

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2010 Track III

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

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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.

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.

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.

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)

YES/NO.

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)

YES/NO.

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

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

(If HAVPLN3 = 1, ask:)	Yes	No	Dk/Ns	Ref	
Do you have health care coverage through:					
Your employer	1	2	77	99	EMPPLAN
Someone else's employer, like your spouse's or parents employer	1	2	77	99	OEMPLAN
A plan that you or someone else buys on your own	1	2	77	99	OWNPLAN
Medicare	1	2	77	99	MEDICARE
Medi-Cal (Medicaid)	1	2	77	99	MEDICAL
The military, CHAMPUS, Tricare, or the VA (or CHAMP-VA)	1	2	77	99	MILPLAN
The Indian Health Service	1	2	77	99	INDPLAN
A source other than the ones already mentioned	1	2	77	99	OTHPLAN

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

MAINPLAN (CA-CORE)

MAINPLN.

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

1. Your employer
2. Someone else's employer, like your spouse's or parent's employer
3. A plan that you or someone else buys on your own
4. Medicare
5. Medi-Cal (Medicaid)
6. The military, CHAMPUS, Tricare, or the VA (or CHAMP-VA)
7. The Indian Health Service
8. A source other than the ones already mentioned

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

PERSDOC (CDC-CORE)

YESNO.

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

1. Yes, only one (DO NOT PROBE)
2. More than one
3. (probe) No

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

NOMEDB (CDC-CORE) (PAYNOGO in dataset)

YESNO.

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

1. Yes
2. No

77. Don't know
99. Refused

CHECKUP2 (CDC-CORE)

HOWLNGC.

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

- 1. Within the past year (0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 years)
- 3. Within the past 5 years (more than 2 years to 5 years)
- 4. More than 5 years ago
- 5. Never

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

Section 4: Sleep

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

Section 7: Oral Health

WHENDNT4 (CDC-CORE)

WHENDENT.

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

7. Don't know / Not sure
9. 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

8. None
7. Don't know / Not sure
9. Refused

CATI note: If WHENDNT4 = 5 (Never) or LOSTEE2 = 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

7. Don't know / Not sure
8. Never
9. Refused

Section 8: Cardiovascular Disease Prevalence

HEART (CDC-CORE) (HEART2 in dataset)

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) (STROKE2 in dataset)

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

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

ASTHNOW (CDC-CORE)

YESNO.

9.2 Do you still have asthma?

- 1. Yes
- 2. No

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

- 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 12: Demographics

AGEB (CDC-CORE) (AGE in dataset)

12.1 What is your age?

___ Enter age in years

7. Don't know/Not sure

9. Refused

HISP3 (CDC-CORE)

YESNO.

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

1. Yes

2. No

77. Don't know/Not sure

99. Refused

ORACE3 (CDC-CORE)

ORACEB.

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

1. White

2. Black or African American

3. Asian

4. Native Hawaiian or Other Pacific Islander

5. American Indian or Alaska Native

6. Other: (specify)

77. Don't know/Not sure

99. Refused

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

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

ORACE4 (CDC-CORE)

ORACEB.

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

1. White

(Go to MILITAR3)

2. Black or African American

(Go to MILITAR3)

3. Asian

(Go to ORACE2A)

4. Native Hawaiian or Other Pacific Islander

(Go to ORACE2A)

5. American Indian or Alaska Native

(Go to MILITAR3)

6. Other: (specify) ----->

(Go to MILITAR3)

77. Don't know/Not sure

(Go to MILITAR3)

99. Refused

(Go to MILITAR3)

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

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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)

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)

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/ \$139,280

(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

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

WEIGHTYR (CDC-CORE) (WT12M in dataset)

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

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

---- Weight
(pounds/kilograms)

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

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

WEIGHTCH (CDC - CORE) (WTDIFF in dataset) **YESNO.**

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

- 1. Yes
- 2. No

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

COUNTY1 (CDC-CORE)

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)

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)

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 CPCTSHAR)
- 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, 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)

YESNO.

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 FLUSHOT4)

- 77. Don't know/Not sure (Go to FLUSHOT4)
- 99. Refused (Go to FLUSHOT4)

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?

- 101-1077. days per week
- 201-231. days in past 30

___ Enter Days per week or per month

- 888. None (Go to FLUSHOT4)
- 777. Don't know/Not sure (Go to FLUSHOT4)
- 999. Refused (Go to FLUSHOT4)

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.

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

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)
- 97. 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?

- 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?

__ / ____ 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?

- 1 Yes
- 2 No (Go to FLUHXP2)

- 7 Don't know / Not sure (Go to FLUHXP2)
- 9 Refused (Go to FLUHXP2)

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?

__ / __ __ __ 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.

14.10 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.

14.11 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 the next section.

The next questions are about breast and cervical cancer.

HADMAM2 (CDC-CORE)

YESNO.

(Note: asked of all women)

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

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

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

*IF 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 AGE_B 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? (F6=Never heard of PSA)

- 1. Yes
- 2. No (Go to HADDRE3)

- 77. Don't Know/not Sure (Go to HADDRE3)
- 99. Refused (Go to HADDRE3)

PSAWHEN2 (CDC-CORE)

HOWLNGC.

