

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2011
Track II

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

October 5, 2010

Revised November 16, 2010

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**Behavioral Risk Factor Surveillance System
2011 State Questionnaire
CORE and Modules for 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.

Hola soy _____ y estoy llamando del Departamento de Salud Pública de California y de los Centros para el Control y Prevención de Enfermedades.

PRIVRES

Is this a private residence?

¿Es esta una residencia privada?

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.

Estamos haciendo un estudio especial relacionado con las prácticas de salud de los residentes en California. Su número ha sido seleccionado al azar para representar a 2,500 hogares en California. Nos gustaría hacerle algunas preguntas sobre enfermedades del corazón, cáncer, diabetes, productos de tabaco y otros temas de salud que les afectan a los habitantes del estado hoy en día.

2. No ---> Thank you very much, but we are only interviewing private residences. (Stop)

Muchas gracias, pero solo estamos entrevistando residencias privadas.

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.

Estamos haciendo un estudio especial relacionado con las prácticas de salud de los residentes en California. Su número ha sido seleccionado al azar para representar a 2,500 hogares en California. Nos gustaría hacerle algunas preguntas sobre enfermedades del corazón, cáncer, diabetes, productos de tabaco y otros temas de salud que les afectan a los habitantes del estado hoy en día.

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?

Nuestro estudio requiere que entrevistemos a una sola persona que vive en su hogar. ¿Cuántos miembros de su hogar incluyéndose a usted, tienen 18 años de edad o más?

___Enter the number of adults

NUMMEN

(If NUMADULT GT 1)

How many are men?

¿Cuántos son hombres?

_____ the number of men (0-9)

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

¿Cuántas son mujeres?

_____ 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) ?

La persona con quien necesito hablar es _____.

¿Es usted el/la _____?

1. Yes ---> Continue.

2. No ---> May I speak with the _____?

¿Me permite hablar con _____?

ONEADULT

(If ADULT = 1)

Are you the adult?

¿Es usted el adulto?

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)

Entonces, usted es la persona con quien necesito hablar. Toda la información obtenida en este estudio será confidencial.

2. No ---> May I speak with him or her? (When selected adult answers:)

¿Puedo hablar con él o ella?

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.

Hola, me llamo _____ y estoy llamando del Departamento de Salud Pública de California y de los Centros para el Control y Prevención de Enfermedades. Estamos haciendo un estudio especial, de los residentes de California, relacionado con sus prácticas de salud y los hábitos de sus vidas cotidianas para guiar las pólizas de salud del estado y federales. Usted ha sido seleccionado(a) al azar para representar a 5,000 hombres y mujeres en California.

NO le hare preguntas que puedan identificarlo (la). No hay ningún riesgo para usted. Toda la información que usted nos dé, será estrictamente confidencial. Si hay alguna pregunta que usted no desee contestar, por favor dígamelo y podremos continuar. Si usted tiene alguna pregunta acerca de la encuesta, que yo no pueda contestar, le daré un número de teléfono sin costo, al que usted puede llamar para obtener más información.

Mientras una supervisora pueda escuchar esta encuesta para el control de calidad, toda la información obtenida en este estudio será confidencial.

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) ?

Y su número de teléfono es _____?

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)

Muchas gracias, pero solo estamos entrevistando residencias privadas.

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.

¿Es este un teléfono celular? Por teléfono celular nos referimos a un teléfono que es móvil y utilizable fuera de su vecindario. No debe confundirse con un teléfono inalámbrico, que es simplemente una extensión sin cable del teléfono de su hogar.

1. Yes---> Thank you very much, but we are only interviewing land line telephones and private residents. STOP

Muchas gracias, pero solo estamos entrevistando residencias privadas.

2. No ---> (Continue)

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

Primero, quiero hacerle algunas preguntas acerca de su salud.

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?

¿Generalmente, diría usted que su salud es: Excelente, Muy buena, Buena, Regular, o Delicada?

- 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?

Ahora, pensando en su salud física, la cual incluye enfermedades físicas y lastimaduras, ¿en cuántos de los últimos 30 días diría que su salud física no fue buena?

___ 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?

Ahora, pensando en su salud mental, la cual incluye la tensión nerviosa, depresión, y problemas emocionales, ¿en cuántos de los últimos 30 días diría que su salud mental no fue buena?

___ 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?

Durante los últimos 30 días, ¿por cuántos días le impidió su salud delicada física o mental en hacer sus actividades normales, tales como cuidarse, trabajar, o actividades recreativas?

___ Enter Number of days

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

Section 3: Health Care Access

HAVEPLN3 (CDC-CORE)

YES/NO.

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?

Las próximas preguntas que le haré, se refieren al acceso que usted tiene al cuidado médico. Por favor este tranquilo(a) que no estoy tratando de venderle seguro médico. ¿Tiene usted alguna cobertura de salud? Incluyendo seguro de salud, planes prepagados tales como los de HMO (organizaciones para el mantenimiento de la salud), o planes del gobierno como Medicare, 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:

Hay ciertos tipos de cobertura que puede no haber considerado. Por favor, dígame si tiene alguna cobertura provisto por:

(If HAVPLN3 = 1, ask:)

Do you have health care coverage through:
Your employer

Yes	No	Dk/Ns	Ref
1	2	77	99 EMPPLAN

Su empleador?

Someone else's employer, like your spouse's or parents employer	1	2	77	99	OEMPLAN
<i>El empleador de otra persona, como su esposo(a) o sus padres?</i>					
A plan that you or someone else buys on your own	1	2	77	99	OWNPLAN
<i>Un plan que usted u otra persona pagan por su cuenta?</i>					
Medicare	1	2	77	99	MEDICARE
<i>Medicare?</i>					
Medi-Cal (Medicaid)	1	2	77	99	MEDICAL
<i>Medical?</i>					
The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA]1		2	77	99	MILPLAN
<i>Las fuerzas armadas, CHAMPUS, o la administración de Veteranos?</i>					
The Indian Health Service	1	2	77	99	INDPLAN
<i>El servicio de salud indio?</i>					
A source other than the ones already mentioned	1	2	77	99	OTHPLAN
<i>Otra fuente aparte de las que mencione?</i>					

<p>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</p>
--

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:

¿Qué tipo de cobertura de salud usa para pagar la mayor parte de su atención médica? ¿Diría usted...

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)

YES/NO.

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?")

¿Hay una persona quien usted considera ser su doctor personal o proveedor de su cuidado médico? PROBE: If NO, ask "hay más de una persona o no hay ninguna persona?"

- 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)

YES/NO.

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

En los últimos 12 meses, ¿hubo algún momento en que necesitó consultar a un médico, pero no pudo hacerlo debido al costo?

- 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)

¿Cómo cuánto tiempo tiene, desde la última vez que fue al médico, para hacerse un chequeo de rutina? Un chequeo de rutina es un examen físico general, NO un examen realizado para una lesión específica NI enfermedad o afección (enfermedad) específica.

- 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: Hypertension Awareness/Actions to Control High Blood Pressure

BPHIGH2 (CDC-CORE)

YES/NO.

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

(Interviewer: If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”)

(Other health professional means a nurse practitioner, a physician’s assistant, or some other licensed health professional)

¿Alguna vez, le ha dicho un medico, enfermera, u otro profesional de la salud, que usted tiene la presión (de la sangre) alta? Interviewer: If yes, fue esto solamente cuando estaba embarazada? (Profesional de la salud: una enfermera, un asistente médico, o algún profesional de la salud con licencia)

- 1. Yes
- 2. Yes, but female told only during pregnancy (Go to BLOODCHO)
- 3. No (Go to BLOODCHO)
- 4. Borderline, pre-hypertensive (Go to BLOODCHO)
- 77. Don’t know/Not sure (Go to BLOODCHO)
- 99. Refused (Go to BLOODCHO)

BPMED (CDC-CORE)

YES/NO.

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

¿Está usted ahora tomando medicina para su presión alta (de la sangre)?

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

BPEAT (CA-CHDSPP) (CDC Optional Module)

YES/NO

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

¿Está usted haciendo alguna de las siguientes cosas para ayudar a reducir, o controlar, su alta presión en la sangre (hipertensión arterial)? ¿Está cambiando lo que acostumbraba comer (para ayudar a reducir, o controlar, su hipertensión arterial)?

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

BPSALT (CA-CHDSPP) (CDC Optional Module)

YES/NO

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

¿(Está) consumiendo menos sal (para ayudar a reducir, o controlar, su hipertensión arterial)?

- 1. Yes

2. No
3. Do not use salt
7. Don't know / Not sure
9. Refused

BPALCH (CA-CHDSPP) (CDC Optional Module) YES/NO

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

¿(Está) reduciendo el consumo de alcohol (para ayudar a reducir, o controlar, su hipertensión arterial)?

1. Yes
2. No
3. Do not drink
7. Don't know / Not sure
9. Refused

BPEXER (CA-CHDSPP) (CDC Optional Module) YES/NO

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

¿Está haciendo ejercicio (para ayudar a reducir, o controlar, su hipertensión arterial)?

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

BPDREAT (CA-CHDSPP) (CDC Optional Module) YES/NO

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

¿Le ha recomendado alguna vez un médico, u otro profesional de la salud, hacer alguna de las siguientes cosas para ayudar a reducir, o controlar, su hipertensión arterial? ¿(Le han aconsejado alguna vez) cambiar sus hábitos alimenticios (modificar lo que acostumbra comer) (para ayudar a reducir, o controlar, su hipertensión arterial)?

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

BPDRSALT (CA-CHDSPP) (CDC Optional Module) YES/NO

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

¿(Le han aconsejado alguna vez) comer menos sal (para ayudar a reducir, o controlar, su hipertensión arterial)?

1. Yes
2. No
3. Do not use salt
7. Don't know / Not sure
9. Refused

BPDRALCH (CA-CHDSPP) (CDC Optional Module)

YES/NO

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

¿(Le han aconsejado alguna vez) consumir menos alcohol (para ayudar a reducir, o controlar, su hipertensión arterial)?

1. Yes
2. No
3. Do not drink
7. Don't know / Not sure
9. Refused

BPDREXER (CA-CHDSPP) (CDC Optional Module)

YES/NO

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

¿[Le han aconsejado alguna vez] hacer ejercicio (para ayudar a reducir, o controlar, su hipertensión arterial)?

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

BPDRMED (CA-CHDSPP) (CDC Optional Module)

YES/NO

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

¿[Le han aconsejado alguna vez] tomar medicamentos (para ayudar a reducir, o controlar, su hipertensión arterial)?

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

BPDR TWO (CA-CHDSPP) (CDC Optional Module)

YES/NO

4.13 Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure?

If "Yes" and respondent is *female*, ask: "Was this only when you were pregnant?"

*¿Le han dicho, en dos o más ocasiones en que visitó a un médico, que usted tenía la tensión arterial alta?
Si contesta que "sí" y la persona encuestada es mujer, pregunte: "¿Eso sucedió únicamente cuando estaba embarazada?"*

1. Yes
2. Yes, but female told only during pregnancy
3. No
4. Told borderline or pre-hypertensive
7. Don't know / Not sure
9. Refused

Section 5: Cholesterol Awareness

BLOODCHO (CDC-CORE)

YES/NO.

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

*El colesterol en la sangre es una sustancia grasosa que se encuentra en la sangre.
¿Alguna vez le han medido su colesterol en la sangre?*

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

CHOLCHK (CDC-CORE) HOWLONGC.

5.2 About how long has it been since you last had your blood cholesterol checked?
(Read only if necessary)

¿Cuánto tiempo hace desde la última vez que le midieron el colesterol en la sangre?

