

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2009 Track 1

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

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**Behavioral Risk Factor Surveillance System
2009 State Questionnaire
Table of Contents Track 1**

| | |
|--------------------------------------------------------------------------------|----|
| Table of Contents | 2 |
| Section 1: Health Status..... | 5 |
| Section 2: Healthy Days – Health-Related Quality of Life..... | 5 |
| Section 3: Health Care Access..... | 6 |
| Section 4: Sleep/Inadequate Sleep..... | 8 |
| Section 5: Exercise..... | 10 |
| Section 6: Diabetes..... | 10 |
| Section 7: Hypertension Awareness/Actions to Control High Blood Pressure | 15 |
| Section 8: Cholesterol Awareness..... | 18 |
| Section 9: Cardiovascular Disease Prevalence | 19 |
| Section 10: Asthma | 20 |
| Section 11: Tobacco Use | 21 |
| Section 12: Demographics..... | 25 |
| Section 13: Caregiver Status | 34 |
| Section 14: Disability | 35 |
| Section 15: Alcohol Consumption | 36 |
| Section 16: Immunization/Pandemic Flu | 36 |
| Section 17: Arthritis Burden/Arthritis Management | 47 |
| Section 18: Fruits and Vegetables | 49 |
| Section 19: Physical Activity..... | 51 |
| Section 20: HIV/AIDS | 53 |
| Section 21: Emotional Support and Life Satisfaction | 53 |
| Section 22: Cancer Survivors/Cancer Survivorship..... | 57 |
| Section 23: Child Selection | 61 |
| Section 24: Childhood Asthma Prevalence | 60 |
| Section 25: Childhood Immunization | 63 |
| Section 27: Disability Impact..... | 62 |
| Section 28: Food Security..... | 63 |
| Section 29: Food Stamps/County Assistance | 66 |
| Section 30: Fruit/Vegetable Pilot..... | 67 |
| Section 37: Cognitive Impairment..... | 69 |
| Section 40: Closing | 71 |

INTROQ

HELLO, I'm (interviewer name) calling for the California Department of Public Health in

2009 California Behavioral Risk Factor Survey Track 1

01/05/2009

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 2,500 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 2,500 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?

____ the number of men (0-9)

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

____ 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 Public Health 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 5,000 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)

Is this a private residence in California?

If "no,"

Thank you very much, but we are only interviewing private residences. (Stop)

Is this a cellular telephone? By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

1. Yes---> Thank you very much, but we are only interviewing land line telephones and private residents. STOP
2. No ---> (Continue)

Section 1: Health Status

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

GENHLTH (CDC-CORE)

HEALTH.

1.1 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

Section 2: Healthy Days – Health-Related Quality of Life

PHYSHLTH (CDC-CORE)

TYPE VII.

2.1 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.

2.2 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.

2.3 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

Section 3: Health Care Access

HAVEPLN3 (CDC-CORE)

YESNO.

3.1 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-CORE)

YESNO.

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

3.2 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:) | Yes | No | Dk/Ns | Ref | |
|-----------------------------------------------------------------|-----|----|-------|-----|----------|
| Do you have health care coverage through: | | | | | |
| Your employer | 1 | 2 | 77 | 99 | EMPPLAN |
| Someone else's employer, like your spouse's or parents employer | 1 | 2 | 77 | 99 | OEMPLAN |
| A plan that you or someone else buys on your own | 1 | 2 | 77 | 99 | OWNPLAN |
| Medicare | 1 | 2 | 77 | 99 | MEDICARE |
| Medi-Cal (Medicaid) | 1 | 2 | 77 | 99 | MEDICAL |
| The military, CHAMPUS, Tricare, or the VA (or CHAMP-VA) | 1 | 2 | 77 | 99 | MILPLAN |
| The Indian Health Service | 1 | 2 | 77 | 99 | INDPLAN |
| A source other than the ones already mentioned | 1 | 2 | 77 | 99 | OTHPLAN |

IF NO "YES" RESPONSES TO 3.01.01-3.01.08 GO TO PERSDOC
 If HLTHPLAN responses A – H >1 then go to MAINPLAN, else go to PERSDOC

MAINPLAN (CA-CORE)

MAINPLN.

3.3 What type of health care coverage do you use to pay for MOST of your medical care? Is it coverage through:

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

PERSDOC (CDC-CORE)

YESNO.

3.4 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 (DO NOT PROBE)
- 2. More than one
- 3. (probe) No

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

NOMEDB (CDC-CORE) (PAYNOGO in dataset)

YESNO.

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

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CHECKUP2 (CDC-CORE)

HOWLNGC.

3.6 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (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

Section 4: Sleep/Inadequate Sleep

The next question is about getting enough rest or sleep.

ENUFREST (CDC-CORE)

TYPEI.

4.1 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

I would like to ask you a few questions about your sleep patterns.

SLEEPHRS (CDC Optional Module) NEW

TYPEI.

4.2 On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- __ __ Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

SNORE (CDC Optional Module) NEW

4.3 Do you snore?

YESNO.

INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes", the respondent snores.

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

Question 4.4 was deleted

SLEEPDAY (CDC Optional Module) NEW

TYPEI.

4.5 During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

- Number of days [01-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

SLEEPDRVE (CDC Optional Module) NEW

DRIVE.

4.6 During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?

- 1 Yes
- 2 No
- 3 Don't drive
- 4 Don't have license
- 7 Don't know / Not sure
- 9 Refused

Section 5: Exercise

EXERANY1 (CDC-CORE)

YES/NO.

5.1 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

Section 6: Diabetes

DIABCOR2 (CDC-CORE)

DIABCORB.

6.1 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 PREDMBGT)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 4. Pre-diabetes or borderline diabetes (Go to PREDMBGT)

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

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

DIABGEST (CA, DBCP)

YES/NO.

6.2 Was this **ONLY** while you were pregnant?

- 1. Yes (Go to PREDMBGT)
- 2. No (Includes never been pregnant)

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

DIABAGE (CA-DBCP-DIABETES MODULE)

TYPE XV.

(Note: Asked if (SEX=1 & DIABCOR2=1) or (SEX=2 & DIABCOR2=1 & DIABGEST ne 1))

6.3 How old were you when you were told you have diabetes?

- ___ Enter age in years

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

DIABINS (CA-DBCP-DIABETES MODULE)

YESNO.

6.4 Are you now taking insulin?

- 1. Yes
- 2. No

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

CHKGLU (CA-DBCP-DIABETES MODULE)

TYPE XIX.

6.5 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.

6.6 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

DIABDOC2 (CA-DBCP-DIABETES MODULE)

TYPE I.

6.7 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
- 77. Don't know
- 99. Refused

DIABDOC3 (CA-DBCP-DIABETES MODULE)

TYPE I.

6.8 A test for “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

(Asked if CHKSORE2 ne “NO FEET”)

CHKSORE (CA-DBCP-DIABETES MODULE)

TYPE I.

6.9 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
- 98. Never heard of “A one C” test
- 99. Refused

VISCHK2 (CA-DBCP-DIABETES MODULE)

VISCHKB.

6.10 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
- 5. Never

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

RETINHAD (CA-DBCP-DIABETES MODULE)

YESNO.

6.11 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)

YES/NO.

6.12 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

HYPOGLY1 (CA-DBCP-DIABETES MODULE, NEW 2009)

TIME.