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

- 1. Within the past year (0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 year)
- 3. Within the past 3 years (more than 2 years to 3 years)
- 4. Within the past 5 years (more than 3 years to 5 years)
- 5. 5 or more years ago

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

PROSDR2 (CDC-CORE) YESNO.

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) YES/NO.

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 AGEB 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
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 (Go to HIVRISK)
- 99. Refused (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)

WHERST6C.

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/Flu Illness

The next two questions ask about health care work.

HLTHWRK1 (CDC Optional Module 10) New question

EMOTSUP.

23.1 Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's
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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

HLTHWRK2 (CDC Optional Module 10) New question SATLIFE.

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 (CDC CORE)

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 (CDC CORE)

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 (CDC CORE)

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. 2 weeks ago (past 8-14 days)
3. 3-4 week ago (15 – 30 days before today)

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

FLUH4 (CDC CORE)

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 (CDC CORE)

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 (Go to FLUH8)

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 (CDC CORE)

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 (CDC CORE)

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) (CDC CORE)

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 (CDC CORE)

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

- ___ # persons (≥ 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 CH_SEL.

FLUH10 (CDC CORE)

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 STRKSPK; 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 (CDC OPTIONAL MODULE)

BOYGIRL.

24.1 Is the child a boy or a girl?

- 1. Boy
- 2. Girl

- 99. Refused

CH_HISP (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 (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 (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 (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 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

Section 26: Childhood Immunization

CFLUH1 (CDC Optional Module 25) New question

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 CH_VAC)

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

CFLUH2 (CDC Optional Module 25) New question

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

1. Yes
2. No

77. Don't know
99. Refused

CH_VAC (CDC Optional Module 25) New question

**26.3 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)
77. Don't Know / Not Sure (Go to CH_SHOT3)
99. Refused (Go to CH_SHOT3)

CH_VAC2 (CDC Optional Module 25) New question

26.4. 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
77. Don't Know / Not Sure (Go to CH_SHOT3)
99. Refused (Go to CH_SHOT3)

CH_MNTH (CDC Optional Module 25) New question

26.5 During what month did [Fill: he/she] receive [Fill: his/her]

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(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 25) New question

26.6 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

Ask if CH_VAC2 = 2

CH_SEC (CDC Optional Module 25) New question

26.7 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 25) New question

26.8 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

CATI note: If selected child's age is \geq 6 months, continue. Otherwise, go to next module.

CH_SHOT3 (CDC Optional Module 25) New question

26.9 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?

1. Yes
2. No (Go to SMOKE100)
7. Don't know / Not sure (Go to SMOKE100)
9. Refused (Go to SMOKE100)

CH_NOSE3 (CDC Optional Module 25) New question

26.10. 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?

__ / ____ Month / Year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused

Section 40: Tobacco Use

SMOKE100 is asked of all respondents.

SMOKE100 (CDC CORE)

40.1 The next questions I will be asking you are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?

(NOTE: 5 PACKS=100 CIGARETTES)

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

SMKEVDA2 (CDC CORE)

40.2 Do you now smoke cigarettes every day, some days or not at all?

- 1. Every day
- 2. Some days
- 3. Not at all
-
- 7. Don't know/Not sure
- 9. Refused

SMKICIGAR, PIPEVER, HOOKEVER, CHEWEVER, SNUFEVER SNUSEVER are asked of all respondents

SMKICIGAR

40.3 Have you ever smoked a cigar, even just a few puffs? (Cigar=large cigar, cigarillo, or small cigar)

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

PIPEVER

40.4 **Have you ever smoked a tobacco pipe?**

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

HOOKEVER

40.5 **Have you ever smoked a hookah pipe?**

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

CHEWEVER

40.6 **Have you ever used chewing tobacco such as Redmann, Levi Garrett or Beechnut?**

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

SNUFEVER

40.7 **Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?**

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

SNUSEVER

40.8 **Have you ever used new types of smokeless tobacco products, such as Camel Snus or Marlboro Snus? (A teabag like pouch that a user sticks between the upper lip and gum, leaves there for up to 30 minutes and discards without spitting.)**

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

If SMOKE100=2 or 7 or 9 then go to **CIGMONEY**

Else if SMOKE100=1 and SMKEVDA2=1 then go to SMOKENUM

Else if SMOKE100=1 and SMKEVDA2=2 or 3 or 7 or 9 then ask SMK6MOS

Section 41: Current Cigarette Use

Earlier you indicated that you have smoked cigarettes. I'd like to ask you some more questions about cigarette smoking.

SMK6MOS

41.1 Have you ever smoked daily for six months or more?

- 1. Yes
- 2. No (Go to SMK30ANY)
-
- 7. Don't know/Not sure (Go to SMK30ANY)
- 9. Refused (Go to SMK30ANY)

DAILYSMK (DAILYR, DAILYMO, DAILYWK, DAILYDY)

41.2 How long has it been since you smoked on a daily basis?

- YEARS DAILYR
- MONTHS DAILYMO
- WEEKS DAILYWK
- DAYS DAILYDY

- 00. Time frame does not apply
- 77. Don't know/Not sure for that time frame
- 99. Refused for that time frame (Go to SMK30ANY)

After respondent answers DAILY(YR, MO, WK, DY), go to SMK30ANY.