- | | | | |
|-----|-------------------------|--------------------------------|---------------|
| 1. | Within the past year | (0 years to 1 year) | |
| 2. | Within the past 2 years | (more than 1 year to 2 years) | |
| 3. | Within the past 5 years | (more than 2 years to 5 years) | |
| 4. | More than 5 years ago | | |
| 77. | Don't Know /Not sure | | |
| 88. | Never | | (Go to HEART) |
| 99. | Refused | | |

TOLDHI (CDC-CORE)

YES/NO.

5.3 Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud que su colesterol en la sangre es alto?

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

Section 6: Chronic Health Conditions

HEART (CDC-CORE) (HEART2 in dataset)

YESNO.

6.1 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)?

Ahora me gustaría hacerle algunas preguntas acerca de las enfermedades cardiovasculares. ¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud que usted tuvo un ataque cardíaco, también llamado infarto de miocardio?

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

ANGINA (CDC-CORE)

YESNO.

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

(¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud) que usted tuvo angina o una enfermedad coronaria del corazón?

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

STROKE (CDC-CORE) (STROKE2 in dataset)

YESNO.

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

(¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud) que usted había sufrido una embolia?

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

ASTHEVE3 (CDC-CORE)

YESNO.

6.6 (Has a doctor, nurse, or other health professional) EVER told you that you had asthma?

(¿Alguna vez, le ha dicho un doctor, enfermera u otro profesional de la salud) que usted tenia asma?

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

ASTHNOW (CDC-CORE)

YESNO.

6.5 Do you still have asthma?

¿Todavía tiene usted asma?

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

SKCANC (CDC-CORE)

6.6 (Has a doctor, nurse, or other health professional) EVER told you that you had skin cancer? Read only if necessary:

By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

*(¿Alguna vez le ha dicho un medico, enfermera, u otro profesional de la salud) que usted tenía cáncer en la piel? **Read ONLY if Necessary:** Por "Profesional de la salud" nos referimos a una enfermera, asistente médico, trabajador social, o algún otro profesional de la salud con licencia.*

(94)

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

OTHCANC (CDC-CORE)

6.7 (Has a doctor, nurse or other health professional) EVER told you that you had any other types of cancer?

(¿Alguna vez le ha dicho un medico, enfermera u otro profesional de la salud) que usted tuvo cualquier otros tipos de cáncer?

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

COPD (CDC-CORE)

6.8 (Has a doctor, nurse or other health professional) ever said that you have COPD (chronic obstructive pulmonary disease, emphysema or chronic bronchitis? (96)

(¿Alguna vez le ha informado un médico, enfermera u otro profesional de la salud,) que usted padece de COPD (la enfermedad pulmonar obstructiva crónica), de enfisema o de bronquitis crónica?

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

ARTHRITD (CDC CORE)

YESNO.

6.9 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)?

¿Alguna vez algún médico u otro profesional de la salud, le informó que tenía algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?

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)

DEPRESS1 (CDC-CORE)

6.10 (Has a doctor, nurse or other health professional) EVER said that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

(¿Alguna vez le ha dicho un medico, enfermera, u otro profesional de la salud) que usted tiene una enfermedad depresiva (incluyendo depresión, depresión mayor, distimia, o depresión leve?)

(98)

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

KIDNEY (CDC-CORE)

6.11 (Has a doctor, nurse or other health professional) EVER said that you have kidney disease? Do Not include kidney stones, bladder infection or incontinence.

Interviewer Note: Incontinence is not being able to control urine flow.

(99)

(¿Alguna vez le ha dicho un medico, enfermera, u otro profesional de la salud) que usted tiene una enfermedad renal? NO incluya piedras en el riñón, infección en la vejiga (vesícula) ni incontinencia?

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

VISION (CDC-CORE)

6.12 (Has a doctor, nurse or other health professional) EVER said that you have vision or eye problems?

(¿Alguna vez le ha dicho un medico, enfermera, o otro profesional de la salud) que usted tiene problemas con la visión en uno o ambos ojos aun al usar lentes (gafas) con los ojos?

(100)

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don't know / Not sure
- 9 Refused

DIABCOR2 (CDC-CORE)

DIABCORB.

6.13 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").

Ahora, me gustaría preguntarle acerca de la diabetes, a veces llamada azúcar en la sangre. ¿Alguna vez le ha dicho un médico que tiene 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

18

99. Refused

If SEX EQ 2 go to DIABGEST

DIABGEST (CA, DBCP)

YESNO.

6.14 Was this ONLY while you were pregnant?

¿Fue esto SOLAMENTE mientras estaba embarazada?

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

Section 7: Chronic Obstructive Pulmonary Disease Module

Ask if COPD = 1

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease

Anteriormente, usted dijo que había sido diagnosticado (a) con la Enfermedad Pulmonaria Obstructiva Crónica (COPD).

COPD_1 (CDC Optional Module)

7.1. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema?(394)

¿Alguna vez le han hecho una prueba de respiración para diagnosticar COPD (la enfermedad pulmonaria obstructiva crónica), bronquitis crónica, o enfisema?

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

COPD_2 (CDC Optional Module)

7.2. Would you say that shortness of breath affects the quality of your life?(395)

¿Diría usted que la falta de aire le afecta la calidad de su vida?

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

COPD_3 (CDC Optional Module)

7.3. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (396)

¿Aparte de visitas rutinarias, ha tenido que ver a un medico en los pasados 12 meses por síntomas relacionados con la falta de aliento, bronquitis COPD, (la enfermedad pulmonaria obstructiva crónica), o brotes de enfisema?

- 1 Yes

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

COPD_4 (CDC Optional Module)

7.4. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema?(397)

¿Tuvo que ir a una sala de emergencias a ser admitido (a) al hospital en los pasados 12 meses por causa de COPD, (la enfermedad pulmonaria obstructiva crónica), bronquitis crónica, o enfisema?

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

COPD_5 (CDC Optional Module)

7.5. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema?(398-399)

¿Cuántos medicamentos diferentes toma usted actualmente cada día para ayudarle con COPD (la enfermedad pulmonaria obstructiva crónica), bronquitis crónica, o enfisema?

- Number (00-76)
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 8: Tobacco Use

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

Ahora, me gustaría hacerle algunas preguntas acerca del fumar cigarrillos.

SMOKE100 (CDC-CORE)

YESNO.

8.1 Have you smoked at least 100 cigarettes in your entire life? (5 packs = 100 cigarettes)

¿Ha fumado por lo menos 100 cigarrillos durante toda su vida?

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

SMKEVDA2 (CDC-CORE)

EVDAY.

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

En la actualidad, ¿fuma usted cigarrillos todos los días, algunos días, o ningún día?

- | | | |
|-----|---------------------|------------------|
| 1. | Everyday | (GO TO SMK12AGO) |
| 2. | Somedays | (GO TO SMK12AGO) |
| 3. | Not at all | (Go to SMOKREG4) |
| 77. | Don't know/Not sure | (Go to SMOKREG4) |
| 99. | Refused | (Go to SMOKREG4) |

SMOKREG4 (CDC-CORE)

SMOKREGB.

8.3 About how long has it been since you last smoked a cigarette, even one or two puffs?

¿Cuánto tiempo hace desde la última vez que usted fumo un cigarrillo, aunque haya sido solamente uno o dos soplos?

(Read only if necessary)

- | | | |
|-----|--------------------------|---------------------------------------|
| 1. | Within the past month | (less than 1 month ago) |
| 2. | Within the past 3 months | (1 month but less than 3 months ago) |
| 3. | Within the past 6 months | (3 months but less than 6 months ago) |
| 4. | Within the past year | (6 months but less than 1 year ago) |
| 5. | Within the past 5 years | (1 year but less than 5 years ago) |
| 6. | Within the past 10 years | (5 years but less than 10 years ago) |
| 7. | 10 or more years ago | |
| 77. | Don't know/Not sure | |
| 88. | Never smoked regularly | (Do not read) |
| 99. | Refused | (Do not read) |

IF SMOKREG4 >= 5, GO TO SMKWHOLE; ELSE CONTINUE

SMK12AGO (CA-TCS) (Ask if SMKEVDA2 <= 2 or SMKREG4 <=4)

YESNO.

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

¿Hace 12 meses, estaba usted fumando alrededor de esta temporada?

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

(Ask if SMKEVDA2 <= 2 or SMKREG4 <=4)

QUIT1DY3 (CDC-CORE)

YESNO.

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

Durante los últimos 12 meses, ¿ha parado de fumar por un día o más porque estaba tratando de dejar de fumar?

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

IF SMKEVDA2 <=2 AND QUIT1DY3 = 1, GO TO NOSMK; ELSE IF SMKEVDA2 <=2 AND QUIT1DY3 <> 1, GO TO QUIT30; ELSE IF SMKREG4 <=4, GO TO SMKWHOLE

NOSMK (NOSMKDY, NOSMKWK, NOSMKMO)

8.6 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?

Me gustaría preguntarle sobre el último intento que usted hizo para dejar de fumar. Durante ese intento, ¿cuánto tiempo duró sin fumar un cigarrillo?

(INTERVIEWER NOTE: ONE YEAR=12 MONTHS)

---- MONTHS NOSMKMO
---- WEEKS NOSMKWK
---- DAYS NOSMKDY

- 1. Time frame does not apply
- 777. Don't know/Not sure for that time frame
- 999. Refused for that time frame
- 888. Never made a quit attempt

Ask if SMKEVDA2<=2 and QUIT1DY3<>1

QUIT30 (CA-TCS)

YESNO.

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

¿Tiene planes para dejar de fumar en los próximos 30 días?

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

IF SMKEVDA2 = 1 AND QUIT30 = 1, GO TO SMOKENUM; ELSE IF SMKEVDA2 = 2 AND QUIT30 = 1, GO TO SMK30ANY; ELSE CONTINUE

QUIT6 (CA-TCS)

YESNO.

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

¿Está contemplando en dejar de fumar en los próximos seis meses?

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

IF SMKEVDA2 = 1, GO TO SMOKENUM; ELSE IF SMKEVDA2 = 2, GO TO SMK30ANY

SMOKENUM (CA-TCS)

TYPE V.

8.9 On the average, about how many cigarettes a day do you now smoke?
(1 pack = 20 cigarettes)

¿En promedio, cuántos cigarrillos fuma usted al día actualmente?

_____ Enter number of cigarettes (verify if GT 70) (Go to SMKWHOLE)

- 88. Don't smoke regularly (GO TO SMK30ANY)
- 77. Don't know/Not sure (GO TO SMK30ANY)
- 99. Refused (GO TO SMK30ANY)

ASK IF SMKEVDA2 = 2 OR SMOKENUM = 77, 88, 99

SMK30ANY (CA-TCS)

YESNO.

8.10 Did you smoke ANY cigarettes during the past 30 days?

¿Ha fumado usted algunos cigarrillos durante los últimos 30 días?

- 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.

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

¿En cuántos de los últimos 30 días fumó usted cigarrillos?

_____ Enter number of days

30. Every day

- 777. Don't know
- 999. Refused

SMK30NUM (CA-TCS)

TYPE VIII.

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

¿Durante los últimos 30 días, en los días que fumó, ¿cómo cuántos cigarrillos fumó por día?

_____ Enter number of cigarettes (verify if GT 70)

- 777. Don't know
- 999. Refused

SMKWHOLE (CA-TCS)

TYPE VII.

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

¿Cómo qué edad tenía cuando fumó su primer cigarrillo entero?

_____ Code age in years

- 77. Don't know
- 99. Refused

SMOKEAGE (CA-TCS)

TYPE XI.