6.13 In the past 4 weeks, how many times have you had a low blood sugar (low glucose or hypoglycemic) reaction (symptoms might include sweating, weakness, anxiety, trembling, hunger or headache)?

- 1. 8 or more times
- 2. 4 – 7 times
- 3. 1 – 3 times

- 88. 0 or none
- 77. Don't know
- 99. Refused

HYPOGLY2 (CA-DBCP-DIABETES MODULE, NEW 2009)

TIMEA.

6.14. In the past year, how many times have you had a severe low blood sugar reaction such as passing out or needing help to treat the reaction?

- 1. 12 or more times
- 2. 7 – 11 times
- 3. 4 – 6 times
- 4. 1 – 3 times

- 77. Don't know
- 88. 0 or none
- 99. Refused

NOTE: SKIP PATTERNS

IF SEX = 1 (Male) and DIABCOR2 = 1, go to DIABPRVN

IF SEX = 2 (Female) and ((DIABCOR2 = 1 or DIABCOR2 = 3) and DIABGEST EQ 2), go to DIABPRVN

IF SEX = 2 (Female) and ((DIABCOR2 = 1 or DIABCOR2 = 3) and DIABGEST NE 2), go to PREDMBGT

If DIABCOR2 = 4, go to PREDMBGT

Else if DIABCOR2 = 2, 77 or 99, go to PREDMBGT

PREDMBGT (CDC-PRE-DIABETES MODULE CA-DBCP)

YESNO.

6.15 Have you had a test for high blood sugar or diabetes within the past three years?

- 1. Yes
- 2. No

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

CATI note: If DIABCOR2 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB "Yes" (code = 1).

PREDIAB (CDC-PRE-DIABETES MODULE CA-DBCP)

YESNO.

6.16 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

- 1. Yes
- 2. No

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

DIABRISK (CA-DBCP)

YESNO.

6.17 Have you ever been told by a medical professional that you are at risk for diabetes?

- 1. Yes
- 2. No

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

DIABPRVN (CA-DBCP) Ask if DIABCOR2 <> 1 or DIABGEST=1

YESNO.

6.18 In order to prevent diabetes, have you tried to lose weight, change your diet or increase your physical activity during the past year?

(IF DIABCOR2=1 and DIABGEST <> 1)

In order to control diabetes, have you tried to lose weight, change your diet or increase your physical activity during the past year?

- 1. Yes
- 2. No

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

DIABFMLY (CA-DBCP)

6.19 Which, if any, of your biological family members ever had diabetes? (Check all that apply)

- | | | |
|-----|--------------------------------------------|---------|
| 1. | None | DIABF_A |
| 2. | Father | DIABF_B |
| 3. | Mother | DIABF_C |
| 4. | Brother | DIABF_D |
| 5. | Sister | DIABF_E |
| 6. | Son | DIABF_F |
| 7. | Daughter | DIABF_G |
| 8. | Other (specify) | DIABF_H |
| 9. | Grandparent/Grandchildren | DIABF_I |
| 10. | Aunt/Uncle/Niece/Nephew/Great Grandparents | DIABF_J |
| 77. | Don't Know/Not sure | |
| 99. | Refused | |

Section 7: Hypertension Awareness

BPHIGH2 (CDC-CORE)

BPHIGHB.

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

(Interviewer: 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) |
| 4. | Borderline, pre-hypertensive | (Go to BLOODCHO) |
| 77. | Don't know/Not sure | (Go to BLOODCHO) |
| 99. | Refused | (Go to BLOODCHO) |

HIGHGT1 (CA- ADDED in for calculating prevalence HBP)

HIGHGT.

7.2 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.

7.3 Are you currently taking medicine for your high blood pressure?

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

If BPHIGH2 = 1; continue. Otherwise, go to next module.

BPEAT (CA-CHDSPP) (CDC Optional Module) (NEW)

YESNO.

7.4 Are you now doing any of the following to help lower or control your high blood pressure? (Are you) changing your eating habits (to help lower or control your high blood pressure)?

- 1. Yes
- 2. No

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

BPSALT (CA-CHDSPP) (CDC Optional Module) (NEW)

YNNA.

7.5 (Are you) cutting down on salt (to help lower or control your high blood pressure)?

- 1. Yes
- 2. No
- 3. Do not use salt

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

BPALCH (CA-CHDSPP) (CDC Optional Module) (NEW)

YNNA.

7.6 (Are you) reducing alcohol use (to help lower or control your high blood pressure)?

- 1. Yes
- 2. No
- 3. Do not drink

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

BPEXER (CA-CHDSPP) (CDC Optional Module) (NEW)

YESNO.

7.7 (Are you) exercising (to help lower or control your high blood pressure)?

- 1. Yes
- 2. No

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

BPDREAT (CA-CHDSPP) (CDC Optional Module)(NEW)

YESNO.

**7.8 Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?
(Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?**

- 1. Yes
- 2. No

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

BPDRSALT (CA-CHDSPP) (CDC Optional Module) (NEW)

YNNA.

7.9 (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

- 1. Yes
- 2. No
- 3. Do not use salt

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

BPDRALCH (CA-CHDSPP) (CDC Optional Module) (NEW)

YNNA.

7.10 (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

- 1. Yes
- 2. No
- 3. Do not drink

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

BPDREXER (CA-CHDSPP) (CDC Optional Module) (NEW)

YESNO.

7.11 (Ever advised you to) exercise (to help lower or control your high blood pressure)?

- 1. Yes
- 2. No

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

BPDRMED (CA-CHDSPP) (CDC Optional Module) (NEW) **YESNO.**

7.12 (Ever advised you to) take medication (to help lower or control your high blood pressure)?

- 1. Yes
- 2. No

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

BPDRTWO (CA-CHDSPP) (CDC Optional Module) (NEW) **BPHIGHB.**

7.13 Were you told on two or more different visits to a doctor or other health professional that you had 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
- 3. No
- 4. Told borderline or pre-hypertensive

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

Section 8: Cholesterol Awareness

BLOODCHO (CDC-CORE) **YESNO.**

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

- 1. Yes
- 2. No (Go to HEART)

- 77. Don't Know /Not sure (Go to HEART)
- 99. Refused (Go to HEART)

CHOLCHK (CDC-CORE) **HOWLONG.**

8.2 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 HEART)
- 99. Refused

TOLDHI (CDC-CORE)

YESNO.

8.3 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

Section 9: Cardiovascular Disease Prevalence

HEART (CDC-CORE) (HEART2 in dataset)

YESNO.

9.1 Now I would like to ask you some questions about cardiovascular disease. Has a doctor, nurse or other health professional EVER told you that you had a heart attack, also called a myocardial infarction (MY-O-CARD-EE-AL IN-FARK-SHUN)?

- 1. Yes
- 2. No

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

ANGINA (CDC-CORE)

YESNO.

9.2 Has a doctor, nurse or other health professional EVER told you that you had angina or coronary heart disease?

- 1. Yes
- 2. No

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

STROKE (CDC-CORE) (STROKE2 in dataset)

YESNO.

9.3 Has a doctor, nurse or other health professional EVER told you that you had a stroke?

- 1. Yes
- 2. No

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

Section 10: Asthma

ASTHEVE3 (CDC-CORE)

YESNO.

