

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2010**  
**Track 11**  
In Collaboration with The Center for Disease Control and Prevention's  
Behavioral Risk Factor Surveillance System

**FINAL**

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**Behavioral Risk Factor Surveillance System  
2010 State Questionnaire  
Track II**

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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 (or cell ) 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)

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

**Section 1: Health Status**

---

**GENHLTH (CDC-CORE)**

**HEALTH.**

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

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

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

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

---

**PHYSHLTH (CDC-CORE)**

**TYPE VII.**

2.1 **Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

\_\_\_ Enter Number of days

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

**MENTHLTH (CDC-CORE)**

**TYPE VII.**

2.2 **Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**

\_\_\_ Enter Number of days

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

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

**POORHLTH (CDC-CORE)**

**TYPE VII.**

2.3 **During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self care, work or recreation?**

\_\_\_ Enter Number of days

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

**Section 3: Health Care Access**

**HAVEPLN3 (CDC-CORE)**

**YESNO.**

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

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

**HLTHPLAN (CA-CORE)**

**YESNO.**

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

**3.2 There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:**

(If HAVPLN3 = 1, ask:)	Yes	No	Dk/Ns	Ref	
<b>Do you have health care coverage through:</b>					
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)**

**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 (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 5 years (2 years but less than 5 years ago)
- 4. 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)**

**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

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

*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: Oral Health

---

### WHENDNT4 (CDC-CORE)

### WHENDENT.

**7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.** Read only if necessary:

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

### LOSTEET2 (CDC-CORE)

### LOSTETH.

**7.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.**

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

1. 1 to 5
  2. 6 or more but not all
  3. All
88. None  
77. Don't know / Not sure  
99. Refused

CATI note: WHENDNT4=5 (Never) or LOSTEET2 = 3 (All), go to next HEART

### DENTCLN (CDC-CORE)

### WHENDENT.

**7.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?** Read only if necessary:

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

**Section 8: Cardiovascular Disease Prevalence**

---

**HEART (CDC-CORE)**

**YESNO.**

**8.1** 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.**

**8.2** **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)**

**YESNO.**

**8.3** **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 9: Asthma**

---

**ASTHEVE3 (CDC-CORE)**

**YESNO.**

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

- 1. Yes
- 2. No (Go to RESTRIC3)
  
- 77. Don't know/Not sure (Go toRESTRIC3)
- 99. Refused (Go toRESTRIC3)

**ASTHNOW (CDC-CORE)**

**YESNO.**

**9.2** **Do you still have asthma?**

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

**Section 10: Disability**

---

**RESTRIC3 (CDC-CORE)**

**YESNO.**

**10.1** 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.**

**10.2** 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 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?  
(NA= 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?  
(NA=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?  
(NA = Never smoked regularly)**

\_\_\_\_ Code age in years

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

*Ask if SMKEVDA2<=2*

**LIKESTOP (CA-TCS)**

**YESNO.**

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

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

*Ask if SMKEVDA2<=2*

**QUIT30 (CA-TCS)**

**YESNO.**

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

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

*Ask if SMKEVDA2<=2*

**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 SMOKREG2; ELSE Go to SMKEELSE2*

**SMOKREG2 (CA-TCS)****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 15 years | (more than 5 years to 15 years ago) |
| 7.  | 15 or more years ago     | (15 or more years ago)              |
| 77. | Don't know/Not sure      |                                     |
| 88. | Never smoked regularly   | (Do not read)                       |
| 99. | Refused                  | (Do not read)                       |

**SMKELSE2 (CA-TCS)****YESNO.**

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

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

**SMKELSEN (CA-TCS)****TYPE VII.**

**11.15 How many other household members currently smoke?**

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

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

**USENOW3 (CORE)****EVDAY.**

**11.16 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?**  
(Snus rhymes with "goose")

- |     |                     |
|-----|---------------------|
| 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? (NA=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)**

**12.1 What is your age?**

\_\_\_ Enter age in years

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

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

**ORACE2A (CA)**

**ORACE2A.**

**12.5 Are you Chinese, Japanese, Korean, Filipino or Other?**

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



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

The next question relates to military service.