SMOKENUM

41.3 On the average, about how many cigarettes a day do you now smoke?

(NOTE: 1 pack=20 cigarettes)

- Enter number

- 000. Don't smoke regularly (programmed as 888)
- 777. Don't know/Not sure
- 999. Refused (Go to SMKWHOLE)

After respondent answers SMOKENUM, go to SMKWHOLE.

If SMKEVDA2≠1 then ask SMK30ANY.

SMK30ANY

41.4 Did you smoke any cigarettes during the past 30 days?

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

SMK30DAY

41.5 On how many of the past 30 days did you smoke cigarettes?

-- Enter number

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

SMK30NUM

41.6 **During the past thirty days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?**

(NOTE: 1 pack=20 cigarettes)

--- Enter number

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

If SMOKE100=1 then ask SMKWHOLE.

SMKWHOLE

41.7 **About how old were you when you smoked your first whole cigarette?**

-- Enter age in YEARS

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

SMOKEAGE

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

-- Enter age in YEARS

- 00. Never smoked regularly
- 77. Don't know/Not sure
- 99. Refused

If SMKEVDA2=1 or 2 or SMK30ANY=1 then ask SMK12AGO. Otherwise, go to SMKRG.

SMK12AGO

41.9 **Were you smoking at all around this time 12 months ago?**

- 1. Yes (Go to SMK12DLY)
- 2. No

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

SMK12DLY

41.10 **Were you smoking cigarettes every day or some days?**

1. Every day
2. Some days
-
7. Don't know/Not sure
9. Refused

For SMKWAKE: If SMKEVDA2=1 or 2 ask SMKWAKE. Else go to SMKRG.

SMKWAKE

41.11 **How soon after you awake in the morning do you usually smoke your first cigarette?**

- | | |
|------------------------|------------------|
| _ _ _ _ Enter response | (Go to QUIT1DY3) |
| 0000. Immediately | (Go to QUIT1DY3) |
| 7777. Don't know | (Go to QUIT1DY3) |
| 9999. Refused | (Go to QUIT1DY3) |

If SMKEVDA2=3 or 7 or 9 then ask SMKRG. Else go to QUIT1DY3.

SMKREG2 (CDC-CORE) (SMKRGYR, SMKRGMO, SMKRGWK, SMKRGDY)

41.12 **About how long has it been since you last smoked cigarettes regularly?**

- | | | |
|-----|---|---------|
| _ _ | YEARS | SMKRGYR |
| _ _ | MONTHS | SMKRGMO |
| _ _ | WEEKS | SMKRGWK |
| _ _ | DAYS | SMKRGDY |
| 00. | Time frame does not apply | |
| 77. | Don't know/Not sure for that time frame | |
| 99. | Refused for that time frame | |

Never smoked regularly

SMKRGTM **** (calculated variable--do not ask)*

41.13 Time (in DAYS) since last smoked cigarettes regularly

PUFF (PUFFYR1, PUFFMO1, PUFFWK1, PUFFDY1)

41.14 **When did you last smoke or have a puff on a cigarette?**

- | | | |
|-----|---|---------|
| _ _ | YEARS | PUFFYR1 |
| _ _ | MONTHS | PUFFMO1 |
| _ _ | WEEKS | PUFFWK1 |
| _ _ | DAYS | PUFFDY1 |
| 00. | Time frame does not apply | |
| 77. | Don't know/Not sure for that time frame | |
| 99. | Refused for that time frame | |

If SMKEVDA2=1 or 2, go to QUIT1DY3. If SMKEVDA2=3 or 7 or 9 and SMK30ANY=1, go to QUITINT.
If SMKEVDA2=3 or 7 or 9 and SMK30ANY≠1, go to RETURN12.

Section 42: Quitting

QUIT1DY3 (CDC-CORE)

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

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

If SMKEVDA2=3 and SMK30ANY=1 then ask QUITINT.

QUITINT

42.2 During the past 12 months, on the days you did not smoke, was this because you were trying to quit smoking?

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

NOSMK (NOSMKDY, NOSMKWK, NOSMKMO)

42.3 I'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

(INTERVIEWER NOTE: ONE YEAR=12 MONTHS)

- MONTHS NOSMKMO
- WEEKS NOSMKWK
- DAYS NOSMKDY
- 000. Time frame does not apply
- 777. Don't know/Not sure for that time frame (Go to QUITMED2)
- 999. Refused for that time frame (Go to QUITMED2)
- 888. Never made a quit attempt

If SMKEVDA2=1 or 2 or SMK30ANY=1 then ask QUITMED2.

QUITMED2

42.4 Did you use medication such as patches, gum, or nasal spray to help you in this quit attempt?

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

QUITADV2

42.5 **Did you use counseling advice in this quit attempt?**

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

QUITMAT

42.6 **Did you use any self-help materials in this quit attempt?**

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

RETSITUA

42.7 **In what situation did you return to smoking?**

(INTERVIEWER: DO NOT READ. PROBE FOR MOST IMPORTANT REASON)

- 1. A stressful situation
- 2. A death or tragedy
- 3. Where alcohol was served
- 4. Because of marital problems
- 5. In a social situation
- 6. The aroma of cigarette smoke
- 7. Because you were irritable due to smoking withdrawal
- 8. While driving
- 9. For enjoyment
- 10. OTHER ____ (specify) ----->RETURTXT
-
- 77. Don't know/Not sure
- 99. Refused

After respondent answers RETSITUA, go to RETURYR, RETURNMO, RETURWK, RETURDY.