10.1 Have you ever been told by a doctor or other health professional that you had asthma?

- 1. Yes
- 2. No (Go to COPDEVER)

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

ASTHNOW (CDC-CORE)

YESNO.

10.2 Do you still have asthma?

- 1. Yes
- 2. No

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

COPDEVER (CA-CAPHI) NEW

10.3 Have you ever been told by a doctor or another health professional that you have chronic obstructive pulmonary disease (also called COPD), emphysema, or chronic bronchitis?

- 1. Yes
- 2. No (Go to SMOKE100)

- 7. Don't know/not sure (Go to SMOKE100)
- 9. Refused (Go to SMOKE100)

COPD12MO (CA-CAPHI) NEW

TYPEVIII.

10.4 During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your chronic obstructive pulmonary disease (also called COPD), emphysema, or chronic bronchitis? Do not include an overnight stay in the emergency room.

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

Section 11: Tobacco Use

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

SMOKE100 (CDC-CORE)

YESNO.

11.1 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.

11.2 Do you now smoke cigarettes everyday, some days, or not at all?

- 1. Everyday
- 2. Somedays
- 3. Not at all (Go to SMK30ANY)
- 77. Don't know/Not sure (Go to SMK30ANY)
- 99. Refused (Go to SMK30ANY)

QUIT1DY3 (CDC-CORE)

YESNO.

11.3 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

If SMKEVDA2 = 1 go to SMOKENUM; Else go to SMK30ANY

SMOKENUM (CA-TCS)

TYPE V.

11.4 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)
- 88. Don't smoke regularly
- 77. Don't know/Not sure
- 99. Refused

SMK30ANY (CA-TCS)

YESNO.

11.5 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.

**11.6 On how many of the past 30 days did you smoke cigarettes?
(F6= None)**

___ Enter number of days

30. Every day

777. Don't know

999. Refused

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

SMK30NUM (CA-TCS)

TYPE VIII.

11.7 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.

**11.8 About how old were you when you smoked your first whole cigarette?
(F6=Never smoked whole cigarette)**

___ Code age in years

77. Don't know

99. Refused

SMOKEAGE (CA-TCS)

TYPE XI.

11.9 About how old were you when you first started smoking cigarettes fairly regularly?

___ Code age in years

1. Never smoked regularly

77. Don't know

99. Refused

LIKESTOP (CA-TCS)

YESNO.

11.10 Would you like to stop smoking?

- 2. Yes
- 3. No

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

QUIT30 (CA-TCS)

YESNO.

11.11 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.

11.12 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 SMOKREG3; ELSE Go to SMKEELSE2

SMOKREG3 (CORE)

SMOKREGD.

**11.13 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 10 years (more than 5 years to less than 10 years ago)
- 7. 10 years or more

- 77. Don't know/Not sure
- 88. Never smoked regularly (Do not read)
- 99. Refused (Do not read)

SMKELSE2 (CA-TCS)

YESNO.

11.14 Does anyone else living in the household smoke cigarettes now?

- 1. Yes
- 2. No (Go to USENOW3)
- 77. Don't know/Not sure (Go to USENOW3)
- 99. Refused (Go to USENOW3)

SMKELSEN (CA-TCS)

TYPE VII.

11.15 How many other household members currently smoke?

_____ Enter number of household members

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

USENOW3 (CORE)

EVDAY.

11.16 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

- 1. Every day
- 2. Some days
- 3. Not at all
- 77. Don't know/not sure
- 99. Refused

SMKCIGAR (CA-TCS)

YESNO.

11.17 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)

OFTCIGRB (CA-TCS)

TYPE I.

11.18 On how many of the past 30 days did you smoke cigars? (F6=None)

_____ Enter number of days

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

HHRULES2 (CA-TCS)**HHRULES.**

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

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

Section 12: Demographics

AGEB (CDC-CORE) (AGE in dataset)

12.1 What is your age?

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

HISP3 (CDC-CORE)**YESNO.**

12.2 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.**

12.3 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.

12.4 Which one of these groups would you say best represents your race? Would you say...

- | | | |
|-----|-------------------------------------------|------------------|
| 1. | White | (Go to MILITAR3) |
| 2. | Black or African American | (Go to MILITAR3) |
| 3. | Asian | (Go to ORACE2A) |
| 4. | Native Hawaiian or Other Pacific Islander | (Go to ORACE2A) |
| 5. | American Indian or Alaska Native | (Go to MILITAR3) |
| 6. | Other: (specify) -----> | (Go to MILITAR3) |
| 77. | Don't know/Not sure | (Go to MILITAR3) |
| 99. | Refused | (Go to MILITAR3) |

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

ORACE2A (CA)

ORACE2A.

12.5 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) |
| 777. | Don't know/Not sure |
| 999. | Refused |

MILITAR3 (CDC-CORE)**MILSTATC.**

The next question relates to military service.

12.6 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1. Yes, now on active duty
 2. Yes, on active duty during the last 12 months, but not now
 3. Yes, on active duty, but not during the last 12 months
 4. No, training for Reserves or National Guard only
 5. No, never served in the military
77. Don't know/Not sure
99. Refused

MARITAL (CDC-CORE)**MARITAL.**

12.7 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

SXORIEN2 (CA –TCS)**SXORIENB.**

12. 8 Now I'm going to ask you a question about sexual orientation. Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or Other.

(IN HELP SCREEN: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in California.)

1. Heterosexual, that is, straight
 2. Homosexual, that is gay or lesbian
 3. Bisexual
 4. Other (Specify:)
77. Don't know/Not sure
99. Refused

CHILD18 (CDC-CORE)

TYPE VII.

12.9 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-CORE)

TYPE VII.

12.10 (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)} Should

- ___ 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)

EDUCA.

12.11 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.

12.12 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)

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

INCOM01 (CDC-CORE)

INCOMEC.

12.14 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' know/not sure
- 99. Refused

THRESH02(CA)

YESNO.

12.15 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---------------------|----|------|----------------------|----------|----------|------------------------|-----------------------|------------------------------------|-----------------------|-------------------------|
| | | <10K | 10-15K | 15-20K | 20-25K | 25-35K | 35-50K | 50-75K | 75-100K | 100K+ |
| HHSIZE= | 1 | | \$10400/ \$13,520 | \$19,240 | \$20,800 | \$26,000 | | | | |
| (Household Size) | 2 | | \$14,000 | \$18,200 | | \$25,900/ \$28,000/ | \$35,000/ \$42,000 | | | |
| | 3 | | | \$17,600 | \$22,880 | \$32,560/ | \$35,200 \$44,000 | | | |
| | 4 | | | | \$21,200 | \$27,560 | \$39,220/ \$42,400 | \$53,000 | | |
| | 5 | | | | \$24,800 | \$32,240 | \$45,880/ \$49,600 | \$62,000 | | |
| | 6 | | | | | \$28,400 | \$36,920 | \$52,540/ \$56,800/ \$71,000 | | |
| | 7 | | | | | \$32,000 | \$41,600 | \$59,200/ \$64,000 | \$80,000 | |
| | 8 | | | | | \$35,600 | \$46,280 | \$65,860/ \$71,200 | \$89,000 | |
| | 9 | | | | | | \$39,200/ | \$50,960 \$72,520 | \$78,400/ \$98,000 | |
| | 10 | | | | | | \$42,800 | \$55,640 | \$79,180/ \$85,600 | \$107,000 |
| | 11 | | | | | | \$46,400 | \$60,320 | \$85,840/ \$92,800 | \$116,000 |
| | 12 | | | | | | | \$50,000/ \$65,000 | \$92,500 | \$100,000/ \$125,000 |
| | 13 | | | | | | | \$53,600/ \$69,680 | \$99,160 | \$107,200/ \$134,000 |

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Jan 24, 2008.)