**12.6** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1. Yes, now on active duty
  2. Yes, on active duty during the last 12 months, but not now
  3. Yes, on active duty in the past, 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)**

**YESNO.**

**12.15** Is your annual household income above \_\_\_\_\_ (table look up for income and household size)? (This is an income threshold used for statistical purposes.)

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

INCOM01	=	1	2	3	4	5	6	7	8	9
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100k+
HHSIZE=	1	\$10,830	\$14,080	\$20,040	\$21,660	\$27,080				
(Household Size)	2		\$14,570	\$18,940		\$26,950/ \$29,140	\$36,430			
	3			\$18,310	\$23,800	\$33,870/ \$36,620	\$45,780			
	4				\$22,050	\$28,670	\$40,790/ \$44,100	\$55,130		
	5				\$25,790	\$33,530	\$47,710	\$51,580/ \$64,480		
	6					\$29,530	\$38,390	\$54,630/ \$59,060/ \$73,830		
	7					\$33,270	\$43,250	\$61,550/ \$66,540	\$83,180	
	8					\$37,010	\$48,110	\$68,470/ \$74,020	\$92,530	
	9						\$40,750	\$52,980	\$75,390/ \$81,500	\$101,880
	10						\$44,230	\$57,500	\$81,830/ \$88,460	\$110,580
	11						\$48,230	\$62,700	\$89,230/ \$96,460	\$120,580
	12						\$51,970	\$67,560	\$96,150	\$103,940 / \$129,930
	13							\$55,710/ \$72,420		\$103,000 / \$111,400 /

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Jan 24, 2009.)

**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

**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	

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- 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)**

**YES/NO.**

**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 (Go to NOPHON2)
- 99. Refused (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)**

**YES/NO.**

**12.24** During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline 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 DRNKANY3)
  
- 77. Don't know (Go to DRNKANY3)
- 99. Refused (Go to DRNKANY3)

**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, 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

**Section 13: Alcohol Consumption**

---

**DRNKANY3 (CDC CORE)**

**YES/NO.**

**13.1** 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 H1N1VAC)
- 77. Don't know/Not sure (Go to H1N1VAC)
- 99. Refused (Go to H1N1VAC)

**DRNKALC4 (CDC CORE)**

**13.2** 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 H1N1VAC)
- 777. Don't know/Not sure
- 999. Refused

**NALCOCC3 (CDC CORE)**

**TYPE I.**

**13.3** 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.**

**13.4** 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 VII.**

**13.5** 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 14: Immunization

---

There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose

#### H1N1VAC (CDC- CORE)

14.1. Since September, 2009, have you been vaccinated either way for the H1N1 flu?

**Interviewer: If needed use this script: "The distribution of the H1N1 Vaccines has already started. We are trying to find out if vaccinations are currently taking place in California."**

- 1. Yes
- 2. No (Go to FLUSHOT4)
- 77. Don't Know / Not Sure (Go to FLUSHOT4)
- 99. Refused (Go to FLUSHOT4)

#### H1N1MNTH(CDC CORE)

14.2 During what month did you receive your H1N1 flu vaccine?

\_\_ Month

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

#### H1N1TYPE (CDC CORE)

14.3 Was this a shot or was it a vaccine sprayed in the nose?

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)

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

#### FLUSHOT4 (CDC CORE)

14.4 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?

- (161)
1. Yes  
 2. No (Go to FLUNOSE3)
77. Don't know / Not sure (Go to FLUNOSE3)  
 99. Refused (Go to FLUNOSE3)

**FLSHTWH2 (CDC CORE)**

- 14.5 During what month and year did you receive your most recent seasonal flu shot?** (162-167)
- \_\_ / \_\_\_\_ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure  
 9 9 / 9 9 9 9 Refused

**FLUNOSE3 (CDC CORE)**

- 14.6 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?** (168)
1. Yes  
 2. No (Go to FLUHXP2)
77. Don't know / Not sure (Go to FLUHXP2)  
 99 Refused (Go to FLUHXP2)

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**FLNOSWH2 (CDC CORE)**

- 14.7 During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?** (169-174)
- \_\_ / \_\_\_\_ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure  
 9 9 / 9 9 9 9 Refused

**FLUHXP2 (CDC CORE) (FLUHXP2 in dataset)**

**YESNO.**

- 14.8 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 PNEUMVC3)
- 77. Don't know/Not sure (Probe by repeating question) (Go to PNEUMVC3)
- 99. Refused (Go to PNEUMVC3)

**FLUPXNOW (CDC CORE)**

**YESNO.**

**14.9 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

**PNEUMVC3 (CDC-CORE)**

**YESNO.**

**14.10 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 15: Falls**

If respondent is 45 years or older continue, otherwise go to SEATBELT.

