

## **CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2009 Track II**

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

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2009 California Behavioral Risk Factor Survey Track 2  
01/08/2009

**Behavioral Risk Factor Surveillance System  
2009 State Questionnaire  
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**INTROQ**

HELLO, I'm (interviewer name) calling for the California Department of Public Health 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 2,500 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:)

**Do you have health care coverage through:**

	Yes	No	Dk/Ns	Ref	
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**

The next question is about getting enough rest or sleep.

**ENUFREST (CDC-CORE) (NEW)**

**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**

**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.

283-284)

\_\_\_ 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?**

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.

(285)

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

**NOTENUF (CDC Optional Module) NEW**

Deleted

**SLEEPDAY (CDC Optional Module) NEW**

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

(288-289)

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

**SLEEPDRV (CDC Optional Module) NEW**

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

(290)

- 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)**

**YESNO.**

**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 BPHIGH2)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 4. Pre-diabetes or borderline diabetes (Go to BPHIGH2)
  
- 77. Don't know/Not sure (Go to BPHIGH2)
- 99. Refused (Go to BPHIGH2)

*If SEX EQ 1 go to BPHIGH2, If SEX EQ 2 go to DIABGEST*

**DIABGEST (CA, DBCP)**

**YESNO.**

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

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

**Section 7: Hypertension Awareness**

---

**BPHIGH2 (CDC-CORE)**

**YESNO.**

**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)

**HIGHTGT1 (CA- ADDED in for calculating prevalence HBP)**

**HIGHTGT.**

**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

**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)**

**HOWLONGC.**

**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 SMOKE100)
  
- 77. Don't know/Not sure (Go to SMOKE100)
- 99. Refused (Go to SMOKE100)

**ASTHNOW (CDC-CORE)**  
**10.2 Do you still have asthma?**

**YESNO.**

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

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

**LIKESTOP (CA-TCS)**

**YESNO.**

**11.10 Would you like to stop smoking?**

- 1. Yes
- 2. 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 SMOKELSE2)
- 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 SMKELSE2*

**SMOKREG3 (CORE)**

**SMOKREGB.**

**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 or more years ago (10 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.**

**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)**

**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)**

**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 MILITAR2)
- 2. Black or African American (Go to MILITAR2)
- 3. Asian (Go to ORACE2A)
- 4. Native Hawaiian or Other Pacific Islander (Go to ORACE2A)
- 5. American Indian or Alaska Native (Go to MILITAR2)
- 6. Other: (specify) -----> (Go to MILITAR2)

- 77. Don't know/Not sure (Go to MILITAR2)
- 99. Refused (Go to MILITAR2)

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

2009 California Behavioral Risk Factor Survey Track 2

01/08/2009

**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 in the United States Armed Forces, either in the regular military or in a National Guard or Military Reserve unit.**

**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 of 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 )**

**INCOME.C.**

**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't know/Not sure

99. Refused

**THRESH02(CA)**

**YES/NO.**

**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 / \$42,800	\$50,960 / \$72,520	\$78,400 / \$98,000	
	10						\$46,400	\$60,320	\$85,840 / \$92,800	\$116,000
	11							\$50,000 / \$65,000	\$92,500	\$100,000 / \$125,000
	12							\$53,600 / \$69,680	\$99,160	\$107,200 / \$134,000
	13									

(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 Q12.19.**

**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
- 999. Refused

*IF AGE LT 45 AND SEX EQ 2 go to PREGNANT, ELSE 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)**

**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?**

(148)

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

**Section 14: Disability**

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**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**

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**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)**

**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\Flu Pandemic**

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*\*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 FLUPLAN1)
  
- 77. Don't Know/Not sure (Go to FLUPLAN1)
- 99. Refused (Go to FLUPLAN1)