WEIGHT (CDC-CORE)

(not formatted)

12.16 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)

12.17 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

CATI note: If WEIGHT = 7777 (Don't know/Not sure) or 9999 (Refused), skip WEIGHTYR and WEIGHTCH).

WEIGHTYR (CDC-CORE) (WT12M in dataset)

12.18 How much did you weigh a year ago? (If you were pregnant a year ago, how much did you weigh before your pregnancy?) CATI: If female respondent and age <46.

(Note: If respondent answers in metrics, put "9" in column 127.)
Round fractions up

_____ Weight
(pounds/kilograms)

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

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q13.19.

WEIGHTCH (CDC - CORE) (WTDIFF in dataset)

YESNO.

12.19 Was the change between your current weight and your weight a year ago intentional?

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

COUNTY1 (CDC-CORE)

COUNTYA.

12.20 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 | | |
| 039. | MADERA | 079. | SAN L OBISPO | | |

7777. Don't Know/Not Sure

9999. Refused

ZIPCODE2 (CDC-CORE)

12.21 What is your zip code where you live?

_____Enter the five digit number

777777. Don't know/Not sure

999999. Refused

NUMHOLD2 (CDC-CORE)

YESNO.

12.22 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 NOPHON2)

77. Don't know

99. Refused

(Go to NOPHON2)

(Go to NOPHON2)

NUMPHON4 (CDC-CORE)

TYPE I.

12.23 How many of these phone numbers are residential numbers?
(8 = 8 or more)

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight (or more)

- 77. Unknown
- 99. Refused

NOPHON2 (CDC-CORE)

YESNO.

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

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CELL (CDC-CORE)

YESNO.

12.25 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1. Yes (Go to CPCTSHAR)
- 2. No

- 77. Don't know
- 99. Refused

CELSHARE (CDC-CORE)

YESNO.

12.26 Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1. Yes (Go to CPCTUSE)
- 2. No (Go to PREGNANT)

- 77. Don't know (Go to PREGNANT)
- 99. Refused (Go to PREGNANT)

CPCTSHAR (CDC-CORE)

YESNO.

12.27 Do you usually share this cell phone (at least one-third of the time) with any other adults?

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CPCTUSE (CDC-CORE)

12.28 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

- ___ Enter Percent (0 to 100)
- 777. Don't know/Not sure
- 888. Zero
- 999. Refused

*IF AGE LT 45 AND SEX EQ 2 go to PREGNANT
IF AGE GE 45 or SEX EQ 1 go to CAREGIV4*

PREGNANT (CDC-CORE)

YESNO.

12.29 To your knowledge, are you now pregnant?

- 1. Yes
- 2. No

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

Section 13: Caregiver Status

CAREGIV4 (CDC-CORE) (NEW)

YESNO.

13.1 People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

During the past month, did you provide any such care or assistance to a friend or family member?

- 1 Yes
- 2 No

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

Section 14: Disability

RESTRIC3 (CDC-CORE)

YESNO.

14.1 The following questions are about health problems or impairments you may have. 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.

14.2 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

Section 15: Alcohol Consumption

DRNKANY3 (CDC CORE)

YESNO.

15.1 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, a malt beverage, or liquor?

- 1. Yes
- 2. No (Go to FLUSHOT3)

- 77. Don't know/Not sure (Go to FLUSHOT3)
- 99. Refused (Go to FLUSHOT3)

DRNKALC4 (CDC CORE) [DRNKALC2 in dataset]

TYPEII.

15.2 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 FLUSHOT3)
- 777. Don't know/Not sure (Go to FLUSHOT3)
- 999. Refused (Go to FLUSHOT3)

NALCOCC3 (CDC CORE)

TYPE I.

15.3 One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a mixed drink with 2 shots would count as 2 drinks.

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

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

DRNKGE5B (CDC CORE)

TYPE I.

15.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if sex=1 "5 or more" If sex=2 "4 or more") drinks on one occasion?

_____ Enter Number of times (verify if GT 15)

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

DRINKNUM (CDC- CORE)

TYPE I.

15.5 During the past 30 days, what is the largest number of drinks you had on any occasion?

_____ Enter Number of drinks (verify if GT 15)

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

Section 16: Immunization

**Questions 16.1-16.4 were asked during data collection from January-September, with questions 16.1A-16.4A were asked during data collection from October-December.*

FLUSHOT3 (CDC-CORE)

YESNO.

16.1 A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

- 1. Yes
- 2. No (Go to FLUNOSE2)

77. Don't Know/Not sure (Go to FLUNOSE2)

99. Refused (Go to FLUNOSE2)

FLSHTWHN (CDC-CORE)

16.2 During what month and year did you receive your most recent flu shot?

___ / ____ Month / Year

77 / 7777. Don't know / Not sure

99 / 9999. Refused

FLUNOSE2 (CDC-CORE)

YESNO.

16.3 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™.

- 1. Yes
- 2. No (Go to FLUPLAC4)
- 77. Don't Know/Not sure (Go to FLUPLAC4)
- 99. Refused (Go to FLUPLAC4)

FLNOSWHN (CDC-CORE)

16.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

__ / ____ Month / Year

77 / 7777. Don't know / Not sure
99 / 9999. Refused

If FLUSHOT3 = YES or FLUNOSE2 = Yes, ask FLUPLAC4; Else go to FLUHXP2

FLUSHOT4 (CDC CORE)

16.1A Now I will ask you questions about seasonal flu.

A flu shot is influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

- 1. Yes
- 2. No (Go to FLUNOSE3)
- 77. Don't know / Not sure (Go to FLUNOSE3)
- 99. Refused (Go to FLUNOSE3)

FLSHTWHN2 (CDC CORE)

16.2A During what month and year did you receive your most recent seasonal flu shot?

__ / ____ Month / Year

77 / 7777 Don't know / Not sure
99 / 9999 Refused

FLUNOSE3 (CDC CORE)

16.3A The seasonal flu vaccine sprayed in the nose is also called FluMist™.

During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?

- 1. Yes
- 2. No (Go to FLUPLAC4)
- 77. Don't know / Not sure (Go to FLUPLAC4)

99. Refused

(Go to FLUPLAC4)

FLNOSWH2 (CDC CORE)

16.4A During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?

__ / ____ Month / Year

7 7 / 7 7 7 7 Don't know / Not sure

9 9 / 9 9 9 9 Refused

If FLUSHOT4 = YES or FLUNOSE2 = Yes, ask FLUPLAC4; Else go to FLUHXP2

FLUPLAC4 (CA-IMMUN)

FLUPLACD.

16.5 Where did you go to get your most recent (flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose))?

1. A doctor's office or health maintenance organization (HMO)
 2. A health department, clinic, health center, community health center, mobile health unit
 3. A senior center, community center or recreation center
 4. A store (Examples: supermarket, drugstore)
 5. A hospital (Example: inpatient)
 6. An emergency room
 7. Workplace or
 8. Some other kind of place (specify)
777. Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
999. Refused

FLUHXP2 (CA-IMMUN) (FLUHXP2 in dataset)

YESNO.