The next question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

**FALL3MNB (CDC-CORE)**

**15.1 In the past 3 months, how many times have you fallen?**

-- Number of times [76 = 76 or more]

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

**FALLINJA (CDC-CORE) (ask if FALL3MNB=1)**

**15.2 Did this fall cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.**

- 1. Yes

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

**FALLINJB (CDC-CORE) (ask if FALL3MNB>1)**

**15.3 How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.**

\_\_ Number of falls [76 = 76 or more]

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

**Section 16: Seatbelt Use**

**SEATBELT (CDC-CORE) SEATBELT.**

**16.1 How often do you use seat belts when you drive or ride in a car? Would you say—**

- 1. Always
- 2. Nearly always
- 3. Sometimes
- 4. Seldom
- 5. Never
- 6. Never drive or ride in a car (Go to HADMAM2)
- 77. Don't know/Not sure
- 99. Refused

**Section 17: Drinking and Driving**

**CATI note: If DRNKANY3 = 2 (No); go to next section (18.1).**

**The next question is about drinking and driving.**

**DRINKDRI (CDC- CORE) Type VII**

**17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?**

\_\_\_\_\_ Enter Number of times (verify if GT 15)

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

**Section 18: Women's Health**

CATI note: If respondent is male, go to PSAHAD2.

**The next questions are about breast and cervical cancer.**

**HADMAM2 (CDC-CORE)**  
(Note: asked of all women)

**YESNO.**

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

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

- 1. Yes
- 2. No (Go to HADCBE3)
- 77. Don't know/Not sure (Go to HADCBE3)
- 99. Refused (Go to HADCBE3)

**HOWLONG2 (CDC-CORE)**

**HOWLNGC.**

**18.2 How long has it been since you had your last mammogram?**  
(Read only if necessary)

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. More than 5 years ago
- 77. Don't know/Not sure
- 99. Refused

**HADCBE3 (CDC-CORE)**

**YESNO.**

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

- 1. Yes
- 2. No (Go to HADPAP3)
- 77. Don't know/Not sure (Go to HADPAP3)
- 99. Refused (Go to HADPAP3)

**WHENCBE (CDC-CORE)**

**HOWLNGC.**

**18.4 How long has it been since your last breast exam?**  
(Read only if necessary)

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. More than 5 years ago

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

**HADPAP3 (CDC-CORE)**

**YESNO.**

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

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

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

**WHENPAP3 (CDC-CORE)**

**HOWLNGB.**

**18.6 How long has it been since you had your last Pap test ?**

(Read only if necessary)

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. More than 5 years ago
- 77. Don't know/Not sure
- 99. Refused

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

*IF AGEB GE 45 or SEX EQ 1 go to PSAHAD2*

**PREGNANT (CDC-CORE)**

**YESNO.**

**18.7 To your knowledge, are you now pregnant?**

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

*IF PREGANT=1 go to HADSTLHM*

**HYSTER2 (CDC-CORE)**

**YESNO.**

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

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

99. Refused

**Section 19: Prostate Cancer Screening**

---

*If SEX=1 and AGE64 GE 40 then go to PSAHAD2 else to HADSTLHM*

**PSAHAD2 (CDC-CORE)**

**YESNO.**

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

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

**PSAWHEN2 (CDC-CORE)**

**HOWLNGC.**

**19.2 How long has it been since you had your last PSA test?**  
(Read Only if Necessary)

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago
- 77. Don't know/Not sure
- 99. Refused