8.14 About how old were you when you first started smoking cigarettes fairly regularly? (NA = Never smoked regularly)

Aproximadamente, ¿cuántos años tenía cuando comenzó a fumar cigarrillos con regularidad?

_____ Code age in years

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

SMKELSEN (CA-TCS)

TYPE VII.

8.15 How many other household members currently smoke? (NA=None)

¿Cuántos otros miembros de su hogar, fuman en la actualidad?

_____ Enter number of household members

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

HOUSTYPE (CA-TCS)

8.16 Which best describes the building you live in?

¿Cuál de estas describe mejor el edificio o el lugar donde vive usted?

1. A mobile home
Un coche-caravana o casita rodante.
2. A house that is not attached to any other house
Una casa no adosada a ninguna otra.
3. A house that is attached to one or more houses
Una casa adosada a otra, o a varias más.
4. An apartment or condominium in a complex with 15 or fewer units
Un apartamento o unidad en condominio en una unidad de apartamentos de 15 unidades, o menos.
5. An apartment or condominium in a complex with 16 or more units
Un apartamento o unidad en condominio en una unidad de apartamentos de 16 unidades, o más.
6. An RV, Boat or other

Un vehículo recreativo, embarcación u otro

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

HHRULES2 (CA-TCS)

HHRULES.

8.17 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?

¿Cuáles son los reglamentos o restricciones de fumar, en su hogar, si hay alguno? ¿Diría Ud. que el fumar está totalmente prohibido, que está generalmente prohibido con algunas excepciones, se permite fumar únicamente en ciertos cuartos, o que no hay restricciones contra el fumar, u otro?

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

USENOW3 (CORE)

EVDAY.

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

¿Actualmente, usa usted el tabaco de mascar, el rape o snus todos los días, algunos días o nunca? Snus (tabaco Sueco) es un tabaco sin humo húmedo, generalmente se vende en bolsas pequeñas que se colocan bajo de el labio contra la encía. (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.

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

¿Alguna vez, ha fumado un puro (cigarro), aunque hayan sido solamente unos cuantos soplos?//Cigar = large cigar, cigarillo, or small cigar.

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

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

OFTCIGRB (CA-TCS)

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

¿En cuántos de los últimos 30 días fumó usted puros (cigarros)?

_____ Enter number of days

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

Section 9: Demographics

AGEB (CDC-CORE)

9.1 What is your age?

¿Cuántos años tiene usted?

___ Enter age in years

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

HISP3 (CDC-CORE)

YES/NO.

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

¿Es usted hispano(a) o latino(a)? (Esto incluye Mexicana Americana, Latina Americana, Puertorriqueña, o Cubana).

1. Yes
2. No

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

ORACE3 (CDC-CORE)**ORACEB.9.3**

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? *¿Cuál o cuáles de las siguientes*

diría usted es su raza? ¿Diría: Blanco(a), Negro(a), Asiático(a), nativo de Hawaii o de las Islas del Pacífico, Indio(a) Americano(a), nativo(a) de Alaska (Aleut), u Otra?

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

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

9.3A Would you say your race is ...

¿Diría que su raza es...

1. White Hispanic
Hispano Blanco
2. Black or African American Hispanic
Hispano Negro o Africano Americano
3. Asian Hispanic
Hispano Asiático
4. Native Hawaiian or Other Pacific Islander Hispanic
Hispano nativo de Hawái o de otra isla del Pacífico
5. American Indian or Alaska Native Hispanic
Hispano Indio Americano o nativo de Alaska
6. Other Hispanic
Otro hispano
77. Don't know/Not sure
99. Refused

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

ORACE4 (CDC-CORE)**ORACEB.**

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

Cuál de estos grupos, diría usted mejor representa su raza? ¿Diría...Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), nativo(a) de Alaska

(Aleut), u Otra?

- | | | |
|-----|---|------------------|
| 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.

9.5 Are you Chinese, Japanese, Korean, Filipino or Other?

¿Es usted Chino(a), Japoneso(a), Coreano(a), Filipino(a) u otra?

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.

9.6 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.

¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los estados Unidos, ya sea en el ejército normal, en la Guardia Nacional o en la Unidad de Reserva? Servicio activo no incluye entrenamiento para las reservas o la Guardia Nacional, pero SI incluye activación, por ejemplo, para la Guerra de Golfo Pérsico.

1. Yes, now on active duty
Si, ahora en servicio activo

2. Yes, on active duty during the last 12 months, but not now
Si, en servicio activo durante los últimos 12 meses, pero no actualmente
3. Yes, on active duty in the past, but not during the last 12 months
Si, en servicio activo, pero no durante los últimos 12 meses
4. No, training for Reserves of National Guard only
No, en entrenamiento para la Reserva o Guardia Nacional
5. No, never served in the military
No, nunca he estado en el servicio militar
77. Don't know/Not sure
99. Refused

MARITAL (CDC-CORE)

MARITAL.

9.7 Are you: Married, Divorced, Widowed, Separated, Never married, or a member of an unmarried couple?

¿Está usted: Casado(a), divorciado(a), viudo(a), separado(a), nunca casado(a), o un miembro de una pareja sin estar casado(a)?

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.

9. 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.)

Ahora le voy a preguntar acerca de su orientación sexual. Recuerde que todas sus respuestas son confidenciales y que no tiene que contestar ninguna pregunta que usted no quiera. ¿Se considera usted ser... Heterosexual, homosexual o sea gay o lesbiana, bisexual u otra?

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.

9.9 How many children less than 18 years of age live in your household?

¿Cuántos niños MENORES de 18 años de edad, viven en su hogar?

___ 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.

9.10 (If CHILD18=1, ask:) How old is the child?

¿Qué edad tiene el joven?

(If CHILD18 GT 1, ask:) How old are the children? Beginning with the youngest...

¿Qué edad tienen los jóvenes? Empezando con el más joven. ...

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)}

- ___ 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.****9.11 What is the highest grade or year of school you completed?** (Read Only if Necessary)*¿Cuál fue el año escolar más alto que usted completó?*

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.****9.12 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?***¿Actualmente: Trabaja con sueldo, trabaja por cuenta propia, ha estado sin trabajo por más de 1 año, ha estado sin trabajo por menos de 1 año, es amo/a de casa, es estudiante, está jubilado/a, o no puede trabajar?*

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)

9.13 Household size. ((NUMADULT-NHHADULT)+CHILD18)**INCOM01 (CDC-CORE)****INCOME.C.****9.14 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?***¿Cuál de las siguientes categorías mejor describe el ingreso anual de su hogar, de todas fuentes?*

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000

- 6. \$35,000 to less than \$50,000
- 7. \$50,000 to less than \$75,000
- 8. \$75,000 to \$100,000
- 9. More than \$100,000
- 77. Don't know/Not sure
- 99. Refused

THRESH02(CA)

YES/NO.

9.15 Is your annual household income above _____ (table look up for income and household size)? (This is an income threshold used for statistical purposes.)

¿Es su ingreso anual más de \$

- 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, Jun, 2010)

WEIGHT (CDC-CORE)

(not

formatted)

9.16 About how much do you weigh without shoes? Round fractions up.

¿Cómo cuánto pesa usted sin zapatos?

—
—

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)

9.17 About how tall are you without shoes?

¿Cómo cuánto mide de estatura sin zapatos?

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.

9.18 What county do you live in?

¿En qué condado vive usted?

- | | | | | | |
|------|--------------|------|----------------|------|---------------|
| 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)

9.19 What is your zip code where you live?

¿Cuál es el código postal en donde usted vive?

_____ Enter the five digit number

777777. Don't know/Not sure

999999. Refused

NUMHOLD2 (CDC-CORE)

YES/NO.

9.20 Do you have more than one telephone number in the household? Do not include cell phones or numbers that are only used by a computer or fax machine.

¿Tiene usted más de un número de teléfono en el hogar? No incluya los teléfonos celulares ni los números que sólo sean usados por una computadora o un fax.

1. Yes

2. No

77. Don't know

99. Refused

(Go to NOPHON2)

(Go to NOPHON2)

(Go to NOPHON2)

NUMPHON4 (CDC-CORE)

TYPE I.

9.21 How many of these phone numbers are residential numbers?

(8 = 8 or more)

¿Cuántos de estos números de teléfono son números residenciales?

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

CELL (CDC-CORE)

YESNO.

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

¿Tiene usted un teléfono celular para su uso personal? Por favor incluya teléfonos celulares que se usen para el trabajo y uso personal.

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

- 77. Don't know
- 99. Refused

CELSHARE (CDC-CORE)

YESNO.

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

¿Comparte usted su teléfono celular para uso personal (por lo menos una tercera parte del tiempo) con otros adultos?

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

CPCTSHAR (CDC-CORE)

YESNO.

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

¿Usualmente comparte usted este teléfono celular (por lo menos una tercera parte del tiempo) con otros adultos?

- 1. Yes

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

CPCTUSE (CDC-CORE)

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

Pensando en todas las llamadas que usted recibe en su teléfono regular y teléfono celular, ¿qué PORCENTAJE entre 0 al 100 recibe usted en su teléfono celular?

- __ _ Enter Percent (0 to 100)
- 777. Don't know/Not sure
 - 999. Refused

OWNHOME (CDC-CORE)

9.26 Do you own or rent your home?

¿Es usted dueño o renta (alquila) su casa?

- 1. Own
- 2. Rent
- 3. Other arrangement
- 77. Don't know/Not sure
- 99. Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

INTERVIEWER NOTE: Home is defined as a primary residence the family or social unit occupies the majority of the time.

If AGEB >45 and SEX = 2, skip to SMKWORK

PREGNANT (CDC-CORE)

YESNO.

9.27 To your knowledge, are you now pregnant?

¿Que usted sepa, está embarazada?

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

Ask if Employ2 <=2, else skip to JUICE10

WORK7DAYS (CA-TCS)

9.28 As far as you know, in the past seven days, has anyone smoked in your work area?

¿Que usted sepa, en los últimos siete días, alguien ha fumado en su área de trabajo?

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

Section 10 Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

Las próximas preguntas son acerca de las frutas y verduras que usted comió o bebió durante los últimos 30 días. Por favor piense en todas formas de frutas y verduras incluyendo cocidas, crudas, frescas, congeladas, o enlatadas. Por favor piense en todas las comidas, bocados, y alimentos consumidos en casa y afuera de su casa.

Le preguntare con qué frecuencia usted comió o bebió cada uno de ellos: por ejemplo, una vez al día, dos veces por semana, tres veces al mes, etc.

JUICE10 (CDC-CORE)

10.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

¿Durante el mes pasado, cuantas veces al día, a la semana, o al mes bebió jugos de 100% fruta? No incluya bebidas con sabor a fruta con azúcar o jugo de fruta que usted hizo en su casa y le agredo azúcar. Solo los que sean jugo 100% de fruta. .

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question.

Do include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

(88-90)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5 .Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

FRUIT10 (CDC-CORE)

10.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

*Durante el mes pasado, sin incluir el jugo, ¿cuántas veces al día, a la semana, o al mes comió fruta?
Incluya fruta fresca, congelada, o enlatada.*

(91-93)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

"Lea sólo si es necesario: "Es lo que usted crea. Incluya manzanas, bananos (platanos), puré de manzanas, naranjas, toronja, ensalada de frutas, sandía, o melón, papaya, lichi, carambola, granadas, mangos, uvas y bayas como los arándanos y las fresas. "

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - but due to their small serving size they are not included in the prompt.