**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

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

9 9 / 9 9 9 9 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.**

**16.1 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.**

**16.2 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.**

**16.3 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 (revised November 21, 2008)**

**FLUPAN1 (CDC-CORE) (NEW)**

**16.5 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)**

**16.6 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)**

**16.7 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
- 5 Very low, 0-19 percent
  
- 7 Don't know / Not sure
- 9 Refused

**FLUPAN4 (CDC-CORE) (NEW)**

**16.8** 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)**

**16.9** 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)**

**16.10** 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)**

**16.11** 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)**

**16.12** 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)**

**16.13** 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)**

**16.14** 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.
- b. Public health, health care provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

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

**PNEUMVC3 (CDC-CORE)**

**YESNO.**

**16.15** 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

## Section 17: Arthritis Burden

---

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

77. Don't know/Not sure

99. Refused

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?

*(Interviewer: If a respondent question arises about medication, then reply: "Please answer the next question based on your current experience, regardless of whether you are taking any medication or treatment.")*

1. Yes
2. No

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

**ARTHWRK2 (CDC-CORE)**

**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."*

**CATI note: This question should be asked of all respondents regardless of employment status.**

**ARTHPLAY (CDC-CORE)**

**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)**

**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
- 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)**

**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-CPNS)**

**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 CA-CPNS)**

**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 CA-CPNS)**

**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 CA-CPNS) 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 CA-CPNS)**

**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 CA-CPNS)**

**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 CA-CPNS)**

**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 (CDC-CORE CA-CPNS)**

**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

**Section 20: HIV/AIDS** (Age>=65 go to EMOTSUP)

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

**AIDSTST8 (CDC CORE)**

**YESNO.**

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

**TSTDATE (CDC-CORE)** (TSTDATE2 in dataset)

**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

TSTDT\_M  
TSTDT\_Y

- 7777. Don't know/Not sure
- 999. 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

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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 you some questions 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)**

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

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

**CANCTYPE (CDC-CORE) (NEW)**

**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

### Section 23 CHILD SELECTION

---

If CHILD18 = 0 or CHILD18 = RF, Go to LEADEF; 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-CDC OPTIONAL MODULE) BOYGIRL.**  
**23.1 Is the child a boy or a girl?**

- 1. Boy
- 2. Girl
  
- 99. Refused

**CH\_HISP (CA-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-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–EHIB 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) YESNO.**

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

1. Yes
  2. No (Go to KIDCARE2)
- 
77. Don't know/Not sure (Go to KIDCARE2)
  99. Refused (Go to KIDCARE2)

**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 26 SUN EXPOSURE**

*(Ask if Child 1-9 ge2 and le13, select youngest child)*

**KIDCARE2 (CA-SCPP)**

**YESNO.**

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

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

**KIDBURN (CA-SCPP) [KIDBURN2 in dataset]**

**YESNO.**

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

- 1. Yes
- 2. No (Go to KIDSCRN2)
  
- 77. Don't Know/Not sure (Go to KIDSCRN2)
- 99. Refused (Go to KIDSCRN2)

**KIDBRNHM (CA-SCPP)**

**TYPE1.**

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

- \_\_\_\_\_ Enter the number of sunburns KIDBR\_A
- 77. Don't know/Not sure
  - 99. Refused

**KIDSCRN2 (CA-SCPP)**

**SUNSCALE.**

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

	Never	Rarely	Some times	Often	Always	Too young	DK	
Apply or wear sunscreen or sun block?	1	2	3	4	5	6	77	<b>KIDSCRN2</b>
Wear a wide-brimmed hat, or a hat with neck flaps?	1	2	3	4	5	6	77	<b>KIDHAT3</b>
Wear protective clothing such as long sleeved shirts and long pants?	1	2	3	4	5	6	77	<b>KIDCLTH [KIDCLTH2]</b>
Stay in an area protected by shade?	1	2	3	4	5	6	77	<b>SHADE2</b>

**Section 31: Childhood Lead Poisoning**

---

Now I would like to ask you some questions about the place where you live, work, and your family plays. *(Asked of all respondents)*

Please select the best ending to the following sentence: **LEADEFFB.**

**LEADEFF2 (CA-LEAD PROGRAM --Asked on 2005-2008 BRFS)**

**31.1 Lead in a child's blood is most likely to\_\_\_\_\_.**

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

Please tell us if you think the following statements are true or false.