**HADDRE3 (CDC-CORE)**

**YESNO.**

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

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

**WHNDRE2 (CDC-CORE)**

**HOWLNGC.**

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

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago

- 77. Don't know
- 99. Refused

**PROSDR2 (CDC-CORE)**

**YESNO.**

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

- 1. Yes
- 2. No

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

**Section 20: Colorectal Cancer Screening**

---

**CATI note: If respondent is  $\leq$  40 years of age, go to next section.**

**Commented [b1]:** In 2006 and prior years, this section was asked of persons aged 40 and older.

**HADSTLHM (CDC-CORE)**

**YESNO.**

**20.1 The next questions are about colorectal cancer screening. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?**

- 1. Yes
- 2. No (Go to HADSIG4)
- 77. Don't Know/Not sure (Go to HADSIG4)
- 99. Refused (Go to HADSIG4)

**WHENSTO3 (CDC-CORE)**

**WHENE.**

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

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago
- 77. Don't Know /Not sure
- 99. Refused

**HADSIG4 (CDC-CORE) (Note: Asked only of persons age 40 and over)**

**YESNO.**

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

- 1. Yes
- 2. No (Go to AIDSTST8)
- 77. Don't Know/Not sure (Go to AIDSTST8)



99. Refused

(Go to AIDSTST8)

**SIGORCOL (CDC-CORE)**

**20.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?**

- 1. Sigmoidoscopy
- 2. Colonoscopy

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

**WHENSIG4 (CDC-CORE)**

**WHEND.**

**20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?**(Read only if necessary)

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. Within the past 10 years (5 years but less than 10 years ago)
- 6. 10 or more years ago

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

*IF AGE LE 64, GO TO AIDSTST8, ELSE GO TO EMOTSUP*

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

**Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask about testing, we will not ask you about the results of any test you may have had.**

**Section 21: HIV/AIDS**

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**AIDSTST8 (CDC CORE)**

**YESNO.**

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

- 1. Yes
- 2. No

(Go to HIVRISK)

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

(Go to HIVRISK)  
(Go to HIVRISK)

**TSTDATE (CDC-CORE)**

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

digit year.

\_\_/\_\_ Enter month and year

7777. Don't know/Not sure

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.**

**21.3 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.**

**21.4 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.**

**21.5 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 22: Emotional Support and Life Satisfaction

---

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

**EMOTSUP (CDC-CORE)**

**EMOTSUP.**

**22.1 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.**

**22.2 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 23: Health Care Worker/Recent Illness

---

The next two questions ask about health care work.

**HRHCW1 (CDC Optional Module 10) New question**

**23.1 Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.**

**INTERVIEWER NOTE: If necessary say:** "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

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

**HRHCW2 (CDC Optional Module 10)New question**

**23.2 Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.**

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

**FLUH1**

**23.3 We would like to ask you some questions about recent respiratory illnesses. During the past month, were you ill with a fever? (918)**

- 1. Yes
- 2. No (Go to FLUH8)
  
- 77. Don't know/Not sure (Go to FLUH8)
- 99. Refused (Go to FLUH8)

**FLUH2**

**23.4. Did you also have a cough and/or sore throat? (919)**

- 1. Yes
- 2. No (Go to FLUH8)
  
- 77. Don't know/Not sure (Go to FLUH8)
- 99. Refused (Go to FLUH8)

**FLUH3**

**23.5 When did you first become ill with fever, cough or sore throat? Would you say... (920)**

- 1. Within the past week (past 1 – 7 days)
- 2. Within the past 2 weeks (past 8-14 days)
- 3. 3-4 weeks ago (15-30 days before today)
  
- 77. Don't know/Not sure
- 99. Refused

**FLUH4**

**23.6 Did you visit a doctor, nurse, or other health professional for this illness? (921)**

- 1. Yes
- 2. No (Go to FLUH8)
  
- 77. Don't know/Not sure (Go to FLUH8)
- 99. Refused (Go to FLUH8)

**FLUH5**

**23.7 What did the doctor, nurse, or other health professional tell you?** (922)

**Did they say...**

1. You had regular influenza or the flu,
2. You had swine flu, also known as H1N1 or novel H1N1
3. You had some other illness, but not the flu