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

BEANS10 (CDC-CORE)

10.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

Durante el mes pasado, ¿cuántas veces al día, a la semana, o al mes comió frijoles cocidos o enlatados, como los frijoles refritos, al horno, frijoles negros, garbanzos, sopa de frijoles, frijoles de soya, edamame, tofu, o lentejas. No incluya ejotes largos.

(94-96)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

"LEA SÓLO SI ES NECESARIO: "ES LO QUE USTED CREA. INCLUYA FRIJOLES REDONDOS U OVALADOS COMO CHICHAROS, PINTOS, GUISANTES, GARBANZOS, LENTEJAS, FRIJOLES DE SOYA Y TOFU. NO

INCLUYA EJOTES LARGOS

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans. Include bean burgers including garden burgers and veggie burgers. Include falafel and tempeh.

VEGGRE10(CDC-CORE)

10.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

Durante el mes pasado, ¿cuántas veces al día, a la semana, o al mes comió usted verduras verde oscuro como brócoli o verduras de hojas verdes como lechuga romana, acelga, berza, o espinacas? (97-99)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time."

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, arugula, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

VEGORA10 (CDC-CORE)

10.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

Durante el mes pasado, ¿cuántas veces al día, a la semana, o al mes comió verduras anaranjadas, como camotes (batatas), calabazas, calabacines, o zanahorias? Read Only if Necessary: "Los calabacines tiene corteza gruesa y dura y su carne es de color amarillo fuerte o naranja. Incluyen boneteras, ranúnculos, y calabaza espagueti."

(100-102)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5. Never
- 7 7 7 .Don't know / Not sure
- 9 9 9. Refused

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes

fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup. Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based dessert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

OTHRVE10 (CDC-CORE)

10.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

Sin contar los que ya me dijo, durante el mes pasado, ¿cuántas veces al día, a la semana, o al mes consumió OTRAS verduras? Ejemplos de otras verduras pueden ser tomates, jugo de tomate o jugo V-8, maíz, berenjena, chícharos (guisantes), lechuga, col y papas blancas que no estén fritas, como papas el horno o en puré. Read only if needed: "No cuente las verduras que ya menciono y no incluya las papas fritas."

(103-105)

1 __ Per day

2 __ Per week

3 __ Per month

5 5 5. Never

7 7 7. Don't know / Not sure

9 9 9. Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.). Do not include rice or other grains.

Section 11: Physical Activity

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

Las próximas preguntas son acerca del ejercicio, recreo, o actividades físicas aparte de su trabajo usual.

INTERVIEWER INSTRUCTION: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

EXERANY

11.1 During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Durante los últimos 30 días, aparte de su trabajo usual, ¿participó usted en algunas ACTIVIDADES FISICAS o EJERCICIOS tales como correr, calistenia, golf, jardinería, o camino para hacer ejercicio?

(171)

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

EXERACT1

11.2. What type of physical activity or exercise did you spend the most time doing during the past month?

¿Qué clase de actividad física o ejercicio pasó la mayoría de su tiempo haciéndolo durante el mes pasado?

___ Select activity from brandlist

- 8 8. No aerobic physical activity DELETE
- 7 7 Don't know / Not sure
- 9 9. Refused (Go to STRENGTH)

EXEROFT

11.3 How many times per week or per month did you take part in this activity during the past month?

¿Cuántas veces a la semana o al mes tomo usted parte en esta actividad durante el mes pasado? (174-176)

- 1_ _ Times per week
- 2_ _ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

EXERHMM1

11.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

¿Cuando tomo parte en esta actividad, cuantos minutos u horas le se mantuvo haciéndolo usualmente? (177-179)

- _:_ _ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

EXERACT2

11.5 What other type of physical activity gave you the next most exercise during the past month?

¿Qué otro tipo de actividad física le dio a usted el segundo nivel más alto de ejercicio, durante el mes pasado?

_____ Select activity from brandlist

7 7 Don't know / Not sure

99. Refused

(Go to STRENGTH)

88. No other physical activity

EXEROFT2

11.6 How many times per week or per month did you take part in this activity during the past month?

¿Cuántas veces a la semana o al mes tomo usted parte en esta actividad durante el mes pasado?

(174-176)

1__ Times per week

2__ Times per month

7 7 7 Don't know / Not sure

9 9 9 Refused

EXERHMM2

11.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Cuando tomo parte en esta actividad, ¿cuántos minutos u horas se mantuvo haciéndolo usualmente?

(177-179)

_:__ Hours and minutes

7 7 7 Don't know / Not sure

9 9 9 Refused

STRENGTH

11.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

Durante el mes pasado, ¿cuántas veces a la semana o al mes realizo actividades físicas o ejercicios para FORTALECER sus músculos? NO cuente los ejercicios aeróbicos como caminar, correr o andar en bicicleta. Cuento las actividades en las que uso su propio peso corporal, como yoga, abominales o lagartijas y aquellas en las que uso maquinas de pesas, pesas sueltas o bandas elásticas.

(188-190)

1__ Times per week

2__ Times per month

7 7 7 Don't know / Not sure

8 8 8 Never

9 9 9 Refused

Section 12: Disability

RESTRIC3 (CDC-CORE)

YES/NO.

12.1 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?

Las siguientes preguntas son acerca de problemas de salud o limitaciones que pueda tener. ¿Está usted limitado de cualquier manera para realizar alguna actividad debido a problemas físicos, mentales o emocionales?

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

EQUIP (CDC-CORE)

YES/NO.

12.2 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)

¿Tiene actualmente algún problema de salud que requiera el uso de equipo especial, tal como un bastón, una silla de ruedas, una cama especial, o un teléfono especial? (Incluya el uso ocasional o el uso en ciertas circunstancias).

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

Section 13: Arthritis Burden/Arthritis Management

Ask if ARTHRITD = 1 continue, else skip to SEATBELT

Next I will ask you about your Arthritis

Ahora le preguntare acerca de su artritis

LIMITJN2 (CDC-CORE)

YES/NO.

13.1 Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

La artritis puede causar síntomas como dolor o como rigidez en o alrededor de las coyunturas. ¿Está usted limitado(a) de cualquier manera en cualquiera de sus actividades usuales a causa de la artritis o síntomas de las coyunturas?

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

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

ARTHWRK2 (CDC-CORE)

13.2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

En esta próxima pregunta nos referimos al trabajo por pago. ¿Le afectan los síntomas de artritis o de las coyunturas si usted trabaja, el tipo del trabajo que usted hace, o la cantidad de trabajo que usted hace?

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

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

ARTHPLAY (CDC-CORE)

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

Durante los pasados 30 días, ¿hasta qué punto Interfirieron su artritis o síntomas de las coyunturas (articulaciones) con sus actividades sociales normales, tales como ir de compras, al cine o a reuniones religiosas o sociales? Diría que...

- 1. A lot
Mucho
- 2. A little
Un poco
- 3. Not at all
Nada
- 77. Don't know / Not sure
- 99. Refused

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience,

regardless of whether you are taking any medication or treatment.”

ARTHPAIN (CDC-CORE)

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

Piense en los pasados 30 días, teniendo en cuenta todos sus los dolores sin importar si tomó medicamentos o no. DURANTE LOS PASADOS 30 DÍAS, EN UN PROMEDIO ¿Qué tan molesto fue su dolor de las coyunturas? Por favor responda usando la escala del 0 (cero) al 10 (diez) en donde el 0 representa nada de dolor, y 10 representa el peor dolor posible.

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

ARTHTDY (CA-CAPP CDC Optional Module 14)

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

Pensando en su artritis o los síntomas de las articulaciones, ¿cuál de las siguientes opciones le describe mejor? ¿Diría...

(Read responses 1- 4)

- 1 I can do everything I want to do;
Puedo hacer todo lo que quiero hacer

- 2 I can do most of the things I want to do, but I have some limitations;
Puedo hacer la mayoría de las cosas que quiero hacer, pero tengo algunas limitaciones

- 3 I can do some, but not all, of the things I want to do and I have many limitations;
*Puedo hacer algunas cosas, pero no todo, de las cosas que quiero hacer
Tengo muchas limitaciones*

- 4 I can do hardly any of the things I want to do.
Apenas puedo hacer casi ninguna de las cosas que quiero hacer

- 7 Don't Know/Not Sure
- 9 Refused

ARTHWGHT (CA-CAPP CDC Optional Module 14)

13.2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

¿Le ha sugerido ALGUNA vez algún médico o profesional de la salud que bajara de peso para aliviar los síntomas de su artritis, o la molestia que siente en las coyunturas?

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

ARTHPA (CA-CAPP CDC Optional Module 14)

13.3. Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

¿Le ha sugerido ALGUNA vez algún médico o profesional de la salud alguna actividad física o ejercicio para aliviar los síntomas de su artritis, o la molestia que siente en las coyunturas?

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

ARTHED (CA-CAPP CDC Optional Module 14)

13.8 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

¿Ha tomado ALGUNA vez un curso o clase relacionada con la artritis, o las molestias que siente en las coyunturas?

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

Section 14: Seat Belt Use

SEATBELT (CDC-CORE)

YESNO.

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

¿Qué tan seguido usa usted cinturones de seguridad cuando maneja (conduce) o pasea en un carro (automóvil)? Diría usted...?

(203)

Please read:

- 1 Always
Siempre
- 2 Nearly always
Casi siempre
- 3 Sometimes
A veces

- 4 Seldom
Rara vez
- 5 Never
Nunca
- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 15: Immunization

FLUSHOT5 (CDC CORE)

15.1 Now I will ask you questions about seasonal flu. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

Ahora le preguntare sobre la influenza estacional (de temporada). Hay dos maneras de conseguir la vacuna contra la gripe estacional, una es una vacuna inyectada en el brazo y la otra es un espray en la nariz llamado FluMist. Durante los últimos 12 meses, ¿ha tenido ya sea una vacuna contra la gripe estacional o la vacuna estacional en forma de espray en la nariz?

(161)

- 1. Yes
- 2 . No (Go to PNEUMVC3)
- 77. Don't know / Not sure (Go to PNEUMVC3)
- 99. Refused (Go to PNEUMVC3)

FLSHTWH3 (CDC CORE)

15.2 During what month and year did you receive your most recent seasonal flu shot injected into your arm or flu vaccine that was sprayed in your nose?

¿Durante qué mes y año recibió usted su más reciente inyección contra la influenza estacional inyectada en su brazo o la vacuna estacional en forma de espray en la nariz?

(162-167)

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

FLUPLAC5(CDC-CORE)

FLUWHERE

15.3 At what kind of place did you get your flu shot/vaccine?

¿En qué tipo de lugar recibió la vacuna contra la gripe?

- 1. A doctor's office or health maintenance organization (HMO)
En el consultorio de un doctor o en una organización para el mantenimiento de la salud (HMO)

2. A health department
En un departamento de salud
3. Another type of clinic or health center (Example: community health center)
En otra clase de clínica o centro de salud (por ejemplo: un centro de salud de la comunidad)
4. A senior center, recreation, or community center
En un centro recreativo o social para personas mayores o para jubilados
5. A store (Examples: supermarket, drugstore)
En una tienda (por ejemplo, supermercado o farmacia)
6. A hospital (Example: inpatient)
En un hospital
7. An emergency room
En una sala de emergencia
8. Workplace
En el trabajo o
9. Some other kind of place (specify)
En algún otro lugar
10. (Do not read) Received vaccination in Canada/Mexico
J (DO NOT READ) Recibió vacuna en Canadá o México
11. A school
En la escuela
777. Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?) (*¿Cómo describiría el lugar donde fue a recibir la vacuna contra la gripe mas reciente?*)
999. Refused

PNEUMVC3 (CDC-CORE)

YES/NO.

15.4 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?