**LEADPNT (CA-LEAD PROGRAM--Asked on 2005-2008 BRFS)** **TRUEB.**

**31.2 Lead in a child's blood can come from peeling or chipped paint in a home.**

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

**LEADDIRT (CA-LEAD PROGRAM--Asked on 2007-2008 BRFS)** **TRUEB.**

**31.3 Lead in a child's blood can come from playing in dirt.**

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

**LEADBABY (CA-LEAD PROGRAM--NEW QUESTION--Asked of all respondents)**

**31.4 Lead in a pregnant women's blood can harm the unborn child. TRUEB.**

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

**LEADCNDY (CA-LEAD PROGRAM--Asked on the 2005-2007 BRFS) [LEADCND3 in dataset]**

**31.5 Lead in a child's blood can come from eating some types of Mexican candy. TRUEB.**

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

**LEADEMPA (CA-LEAD PROGRAM--NEW QUESTION--Asked of all respondents) TRUEB.**

**31.6 Lead in a child's blood can come from taking brightly colored powders like azarcon or greta for stomach ache (empacho).**

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

**LEADCERA (CA-LEAD PROGRAM--NEW QUESTION--Asked of all respondents) TRUEB.**

**31.7 Lead in a child's blood can come from using ceramic pots, bowls, or dishes from other countries such as Mexico and China?**

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

**DOCREQ (CA-LEAD PROGRAM--NEW QUESTION--Asked of all respondents) YESNO.**

**31.8 Are doctors or healthcare providers required to find out if young children might be at risk**

**for lead poisoning?**

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

**LEAD1 (CA-LEAD PROGRAM--Asked on the 2001 and 2005-2008 BRFs) YESNO.**

**31.9 Thinking about the house or building you live in. Was it built before 1978?**

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

**LEADCHIP (CA-LEAD PROGRAM--Asked on the 2005 and 2006 BRFs) YESNO.**

**31.10 Does your home have peeling or chipped paint?**

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

**LEADRENO (CA-LEAD PROGRAM--Asked on the 2008 BRFs; LEAD2 asked on the 2001 BRFs)**

**31.11 In the past 12 months, has your home been remodeled, repaired or renovated? YESNO.**

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

**REMEDIEB-- (CA-LEAD PROGRAM--Asked on the 2008 BRFs Quarters 3 and 4; Free item for 2009!!! REMEDIES asked on the 2008 BRFs Quarters 1 and 2 only)**

[REMEDIES2 in dataset]

**31.12 In the past 12 months have you or any household members taken any traditional or folk remedies or medicines in any form including pills, powders, tonics, or liquids? YESNO.**

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

**REMWHRB (CA-LEAD PROGRAM--MODIFIED QUESTION--REMWHERE asked on the 2008 BRFs)**

**31.13 Were the remedies, medicines or supplements made in...**

**ORIGIN.**

1. Mexico
2. China
3. India
4. United States
5. Other

77. Don't know/Not sure

99. Refused

**LEADASIA (CA-LEAD PROGRAM--Asked on the 2008 BRFS) YESNO.**

**31.14 Do members of your household store food, cook, or eat out of ceramic pots, bowls, or dishes that were made in Asian Countries such as China or India?**

1. Yes
2. No

77. Don't know/Not sure

99. Refused

**ASIA (CA-LEAD PROGRAM--NEW QUESTION--Asked of all respondents) YESNO.**

**31.15 Has a child, a relative or any household member lived in or traveled to Asian Countries such as China or India in the last 12-months?**