16.6 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Spinal cord injury, stroke, cerebral palsy, or other neuromuscular problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids -or-

Sickle cell anemia or other anemia

1. Yes

2. No

(Go to FLUPAN1)

77. Don't know/Not sure (Probe by repeating question)

(Go to FLUPAN1)

99. Refused

(Go to FLUPAN1)

FLUPXNOW (CA-IMMUN)

YESNO.

16.7 Do you still have (this/any of these) problem(s)? (Do not probe a "don't know" response)

1. Yes

2. No

77. Don't Know/Not sure

99. Refused

Pandemic Flu Questions (Asked Jan – March only)

FLUPAN1 (CDC-CORE) (NEW)

16.8 What do you think is the most effective ONE thing you can do to prevent getting sick from the flu? Would you say ...

1 Avoiding touching your eyes, nose or mouth as much as possible during the flu season

2 Avoiding close contact with others who may have the flu

3 Getting the flu vaccination

4 Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

7 Don't know / Not sure

9 Refused

FLUPAN2 (CDC-CORE) (NEW)

16.9 What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick? Would you say

- 1 Frequent hand washing
- 2 Covering your mouth and nose when coughing or sneezing
- 3 Staying home when you are sick with the flu
- 4 Getting the flu vaccination, or
- 5 Something else

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

FLUPAN3 (CDC-CORE) (NEW)

16.10 If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu? Would you say...

- 1 Very high, 90-100 percent
- 2 High, 70-89 percent
- 3 Average, 50-69 percent
- 4 Low, 20-49 percent
- 4 Very low, 0-19 percent

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

FLUPAN4 (CDC-CORE) (NEW)

16.11 If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you? Would you say ...

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get pme
- 4 Definitely not get a pandemic flu vaccination

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

FLUPAN5 (CDC-CORE) (NEW)

16.12 If public health officials recommended that everyone go to a particular place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you ...?

- 1 Definitely go
- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

- 7 Don't know / Not sure

9 Refused

FLUPAN6 (CDC-CORE) (NEW)

16.13 Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know? Would you say....?

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flu
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu
- 0 5 Cities where cases of the flu have been identified
- 0 6 Information about the flu vaccine,
- 0 7 Something else

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

FLUPAN7 (CDC-CORE) (NEW)

16.14 During a pandemic flu outbreak in the U.S., what would be your ONE MOST preferred source for getting information about the pandemic flu? Please tell me your one most preferred source?

Do not read:

- 0 1 Newspapers
- 0 2 Television
- 0 3 Radio
- 0 4 Internet websites
- 0 5 Your Doctor
- 0 6 The CDC (Centers for Disease Control and Prevention)
- 0 7 State or local public health departments
- 0 8 Other government agencies
- 0 9 Family or friends
- 1 0 Religious leaders
- 1 1 Some other source

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

FLUPAN8 (CDC-CORE) (NEW)

16.15 Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported in California? Please choose one from the following list. (if needed say: I will repeat the question and answer choices to assist your recall.)

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands more frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

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

FLUPAN9 (CDC-CORE) (NEW)

16.16 If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month?

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely, or
- 4 Very unlikely to stay home for a month

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

FLUPAN10 (CDC-CORE) (NEW) (ask if employ2 <3)

16.17 I am going to read you a list of job types. Please tell me if you currently work in any of these fields.

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals. FLUPA_A
- b. Public health, health care provider, home health, or in a nursing home. FLUPA_B
- c. Homeland or national security as one who would be deployed during a flu pandemic. FLUPA_C

- 1 Yes
- 2 No

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

PNEUMVC3 (CDC-CORE)

YESNO.

16.18 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 1. Yes
- 2. No

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

HEPBVAC (CA-IMMUN2009)

YESNO.

16.19 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

- 1. Yes
- 2. No

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

HEPRISK (CA-IMMUN2009)

YESNO.

16.20 Please tell me if ANY of the statements is true for YOU. Do NOT tell which statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate.**
- (if sex = 1) You are a man who has had sex with other men, even just one time**
- (if sex = 2) You have had sex with a man who has had sex with other men, even just one time.**
- You have taken street drugs by needle, even just one time.**
- You traded sex for money or drugs, even just one time**
- You have tested positive for HIV.**
- You have had sex (even one time) with someone who would answer "yes" to any of these statements**
- You had more than two sex partners in the past year.**

Are any of these statements true for you.

- 1. Yes, at least on statement is true
- 2. No, none of these statements is true

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

HADTET (CA-IMMUN2009) (CDC Optional Module) (NEW)

YESNO.

16.21 Have you received a tetanus shot in the past 10 years?

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

WHENTET (CA-IMMUN2009) (CDC Optional Module) (NEW)

YESNO.

16.22 Was your most recent tetanus shot given in 2005 or later?

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

TYPESHOT (CA-IMMUN2009) (CDC Optional Module) (NEW)

YESNO.

16.23 There are currently two types of tetanus shots available today for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included pertussis or whooping cough vaccine?

- 1. Yes (included pertussis)
- 2. No (did not include pertussis)
- 7. Don't know / Not sure
- 9. Refused

Section 17: Arthritis Burden\Arthritis Management

Next I will ask you about arthritis.

ARTHRITD (CDC-CORE)

YESNO.

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

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)

ARTHRITD=1 THEN GO TO LIMITJN2, ELSE go to JUICE94

LIMITJN2 (CDC-CORE)

YESNO.

17.2 Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint. 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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

ARTHWRK2 (CDC-CORE) (Ask of all respondents)

YESNO.

17.3 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?

- 1. Yes
- 2. No

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

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

ARTHPLAY (CDC-CORE) (NEW)

HOWMUCH.

17.4 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? Would you say...

- 1. A lot
- 2. A little
- 3. Not at all

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

ARTHPAIN (CDC-CORE) (NEW)

TYPEI.

17.5 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

- Enter number (1-10)
- 88. Zero (0)
- 77. Don't know / Not sure
- 99. Refused

ARTHTDY (CA-CAPP CDC Optional Module 14)

ARTHTDY.

17.6 Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY?

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-CAPP CDC Optional Module 14)

YESNO.

17.7 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-CAPP CDC Optional Module 14)

YESNO.

17.8 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-CAPP CDC Optional Module 14)

YESNO.

17.9 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

Section 18: Fruit and Vegetable

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

18.1 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) (Fruit90 in dataset)

Type X

18.2 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

18.3 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

18.4 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

18.5 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

18.6 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

Section 19: Physical Activity

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

EXERWORK (CDC-CORE CA-NETWORK)

EXERWORK.

19.1 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

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.

EXERMOD (CDC-CORE)

YESNO.

19.2 Next we will be asking about moderate and vigorous activities. Think about the moderate 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 (Go to EXERVIG)

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

MODDAY (CDC-CORE)

TYPE I.

19.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

_____ Enter days per week

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

MODTIME (CDC-CORE)

TYPE XXV.

19.4 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?

__:__ Enter hours and minutes per day

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

EXERVIG (CDC-CORE)

YESNO.

19.5 Now think about the vigorous 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 EXERCOM2)
- 77. Don't know/Not sure (Go to EXERCOM2)
- 99. Refused (Go to EXERCOM2)

VIGDAY (CDC-CORE)

TYPE I.