Una inyección contra la pulmonía o vacuna neumocócica es usualmente administrada solamente una o dos veces en la vida de una persona y es diferente a la inyección contra la influenza (gripe). ¿Alguna vez le han puesto la inyección contra la pulmonía?

1. Yes
2. No

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

Section 16: Alcohol Consumption

DRNKALC4 (CDC CORE)

16.2 Next I would like to ask you about alcohol use. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

Ahora, me gustaría preguntarle acerca del uso del alcohol. En los últimos 30 días, ¿cuántos días por semana o por mes bebió por lo menos un trago de cualquier bebida alcohólica?

101-107 = days per week
201-231 = days in past 30

_____ Enter Days per week or per month

888. None (Go to AIDSTST8)
777. Don't know/Not sure
999. Refused

NALCOCC3 (CDC CORE)

TYPE I.

16.3 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?

Un trago es equivalente a una cerveza de 12 onzas (350 cl), a una copa de vino de 5 onzas (150 cl) o a una medida de licor. Durante los pasados 30 días, en los días en que bebió, ¿aproximadamente cuántos tragos bebió en promedio?

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.

16.4 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?

Considerando todo tipo de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días, bebió {if(sex=1,"5 o mas","4 o mas")} en una sola ocasión?

_____ Enter Number of times (verify if GT 15)

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

DRINKNUM (CDC- CORE)

TYPE VII.

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

Durante los últimos 30 días, ¿Cuál fue la mayor cantidad de tragos (bebidas alcohólicas) que usted bebió en cualquier ocasión?

_____ Enter Number of drinks (verify if GT 15)

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

IF AGEB LE 64, GO TO AIDSTST8, ELSE GO TO VISFAR

Section 17: HIV/AIDS

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.

Las siguientes preguntas se refieren al problema nacional de salud del VIH, el virus que causa el SIDA. Por favor recuerde que sus repuestas son estrictamente confidenciales y que no necesita contestar todas las preguntas si no lo desea. Si bien, le preguntaremos si se ha realizado exámenes, no le preguntaremos sobre los resultados de ninguno de ellos.

AIDSTST8 (CDC CORE)

YESNO.

17.1 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.

¿Alguna vez se ha hecho la prueba de VIH? No tenga en cuenta las pruebas que le hayan realizado al donar sangre. Incluya las pruebas de fluidos de su boca.

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

TSTDATE (CDC-CORE)

20.2

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

Sin incluir las donaciones de sangre, ¿en qué mes y año fue su última prueba del VIH? (Incluye pruebas de saliva).

___/___ Enter month and year

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

WHERTST6 (CDC-CORE)

WHERTSTC.

17.2 Where did you have your last HIV test—at a private doctor or HMO office, at counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, somewhere else?

¿Dónde se hizo la última prueba de VIH? ¿Fue con...

1. Private Doctor or HMO office
Un médico particular o consultorio de un HMO
2. Counseling and testing site
en un sitio de asesoramiento y pruebas
3. Hospital
en un hospital
4. Clinic
en una clínica
5. In a jail or prison (or other correctional facility)
en una cárcel o prisión
6. Drug treatment facility
en un lugar de tratamiento de drogas
7. At home
en su hogar
8. Somewhere else
en algún otro lugar
77. Don't know/Not sure (*Don't read*)
99. Refused (*Don't read*)

HIVRISK (CDC CORE)

YES/NO.

17.3 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.

Voy a leerle una lista. Cuando termine, por favor dígame si alguna de estas situaciones le aplican a usted. No me tiene que decir cuál.

- 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?**

- Se inyecta drogas intravenosamente en el último año*
 - Ha recibido tratamiento contra una enfermedad de transmisión sexual o enfermedad venérea en el último año*
 - Ha recibido o pagado dinero o drogas a cambio de sexo en el último año*
 - Tuvo relaciones sexuales anales sin usar condón en el último año*
- ¿Alguna de estas situaciones le aplica a usted?*

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

Section 18: Visual Impairment and Access to Eye Care

CATI note: If respondent is less than 40 years of age, go to HRHCW1

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

Ahora me gustaría hacerle algunas preguntas acerca de su visión. Estas preguntas son para todas las personas, independientemente si usted usa o no usa anteojos o lentes de contacto. Si usted usa anteojos o lentes de contacto, conteste las preguntas como si usted los llevara puestos.

VISFAR2 (CDC Optional Module - Blindness America)

18.1. How much difficulty, if any, do you have in recognizing a friend across the street?

Would you say— (282)

¿Cuánta dificultad, tiene usted en reconocer a un amigo al otro lado de la calle? ¿Diría usted que...

- 1 No difficulty
Ninguna dificultad
- 2 A little difficulty
Un poco de dificultad
- 3 Moderate difficulty
Dificultad moderada
- 4 Extreme difficulty
Dificultad extrema
- 5 Unable to do because of eyesight
No lo puedo hacer a causa de la vista
- 6 Unable to do for other reasons
No lo puedo hacer a causa de otra razón
- 7 Don't know / Not sure
- 8 Not applicable (Blind) (Go to HRHCW1)
- 9 Refused

VISNEAR2 (CDC Optional Module - Blindness America)

18.2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say— (283)

¿Cuánta dificultad, tiene usted para leer el periódico, revistas, recetas, menús, o números de teléfono? ¿Diría usted...

- 1 No difficulty
Ninguna dificultad
- 2 A little difficulty
Un poco de dificultad

- 3 Moderate difficulty
Dificultad moderada
- 4 Extreme difficulty
Dificultad extrema
- 5 Unable to do because of eyesight
No lo puedo hacer a causa de la vista
- 6 Unable to do for other reasons
No lo puedo hacer a causa de otra razón

- 7 Don't know / Not sure
- 8 Not applicable (Blind) (Go to HRHCW1)
- 9 Refused

WISEXAM (CDC Optional Module - Blindness America)

18.3. When was the last time you had your eyes examined by any doctor or eye care provider? (284)

¿Cuándo fue la última vez que tuvo sus ojos examinados por cualquier doctor o proveedor del cuidado de ojos?

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) (Go to VISCHK3)
- 2 Within the past year (1 month but less than 12 months ago) (Go to VISCHK3)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never
- 7 Don't know / Not sure
- 8 Not applicable (Blind) (HRHCW1)
- 9 Refused

NOVISCHK (CDC Optional Module - Blindness America)

18.4. What is the main reason you have not visited an eye care professional in the past 12 months? (285-286)

¿Cual es la razón principal por la que no ha visitado a un profesional del cuidado de los ojos en los pasados 12 meses?

Read only if necessary:

- 0 1 Cost/insurance
Costo/ Seguro
- 0 2 Do not have/know an eye doctor
No tiene/no conoce a un doctor de los ojos
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
No puede llegar a la oficina/clínica (demasiado lejos/ no tiene transporte)
- 0 4 Could not get an appointment
No pudo obtener una cita
- 0 5 No reason to go (no problem)
Ninguna razón para ir (Ningún problema)
- 0 6 Have not thought of it
No lo había pensado
- 0 7 Other

- 7 7 Don't know / Not sure
- 0 8 Not Applicable (Blind)
- 9 9 Refused

(Go to HRHCW1)

If VISCHK2 <>0, skip to EYEINSUR

VISCHK3 (CDC Optional Module - Blindness America)

VISCHKB.

**18.5 When was the last time you had an eye exam in which the pupils were dilated?
This would have made you temporarily sensitive to bright light.**

*¿Cuándo fue la última vez que le hicieron un examen de los ojos, en la cual le dilataron las pupilas?
Esto le hubiera causado sensibilidad temporal a la luz brillante.*

- 1. Within the past month (more than 0 months to 1 month)
- 2. Within the past year (more than 1 month to 1 year)
- 3. Within the past 2 years (more than 1 year to 2 years)
- 4. More than 2 years ago
- 5. Never
- 77. Don't know/Not sure
- 99. Refused

EYEINSUR (CDC Optional Module - Blindness America)

18.6. Do you have any kind of health insurance coverage for eye care?

¿Tiene algún tipo de cobertura médica para el cuidado de los ojos?

(288)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) (Go to HRHCW1)
- 9 Refused

CATARACT (CDC Optional Module - Blindness America)

18.7. Have you been told by an eye doctor or other health care professional that you now have cataracts?

¿Le ha dicho un doctor de los ojos (oculista) u otro profesional de la salud que usted ahora tiene cataratas?

(289)

- 1 Yes
- 2 No, but had them removed
- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) (Go to HRHCW1)
- 9 Refused

GLAUCOMA (CDC Optional Module - Blindness America)

18.8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

¿Alguna vez le ha dicho un doctor de los ojos u otro profesional de la salud que usted ha tenido glaucoma? (290)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) (Go to HRHCW1)
- 9 Refused

Please read:

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

La Degeneración Macular relacionada con la edad (AMD) es una enfermedad que afecta a la macula, la parte del ojo que permite ver detalles finos.

NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)

AMD (CDC Optional Module - Blindness America

18.9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration? (291)

¿Alguna vez le ha dicho un doctor de los ojos u otro profesional de la salud que usted tuvo la degeneración macular relacionada con la edad?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind)
- 9 Refused

Section 20: Health Care Worker/Recent Flu-like illness

The next two questions ask about health care work.

Las siguientes dos preguntas son referentes a los trabajadores de salud y enfermedades crónicas.

HRHCW1 (IMMUNIZATION)

20.1 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.

En la actualidad ¿es usted voluntario(a) o trabaja en un hospital, clínica, oficina médica, oficina dental, hogar de ancianos u otro lugar de cuidados de salud? Esto incluye trabajo a tiempo parcial y trabajo voluntario en un lugar de servicios de salud como trabajo de enfermera profesional proporcionado en los hogares

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 (IMMUNIZATION)

20.2 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.

Le provee cuidado directo a pacientes como parte de su trabajo de rutina? Por decir "cuidado directo a pacientes" nos referimos a contacto físico, tocar a los pacientes.

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

FLUHXP2 (CDC CORE) (FLUHXP2 in dataset) YESNO.

20.3 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

Alguna vez ¿le ha dicho un doctor, enfermera u otro profesional de la salud, que usted tiene alguno de los siguientes problemas de salud? Asma, Problemas del pulmón no incluyendo asma, Problemas del corazón, Diabetes, Problemas del riñón, La herida de la médula espinal, derrame cerebral, la parálisis cerebral, u otros problemas del sistema neuromuscular, Sistema inmune débil causado por una enfermedad crónica tal como cáncer o el VIH/SIDA, o por medicamentos tales como los esteroides, Anemia falciforme (drepanocitosis) u otro tipo de anemia?

- 1. Yes
- 2. No

FLUPXNOW (CDC CORE) YESNO.

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

¿Todavía padece (ese o cualquiera de esos) problema(s)?

FLUN1 (CDC-CORE)

20.3 We would like to ask you some questions about recent respiratory illnesses. Last month were you ill with a fever? (918)

Nos gustaría hacerle algunas preguntas sobre enfermedades respiratorias recientes. ¿Estuvo usted enfermo (a) con fiebre durante el mes pasado?

- | | | |
|-----|---------------------|---------------|
| 1. | Yes | |
| 2. | No | (Go to FLUN8) |
| 77. | Don't know/Not sure | (Go to FLUN8) |
| 99. | Refused | (Go to FLUN8) |

FLUN2 (CDC-CORE)

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

¿Tuvo usted tos y/o dolor de garganta?

- | | | |
|-----|---------------------|---------------|
| 1. | Yes | |
| 2. | No | (Go to FLUN8) |
| 77. | Don't know/Not sure | (Go to FLUN8) |
| 99. | Refused | (Go to FLUN8) |

FLUN3 (CDC-CORE)

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

¿Visitó usted un doctor, enfermera u otro profesional de la salud por esta enfermedad?