1. Yes
2. No

77. Don't know/Not sure

99. Refused

**ASIAPRDB (CA-LEAD PROGRAM--NEW QUESTION--Asked of all respondents) YESNO.**

**31.16 Has anyone brought or sent products from Asian Countries such as China or India to your family, such as spices, food, medicines, and/or ceramics?**

1. Yes
2. No

77. Don't know/Not sure

99. Refused

**LEAD4B (CA-LEAD PROGRAM--Asked on the 2002 and 2008 BRFS; LEAD4 asked on the 2001 BRFS)**

**31.17 Do members of your household store food, cook, or eat out of ceramic pots, bowls, or**

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**dishes that were made in Mexico?**

**YESNO.**

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

[MEXPROD2 in dataset]

**MEXPRODB (CA-LEAD PROGRAM--MODIFIED QUESTION--MEXPROD asked on the 2008 BRFS)**

**31.18 Has anyone brought or sent products from Mexico to your household, such as spices, food, medicines, candy and/or ceramics?** **YESNO.**

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

**RECALL (CA-LEAD PROGRAM--NEW QUESTION--Asked of all respondents)**

**CONCERN.**

**31.19 How concerned are you about products (including toys and jewelry) recalled due to lead contamination?**

- 1. Not at all concerned
- 2. Rarely concerned
- 3. Somewhat concerned
- 4. Concerned
- 5. Very concerned
  
- 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.) If no child skip to FOSTCARE**

**LEADCARE (CA-LEAD PROGRAM--Asked on the 2008 BRFS)**

**YESNO.**

**31.20 Besides your home, does your child spend time in another place such as day care and/or preschool?**

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

**CAREKIDC (CA-LEAD PROGRAM--MODIFIED QUESTION--CAREKIDB asked on the 2008 BRFS)**

**31.21 Are you the person who took the \*\*-year-old to their regular medical checkup during the past twelve months?** **YESNO.**



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

*(The last 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 the person who took the child to their checkup.)*

**LEADSCRN (CA-LEAD PROGRAM--NEW QUESTION) YESNO.**

**31.22** Has a doctor or healthcare provider asked or talked to you about the age of your house or your house having chipped and/or peeling paint or your house being recently renovated, or if people in your household uses imported pottery or eat Mexican candy?

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

**LEADTST2 (CA-LEAD PROGRAM--NEW QUESTION) YESNO.**

**31.23** Has your child ever had a blood lead test?

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

**Section 32: Foster Care**

**FOSTCARE (CA-DSS) YESNO.**

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

**FOSTCAR2 (CA -DSS) YESNO.**

**32.2** Were you in foster care?

- 1. Yes

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

**FOSTLEAV (CA -DSS) YESNO.**  
**32.3 Did you emancipate from foster care?**

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

**CHFOOD (CA -DSS) YESNO.**

**32.4 Before the age of 18, were there times when you had to eat less than you needed or not eat at all because there wasn't enough money to buy food?**

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

**CHWELF (CA -DSS) YESNO.**

**32.5 Before the age of 18, did you live in a household that received welfare?**

- 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 (CA-DSS) TYPE1.**

**32.6 Previously you reported that there were \_\_\_\_\_ children under 18 in your house. How many of those are foster children? F6=None**

\_\_\_\_\_ Enter number

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

*if CHILD18 =1 go to FOSTER2*

**FOSTER2 (CA-DSS) YESNO.**

**32.7 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

**Section 34: Mental Health**

**MHHELP (CA-DSS)**

**YESNO.**

**34.1 Now thinking about the last 12 months, did you ever want or need help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?**