77. Don't know/not sure

99. Refused

**If FLUH5 = 3 and 1 adult in household Go to FLUH10, else FLUH5=3 and >1 adult in household Go to FLUH8)**

**FLUH6**

**23.8 Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...** (923)

1. Yes, had flu test and it was positive
2. No, had flu test but it was negative
3. No, flu test was not done

77. Don't know/Not sure

99. Refused

**FLUH7**

**23.9 Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness?** (924)

1. Yes
2. No

77. Don't know/Not sure

99. Refused

**FLUH8** (ask if more than 1 household member)

**23.10 Did any other members of your household have a fever with cough or sore throat during the past month?** (925)

1. Yes
2. No

**(Go to FLUH10)**

77. Don't know/Not sure

99. Refused

**FLUH9**

**23.11 How many household members, (including you,) were ill during the past month?(926-927)**

- \_\_\_ # persons ( $\geq 1$ )
- 7 7 Don't know/Not Sure
- 9 9 Refused

If (FLUH1 = 1(Yes) and FLUH2 = 1 (Yes) or FLUH8 = 1 (Yes) continue to FLUH10; otherwise, skip to next section.

**FLUH10**

**23.12. How many people in your household, including you, were hospitalized for flu (928-929) during the past month?**

[Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.]

- \_\_\_ # persons
- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

**Section 24: Child Selection**

---

If CHILD18 = 0 or CHILD18 = RF, Go to LEADDEF; 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.**

**24.1 Is the child a boy or a girl?**

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

**CH\_HISP (CA-EHIB –CDC OPTIONAL MODULE)**

**YESNO.**

**24.2 Is the child Hispanic or Latino?**

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

**CH\_RACE3 (CA-EHIB –CDC OPTIONAL MODULE)**

**24.3 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)**

**24.4 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)**

**24.5 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)**

**24.6 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



---

If CH\_BORN less than 6-months ago, go to LEADDEF; Else continue

---

**Section 26: Childhood Flu-like Illness**

**CFLUH1 (CDC OPTIONAL MODULE)**

**26.1. Has the child had a fever with cough and/or sore throat during the past month? (930)**

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

**CFLUH2 (CDC OPTIONAL MODULE)**

**26.2 Did the child visit a doctor, nurse, or other health professional for this illness? (931)**

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

---

**Section 27: Childhood Immunization**

**CH\_VAC (CDC OPTIONAL MODULE)**

**27.1 The next questions are about this child's immunizations.**

Since September, 2009, has [Fill: he/she] had a H1N1 flu vaccination?

- 1. Yes
- 2. No (Go to CH\_SHOT3)
  
- 7. Don't Know / Not Sure (Go to CH\_SHOT3)
- 9. Refused (Go to CH\_SHOT3)

**CH\_VAC2 (CDC OPTIONAL MODULE)**

**27.2 Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?**

- 1. One vaccination or dose
- 2. Two or more vaccination doses
  
- 7. Don't Know / Not Sure (Go to CH\_SHOT3)
- 9. Refused (Go to CH\_SHOT3)

**CH\_MNTH (CDC OPTIONAL MODULE)**

**27.3** During what month did [Fill: he/she] receive [Fill: his/her]  
(CATI note: if child age < 10, "first H1N1 flu vaccine?"  
otherwise, "H1N1 flu vaccine?")

- \_\_ Month
- 77 Don't Know / Not Sure
- 99 Refused

**CH\_TYPE (CDC OPTIONAL MODULE)**

**27.4** Was this a shot or was it a vaccine sprayed in the nose?

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
  
- 77. Don't Know / Not Sure
- 99. Refused

Ask if CH\_VAC2 =2

**CH\_SEC (CDC OPTIONAL MODULE)**

**27.5** During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine?

- \_\_ Month
- 77 Don't Know / Not Sure
- 99 Refused

Ask if CH\_VAC2 =2

**CH\_SEC1 (CDC OPTIONAL MODULE)**

**27.6** Was this a shot or was it a vaccine sprayed in the nose?

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
  
- 77. Don't Know / Not Sure
- 99. Refused

**Section 28: Child Seasonal Flu**

**CH\_SHOT3 (CDC OPTIONAL MODULE)**

**28.1** Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?

(483)

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

**CH\_NOSE3 (CDC OPTIONAL MODULE)**

**28.2** The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive their most recent seasonal flu vaccination?

(484-489)