- | | | |
|-----|---------------------|---------------|
| 1. | Yes | |
| 2. | No | (Go to FLUN8) |
| 77. | Don't know/Not sure | (Go to FLUN8) |
| 99. | Refused | (Go to FLUN8) |

FLUN4 (CDC-CORE)

20.6 When did you visit a doctor, nurse, or other health professional for this illness? (920) Would you say...

¿Cuándo fue que usted visitó a un doctor, enfermera u otro profesional de la salud a causa de esta enfermedad? Diría usted que...

- | | |
|-----|--|
| 1. | Within 2 days of getting ill
<i>Dentro de dos días de enfermarse</i> |
| 2. | Within 3 to 7 days of getting ill
<i>Dentro de 3 a 7 días de enfermarse</i> |
| 3. | More than 7 days of getting ill
<i>Más de 7 días después de enfermarse</i> |
| 77. | Don't know/Not sure |
| 99. | Refused |

FLUN5 (CDC-CORE)

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

Did they say...

¿Qué le dijo el doctor, enfermera u otro profesional de la salud? Le dijeron..

1. You had influenza or the flu,
Usted tenía influenza o gripe
2. You had some other illness, but not the flu
Usted tenía otro tipo de enfermedad, pero no la gripe
77. Don't know/not sure
99. Refused

If FLUN5 = 2 and 1 adult in household Go to FLUN10, else FLUN5=2 and >1 adult in household Go to FLUN8)

FLUN6 (CDC-CORE)

20.8 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)

¿Le hicieron a usted una prueba de influenza o gripe que resulto positiva para esta enfermedad? Usualmente, la prueba de influenza o gripe se hace usando un algodón con fluidos "swab" de su nariz o garganta. Usted diría...

1. Yes, had flu test and it was positive
Si, tuve una prueba de gripe y resultado positiva
2. No, had flu test but it was negative
No, tuve una prueba de gripe y resultado negativa
3. No, flu test was not done
No tuve una prueba de gripe
77. Don't know/Not sure
99. Refused

FLUN7 (CDC-CORE)

20.9 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)

¿Recibió Tamiflu® o oseltamivir (o sel TAM i veer) o un medicamento inhalable llamado Relenza® o zanamivir (za NA mi veer) para tratar esta enfermedad?

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

FLUN8 (CDC-CORE) (ask if more than 1 household member)

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

Durante el mes pasado, ¿algún otro miembro de su hogar tuvo fiebre, tos o dolor de garganta?

1. Yes
2. No **(Go to FLUN10)**
77. Don't know/Not sure
99. Refused

FLUN9 (CDC-CORE)

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

Durante el mes pasado, ¿Cuántos miembros de su hogar,(incluyéndose usted), estuvieron enfermos?

- # persons (≥ 1)
- 7 7 Don't know/Not Sure
- 9 9 Refused

If (FLUN1 = 1(Yes) and FLUN2 = 1 (Yes) or FLUN8 = 1 (Yes) continue to FLUN10; otherwise, skip to ENUFREST.

FLUN10 (CDC-CORE)

20.12. Did you or any members of your household get hospitalized for flu last month? (928-929)

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

¿Fueron hospitalizados usted o algún miembro de su hogar por causa de gripe durante el mes pasado?

[Entrevistador: si es necesario lea, hospitalizado significa admitido a un hospital para recibir tratamiento médico.]

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

Section 21: Inadequate Sleep (CDC OPTIONAL MODULE)

The next question is about getting enough rest or sleep.

La siguiente pregunta es sobre el descanso y el dormir.

ENUFREST (CDC-Optional Module)

21.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

Durante los pasados 30 días, ¿por como cuantos días sintió usted que no durmió o descanso lo suficiente?

___ Number of days

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

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

Me gustaría preguntarle algunas preguntas acerca de sus normas de dormir.

SLEEPHRS (CDC Optional Module)

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

¿En promedio, cuántas horas duerme usted en un periodo de 24 horas? Piense en el tiempo en que efectivamente duerme o toma una siesta, no en la cantidad de tiempo que cree que debería dormir.

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

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

SNORE (CDC Optional Module)

21.3 Do you snore?

¿Ronca usted?

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

1. Yes
2. No

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

SLEEPDAY (CDC Optional Module)

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

Durante los últimos 30 días, ¿cuántos días le ha sucedido que se queda dormido durante el día, sin que esa sea su intención?

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

SLEEPDRVE (CDC Optional Module)

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

Durante los últimos 30 días, ¿ha cabeceado o se ha quedado dormido, aunque sólo fuera un momentito, mientras estaba manejando?

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

Section 24: Child Selection

If CHILD18 = 0 or CHILD18 = RF, Go to LEADDEFA; 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.

Anteriormente usted indico que hay niños viviendo en el hogar. Tengo unas preguntas adicionales sobre uno de los niños en particular. El niño al que me referiré es el de {XX} año(s) de edad.

CH_SEL (CA-IMMUN-CDC OPTIONAL MODULE)

BOYGIRL.

24.1 Is the child a boy or a girl?

¿Es un niño o una niña?

1. Boy
2. Girl
99. Refused

CH_HISP (CA-EHIB –CDC OPTIONAL MODULE)

YESNO.

24.2 Is the child Hispanic or Latino?

¿Es el niño(a) Hispano(a) o Latino(a)?

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?

¿Cuál o cuáles de las siguientes diría usted que mejor representa la raza del niño (o de la niña)? ¿Diría: Blanco(a), Negro(a), Asiático(a), nativo de Hawaii o de las Islas del Pacífico, Indio(a) Americano(a), nativo de Alaska (Aleut), u Otra?

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?

¿Cuál de estos grupos, diría usted mejor representa la raza de el Niño(a)?

¿Diría...Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), nativo de Alaska (Aleut), u Otra?

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?

¿En qué mes y año nació?

__/__ 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?

¿Como está usted relacionado(a) (parentesco) con el niño(a)? Diría usted...

Please read:

1. Parent (include biologic, step, or adoptive parent)
Padres (incluye: Biológicos/Padrastro/Madrastra/Adoptivos)
2. Grandparent
Abuelos
3. Foster parent or guardian
Crianza temporal o guardianes
4. Sibling (include biologic, step, and adoptive sibling)
Hermano(a) (incluye: biológico/a, Hermanastro/a, Adoptado/a)
5. Other relative
Otro Pariente
6. Not related in any way
77. Don't know/Not sure
99. Refused

If CH_BORN less than 6-months ago, go to CFLUN1; Else continue

Section 25: Childhood Asthma Prevalence

CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE)

YES/NO.

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

¿En alguna ocasión, algún médico u otro profesional de la salud le informó que el niño/niña tenía asma?

1. Yes
2. No

(Go to CFLUN1)

77. Don't know/Not sure (Go to CFLUN1)
 99. Refused (Go to CFLUN1)

CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

25.2 Does the child still have asthma?

¿Tiene todavía el niño(a) asma?

1. Yes
 2. No

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

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

Section 26: Childhood Flu-like Illness

CFLUN1 (CDC OPTIONAL MODULE)

26.1. Last month did the child had a fever with cough and/or sore throat? (930)

Durante el mes pasado, ¿ha tenido el niño (la niña) fiebre con tos y/o dolor de garganta?

1. Yes
 2. No (Go to LEADEFFA)

7. Don't know (Go to LEADEFFA)
 9. Refused (Go to LEADEFFA)

CFLUN2 (CDC OPTIONAL MODULE)

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

¿Visitó el niño (la niña) un doctor, enfermera u otro profesional de la salud por esta enfermedad?

1. Yes
 2. No

7. Don't know
 9. Refused

Section 27: Childhood Lead Exposure

Now I would like to ask you some health related questions about the place where you live and work, and where your family plays.

Ahora me gustaría hacerle algunas preguntas relacionadas con la salud sobre el lugar donde usted vive, trabaja, y donde su familia juega.

LEADDEFA (CA-LEAD PROGRAM-- Asked on the 2010 BRFSS-- Asked of all respondents).

27.1. Please select the best ending to the following sentence:

Lead in a child's blood is most likely to_____.

Por favor seleccione el mejor final para la siguiente frase: Plomo en la sangre de un niño(a) es más probable de que...

1. Make bones stronger

Haga los huesos más fuertes

2. Make it harder for a child to learn, behave and pay attention

Haga más difícil que un niño(a) aprenda, se comporte bien, y ponga atención

3. Cause a child to be overweight

Causa que un niño (a) este sobrepeso

4. Cause ear infections

Causa infecciones en el oído

77. Don't Know/Not sure

99. Refused

LEADPRO (CA-LEAD PROGRAM--NEW QUESTION--Asked of all respondents.)

27.2. Which one of the following will not help protect your child from lead? Would you say...

¿Cuál de la siguiente NO ayuda a proteger a su hijo (a) del plomo? Diría usted...

1. Frequently washing your child's hands and toys

2. Eating a breakfast with fruit and iron fortified cereal

3. Getting regular exercise

4. Taking off or wiping your shoes before going in the house

5. Running tap water for 30 seconds before drinking it or cooking with it

77. Don't Know/ Not sure

99. Refused

1. *Frecuentemente lavar las manos y los juguetes de su hijo(a)*

2. *Comer un desayuno con cereal y frutas fortificados con hierro*

3. *Hacer ejercicio con regularidad*

4. *Quitarse o limpiarse los zapatos antes de entrar a la casa*

5. *Dejar el agua de la llave corriendo por 30 segundos antes de beberla o cocinar con el agua*

LEADDRT1 (CA-LEAD PROGRAM—Asked on 2010 BRFSS—Asked of all respondents.)

27.3. Please tell us if you think the following statement is true or false:

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

TRUE.

Por favor, dígame si usted piensa que la siguiente declaración es cierta o falsa. Un niño puede obtener plomo en la sangre por poner sus manos o sus juguetes con tierra en su boca?

¿Diría usted que esto es cierto o falso?

1. True

2. False

77. Don't Know/Not sure

99. Refused

LEAD1 (CA-LEAD PROGRAM—Asked on the 2001 and 2005-2010 BRFSS—Asked of all respondents)

27.4. Thinking about the house or building you live in. Was it built before 1978? YES/NO.

Pensando en la casa o edificio donde vive usted. ¿Fue construida antes de 1978?

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

LEADREN 2 (CA-LEAD PROGRAM—MODIFIED QUESTION—LEADRENO asked on 2008 and 2009 and LEADREN1 asked on 2010)

27.5. Has the place you live in been remodeled in the last 12 months? YES/NO

¿El lugar donde vive usted ha sido remodelado en los últimos 12 meses?

- 1. Yes
- 2. No (GO TO LEADREMV)
- 77. Don't Know/ Not Sure (GO TO LEADREMV)
- 99. Refused (GO TO LEADREMV)

LEAD3C (CA-LEAD PROGRAM—MODIFIED QUESTION—LEAD3 AND LEAD3B asked on 2001 and 2008 surveys, respectively)

27.6. Who remodeled the place you live in?

¿Quién remodelo el lugar donde vive?

- 1. Self
- 2. Owner/Landlord
- 3. Family/Friends
- 4. Contractor or Painting Contractor
- 5. Temporary or Occasional Workers
- 6. Other
- 77. Don't Know/Not Sure
- 99. Refused

LEADWIN (CA-LEAD PROGRAM—NEW QUESTION)

27.7. When your home was remodeled, were any windows or doors replaced? YES/NO

¿Cuando su casa fue remodelada, fueron algunas ventanas o puertas reemplazadas?