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

**MHHPWN2 (CA-DSS)**

**YESNO.**

**34.2 Did you get help?**

- 1. Yes (Go to HLTHMENT)
- 2. No
  
- 77. Don't know
- 99. Refused

**MENTHELP (CA-DSS)**

**YESNO.**

**34.3 Thinking over your lifetime, did you ever receive help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?**

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

**MENT12M (CA-DSS)**

**YESNO.**

**34.4 Did this happen during the past 12 months?**

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

**HLTHMENT (CA-DSS)**

**YESNO.**

**34.5 During the past 12 months, was your mental health ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?**

- 1. Yes

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

**HLTHSTOP (CA-DSS)**

**YESNO.**

**34.6 During the past 12 months, was your physical health ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?**

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

**Section 35: Mental Illness and Stigma**

**VISOFTB.**

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days.**

**KESSLER1 (CDSS) (CDC-Optional Module)**

**35.1 About how often during the past 30 days did you feel nervous — would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?** (415)

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

**KESSLER2 (CDSS) (CDC-Optional Module)**

**VISOFTB.**

**35.2 During the past 30 days, about how often did you feel hopeless — all of the time, most of the time, some of the time, a little of the time, or none of the time?** (416)

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

**KESSLER3 (CDSS) (CDC-Optional Module)**

**VISOFTB.**

**35.3 During the past 30 days, about how often did you feel restless or fidgety?**

**[If necessary: all, most, some, a little, or none of the time?]**

(417)

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

**KESSLER4 (CDSS) (CDC-Optional Module)**

**VISOFTB.**

**35.4 During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?**

**[If necessary: all, most, some, a little, or none of the time?]**

(418)

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

**KESSLER5 (CDSS) (CDC-Optional Module)**

**VISOFTB.**

**35.5 During the past 30 days, about how often did you feel that everything was an effort?**

**[If necessary: all, most, some, a little, or none of the time?]**

(419)

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

**KESSLER6 (CDSS) (CDC-Optional Module)**

**VISOFTB.**

**35.6 During the past 30 days, about how often did you feel worthless?**

**[If necessary: all, most, some, a little, or none of the time?]**

(420)

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

---

The next questions asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

**KESSLER7 (DMH) (CDC-Optional Module)**

**TYPE1.**

**35.7 During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities? (421-422)**

\_\_ Number of days

8 8 None

7 7 Don't Know/Not Sure

9 9 Refused

**INTERVIEWER NOTE:** If asked, “usual activities” include housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

**KESSLER8 (DMH) (CDC-Optional Module)**

**YESNO.**

**35.8 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (423)**

1 Yes

2 No

7 Don't Know/Not sure

9 Refused

These next questions ask about people's attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

**KESSLER9 (DHM) (CDC-Optional Module)**

**AGREEB.**

**35.9 Treatment can help people with mental illness lead normal lives. Do you-agree slightly or strongly, or disagree slightly or strongly? (424)**

**Read only if necessary:**

1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

7 Don't know/Not sure

9 Refused

**KESSLER10 (DMH) (CDC-Optional Module)**

**AGREEB.**

**35.10 People are generally caring and sympathetic to people with mental illness. Do you agree slightly or strongly, or disagree slightly or strongly?**

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly
  
- 7 Don't know/Not sure
- 9 Refused

**INTERVIEWER NOTE:** If asked for the purpose of Q35.09 or 35.10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs."

**Section 36: CDC Optional Module: Adverse Childhood Experience**

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I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section, if you would like, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer.

**ACEALC (CDC-Optional Module)**

**YESNO.**

**36.1 Looking back at your childhood, before age 18: Did you live with anyone who was a problem drinker or alcoholic?**

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

**ACEDRGS (CDC-Optional Module)**

**YESNO.**

**36.2 Did you live with anyone who used street drugs or who abused prescription medications?**

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



**ACEJAIL (CDC-Optional Module)**

**YES/NO.**

**36.3 Looking back at your childhood, before age 18: Did you live with anyone who was convicted of a crime and sentenced to serve time in a prison, jail, or other corrections facility?**

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

**ACEDEPRS (CDC-Optional Module)**

**YES/NO.**

**36.4 Did you live with anyone who was depressed, mentally ill, or suicidal?**

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

**ACEADLHT (CDC-Optional Module)**

**YES/NO.**

**36.5 Looking back at your childhood, before age 18: Did your parents or adults in your home ever hit, punch or beat each other up?**