19.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

_____ Enter days per week

- 88. None (Go to EXERCOM2)
- 77. Don't know/Not sure (Go to EXERCOM2)
- 99. Refused (Go to EXERCOM2)

VIGTIME (CDC-CORE)

TYPE XXV.

19.7 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?

__:__ Enter hours and minutes per day

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

EXERCOM2 (CA-NETWORK) (NEW)

TYPE I.

19.8 Some people do moderate and vigorous exercise on the same day. All together, during the week, how many days do you do moderate or vigorous activity, or a combination of both for at least 30 minutes.

_____ Enter days per week

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

CAWALK1 (CA-DBCP- NEW 2009)

19.9 During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

_____ days per week

- 88. None (Go to AIDSTST8)
- 77. Don't know (Go to AIDSTST8)
- 99. Refused (Go to AIDSTST8)

CAWALK2 (CA-DBCP-NEW 2009)

19.10 How much time did you usually spend walking on one of those days? _____ hours and _____ minutes per day

- 77. Don't know
- 99. Refused

Section 20: HIV/AIDS

(If AGE65 >=65, Go to EMOTSUP)

The next few questions are about the national health problem of HIV, the virus that causes AIDS.

AIDSTST8 (CDC CORE)

YES/NO.

20.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth.

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

TSTDATE (CDC-CORE)

20.2 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.

___/___ Enter month and year

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

WHERST6 (CDC-CORE)

WHERSTC.

20.3 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 a drug treatment facility, at home, somewhere else?

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

Ask if TSTDATE <=12 months, else skip to HIVRISK

HIVRAP (CDC-CORE)

YESNO.

20.4 Was it a rapid test where you could get your results within a couple of hours?

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

HIVRISK (CDC CORE)

YESNO.

20.5 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

Section 21: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

EMOTSUP (CDC-CORE)

EMOTSUP.

21.1 How often do you get the social and emotional support you need?

(Interviewer note: If asked, say “please include support for any source”.)

1. Always
 2. Usually
 3. Sometimes
 4. Rarely
 5. Never
-
77. Don't know/Not sure
 99. Refused

SATLIFE (CDC-CORE)

SATLIFE.

21.2 In general, how satisfied are you with your life?

1. Very satisfied
 2. Satisfied
 3. Dissatisfied
 4. Very dissatisfied
-
77. Don't know/Not sure
 99. Refused

Section 22: Cancer Survivors

Now I am going to ask about cancer.

CANCEVER (CDC-CORE) (NEW)

YESNO.

22.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

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

CANCDIFF (CDC-CORE) (NEW)

VEGB.

22.2 How many different types of cancer have you had?

1. Only one
 2. Two
 3. Three or more
-
77. Don't know / Not sure **(Go to SURVIVE1)**
 99. Refused **(Go to SURVIVE1)**

If **CANCAGE = 2 (Two) or 3 (Three or more)**, ask: “At what age was your first diagnosis of cancer?”

CANCAGE (CDC-CORE) (NEW)

22.3 At what age were you told that you had cancer?

- Age in years (97 = 97 and older)
777. Don't know / Not sure
999. Refused

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

CANCTYPE (CDC-CORE) (NEW)

CANCER.

22.4 What type of cancer was it?

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

- 0 2 Cervical cancer (cancer of the cervix)
0 3 Endometrial cancer (cancer of the uterus)
0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

- 0 5 Head and neck cancer
0 6 Oral cancer
0 7 Pharyngeal (throat) cancer
0 8 Thyroid

Gastrointestinal

- 0 9 Colon (intestine) cancer
1 0 Esophageal (esophagus)
1 1 Liver cancer
1 2 Pancreatic (pancreas) cancer
1 3 Rectal (rectum) cancer
1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 5 Hodgkin's Lymphoma (Hodgkin's disease)
1 6 Leukemia (blood) cancer
1 7 Non-Hodgkin's Lymphoma

Male reproductive

- 1 8 Prostate cancer
1 9 Testicular cancer

Skin

- 2 0 Melanoma
2 1 Other skin cancer

Thoracic

- 2 2 Heart
2 3 Lung

Urinary cancer:

- 2 4 Bladder cancer
2 5 Renal (kidney) cancer

Others

- 2 6 Bone
2 7 Brain
2 8 Neuroblastoma
2 9 Other (Specify)

Do not read:

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

CATI note: If CANCEVER = 1 (Yes), continue. Otherwise, go to CH_SEL

Previously you said that you had been told by your doctor that you had cancer. I will now ask you about your experiences with cancer.

SURVIVE1 (CCCP) NEW (CDC OPTIONAL MODULE 12)

YESNO.

21.5 Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

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

SURVIVE2 (CCCP) NEW (CDC OPTIONAL MODULE 12)

TYPEDOC.

21.6 What type of doctor provides the majority of your health care?

Please read (1-12):

- 1. Cancer Surgeon
- 2. Family Practitioner
- 3. General Surgeon
- 4. Gynecologic Oncologist
- 5. Internist
- 6. Plastic Surgeon, Reconstructive Surgeon
- 10. Medical Oncologist (7)
- 7. Radiation Oncologist (8)
- 8. Urologist (9)
- 9. Other (specify) (10)

Do not read:

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

SURVIVE3 (CCCP) NEW (CDC OPTIONAL MODULE 12) YESNO.
21.7 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

- 1. Yes
- 2. No

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

SURVIVE4 CCCP) NEW (CDC OPTIONAL MODULE 12) YESNO.
21.8 Have you EVER received instructions from a doctor, nurse, or other health profession about WHERE you should return or WHO you should see for routine cancer check-ups after completing treatment for cancer?

- 1. Yes
- 2. No (Go to SURVIVE6)

Do not read:

- 77. Don't know / Not sure (Go to SURVIVE6)
- 99. Refused (Go to SURVIVE6)

SURVIVE5 (CCCP) NEW (CDC OPTIONAL MODULE 12) YESNO.
21.9 Were these instructions written down or printed on paper for you?

- 1. Yes
- 2. No

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

SURVIVE6 (CCCP) NEW (CDC OPTIONAL MODULE 12) YESNO.
21.10 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of you cancer treatment?

- 1. Yes
- 2. No

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

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

SURVIVE7 (CCCP) NEW (CDC OPTIONAL MODULE 12) YESNO.
21.11 Were you EVER denied health insurance or life insurance coverage because of your cancer?

- 1. Yes
- 2. No

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

SURVIVE8 (CCCP) NEW (CDC OPTIONAL MODULE 12) YESNO.
21.12 Did you participate in a clinical trial as part of your cancer treatment?

- 1. Yes
- 2. No

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

SURVIVE9 (CCCP) NEW (CDC OPTIONAL MODULE 12) YESNO.
21.13 Do you currently have physical pain caused by your cancer or cancer treatment?

- 1. Yes
- 2. No (Go to CH_SEL)

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

SURVIV10 (CCCP) NEW (CDC OPTIONAL MODULE 12) YESNO.
21.14 Is your pain currently under control?

- 1. Yes
- 2. No

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

Section 23 CHILD SELECTION

If CHILD18 = 0 or CHILD18 = RF, Go to **DEAF**; Else continue
IF CHILD18 > 1, one child is randomly selected

Previously you indicated there are children in the household. I have some additional questions about one specific child. The child I will be referring to is the (XX) year old. All the questions about children will be about that child.