\_\_ / \_\_\_\_ Month / Year  
7 7 / 7 7 7 7 Don't know / Not sure  
9 9 / 9 9 9 9 Refused

**Section 29: Sun Exposure**

*(Ask if Child1-9 qe2 and le13, select youngest child)*

**KIDCARE2 (CA-SCPP)**

**YES/NO.**

**29.1** 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)**

**29.2** 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)**

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

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

**KIDSCRN2 (CA-SCPP)**

**29.4** 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	KIDSCRN2
Wear a wide-brimmed hat, or a hat with neck flaps?	1	2	3	4	5	6	77	KIDHAT3
Wear protective clothing such as long sleeved shirts and long pants?	1	2	3	4	5	6	77	KIDCLTH
Stay in an area protected by shade?	1	2	3	4	5	6	77	SHADE2

**Section 33: Sexual Health**

Now I'm going to ask you some questions about your sexual health. When I say "sex" or "sexual intercourse", I'm referring to vaginal, anal, or oral sex. Remember, your answers are confidential and you don't have to answer any question you don't want to.

**SEXPARTB (STD – 2003)** Ask if AGE<50 **SEXPART.**

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

- 1. 1 (Go to SXWOTRC)
- 2. 2
- 3. More than 2
- 4. NONE (Go to SEXBADVC)
- 5. Have not had sexual intercourse (ever) (Go to SEXBADVC)
- 6. Refused Module (Go to ARTHRID)
- 77. Don't Know/Not Sure (Go to SEXBADVC)
- 99. Refused (Go to SEXBADVC)

**SXWOTSLF (STD)** Ask if AGE<50 **YESNO.**

**33.2** Thinking of your sexual partners in the past 12 months, did you have sex with anyone while you were still in a sexual relationship with someone else? Would you say ...

- 1. Yes, definitely
- 2. Not sure, it is possible
- 3. No, definitely not
- 88. Refused Module (Go to ARTHRID)
- 77. Don't Know/Not Sure
- 99. Refused

**SEXWOTRC (STD)** Ask if AGE<50 **CERTAIN.**

**33.3** At any time within the past 12 months, did any of your partners have sex (of any type)

**with someone else while they were still in a sexual relationship with you? Would you say...**

1. Yes, definitely
2. Not sure, it is possible
3. No, it is very unlikely

88. Refused Module (Go ARTHRID)  
77. Don't Know/Not Sure  
99. Refused

**CONDOM3 (STD)** Ask if AGE<50 **YESNO.**

**33.4 Did you or your most recent sexual partner use a condom the LAST time you had sexual intercourse?**

1. Yes
2. No

3. Refused Module (Go to ARTHRID)  
77. Don't know/Not sure  
99. Refused Question

**SEXBADVC (STD)** Ask if AGE<50 **YESNOD.**

**33.5 If you saw a doctor or other health care professional in the last 12 months, did that person ask you about your sexual behavior? Would you say:**

1. Yes
2. No
3. Didn't see doctor/health care professional

4. Refused Module (Go to ARTHRID)  
77. Don't know/Not sure  
99. Refused

**CHLMTST4 (STD)** Ask if AGE<50 **YESNOB.**

**33.6 Have you been tested for chlamydia during the past 12 months? Would you say: yes, no, don't know what chlamydia is, or don't know?**

1. Yes
2. No
3. Don't know what chlamydia is

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

#### **Section 34: Arthritis Burden\Arthritis Management**

Next I will ask you about arthritis.

**ARTHRITID (CAPP)**

**YESNO.**

**34.1 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)

**Section 35: Depression (Optional CDC Module)**

---

**Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.**

**PHQ1 (DMH)**

**Type I.**

**35.1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?**

\_\_\_\_\_ (0-14 days)

77. Don't know/not sure

99. Refused

**PHQ2 (DMH)**

**Type I.**

**35.2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?**

\_\_\_\_\_ (0-14 days)

77. Don't know/not sure

99. Refused

**PHQ3 (DMH)**

**Type I.**

**35.3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?**

\_\_\_\_\_ (0-14 days)

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

**PHQ4 (DMH)**

**Type I.**

**35.4 Over the last 2 weeks, how many days have you felt tired or had little energy?**

\_\_\_\_\_ (0-14 days)