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

If LEAD3C = 4 CONTINUE, ELSE SKIP TO LEADPTST

LEADCL (CA-LEAD PROGRAM—NEW QUESTION)

27.8. When the contractor or painter did the work on the place that you live, how did they clean up after the work was finished? Did they...

Cuando el contratista o el pintor hicieron el trabajo en el lugar donde vive usted, ¿cómo limpiaron después de terminar el trabajo? Diría que...

1. Used a broom
 2. Mop up
 3. Used a vacuum
 4. Used a special vacuum called a HEPA vacuum, or
 5. Did they did not clean up – work area was still dirty when they left
77. Don't Know/ Not Sure
99. Refused

1. *Usaron una escoba*

2. *Usaron un trapeador (trapiaron)*

3. *Usaron una aspiradora*

4. *Usaron una aspiradora especial llamada HEPA aspiradora, o*

5. *No limpiaron- la área de trabajo todavía estaba sucia cuando se fueron*

LEADCON (CA-LEAD PROGRAM—NEW QUESTION)

27.9. Was the contractor or painter who did the work on the place that you live, licensed or certified to perform this work? YESNO

El contratista o el pintor que hizo el trabajo en el lugar donde vive usted tenía licencia o esta certificado para realizar este trabajo?

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

LEADPTST (CA-LEAD PROGRAM—NEW QUESTION)

27.10. Did someone test the paint before the work was started to find out if it was lead based paint?

YESNO

¿Examinó alguien la pintura antes de iniciar el trabajo para averiguar si la pintura era basada en plomo?

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

The following questions are to be asked of all respondents.

LEADREMV (CA-LEAD PROGRAM—NEW QUESTION)

27.11. What is a good way to remove old paint from housing? Would you say...

¿Que es una buena manera para remover pintura vieja de la vivienda? Diría usted...

1. Use sandpaper and sand it all off
 2. Scrape it off with paint scraper
 3. Spray the paint with water, then scrape
 4. Use electric sander (belt sander)
77. Don't Know/Not Sure
99. Refused

1. *Usar papel de lija y lijar toda*

2. *Raspar con espátula (raspador de paredes)*
3. *Rociar la pintura con agua, después raspar*
4. *Utilice lijadora eléctrica (lijadora con banda)*

LEADINFO (CA-LEAD PROGRAM—NEW QUESTION)

27.12. Are contractors doing remodeling or re-painting of pre-1978 housing required to give homeowners or tenants information about lead? YES

¿Son los contratistas haciendo remodelaciones o volviendo a pintar viviendas antes de 1978, requeridos a dar a los propietarios o inquilinos información acerca del plomo?

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

LEADDUST (CA-LEAD PROGRAM—NEW QUESTION)

27.13. Have you seen construction or remodeling projects in your neighborhood where dust and dirt is being spread? YESNO

¿Ha visto usted construcción a proyectos de remodelación en su vecindario donde el polvo y la tierra se extendieron con el aire?

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

LEADRRP (CA-LEAD PROGRAM—NEW QUESTION)

27.14. Have you heard about the United States Environmental Protection Agency's Remodeling, Renovation and Painting Program that requires contractors to take steps to protect residents of buildings from lead? YESNO

¿Ha escuchado usted hablar de la Agencia de Protección Ambiental de Remodelación, Renovación, y el programa de Pintura de los Estados Unidos que requiere que los contratistas tomen medidas para proteger a los residentes de edificios con plomo?

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

LEADFWY (CA-LEAD PROGRAM—NEW QUESTION)

27.15. Is your home located on a busy street or located less than a block to a freeway? YESNO

¿Esta su hogar localizado en una calle muy transitada o está localizado a menos de una cuadra de una autopista?

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

LEADDRT2 (CA-LEAD PROGRAM--Asked of all respondents in the 2010 BRFSS)

27.16. Does the land around your home have places where there is bare dirt—dirt without plants or grass on it? YESNO.

¿Hay alrededor del terreno de su hogar, lugares en donde hay pura tierra expuesta, tierra sin plantas, pasto, o hierbas?

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

(Ask this about the children in the household in this order: 2 year-old, 1 year-old, 3 year-old, 4 year-old, 5 year-old, but only ask once.) If NO children under age 6 years, GO TO HLTHINFO.

LEADEXAD (CA-LEAD PROGRAM--Asked of respondents with children who are less than six years old. Asked in the 2010 BRFSS)

27.17. 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)?

YESNO.

¿Pasa su niño/a tiempo con un adulto que tiene un trabajo o pasatiempo en el que pueden trabajar con plomo (como la pintura, remodelación, radiadores de automóviles, baterías, reparación de automóviles, soldadura, haciendo plomos, balas, vitrales, cerámica, va a campos de tiro, cazería o a pescar)?

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

CAREKIDC (CA-LEAD PROGRAM—Asked on the 2009 and 2010 BRFSS)

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

¿Es usted una de las personas más probable de haber llevado al niño/a de {showfirst(5)}-años, viviendo en su hogar, a una cita médica de rutina, en los últimos 12 meses?

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

(The LEADREQ, LEADTSTD, TSTLOC, TSTNO, and DOCTYPE questions are to be asked only of respondents with a child living in the household < 6 years of age AND only if the respondent reported that he or she is the person who took the child to their checkup.)

LEADREQ (CA-LEAD PROGRAM—NEW QUESTION)

27.19. In the past 12 months, did a medical provider (such as a doctor, nurse practitioner, physician's assistant, or nurse) ask you to have your child's blood tested for lead? YES/NO

En los últimos 12 meses, ¿un proveedor médico (como médico, enfermera, asistente médico o enfermera) le pidió a usted que le hicieran una prueba de plomo a su hijo (a)?

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

LEADTSTD (CA-LEAD PROGRAM-- NEW QUESTION –Asked of those saying Yes to question LEADREQ)

27.20. Did your child actually have blood taken for the lead test? YES/NO

¿Le sacaron realmente sangre a su hijo(a) para la prueba de plomo?

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

TSTLOC (CA-LEAD PROGRAM-- NEW QUESTION –Asked of those saying Yes to question LEADTSTD)

27.21. Where was the blood sample for the test taken? Would you say...

¿En donde le sacaron la muestra de sangre para la prueba? Diría usted...

- 1. At the medical provider's office
- 2. In the same building as the medical provider's office, but not at their office
- 3. At another building that you could walk to from the medical provider's office
- 4. At another building that was too far to walk to from the medical provider's office
- 77. Don't Know/Not sure
- 99. Refused

- 1. *En el consultorio de un médico*
- 2. *En el mismo edificio de la oficina del proveedor de servicios médicos, pero no en su oficina*
- 3. *En otro edificio donde se puede caminar de la oficina del proveedor médico*
- 4. *En otro edificio que estaba demasiado lejos para caminar hasta la oficina del proveedor médico*

After this question is asked and answered, skip to DOCTYPE

TSTNO (CA-LEAD PROGRAM-- NEW QUESTION –Asked of those saying No to question LEADTSTD)

27.22. What was the main reason the test was not done?

¿Cual fue la razón principal que la prueba no fue hecha?

- 1. Did not want child to endure a needle stick
- 2. Did not think child needed the test
- 3. Concern about the cost of having the test done
- 4. Child was not cooperative
- 5. Did not have time to get to the location for the blood to be taken
- 6. Did not have transportation to get to the location for the blood to be taken
- 7. Other

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

1. *No quiso que e/la niño(a) resistiera un pinchazo de la aguja*
2. *No creo que el/la niño(a) necesitaba la prueba*
3. *Preocupado(a) por el costo de la prueba*
4. *El/La niño(a) no fue cooperativo*
5. *No tuvo tiempo de llegar al sitio para que le tomaran la sangre*
6. *No tuvo transportación para llegar al sitio para que le tomaran la sangre*
7. *Otra*

DOCTYPE (CA-LEAD PROGRAM--Asked of respondents with children who are less than six years old. Asked in the 2010 BRFSS)

27.23. Which of the following types of people have talked to you about how to prevent lead poisoning? Would you say...

¿Cuál de los siguientes tipos de personas han hablado con usted acerca de cómo prevenir el envenenamiento de plomo? ¿Diría usted

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
99. Refused

1. *Proveedor de atención médica (medico, asistente médico, enfermera)*
2. *Enfermera o asistente médico del consultorio*
3. *Trabajador comunitario de la salud*
4. *Curandero tradicional*
5. *Vecino o un miembro de la familia*
6. *Más de uno de los anteriores*
7. *Ninguno*
8. *Nadie ha hablado conmigo acerca de cómo prevenir el envenenamiento de plomo.*

HLTHINFO (CA-LEAD PROGRAM—NEW QUESTION—Asked of all respondents)

27.24. How would you most prefer to receive health-related information?

¿Como mas prefiere recibir información relacionada a la salud? Diría usted...

1. Receive in the mail or pick up a brochure or flyer

2. Through messages or applications on your cell phone
3. Look it up on the internet
4. Discuss with a doctor, nurse or medical professional
5. Discuss with a trusted community member, family member or close friend
6. Discuss with a natural or traditional healer (curandero)
7. See it on a billboard, poster or bus shelter
8. See or hear it on the television, a DVD or the radio
9. Read it in a magazine or newspaper
10. Go to a presentation or training
11. None of the above
99. Refused

1. *Recibir por correo o recoger un folleto o volante*
2. *A través de mensajes o aplicaciones en su teléfono celular*
3. *Buscarlo en Internet*
4. *Hablar con un medico, enfermera o profesional medico*
5. *Hablar con un miembro de la comunidad de confianza, un familiar o un amigo cercano*
6. *Hablar con un curandero*
7. *Mirarlo en una cartelera, cartel, o parada de autobús*
8. *Ver u oír en la televisión, un DVD o la radio*
9. *Leer en una revista a un periódico*
10. *Ir a una presentación o entrenamiento*
11. *Ninguno*

HLTHEL (CA-LEAD PROGRAM—NEW QUESTION—Asked of all respondents)

27.25. What type of electronic equipment do you currently use most often to get health-related information? Would you say a

¿Qué tipo de equipo electrónico utiliza mas en estos momentos para obtener información relacionada con la salud? Diría usted...

1. Cell phone/smart phone
2. Computer
3. TV/ DVD
4. Radio
5. Other
6. Don't use electronic equipment to get health related information
7. None of the above
99. Refused

1. *Celular/ smart phone*

2. *Computadora*

3. *TV/DVD*

5. *Algún otro equipo de electrónico*

6. *No uso aparatos electrónicos para obtener información relacionada con la salud*

4. Radio

HLTHLANG (CA-LEAD PROGRAM—NEW QUESTION—Asked of all respondents)

27.26. Which languages do you prefer to get lead poisoning prevention education information and to get information on how to safely remodel or repair your home?

¿En cuales idiomas prefiere usted recibir información educativa acerca de la prevención del envenenamiento del plomo e información sobre la forma segura para remodelar o reparar su casa?

1. English
2. Spanish
3. Chinese
4. Vietnamese
5. Hmong
6. Tagalog
7. Other
99. Refused

Section 28: 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.

Le voy a preguntar acerca de unas experiencias estresantes que quizá haya tenido. Por favor recuerde que todo lo que me diga permanecerá confidencial. Si en cualquier momento siente que quisiera parar o si no se siente libre de responder a estas preguntas en este momento, por favor dígame y continuaremos con otras preguntas.

TSSSXCH (EPIC)

28.1. 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.)

Antes de la edad de 18 años, ¿alguna vez alguien la forzó hacer cualquiera actividad sexual que no quería usando fuerza o la amenaza de fuerza? (Esto incluye cualquier tipo de actividad sexual que no quería, no solamente penetración).