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

**ACEDVRCE (CDC-Optional Module)**

**YES/NO**

**36.6 While you were growing up were your parents ever separated or divorced because of marital problems?**

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

**ACEHTKDS (CDC-Optional Module)**

**YES/NO.**

**36.7 Looking back at your childhood, before age 18: Not including spanking, did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?**

- 1. Yes
- 2. No

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

**ACEINSLT(CDC-Optional Module)**

**YESNO.**

**36.8 Did a parent or adult in your home ever swear at you, insult you, or put you down?**

- 1. Yes
- 2. No

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

**ACESXABU (CDC-Optional Module)**

**YESNO.**

**36.9 Did an adult or anyone at least 5 years older than you ever touch you sexually or try to make you touch them sexually or force you to have sex?**

- 1. Yes
- 2. No

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

**ACENGLCT (CDC-Optional Module)**

**YESNO.**

**36.10 Looking back at your childhood, before age 18, did a parent or adult caretaker ever fail to provide for your basic needs, such as food, clothing, medical care, hygiene, or fail to protect you from known dangers?**

- 1. Yes
- 2. No

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

**Section 37: (CDC-Cognitive Impairment Module)**

**CIM\_INTR**

**36.1 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)**

**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

(Go to CIM\_HHLD)  
CIM\_THN1=CIM\_THNK

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

**CIM\_CNDG (CDC-Cognitive Impairment Module)(ask if numadult>1) CIM\_CNG1=CIM\_CNGD**

**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 HAVEGUN2)

99. Refused (IF CIM\_THNK ≠ 1; SKIP TO HAVEGUN2)

(IF CIM\_CHNG= 0 and CIM\_THNK ≠ 1; SKIP TO CIM\_HHLD)

**CIM\_AGE (CDC-Cognitive Impairment Module)**

**37.4.** (If CIM\_THNK ≠ 1 AND CIM\_CHNG > 1):

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

How old is this person?

CIM\_AGE1=CIM\_AGE

\_\_\_\_(Code age in years (97 = 97 and older))

77. Don't know / Not sure

99. Refused

**CIM\_INT2**

**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)**

**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

CIM\_HHLD1=CIM\_HHLD

77. Don't know / Not sure

99. Refused

**CIM\_FOUR (CDC-Cognitive Impairment Module)** CIM\_FOU1=CIM\_FOUR

**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)** 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? CIM\_WOR1=CIM\_WORK

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

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

**CIM\_CARE (CDC-Cognitive Impairment Module)** 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?

CIM\_CAR1=CIM\_CARE

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

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

**CIM\_DISB (CDC-Cognitive Impairment Module)**

**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? CIM\_DISB=CIM\_DISB

- 1. Yes
- 2. No **(SKIP TO HAVEGUN2 )**
- 77. Don't know / Not sure **(SKIP TO HAVEGUN2)**
- 99. Refused **(SKIP TO HAVEGUN2)**

**CIM\_MEDS (CDC-Cognitive Impairment Module)**

**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? CIM\_MED1=CIM\_MEDS

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

**CIM\_ALZH (CDC-Cognitive Impairment Module)**

**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.)

CIM\_ALZ1=CIM\_ALIH

- 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 38: Gun Module**

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

**HAVEGUN2 (CA-EPIC)**

**YESNOC.**

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

- 1. Yes
- 2. No **(Go to SOCIAL1)**
- 3. Refused to continue with gun module **(Go to SOCIAL1)**
- 77. Don't know/Not sure **(Go to SOCIAL1)**
- 99. Refused **(Go to SOCIAL1)**

**HANDGUN4 (CA-EPIC)**

**YES/NO.**

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

- 1. Yes
- 2. No
- 3. Refused to continue with gun module (Go to SOCIAL1)
- 77. Don't know/Not sure
- 99. Refused