If QUIT1DY3#1 or QUITINT#1 or NOSMK=888 (never made a quit attempt) then ask QUITLIFE.

QUITLIFE

42.8 **In your whole life, have you ever made a serious attempt to quit smoking?**

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

RETURN (RETURYR, RETURMO, RETURWK, RETURDY)

42.9 **How long have you been smoking since your last quit attempt?**

- YEARS RETURYR
- MONTHS RETURMO
- WEEKS RETURWK
- DAYS RETURDY

- 000. Time frame does not apply
- 777. Don't know/Not sure for that time frame
- 999. Refused for that time frame

Never smoked again after last quit attempt

For NOCIGDY, NOCIGWK, NOCIGMO, NOCIGYR:
If SMOKENUM=888 (don't smoke regularly) then go to LIKESTOP. Otherwise, continue.

NOCIG (NOCIGDY, NOCIGWK, NOCIGMO, NOCIGYR)

42.10 **Since you started smoking regularly, what is the longest time you have ever gone without smoking a cigarette?**

- YEARS NOCIGYR
- MONTHS NOCIGMO
- WEEKS NOCIGWK
- DAYS NOCIGDY

- 000. Time frame does not apply
- 777. Don't know/Not sure for that time frame
- 999. Refused for that time frame
- 888. Never smoked regularly

If SMKEVDA2=1 or 2 then ask LIKESTOP. If SMKEVDA2=3 and SMK30ANY=1, go to RETURN12. If SMKEVDA2=3 and SMK30ANY≠1, go to RETURN12.

LIKESTOP

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

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

QUIT30

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

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

QUIT6

42.13 Are you contemplating quitting smoking in the next six months?

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

RETURN12

42.14 Do you think it is likely or unlikely that you will return to smoking in the next 12 months?

- 1. Likely (Go to WHNCIGAR)
- 2. Unlikely
- 3. Never a regular smoker
-
- 7. Don't know
- 9. Refused

SMKAGAIN

42.15 Do you think that there is any possible situation in which you might start smoking again?

- 1. Yes (Go to WHNCIGAR)
- 2. No (Go to WHNCIGAR)
- 3. Never a regular smoker (Go to WHNCIGAR)
-
- 7. Don't know (Go to WHNCIGAR)
- 9. Refused (Go to WHNCIGAR)

FRNDWANT (ask of current smoker)

42.16 How much do your friends and family want you to quit smoking? Would you say...

- 1. Very Much
- 2. Somewhat
- 3. A little, or
- 4. Not at all
-
- 7. Don't know
- 9. Refused

After respondent answers SMKAGAIN, go to WHNCIGAR. If SMOKE100 ≠ 1 then ask CIGMONEY

Section 44: Cigarette Purchases

Now I'd like to ask you some questions about your cigarette purchases.

CIGMONEY

44.1 Are you worried about how much money you spend on cigarettes?

1. Yes
2. No
3. Never purchase cigarettes (Go to WHNCIGAR)
-
7. Don't know/Not sure
9. Refused

CABUY

44.2 Do you usually buy your cigarettes in California, out of state, or over the Internet?

1. California
2. Out of state (Go to SMKTYPE)
3. Over the Internet (Go to SMKTYPE)
-
7. Don't know/Not sure (Go to SMKTYPE)
8. Does not buy own cigarettes (Go to SMKTYPE)
9. Refused (Go to SMKTYPE)

WHEREBUY

44.3 Where do you usually buy your cigarettes? Do you buy them....

1. At convenience stores or gas stations
2. At supermarkets
3. At liquor stores or drug stores
4. At tobacco discount stores
5. At other discount stores such as Wal-Mart
6. On Indian reservations
7. In military commissaries
8. OTHER (specify) ----->BUYTXT
-
77. Don't know/Not sure
99. Refused

SMKTYPE

44.4 Do you usually smoke regular, light, or ultra light cigarettes?

- 1. Regular
- 2. Light
- 3. Ultra Light
- 4. OTHER (specify) ----->TYPETXT

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

SMKBRAN2

44.5 What brand do you usually smoke?

- 1. Benson and Hedges
- 2. Camel
- 3. Carlton
- 4. Generic
- 5. Kent
- 6. Kool
- 7. Marlboro
- 8. Merit
- 9. More
- 10. Newport
- 11. Pall Mal
- 12. Salem
- 13. Vantage
- 14. Virginia Slims
- 15. Winston
- 91. OTHER (specify) ----->SMKTX
- 77. Don't know/Not sure
- 99. Refused

If SMKBRAN2=77 or SMKBRAN2=99 go to PRICE.
 If SMKBRAN2 ≠ 77 or 99, and if RETSITUA ≠ "n/a", then go to CHNG.(DELETE)

If SMKEVDA2=1 or 2 then ask PRICE.

PRICE

44.7 How much do you usually pay for a pack of cigarettes?

EXAMPLE: for \$2.00 enter 200
 for \$1.75 enter 175
 for \$0.95 enter 95

._._ Enter response

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

BUYDOWN

44.8 The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions?

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

Section 45: Last Tobacco Use

If SMKIGAR=1 then ask WHNCIGAR.