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

**PHQ5 (DMH)**

**Type I.**

**35.5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?**

\_\_\_\_\_ (0-14 days)

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

**PHQ6 (DMH)**

**Type I.**

**35.6 Over the last 2 weeks, how many days have you felt bad about yourself – or that you were a failure or had let yourself or your family down?**

\_\_\_\_\_ (0-14 days)

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

**PHQ7 (DMH)**

**Type I.**

**35.7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching TV?**

\_\_\_\_\_ (0-14 days)

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

**PHQ8 (DMH)**

**Type I.**

**35.8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite –being so fidgety or restless that you were moving around a lot more than usual?**

\_\_\_\_\_ (0-14 days)

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

**ANXEVEVER (DSS, DMH)**

**YES/NO.**

**35.9 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (NOTE: including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic attacks, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder).**

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

**DEPEVEVER (DSS, DMH)**

**YES/NO.**

**35.10 Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?**

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

---

**Section 38: 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)**

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

**38.1 What is lead? Would you say ...**

- 1. It is a type of plant
- 2. A food that makes you sick
- 3. Something that causes infection in toe nails
- 4. A metal that is harmful
- 5. An insect whose bite can harm you
  
- 77. Don't know/Not sure
- 99. Refused

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

**38.2 Please select the best ending to the following sentence:  
Lead in a child's blood is most likely to ...**

- 1. Make bones stronger



- 2. Make it harder for a child to learn, behave and pay attention
  - 3. Cause a child to be overweight
  - 4. Cause ear infections
- 77. Don't know/Not sure
  - 99. Refused

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

**38.3 Which one of the following can help protect children from lead poisoning? Would you say...**

- 1. Eating French fries for lunch
  - 2. Eating a breakfast with fruit and iron fortified cereal
  - 3. Getting regular exercise
  - 4. Eating some chocolates everyday
- 77. Don't know/Not sure
  - 99. Refused

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

**LEADDRT1 (CA-LEAD PROGRAM) (NEW)**

**TRUE.**

**38.4 A child can get lead in their blood from putting their hands or toys with dirt on them in their mouth.**

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

**LEADEMPA (CA-LEAD PROGRAM)**

**TRUE.**

**38.5 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

**DOCREQ (CA-LEAD PROGRAM)**

**YESNO.**

**38.6 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)**

**YESNO.**

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

- 1. Yes
- 2. No (Go to LEADDRT2)

- 77. Don't know/Not sure (Go to LEADDRT2)
- 99. Refused (Go to LEADDRT2)

**LEADCHIP (CA-LEAD PROGRAM)**

**YESNO.**

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

- 1. Yes
- 2. No

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

**LEADREN1 (CA-LEAD PROGRAM) (NEW wording)**

**YESNO.**

**38.9 In the past 12 months, has your home been renovated, repaired or re-painted?**

- 1. Yes
- 2. No

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

**LEADDRT2 (CA-LEAD PROGRAM) (NEW)**

**YESNO.**

**38.10 Does the land around your home have places where there is bare dirt – dirt without plants or grass on it?**

- 1. Yes
- 2. No

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

**LEADADOP (CA-LEAD PROGRAM) (NEW) (ask if child18>0)**

**YESNO.**

**38.11 Has your child been adopted from a foreign country in the last six months?**

- 1. Yes
- 2. No

- 77. Don't know/Not sure

99. Refused

**REMEDIE2 (CA-LEAD PROGRAM)**

**YESNO.**

**38.12 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?**

1. Yes

2. No (GO TO MEXPRODC)

77. Don't know/Not sure (GO TO MEXPRODC)

99. Refused (GO TO MEXPRODC)

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

**38.13 Where did the remedies, medicines or supplements originally come from?**

INTERVIEWER: Please tell respondents that this question is not asking about where they bought or purchased the remedies or medicines.