CH_SEL (CA-IMMUN/EHIB)-CDC OPTIONAL MODULE) BOYGIRL.

23.1 Is the child a boy or a girl?

- 1. Boy
- 2. Girl

- 99. Refused

CH_HISP (CA-IMMUN/EHIB –CDC OPTIONAL MODULE) YESNO.

23.2 Is the child Hispanic or Latino?

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CH_RACE3 (CA-IMMUN/EHIB –CDC OPTIONAL MODULE) YESNO.

23.3 Which one or more of these groups would you say is the race of the child?

- 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

If more than one response to CH_RACE3, continue. Otherwise, go to CH_BORN.

CH_RACE4 (CA –CDC OPTIONAL MODULE)

23.4 Which one of these groups would you say best represents the child's race?

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian, Alaska Native
- 6. Other

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

CH_BORN (CA-IMMUN–CDC OPTIONAL MODULE)

23.5 In what month and year was (he/she) born?

__/__Enter month/year

- 77. Don't know/Not sure (Probe by repeating the question)
- 99. Refused

CH_REL (CDC–IMMUN CDC ASTHMA CALLBACK –CDC OPTIONAL MODULE) CH_REL.

23.6 How are you related to the child?

Please read:

- 1. Parent (include biologic, step, or adoptive parent)
- 2. Grandparent
- 3. Foster parent or guardian
- 4. Sibling (include biologic, step, and adoptive sibling)
- 5. Other relative
- 6. Not related in any way

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

Section 24: Childhood Asthma Prevalence

CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE) (CHLDASTH in dataset) YES/NO.

24.1 Has a doctor, nurse or other health professional EVER said that the child has asthma?

- 1. Yes
- 2. No (Go to CH_SHOT2)

- 77. Don't know/Not sure (Go to CH_SHOT2)
- 99. Refused (Go to CH_SHOT2)

CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

24.2 Does the child still have asthma?

- 1. Yes
- 2. No

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

Section 25: Childhood Immunization

If CH_BORN less than 6-months ago, go to **DEAF**; Else continue

CH_SHOT2 [CH_SHOT in dataset]

YESNO.

25.1 During the past 12 months, has (he/she) had a flu shot? (A flu shot is an influenza vaccine injected in his/her arm or thigh.)

- 1. Yes
- 2. No

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

CH_NOSE2 (CA-IMMUN) [CH_NOSE in dataset]

YESNO.

25.2 During the past 12 months, has (he/she) had a flu vaccine sprayed in his/her nose? (The influenza vaccine that is sprayed in the nose is FluMist™.)

- 1. Yes
- 2. No

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

Section 27: Disability Impact

DEAF (CA-ODH)(NEW)

YESNO.

27.1 Are you deaf or do you have serious difficulty hearing?

- 1. Yes
- 2. No

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

BLIND (CA-ODH) (NEW)

YESNO

27.2 Are you blind or do you have serious difficulty seeing even when wearing glasses?

- 1. Yes
- 2. No

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

REMEM2(CA-ODH) (NEW)

YESNO

27.3 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1. Yes
- 2. No

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

DIFFWALK (CA-ODH) (NEW)

YESNO.

27.4 Do you have serious difficulty walking or climbing stairs?

- 1. Yes
- 2. No

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

DIFFDRES2 (CA-ODH) (NEW) [DIFDRES2 in dataset]

YESNO.

27.5 Do you have difficulty dressing or bathing?

- 1. Yes
- 2. No

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

DIFFERND (CA-ODH) (NEW)

YESNO.

27.6 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1. Yes
- 2. No

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

Section 28: Food Security

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 (CA-NETWORK) TRUEFALB.

28.1 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 (CA-NETWORK) TRUEFALB.

28.2 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 (CA-NETWORK) YESNO.

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

- 1. Yes
- 2. No (Go to EATLESSC)

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

CUTOFT (CA-NETWORK) YESNO.

28.4 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 (CA-NETWORK) YESNO.

28.5 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 (CA-NETWORK) YESNO.

28.6 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

Section 29: Food Stamps /County Assistance

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.

FDSTMAPP (CA-NETWORK) YESNO.

29.1 In the last 12 months, have you applied for food stamps?

1. Yes

2. No

77. Don't know/Not sure

99. Refused

FDSTMRE2 (CA-NETWORK/WIC) YESNO.

29.2 In the last 12 months, have you or other adults in your household received Food Stamps benefits?

1. Yes

2. No

77. Don't know/Not sure

99. Refused

Ask if any CHILD1-CHILD9 GE5; Else go to AFDC.

SCHLMEAL (CA-DSS)

YESNO.

29.3 You previously told us there are children under the age of 18 in your household. In the last 12 months, have any of these children received free or reduced price school meals?

- 1. Yes
- 2. No

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

AFDC (CA-DSS)

YESNO.

29.4 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

WIC (NETWORK)

YESNO.

29.5 In the last 12 months, have you or other adults in your household received WIC benefits?

- 1. Yes
- 2. No.

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

Section 30: Food Pilot (CA-NETWORK)

JUICE09 (CA-NETWORK) NEW

TYPEX.

30.1 How often do you drink 100% fruit juices such as orange and apple juice? Do NOT include fruit drinks with added sugar, like Kool-aid, lemonade, Gatorade, fruit punch, and cranberry cocktail.

- 1xx. Enter number servings per day
- 2xx. Enter number servings per week
- 3xx. Enter number servings per month
- 4xx. Enter number servings per year

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

If respondent gives a number without a time frame, ASK: "Was that per day, week, or month?" If

needed, say, “Your best guess is fine”.

FRUIT09 (CA-NETWORK) NEW

TYPEX.

30.2 Not counting juice, how often do you eat fruit? Count fresh, frozen, or canned fruit.

- 1xx. Enter number servings per day
- 2xx. Enter number servings per week
- 3xx. Enter number servings per month
- 4xx. Enter number servings per year

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

If needed, "Such as apples, bananas, applesauce, oranges, fruit salad, watermelon, cantaloupe or musk melon, mangos, grapes, and strawberries. Include fruit mixed with other food, such as cereal or yogurt.

GREENS09 (CA-NETWORK) NEW

TYPEX.

30.3 How often do you eat lettuce or a green leafy salad, with or without other vegetables? Count mixed-green and spinach salads.

- 1xx. Enter number servings per day
- 2xx. Enter number servings per week
- 3xx. Enter number servings per month
- 4xx. Enter number servings per year

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

If needed, "Such as leaf lettuce, romaine, spinach, and cabbage including green, red, bok choy and Napa or Chinese cabbage."

POTATO09 (CA-NETWORK) NEW

TYPEX.

30.4 Not including French fries, home fries, or hash brown potatoes, how often do you eat other kinds of non-fried potatoes?

Count baked, boiled, mashed potatoes and potato salad.

- 1xx. Enter number servings per day
- 2xx. Enter number servings per week
- 3xx. Enter number servings per month
- 4xx. Enter number servings per year

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

If needed, fried potatoes include French fries, potato chips, hash browns, tator tots, and home fries. If needed, include yams, sweet potatoes, red-skinned, and Yukon gold potatoes.

BEANS09 (CA-NETWORK) NEW

TYPEX.

30.5 How often do you eat cooked or canned dried beans, such as refried beans, chick peas, baked beans, bean soup, or pork and beans?