WHNCIGAR

45.1 **Earlier you indicated that you have smoked a cigar. When was the last time you smoked a cigar?** (Read only if necessary.)

- 1. Within the past month (0 months to 1 month ago)
- 2. Within the past 3 months (More than 1 month to 3 months ago) (Go to PIPENOW)
- 3. Within the past 6 months (More than 3 months to 6 months ago) (Go to PIPENOW)
- 4. Within the past year (More than 6 months to 12 months ago) (Go to PIPENOW)
- 5. Within the past 5 years (More than 1 year to 5 years ago) (Go to PIPENOW)
- 6. Within the past 15 years (More than 5 years to 15 years ago) (Go to PIPENOW)
- 7. 15 or more years ago (Go to PIPENOW)

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

OFTCIGAR

45.2 **In the past month, did you smoke cigars everyday, several times per week, once per week, or less than once per week?**

- 1. Everyday
- 2. Several times per week
- 3. Once per week
- 4. Less than once per week

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

If PIPEVER=1 then ask PIPENOW.

PIPENOW

45.3 **Earlier you indicated that you have smoked a tobacco pipe. Do you now smoke a tobacco pipe every day, some days or not at all?**

- 1. Every day
- 2. Some Days
- 3. Not at all

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

If CHEWEVER=1 then ask CHEWNOW.

CHEWNOW

45.4 Earlier you indicated that you have used chewing tobacco. Do you now use chewing tobacco every day, some days, or not at all?

- 1. Every day
- 2. Some days
- 3. Not at all
-
- 7. Don't know/Not sure
- 9. Refused

If SNUFEVER=1 then ask SNUFNOW.

SNUFNOW

45.5 Earlier you indicated that you have used snuff. Do you now use snuff every day, some days, or not at all?

- 1. Every day
- 2. Some days
- 3. Not at all
-
- 7. Don't know/Not sure
- 9. Refused

If SNUSEVER=1 then ask SNUSNOW.

SNUSNOW

45.5 Earlier you indicated that you have used snus. Do you now use snus every day, some days, or not at all?

- 1. Every day
- 2. Some days
- 3. Not at all
-
- 7. Don't know/Not sure
- 9. Refused

HOUSTYPE

45.6 Which best describes the building you live in?

- 1. A mobile home
- 2. A house that is not attached to any other house
- 3. A house that is attached to one or more houses
- 4. An apartment or condominium in a complex with 15 or fewer units
- 5. An apartment or condominium in a complex with 16 or more units
- 6. An RV, Boat or other
-
- 7. Don't know/Not sure
- 9. Refused

Section 46: Health Care Access

[Ask if SMKEVDA2= 1 or 2, or SMK30ANY= 1 OR SMKRGTM=> 1 or SMKRGTM <= 366]

MDSEE

46.1 **Did you see your doctor in the past 12 months?**

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

MDSTOP12

46.2 **In the last 12 months did your doctor advise you to stop smoking?**

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

MDDATE

46.3 **In the last 12 months did your doctor suggest that you set a specific date to quit smoking?**

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

MDRX

46.4 **In the last 12 months, did your doctor prescribe anything to help you to quit smoking?**

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

MDASSIST

46.5 **In the last 12 months, did your doctor suggest that you receive any other assistance in quitting?**

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

If QUIT1DY3=1 and MDSTOP12=1, ask TRYQUIT. Otherwise, go to OTRSEE.

Section 47: Quitting with Medical Assistance

TRYQUIT

47.1 Did you try to quit when your doctor advised you to stop smoking?

- 1. Yes (Go to EMPLOY2)
- 2. No
-
- 7. Don't know/Not sure
- 9. Refused

OTRSEE

47.2 Did you see a nurse or other health professional in the past 12 months?

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

OTRSTP12

47.3 In the last 12 months did a nurse or other health professional advise you to stop smoking?

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

If QUIT1DY3=1 and OTRSTP12=1 then ask TRYQUITA.

TRYQUITA

47.4 Did you try to quit when a nurse or other health professional advised you to stop smoking?

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

Section 48: Workplace

OUTWORK

48.1 Do you currently work outside your home?

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

If EMPLOY2=1 or (EMPLOY2=2 and OUTWORK=1) then ask HRSWORK. Else go to SMKELSE2.

HRSWORK

48.2 How many hours per week, on average, do you work at your job?

1. 35 or more hours per week
2. 20 to 34 hours per week
3. Less than 20 hours per week
-
7. Don't know/Not sure
9. Refused

INDOORS

48.3 Do you work primarily indoors or outdoors?

1. Indoors
2. Outdoors
-
7. Don't know/Not sure
9. Refused

WKAREA1

48.4 What best describes where you currently work outside your home for money?

1. An office
2. A plant/factory
3. A store/warehouse
4. A classroom
5. A restaurant/bar
6. Vehicle
7. Outdoors
8. A home (e.g., private residences that are used as childcare)
9. A hospital
91. OTHER INDOOR SETTING (specify) ---->WAREATXT
-
77. Don't know/Not sure
99. Refused

WORK50

48.5 Altogether, do more than 50 people work at your worksite?

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

EMP50

48.6 Does your company employ more than 50 people at all worksites combined?

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

If WKAREA1=1 or 2 or 3 or 4 or 5 or 8 or 77 or 99 then ask TOTEMPLY. Otherwise go to POLICY.