1. Yes
2. No

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

(Go to LEADDEF)

TXSSXAD (EPIC)

28.2. 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.)

Después de la edad de 18 años, ¿alguna vez alguien la forzó hacer cualquiera actividad sexual

que no quería usando fuerza o la amenaza de fuerza? (Esto incluye cualquier tipo de actividad sexual que no quería, no solamente penetración).

1. Yes
2. No (Go to KESSLER1)
77. Don't know / Not sure (Go to KESSLER1)
99. Refused (Go to KESSLER1)

TSSSXJR (EPIC)

28.3 Has this happened to you in the last 12 months?

¿Le ha pasado esto en los últimos 12 meses?

1. Yes
2. No (Go to KESSLER1)
77. Don't know / Not sure (Go to KESSLER1)
99. Refused (Go to KESSLER1)

TSSSRELA (EPIC)

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

La última vez que esto ocurrió durante los últimos 12 meses, ¿cuál era la relación que usted tenía con esa persona?

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 30: Mental Illness and Stigma

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

Las próximas preguntas son referentes a como usted se ha sentido durante los últimos 30 días.

KESSLER1 (CDC OPTIONAL MODULE - DMH)

30.1 About how often during the past 30 days did you feel nervous? Would you say...

(195)

*¿Cómo que seguido durante los pasados 30 días, se sintió nervioso(a)? Diría usted...
¿todo el tiempo, algo del tiempo, poco tiempo, nada en absoluto?*

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time

- 4 None of the time
- Do not read:**
- 7 Don't know / Not sure
- 9 Refused

KESSLER2 (CDC OPTIONAL MODULE - DMH)

30.2 During the past 30 days, about how often did you feel hopeless. Would you say...

(196)

¿Durante los últimos 30 días, como que seguido se sintió desesperanzado(a)? Diría usted... ¿todo el tiempo, algo del tiempo, un poco del tiempo o nada en absoluto?

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time
- Do not read:**
- 7 Don't know / Not sure
- 9 Refused

KESSLER 3 (CDC OPTIONAL MODULE - DMH)

30.3 During the past 30 days, about how often did you feel restless or fidgety? Would you say...

(197)

¿Durante los últimos 30 días, como que seguido se sintió intranquilo(a) o inquieto(a)? Diría usted...¿todo el tiempo, algo del tiempo, un poco del tiempo, nada en absoluto?

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time
- Do not read:**
- 7 Don't know / Not sure
- 9 Refused

KESSLER4 (CDC OPTIONAL MODULE- DMH)

30.4 During the past 30 days, about how often did you feel so depressed that nothing could cheer you up? Would you say...?

¿Qué seguido se sintió tan deprimido(a) que nada lo(a) podía animar? Diría usted...¿todo el tiempo, algo del tiempo, un poco del tiempo, nada en absoluto?

(198)

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time
- 7 Don't know / Not sure

9 Refused

KESSLER5 (CDC OPTIONAL MODULE - DMH)

30.5 During the past 30 days, about how often did you feel that everything was an effort? Would you say...

(199)

Durante los últimos 30 días, ¿con que frecuencia sintió que todo era un esfuerzo? Diría usted... ¿todo el tiempo, algo del tiempo, un poco del tiempo, nada en absoluto?

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time

Do not read:

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

KESSLER6 (CDC OPTIONAL MODULE- DMH)

30.6 During the past 30 days, about how often did you feel worthless? Would you say...

(200)

Durante los últimos 30 días, ¿con que frecuencia se sintió desvalorado(a)? Diría usted... ¿todo el tiempo, algo del tiempo, un poco del tiempo, nada en absoluto?

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time

Do not read:

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

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

La siguiente pregunta es acerca de cualquier tipo de condición de salud mental o problema emocional que recientemente le impidió hacer su trabajo u otras actividades usuales.

KESSLER7 (CDC OPTIONAL MODULE - DMH)

30.7. During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?

(430-431)

Durante los últimos 30 días, ¿cuantos días una condición de salud mental o problema emocional le impidió hacer su trabajo u otras actividades usuales?

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

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

KESSLER8 (CDC OPTIONAL MODULE - DMH)

30.8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(432)

¿Está usted tomando medicina o recibiendo tratamiento de un medico u otro profesional de la salud para cualquier tipo de condición de salud mental o problema emocional?

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

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

Las siguientes preguntas son acerca de las actitudes de la gente hacia la enfermedad mental y su tratamiento. ¿Cuánto está usted de acuerdo o en desacuerdo con estas declaraciones sobre las personas con enfermedad mental...

KESSLER9 (CDC OPTIONAL MODULE - DMH)

30.9. Treatment can help people with mental illness lead normal lives. Do you – agree slightly or strongly, or disagree slightly or strongly?

(433)

El tratamiento puede ayudar a las personas con enfermedad mental a llevar una vida normal. ¿Usted está Muy de acuerdo, Algo de acuerdo, Algo en desacuerdo, Muy en desacuerdo.

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

KESSLE10 (CDC OPTIONAL MODULE - DMH)

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

(434)

La gente es generalmente compasionada y simpatizante con personas con enfermedades mentales. ¿Usted está Muy de acuerdo, Algo de acuerdo, Algo en desacuerdo, Muy en desacuerdo.

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

Section 31: Adverse Childhood Experience

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

Quisiera hacerle algunas preguntas sobre eventos que ocurrieron durante su infancia. Esta información nos permitirá entender mejor los problemas que pueden ocurrir en la temprana infancia, y puede ser de ayuda para otras personas en el futuro. El tema es delicado. Algunas personas pueden incomodarse con estas preguntas. Recuerde que su número de teléfono se escogió al azar y que sus respuestas son completamente confidenciales. Al terminar esta sección, si usted quiere, le puedo dar números de teléfono de organizaciones que le pueden dar información y remisiones para estos asuntos. Tenga siempre presente que me puede decir que pasemos cualquier pregunta que usted no quiera contestar.

ACEDEPRS (CDC-Optional Module)

YESNO.

31.1 Looking back at your childhood, before age 18, did you live with anyone who was depressed, mentally ill, or suicidal?

En sus años de infancia, antes de cumplir los 18 ¿Vivió con alguna persona que padeciera de depresión, enfermedad mental, o que quería suicidarse?

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

ACEALC (CDC-Optional Module)

YESNO.

31.2 (Looking back at your childhood, before age 18) did you live with anyone who was a problem drinker or alcoholic?

(En sus años de infancia, antes de cumplir los 18), ¿vivió con alguna persona que bebía mucho, o que era alcohólica?

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

ACEDRGS (CDC-Optional Module)

YES/NO.

31.3 (Looking back at your childhood, before age 18) did you live with anyone who used street drugs or who abused prescription medications?

(En sus años de infancia, antes de cumplir los 18), ¿Vivió con alguna persona que usaba drogas ilegales o que abusaba de los medicamentos recetados?

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

ACEJAIL2 (CDC-Optional Module)

YES/NO.

31.4 (Looking back at your childhood, before age 18) did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility?

(En sus años de infancia, antes de cumplir los 18,) ¿Vivió con alguna persona que paso tiempo o fue sentenciado/a a cumplir una condena en una cárcel, prisión u otra institución correccional?

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

ACEDVRC (CDC-Optional Module)

YES/NO

31.5 (Looking back at your childhood, before age 18) were your parents ever separated or divorced?

(En sus años de infancia, antes de cumplir los 18,) se separaron alguna vez o se divorciaron sus padres?

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

ACEADLHT (CDC-Optional Module)

YES/NO.

31.6 (Looking back at your childhood, before age 18) how often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Would you say...

(En sus años de infancia, antes de cumplir los 18,) ¿con que frecuencia sus padres o los adultos en su casa se dieron una bofetada (cachetada), dieron golpes, patadas, puñetazos o palizas el uno al otro? Diría usted...

- 1. Never
- 2. Once
- 3. More than once
- 77. Don't know / Not sure
- 99. Refused

ACEHTKDS (CDC-Optional Module)

YESNO.

31.7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say...

Antes de cumplir los 18, ¿con que frecuencia ¿le dieron algún golpe, paliza, patada o le hicieron algún daño físico su padre, madre o alguno de los adultos de su hogar? No incluya nalgadas. Diría usted...

- 1. Never
- 2. Once
- 3. More than once

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

ACEINSLT(CDC-Optional Module)

YESNO.

31.8 (Looking back at your childhood, before age 18) how often did a parent or adult in your home ever swear at you, insult you, or put you down?

(En sus años de infancia, antes de cumplir los 18,)¿Con que frecuencia alguno de sus padres o de los adultos de su hogar le dijo a usted alguna vez una palabrota, le insultó, o le menospreció? Diría usted...

- 1. Never
- 2. Once
- 3. More than once

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

ACETCHU (CDC-Optional Module)

YESNO.

31.9 (Looking back at your childhood, before age 18) how often did anyone at least 5 years older than you or an adult ever touch you sexually?

(En sus años de infancia, antes de cumplir los 18,)¿Con que frecuencia alguien o un adulto por lo menos cinco años mayor que usted le tocó en forma sexual?

- 1. Never
- 2. Once
- 3. More than once

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

ACETCHT (CDC-Optional Module)

YESNO.

31.10 (Looking back at your childhood, before age 18) how often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

(En sus años de infancia, antes de cumplir los 18,)¿Con que frecuencia alguien por lo menos cinco años mayor que usted o un adulto trato de que usted le tocara en forma sexual?

- 1. Never
- 2. Once
- 3. More than once

ACESEX (CDC-Optional Module)

YESNO.

31.11 (Looking back at your childhood, before age 18) how often did anyone at least 5 years older than you or an adult, force you to have sex?

(En sus años de infancia, antes de cumplir los 18,)¿Con que frecuencia alguien por lo menos cinco años mayor que usted o un adulto le forzó a tener sexo? Diría usted...

- 1. Never
- 2. Once
- 3. More than once

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

Section 42: Closing

If ASTHEV3=1 or CHLDAST2 =1continue, else skip to CLOSING

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?

Cree que en las próximas dos semanas, ¿estaría usted dispuesto(a) en hacer una encuesta que sigue a esta y que pregunta sobre la experiencia de su asma?

- 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?

"¿Cree que usted estaría dispuesto(a) en participar en una encuesta que sigue a esta, en el futuro?" "¿Piensa que usted estaría dispuesto(a) en participar en una encuesta que sigue a esta,

en el futuro?")

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.

Esa fue mi última pregunta. Las repuestas de todos, serán combinadas para obtener información sobre las prácticas de salud de la gente en este estado. Muchísimas gracias por su tiempo y cooperación.

SPANIN2 NEW

SPANINB.

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

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

Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity)

Code Description (Physical Activity, Questions 11.2 and 11.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
	5 8 Swimming in laps
	5 9 Table tennis

1 8 Gardening (spading, weeding, digging, filling)	6 0 Tai Chi
1 9 Golf (with motorized cart)	6 1 Tennis
2 0 Golf (without motorized cart)	6 2 Touch football
2 1 Handball	6 3 Volleyball
2 2 Hiking – cross-country	6 4 Walking
2 3 Hockey	6 6 Waterskiing
2 4 Horseback riding	6 7 Weight lifting
2 5 Hunting large game – deer, elk	6 8 Wrestling
2 6 Hunting small game – quail	6 9 Yoga
2 7 Inline Skating	7 0 Other
2 8 Jogging	
2 9 Lacrosse	9 9 Refused
3 0 Mountain climbing	
3 1 Mowing lawn	
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	