1. Mexico

2. China

3. India

4. United States

5. Other –Specify

77. Don't know/Not sure

99. Refused

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

**YESNO.**

**38.14 Have you or anyone else brought products from Mexico to your household such as spices, food, medicines, candy and/or ceramics?**

1. Yes

2. No

77. Don't know/Not sure

99. Refused

**CHILI (CA-LEAD PROGRAM)**

**38.15 In the past 12 months how often have you or anyone in your household eaten powders made from salt, sugar, and chili peppers as candy or food seasoning? (Lucas Limon and Lucas Acidito are such products. ) Would you say...**

1. Often

2. Sometimes

3. Rarely

4. Never

77. Don't know/Not sure

99. Refused

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

**YESNO.**

**38.16 Have you or anyone else brought 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

**LEADCERA (CA-LEAD PROGRAM)**

**TRUE**

**38.17 Lead in a child's blood can come from using ceramic pots, bowls, or dishes from other countries such as Mexico and China? Would you say true or false?**

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

**LEADCD1 (CA-LEAD PROGRAM) (NEW)**

**YESNO.**

**38.18 (Would you say) lead can get into a child's body by ...**

- 1. Swimming
- 2. Watching television
- 3. Eating certain types of candy, or
- 4. Running, jumping or other kinds of exercise
  
- 77. Don't know/Not sure
- 99. Refused

(\*\* Ask about 2-year-olds first; then 1-year-olds; then 3, 4, and 5-year-olds in that order, but only ask about the first one in the hierarchy.) (If no children under the age of 6, go toTSSSXCH.)

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

**YESNO.**

**38.19 Does your child spend time with an adult that has a job or hobby where they may work with lead (such as painting, remodeling, auto radiators, batteries, auto repair, soldering, making sinkers, bullets, stained glass, pottery, going to shooting ranges, hunting or fishing)?**

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

**CAREKIDC (CA-LEAD PROGRAM) (New wording)**

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

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

**38.21 Which of the following types of people has talked to you about how to prevent lead poisoning? Would you say...**

- 1. Primary health provider (Doctor, Physician Assistant, Nurse Practitioner)
- 2. Nurse or Medical Office Assistant
- 3. Community health worker
- 4. Folk or Traditional healer
- 5. Neighbor, family member or friend
- 6. More than one of the above
- 7. None of the above
- 8. No one has talked with me about how to prevent lead poisoning
- 77. Don't know/Not sure
- 99. Refused

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

**38.22 From which of the following types of people would you feel most comfortable with getting health information and following health advice? Would you say...**

- 1. Primary health provider (Doctor, Physician Assistant, Nurse Practitioner)
- 2. Nurse or Medical Office Assistant
- 3. Community health worker
- 4. Folk or Traditional healer
- 5. Neighbor, family member or friend
- 6. More than one of the above
- 7. None of the above
- 77. Don't know/Not sure
- 99. Refused

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

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

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

**Section 37: Sexual Assault**

**I am going to ask you about some stressful experiences you may have had. Please remember that everything you tell me is confidential. If there is a question that you cannot or do not wish to answer, or if you do not feel safe to answer these questions at this time, please tell me and I'll go to the next question.**

**TSSSXCH (EPIC)**

**37.1. Before the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? (This includes any type of unwanted sexual activity, not just penetration.)**

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

**TXSSXAD (EPIC)**

**37.2. After the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? (This includes any type of unwanted sexual activity, not just penetration.)**

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

**TSSSXJR (EPIC)**

**37.3 Has this happened to you in the last 12 months?**

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

**TSSSRELA (EPIC)**

**37.4 The last time this happened during the past 12 months, what was that person's relationship to you?** Interviewer note: Do not read

- 1. Current or former husband or wife
- 2. Former or current male live-in partner
- 3. Former or current female live-in partner
- 4. Former or current boyfriend
- 5. Former or current girlfriend
- 6. Male date
- 7. Female date
- 8. Relative
- 9. Someone else they knew
- 10. Stranger
- 11. Other
  
- 77. Don't know / Not sure

99. Refused

**Section 42: Closing**

*If ASTHNOW=1 or CHLDASTB =1*

**ADLTCALL (CA-California Breathing)**

**YESNO.**

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

- 1. Yes
- 2. No

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

**CALLBACK (CA-DSS)**

**YESNO.**

**42.2 Do you think you would be willing to do a follow-up to this survey sometime in the future?**

*If ASTHNOW=1 or CHLDASTB =1* **Do you think you would be willing to do a general health follow-up to this survey sometime 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