TOTEMPLY

48.7 What is the total number of employees at the building where you work?

- 1. Less than 5
- 2. 5 to less than 25
- 3. 25 to less than 50
- 4. More than 50
-
- 7. Don't know/Not sure
- 9. Refused

BLDFREE

48.8 Is the building where you work completely smoke free indoors?

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

INALLOW

48.9 For each of the following indoor areas at your workplace, please indicate whether smoking is allowed.

	NOT ALLOWED	ALLOWED	DK/NS	REF	
A. Indoor work areas	1	2	7	9	INWKAREA
B. Special smoking room or lounge	1	2	7	9	INLOUNGE
C. Break room or cafeteria	1	2	7	9	INCAFE
D. Hallways or lobby	1	2	7	9	INHALLS

OUTALLOW

48.10 Is smoking allowed outside the building.....

NOT

ALLOWED ALLOWED DK/NS REF

- A. Close to entrances 1 2 7 9 OUTENTR
B. In a special area on the property 1 2 7 9 OUTSPEC

POLICY

48.11 **Is there an official policy that restricts smoking in any way at your worksite?**

1. Yes
2. No

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

PLCYCHG

48.12 **Has the official smoking policy changed in the last 12 months?**

1. Yes
2. No (Go to SMKWORK)

7. Don't know/Not sure (Go to SMKWORK)
9. Refused (Go to SMKWORK)

HOWCHG

48.13 **How did the policy change? Would you say it is**

1. More restrictive
2. Less restrictive

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

SMKWORK

48.14 **Which of the following best describes the smoking policy for areas in which employees work? Would you say that smoking is not allowed in any work areas, allowed in some work areas, or allowed in all work areas?**

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas

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

SMKAREA

48.15 **Which of the following best describes the smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? Would you say that smoking is not allowed in any public areas, allowed in some public areas, or allowed in all public areas?**

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas
4. Do not use public areas
-
7. Don't know/Not sure
9. Refused

WORKSMOK

48.16 During the past two weeks has anyone smoked in the area in which you work?

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

If (PLCYCHG=1) and {(SMKEVDA2=1 or 2) or (SMK30ANY=1)} and (SMKRGTM < 366) then ask PLCYSMK. Otherwise go to SMKELSE2.

PLCYSMK

48.17 Earlier you indicated the smoking policy at your place of employment changed, did you change your smoking behavior because of the smoking policy?

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

Section 49: Household Rules

SMKELSE2 is asked of all respondents.

Now, I would like to ask you a few questions about your household...

SMKELSE2

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

1. Yes
2. No (Go to HHRULES2)
-
7. Don't know/Not sure (Go to HHRULES2)
9. Refused (Go to HHRULES2)

SMKELSEN

49.2 How many other household members currently smoke?

-- Enter number

- 77. Don't know
- 99. Refused

HHRULES2

HHRULES.

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

- 1. Smoking is completely prohibited (Go to HHEVER)
- 2. Smoking is generally prohibited with few exceptions
- 3. Smoking is allowed in some rooms only (Go to HHEVER)
- 4. There are no restrictions on smoking
- 5. OTHER ____ (specify) ----->HHTXT

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

HHALLOW

49.5 **Is any smoking ever allowed inside your home?**

- 1. Yes
- 2. No

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

HHEVER

49.6 **Does anyone ever smoke inside your home?**

- 1. Yes
- 2. No

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

Section 50: Exposure to Smoke

PERCENT asked of all adults

50.1 **Now, think about 100 Californian adults. How many of them do you think currently smoke cigarettes?**

___ _ _ Enter response 0-100

- 0000. None at all
- 7777. Don't know
- 9999. Refused

EXPOTH1

50.2 **In California, in the past 6 months, which is since (MONTH/YEAR), have you had (anyone) (to put up with someone) smok(e)ing near you at any other place besides your home or your workplace?**

- 1. Yes (Go to EXPTXT1)

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

EXPTXT1

50.3 **The last time this happened in California, where were you?**

- 1. Restaurant
- 2. Restaurant Bar
- 3. Bar or tavern
- 4. Pool Hall
- 5. Shopping mall/stores
- 6. Public park/beaches/playgrounds/outdoor recreation areas
- 7. Community event/fair/farmer's market
- 8. Sports events/stadiums
- 9. Other person's home
- 10. Other person's automobile
- 11. Game room/casino/bingo hall
- 12. Where smoking should not ever be allowed
- 13. Party/wedding receptions/social event/rented hall
- 14. Other service areas such as bus/cab stands, ATM lines, ticket lines
- 15. Sidewalks
- 91. Other (specify)
- 77. Don't know/not sure
- 99. Refused

EXPHRS

50.4 **In the past week, about how many minutes or hours were you exposed to other people's tobacco smoke in all environments?**

EXAMPLE: for 30 minutes enter 30
for 10 hours and 30 minutes enter 1030

____ Enter response

- 0000. None at all
- 7777. Don't know
- 9999. Refused

Section 51 College Campuses

ENROLLED

51.1 **Are you currently enrolled in a course on a college campus?**

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

- 7. Don't know/Not sure (Go to BARVISIT)
- 9. Refused (Go to BARVISIT)

CAMPEXP

51.2 In the past two weeks, have you been exposed to other people's tobacco smoke on campus.....

	YES	NO	DK/NS	REF	
A. Indoors	1	2	7	9	CAMPIN
B. Outdoors	1	2	7	9	CAMPOUT

TOBSPON

51.3 Are you aware of any tobacco industry sponsored activities on your college campus in the past twelve months?

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

Section 52: Bars

BARVISIT (asked of all respondents)

52.1 Have you been to a bar, tavern, or nightclub including those that are attached to a restaurant, hotel or card club, in California during the past 12 months?