**LONGGUN (CA-EPIC)**

**YES/NO.**

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

- 1. Yes
- 2. No
- 3. Refused to continue with gun module (Go to SOCIAL1)
- 77. Don't know/Not sure
- 99. Refused

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

**LOCKED3 (CA-EPIC)**

**YES/NO.**

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

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

- 1. Yes
- 2. No
- 3. Refused to continue with gun module (Go to SOCIAL1)
- 77. Don't know/Not sure
- 99. Refused

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

**LOCKED4 (CA-EPIC)**

**YES/NO.**

**38.5 If (HANDGUN3=2,7, or 9 then read intro. If HANDGUN3=1 then skip intro.) (INTRO) Firearms are sometimes kept locked up by using trigger locks or by keeping the firearms locked in a cabinet, drawer, lockbox, or other locked container.**

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

- 1. Yes
- 2. No
- 3. Refused to continue with gun module (Go to SOCIAL1)
- 77. Don't know/Not sure
- 99. Refused

**Section 39: Social Context**

There are many different factors that can affect a person’s health. I’m going to ask you about several factors that can affect a person’s health.

**SOCIAL1 (CDC Optional Module 23) NEW**

- 39.1 Do you own or rent your home? RENT.**
- 1 Own
  - 2 Rent
  - 3 Other arrangement (Go to SOCIAL3)
  - 7 Don’t know / Not sure (Go to SOCIAL3)
  - 9 Refused (Go to SOCIAL3)

**INTERVIEWER NOTE: “Other arrangements” may include group home or staying with friends or family without paying rent.**

**SOCIAL2 (CDC Optional Module 23) NEW**

**EMOTSUP.**

- 39.2 How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed...**
- 1 Always
  - 2 Usually
  - 3. Sometimes
  - 4. Rarely
  - 5 Never
  - 8 Not applicable
  - 7 Don’t know / Not sure
  - 9 Refused

**SOCIAL3 (CDC Optional Module 23) NEW**

**EMOTSUP.**

- 39.3 How many times in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed...**
- 1 Always
  - 2 Usually
  - 3. Sometimes
  - 4. Rarely
  - 5 Never
  - 8 Not applicable
  - 7 Don’t know / Not sure
  - 9 Refused

If Employ2 = 1 or 2 (Employed for wages) or (Self-employed); continue. Otherwise, go to SOCIAL6.

The next few questions are about the work you do.

**SOCIAL4 (CDC Optional Module 23) NEW** **HOWPAID.**

**39.4 At your main job or business, how are you generally paid for the work you do. Are you...?**

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
  
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

**SOCIAL5 (CDC Optional Module 23) NEW** **TYPE XXX.**

**39.5 About how many hours do you work per week at all of your jobs and businesses combined?**

- Hours [0-96 or more]
- [7 7 7] Don't know / Not sure (Go to Social 8)
- [8 8 8] Does not work (Go to Social 8)
- [9 9 9] Refused (Go to Social 8)

**SOCIAL6 (CDC Optional Module 23) NEW (ask if EMPLOY2>2)** **HOWPAID.**

**39.6 Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you do? Were you ...**

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
  
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

**SOCIAL7 (CDC Optional Module 23) NEW (ask if EMPLOY2>2)** **TYPE XXX.**

**39.7 Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?**

- Hours [0-96 or more]
- [7 7 7] Don't know / Not sure
- [8 8 8] Does not work
- [9 9 9] Refused

**SOCIAL8 (CDC Optional Module 23) NEW** **YNNA.**



**39.8 Did you vote in the last presidential election? The November 2008 election between Barack Obama and John McCain?**

- 1 Yes
- 2 No
- 8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
- 7 Don't know / Not sure
- 9 Refused

**Section 40: Closing**

---

*If ASTHNOW=1*

**ADLTCALL (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 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* **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