- 1xx. Enter number servings per day
- 2xx. Enter number servings per week
- 3xx. Enter number servings per month
- 4xx. Enter number servings per year

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

If needed, say, "Include red, kidney, black, white, pinto, soy beans, chick peas, tofu, or lentils cooked this way." Do not include green beans.

OTHRFOODS (CA-NETWORK) NEW [OTHRF09 in dataset]

TYPEX.

30.6 Not counting foods you already told me about, how often do you eat other vegetables?

- 1xx. Enter number servings per day
- 2xx. Enter number servings per week
- 3xx. Enter number servings per month
- 4xx. Enter number servings per year

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

Examples of other vegetables include string beans, carrots, corn, peas, tomatoes, collard greens, and broccoli.

Section 37: (CDC-Cognitive Impairment Module)

CIM_INTR (NEW)

37.1 Introduction: *People have different strengths and weaknesses in thinking or remembering. In the next few questions, we want to know how changes in thinking or remembering may impact you, your family and close friends. The phrase "changes in thinking or remembering" refers to frequent memory loss, confusion or forgetfulness. A person may have increasing difficulty remembering people, places or things, or may not be able to understand or make decisions as easily as they once did.*

CIM_THNK (CDC-Cognitive Impairment Module) (NEW)

YESNO.

37.2 During the past year, have you experienced changes in thinking or remembering? (IF NEEDED: Have you had more difficulty remembering people, places or things, or understanding or making decisions as easily as you once did?)

- 1. Yes
- 2. No

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

CIM_CNDG (CDC-Cognitive Impairment Module) (NEW) [CIM_CHNG in dataset] TYPEI.

(ask if numadult>1)

37.3 (IF CIM_THNK = 1; Including yourself,) how many adults 18 or older in your household experienced changes in thinking or remembering during the past year? (F6 = None)

____Number of people

77. Don't know / Not sure (IF CIM_THNK ≠ 1; SKIP TO ASTHCALL)

99. Refused (IF CIM_THNK ≠ 1; SKIP TO ASTHCALL)

(IF CIM_CNDG= 0 and CIM_THNK ≠ 1; SKIP TO CIM_HHLD)

CIM_AGE (CDC-Cognitive Impairment Module) (NEW)

37.4. (If CIM_THNK ≠ 1 AND CIM_CNDG > 1):

(Of these people, please select the person who has, most recently had a birthday.)

How old is this person?

____ (Code age in years (97 = 97 and older))

777. Don't know / Not sure

999. Refused

CIM_INT2 (NEW)

37.5 (CDC-Cognitive Impairment Module)

Section Introduction: (READ IF (Q1 ≠ 1)):

(“For the next set of questions think about the person you just identified. From this point forward, we will refer to the person you identified as ‘this person’.”)

(READ: Please remember the term ‘changes in thinking or remembering’ refers to frequent memory loss, confusion or forgetfulness. A person with these changes may experience increasing difficulty remembering people, places or things, or may not be able to understand things or make decisions as easily as they once did.)

(REPEAT DEFINITION AS NEEDED: For these questions, changes in thinking or remembering refer to frequent memory loss, confusion or forgetfulness. A person with these changes may experience increasing difficulty remembering people, places or things, or may not be able to understand things or make decisions as easily as they once did.)

CIM_HHLD (CDC-Cognitive Impairment Module) (NEW)

EMOTSUP.

37.6 During the past year, how often (IF CIM_THNK=1: have you; ELSE: has this person) given up household activities or chores (IF CIM_THNK=1: you; ELSE: they) used to do, because of changes in (IF CIM_THNK=1: your; ELSE: this person's) thinking or remembering?

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

77. Don't know / Not sure

99. Refused

CIM_FOUR (CDC-Cognitive Impairment Module) (NEW)

ASSIST.

37.7 As a result of changes in (IF CIM_THNK=1: your; ELSE: this person's) thinking or remembering, in which of the following four areas (IF CIM_THNK=1: do you; ELSE: does this person) need the MOST assistance?

1. Safety (**READ AS NEEDED:** such as forgetting to turn off the stove or falling)
 2. Transportation (**READ AS NEEDED:** such as getting to doctor's appointments)
 3. Household activities (**READ AS NEEDED:** such as managing money or housekeeping)
 4. Personal Care (**READ AS NEEDED:** such as eating or bathing)
 5. None of the above (**DO NOT READ; CODE RESPONSE ONLY**)
77. Don't know/Not sure
99. Refused

CIM_WORK (CDC-Cognitive Impairment Module) (NEW)

EMOTSUP.

37.8 During the past year, how often have changes in (IF CIM_THNK=1: your; ELSE: this person's) thinking or remembering interfered with (IF CIM_THNK=1: your; ELSE: this person's) ability to work, volunteer, or engage in social activities?

1. Always
 2. Usually
 3. Sometimes
 4. Rarely
 5. Never
77. Don't know / Not sure
99. Refused

CIM_CARE (CDC-Cognitive Impairment Module) (NEW)

EMOTSUP.

37.9 During the past month, how often (IF CIM_THNK=1: has; ELSE: have you,) a family member or friend provided any care or assistance for (IF CIM_THNK =1: you; ELSE: this person) because of changes in (IF CIM_THNK =1: your; ELSE: this person's) thinking or remembering?

1. Always
 2. Usually
 3. Sometimes
 4. Rarely
 5. Never
77. Don't know / Not sure
99. Refused

CIM_DISB (CDC-Cognitive Impairment Module) (NEW)

YESNO.

37.10 Has anyone discussed with a doctor or other health care professional, changes in (IF CIM_THNK =1: your; ELSE: this person's) thinking or remembering?

- 1. Yes
- 2. No (GO TO ASTHCALL)

- 77. Don't know / Not sure (GO TO ASTHCALL)
- 99. Refused (GO TO ASTHCALL)

CIM_MEDS (CDC-Cognitive Impairment Module) (NEW)

YESNO.

37.11 (IF CIM_THNK =1: Have you; ELSE: Has this person) received treatment such as therapy or medications for changes in thinking or remembering?

- 1. Yes
- 2. No

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

CIM_ALZH (CDC-Cognitive Impairment Module) (NEW)

CIMALZH.

37.12 Has a doctor or other health care professional ever said that (IF CIM_THNK =1: you have; ELSE: this person has) Alzheimer's disease or some other form of dementia? (Probe a "yes" response.)

- 1. Yes, Alzheimer's Disease
- 2. Yes, some other form of dementia but not Alzheimer's disease
- 3. Yes, but not specified or not sure of the type of dementia
- 4. No, a health care professional has not given a diagnosis

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

Section 40: Closing

If ASTHNOW=1 or CHLDASTB =1

ASTHCALL (CA-California Breathing)

YESNO.

40.1 Do you think you would be willing to do a follow-up to this survey in the next two weeks, asking about your (your child's) experience with asthma?

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

CALLBACK (CA-DSS)

YESNO.

40.2 Do you think you would be willing to do a follow-up to this survey some time in the future?

If ASTHNOW=1 or CHLDASTB =1 **Do you think you would be willing to do a general health follow-up to this survey some time in the future?**

- 1. Yes
- 2. No

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

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.

SPANIN2 NEW

SPANINB.

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

- 1. Spanish
- 2. English
- 3. Cantonese
- 4. Mandarin