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

SMKFREE

52.2 The last time you went to a bar, tavern or nightclub including those that are attached to a restaurant, hotel or card club, in California, was it smoke-free?

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

BANAPPRV

52.3 California has a law prohibiting smoking in bars, taverns, and nightclubs including those that are attached to a restaurant, hotel, or card club. Do you approve of this law?

- 1. Yes
- 2. No

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

Section 53: Casinos

CASINO

53.1 In the past 12 months, have you been to a California Indian Casino?

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

CASNOSMK

53.2 If smoking were prohibited in California's Indian Casinos, would this make you more likely to visit them, less likely to visit them, or would it make no difference to you?

- 1. More likely
- 2. Less likely
- 3. No difference
- 4. No opinion
-
- 7. Don't know/Not sure
- 9. Refused

Section 54: Tobacco Advertising

ADVATRCT (ask of all respondents)

54.2 Of all the cigarette advertisements you have seen, what is the name of the cigarette brand featured in the advertisement that attracts your attention the most?

- | | | |
|----------------------|--------------------|------------------------------------|
| 1. Benson and Hedges | 9. More | 88. No brand attracted attention |
| 2. Camel | 10. Newport | |
| 3. Carlton | 11. Pall Mal | 77. Don't know/Not sure |
| 4. Generic | 12. Salem | |
| 5. Kent | 13. Vantage | 99. Refused |
| 6. Kool | 14. Virginia Slims | |
| 7. Marlboro | 15. Winston | |
| 8. Merit | | 91. OTHER <u>(specify)</u> ATRCTXT |

Section 56: Other's Smoking

SMKANNOY

56.1 How annoying do you find other people's smoking? Would you say not annoying at all, a little annoying, moderately annoying, very annoying, or extremely annoying?

- 1. Not annoying at all
- 2. A little annoying
- 3. Moderately annoying
- 4. Very annoying

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

ASKNOSMK

56.2 In the past 12 months have you ever asked someone not to smoke?

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

ASKWHO

56.3 On the most recent occasion you asked someone not to smoke, who was that person?

- 1. Spouse or partner
- 2. Parent
- 3. Child
- 4. Other relative
- 5. Friend
- 6. Co-worker
- 7. Other known person
- 8. Stranger
-
- 77. Don't know/Not sure
- 99. Refused

ASKRSN2

56.4 On that same occasion, what was the primary reason you asked that person not to smoke?

- 1. Smoke was annoying to you
- 2. Concerned about long-term health effects of secondhand smoke
- 3. Smoking was illegal
- 4. Concerned about the smokers health
- 5. Concerned about your own health (respondents health)
- 6. OTHER: (specify) ----->ASKTXT (Text)
- 7. Don't know/Not sure
- 9. Refused

If SMKEVDA2=1 or 2, go to ASKTIMES. Otherwise go to ANTITOB.

ASKTIMES

56.5 About how many times in the past 12 months has anyone asked you not to smoke when you were smoking or were about to smoke? Would you say never, once or twice, several times, or many times?

- 1. Never
- 2. Once or twice
- 3. Several times

- 4. Many times

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

Section 57: Anti-Tobacco Messages

ANTITOB is asked of all respondents.

ANTITOB

57.1 Within the last 30 days, have you seen or heard any anti-tobacco messages?

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

- 7. Don't know/Not sure (Go to MORETAX)
- 9. Refused (Go to MORETAX)

HTV, HRADIO, HBBOARD, HNEWSPAP, HMAG

57.2 Did you see or hear any anti-tobacco message on:

	YES	NO	UNKNOWN/NOT SURE	REFUSED
1. TV	1	2	7	9
2. RADIO	1	2	7	9
3. BILLBOARD	1	2	7	9
4. NEWSPAPER	1	2	7	9
5. MAGAZINES	1	2	7	9
6. OTHER (specify other source) 1----->HOTHTXT (Go to MORETAX)				

Section 58: Taxes

MORETAX is asked of all respondents.

MORETAX

58.1 How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other health care programs? Please tell me the highest tax you are willing to support ...? (Read all the following)

- 1. \$.25 a pack
- 2. \$.50 a pack
- 3. \$.75 a pack
- 4. \$1.00 a pack
- 5. \$1.50 a pack
- 6. \$2.00 a pack
- 7. \$3.00 a pack
- 8. More than \$3.00
- 9. No tax increase
- 10. OTHER (specify) ----->TAXTXT

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

Section 59: Attitudes

ATITINTR (Questions are asked in random order.)

Finally, I'm going to read you a few statements about smoking. Please tell me whether you agree or disagree with the following.

