF)
- 77. Don't know/Not sure (Go to WHYGUN2)
- 99. Refused (Go to WHYGUN2)

**LOCKED4 (CA-EPIC-NEW)**

**YESNO.**

**166. Are any of these loaded long guns also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.**

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

**WHYGUN2 (CA-EPIC)**

**WHYGUN.**

**167. 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
- 77. Don't know
- 96. Other (specify)
- 99. Refused

**Now I would like to ask you some questions about environmental health issues.**

**LEADFEFF (CA-LEAD PROGRAM-NEW)**

**LEADFEFF.**

**168. What is lead in a child's blood most likely to do? Would you say**

- 1. Make it harder for a child to learn
- 2. Cause cancer
- 3. Cause poor eyesight
- 77. Don't know/Not sure
- 99. Refused

**LEAD1B (CA-LEAD PROGRAM)**

**YESNO.**

**169. ASK IF CHILD < age 6, else go to JUICE94**

(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)**

**YESNO.**

**170. 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)

**LEADMV (CA-LEAD PROGRAM-NEW) YESNO.**

**171. Did you move into your home or apartment within the past 24 months?**

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

**LEADHAZ (CA-LEAD PROGRAM-NEW) YESNO.**

**172. Were you given any lead based paint hazard information when you bought or rented your home?**

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

**LEADCHIP (CA-LEAD PROGRAM) YESNO.**

**173. 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) YESNO.**

**174. Has your home been recently renovated?**

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

*IF CHILD < age 6 then go to LEADCND2 else go to JUICE94*

*Ask this of the children in this order: 2 year-old, 1 year-old, 3 year-old, 4 year-old, 5 year-old, ask once*

**LEADCND2 (CA-LEAD PROGRAM-NEW) YESNO.**

**175. Does the \*\*-year-old living in your house eat Mexican candy? (For example: Tamarindo candies that come in plastic wrap or wrappers, candy that comes in little clay pots from Mexico, etc...).**

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

**EATCNDY (CA-LEAD PROGRAM-NEW) (CA-LEAD PROGRAM-NEW) EATCNDY.**

**176. How often does the child eat this candy?**

- 1. Daily
- 2. Weekly
- 3. Monthly
- 4. Less than monthly
- 77. Don't know/Not sure
- 99. Refused

**MEXICO (CA-LEAD PROGRAM-NEW)**

**YESNO.**

**177. Has the \*\*-year-old living in your household lived in or traveled to Mexico in the last 12-months?**

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

*(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.**

**178. 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 JUICE94)
- 77. Don't know/Not sure (Go to JUICE94)
- 99. Refused (Go to JUICE94)

**CARECKP (CA-LEAD PROGRAM)**

**YESNO.**

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

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

**(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.**

**180. 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.**

**181. 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)

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**

**182. 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**

**183. 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**

**184. 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

**185. 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

**186. 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

**187. 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

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)**

**TRUEFALB.**

**188. 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)**

**TRUEFALB.**

**189. 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)**

**YESNO.**

**190. 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
- (Go to EATLESSC)  
(Go to EATLESSC)  
(Go to EATLESSC)

**CUTOFT (CPNS-NEW)**

**YESNO.**

**191. How often did this happen--almost every month, some months but not every month, or in only one or two months?**

- 1. Almost every month
- 2. Some months but not every month
- 3. Only 1 or 2 months
- 77. Don't know / Not sure
- 99. Refused

**EATLESSC (CPNS)**

**YESNO.**

**192. 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)**

**YESNO.**

**193. 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)**

**YESNO.**

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

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

**FDSTMREC (CPNS-NEW)**

**YESNO.**

**195. In the last twelve months, have you or other adults in your household received Food Stamps or Food Stamp benefits through the EBT card?**

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

**Now, I would like to ask you about receiving money from the county for your family on a regular basis. This assistance is sometimes called welfare, AFDC, CalWorks, or TANF.**

**AFDC (DSS-NEW)**

**YESNO.**

**196. Thinking back over the past 12 months, did you ever receive money through welfare, AFDC, CalWorks, or TANF?**

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

**FOSTCARE (DSS-NEW-FROM CWHS)**

**YESNO.**

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

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

if CHILD18 >1 and CHILD18 not equal to DK or RF go to FOSTER, else go to FOSTER2

**FOSTER (DSS-NEW)**

198. Previously you reported that there were \_\_\_\_ children under 18 in your house.  
How many of those are foster children?/Is that child a foster child? F6=None

Enter number \_\_\_\_

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

if CHILD18 =1 go to FOSTER2, else go to AURAN

**FOSTER2 (DSS-NEW)**

**YESNO.**

198.5 Previously you reported that there was one child under 18 in your house.  
Is that child a foster child?

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

**AURAN (RDA-new)**

**YESNO.**

199. In the last 12 months, have you taken any dietary supplements containing citrus aurantium (also called "bitter orange" or "synephrine")?

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

(Go to YTHSAMP1)  
(Go to YTHSAMP1)  
(Go to YTHSAMP1)

**AURNREAS (RDA-new)**

**AURNREAS.**

200. For which one or more of the following reasons did you take the dietary supplement containing citrus aurantium?

- 1. Increase energy
- 2. Enhance mental acuity
- 3. Suppress appetite
- 4. Lose weight
- 5. Other reason
- 77. Don't know / Not sure
- 99. Refused

**AURNOFT (RDA-new)**

**AURNOFT.**

201. During the period you took the dietary supplement in the past 12 months, how often did take it?

- 1. Every day or nearly every day
- 2. Several times per week
- 3. About once a week
- 4. A few times per month
- 5. A few times per year
- 77. Don't know / Not sure
- 99. Refused

**AURNEFF (RDA-new)**

**YESNO.**

**202. Do you believe you have ever become ill or had an adverse effect from taking any dietary supplement containing citrus aurantium?**

- 1. Yes
  - 2. No
  - 77. Don't know / Not sure
  - 99. Refused
- (Go to YTHSAMP1)  
(Go to YTHSAMP1)  
(Go to YTHSAMP1)

**AURNRATE (RDA-new)**

**AURNRATE.**

**203. How would you rate the illness or adverse effect in terms of severity? Would you say..**

- 1. Mild
- 2. Moderate
- 3. Severe
- 77. Don't know / Not sure
- 99. Refused

**AURNDR (RDA-new)**

**YESNO.**

**204. Did you consult a nurse, doctor, or other health care provider about the illness or adverse event?**

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

**YTHSAMP1**

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