ATITUD6 and ATITUD69 are only asked if SMKEVDA2=1 or 2. ATITUD 10,11,13,29, 30 ASKED OF 50% OF RESPONDENTS, ATITUD71, 72, 73, 74, 75 ASKED OF THE OTHER 50% OF RESPONDENTS

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
ATITUD6				
59.1 I rarely smoke when I am the only smoker in a group.	1	2	7	9
ATITUD69				
59.2 If the tobacco industry promoted a new type of cigarette as safer, I would try it.	1	2	7	9
ATITUD7				
59.3 Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.	1	2	7	9
ATITUD8				
59.4 Inhaling smoke from someone else's cigarette harms the health of babies and children.	1	2	7	9
ATITUD33				
59.5 If a woman smokes when pregnant, it will harm the health of her baby.	1	2	7	9
ATITUD17				
59.6 I prefer to eat in restaurants that are smoke free.	1	2	7	9
ATITUD10				
59.7 Tobacco advertising encourages young people to start smoking.	1	2	7	9

ATITUD27					
59.8	Tobacco companies can lower the nicotine content of tobacco products.	1	2	7	9
ATITUD11					
59.9	Tobacco is NOT as addictive as other drugs such as heroin or cocaine.	1	2	7	9
ATITUD35					
59.10	All indoor worksites, including restaurants and cafeterias, should be smoke free.	1	2	7	9
ATITUD15					
59.11	Local communities should strongly enforce laws that prevent people from selling cigarettes to minors.	1	2	7	9
ATITUD13					
59.12	Minors caught buying cigarettes should be fined.	1	2	7	9
ATITUD19					
59.13	Store owners should need a license to sell cigarettes (just like alcoholic beverages).	1	2	7	9
ATITUD32					
59.14	Cigarette vending machines should be totally prohibited.	1	2	7	9
ATITUD20					
59.15	The ban on cigarette advertising should be extended to all print and electronic media.	1	2	7	9
ATITUD18					
23.16	Advertising tobacco products at sports and athletic events should be banned.	1	2	7	9
ATITUD23					
59.17	The tobacco industry should be forced to put stronger warnings on all their potentially harmful products.	1	2	7	9
ATITUD24					
59.18	Tobacco products should be treated like other foods and drugs, with each package having full disclosure of potentially harmful contents.	1	2	7	9
ATITUD29					
59.19	Tobacco products should be regulated as a drug by a government agency such as the Food and Drug Administration.	1	2	7	9

ATITUD30					
59.20	The tobacco industry should not be permitted to offer products such as clothing or camping equipment in exchange for coupons on cigarette packs.	1	2	7	9
ATITUD31					
59.21	The distribution of free tobacco samples or coupons to obtain free samples by <u>mail</u> , should not be permitted.	1	2	7	9
ATITUD42					
59.22	The production and sale of cigarettes should not be a legitimate business in the United States.	1	2	7	9
ATITUD34					
59.23	The tobacco industry spokespersons mislead the public when they say tobacco is not addictive.	1	2	7	9
ATITUD66					
59.24	If a person smokes only 5 cigarettes per day, their chances of getting cancer from smoking are about the same as someone who never smokes.	1	2	7	9
ATITUD67					
59.25	Nicotine is a cause of cancer.	1	2	7	9
ATITUD68					
59.26	The government exaggerates the risks of smoking.	1	2	7	9
ATITUD70					
59.27	Smoking light cigarettes is safer than smoking regular cigarettes.	1	2	7	9
ATITUD71					
59.28	Smoking should not be allowed in outdoor dining areas at restaurants.	1	2	7	9
ATITUD72					
59.29	Smoking should not be allowed at a public beach.	1	2	7	9
ATITUD73					
59.30	Smoking should not be allowed in outdoor entertainment areas, such as amusement parks, zoos, and fairgrounds.	1	2	7	9

ATITUD74

59.31 Apartment complexes should require at least half of the rental units to be smoke-free. 1 2 7 9

ATITUD75

59.32 Outdoor common areas within apartment or condominium complexes, such as pools, common area patios, and walkways, should have designated areas for smoking. 1 2 7 9

ATITUD76

59.33 Indian casinos in California should be smoke-free. 1 2 7 9

ATITUD77

59.34 Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnicity groups. 1 2 7 9

ATITUD78

59.35 Pharmacies/drug stores should not sell tobacco products 1 2 7 9

LUNGCAN is asked of all respondents.

LUNGCAN

59.35 Do you think your risk of lung cancer is higher, lower, or about the same as other men or women your age?

- 1. Higher
- 2. Lower
- 3. About the same
-
- 7. Don't know/Not sure
- 9. Refused

Section 60: Closing

If *ASTHNOW=1* or *CHLDASTB=1*

ASTHCALL (CA-California Breathing)

YESNO.

60.1 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.

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

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

- 1. Yes
- 2. No

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

YTHSAMP

60.3 Your answers indicate that there _____ is a youth/are youths_____ between the ages of 12 and 17 living in this household. We would like to interview ____ this youth/one of these youths_____ as part of a study on youth attitudes toward smoking and other issues. All answers will be kept confidential. While participation is voluntary, your cooperation and the cooperation of the youth in this survey is very important to the success of our study. May we interview _____ for this study?

CLOSING

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