

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2011
TRACK III**

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

MERGED_ENGLISH_SPANISH

FINAL

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Questions about the survey should be directed to:

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

Section 1: Health Status

GENHLTH (CDC-CORE)

HEALTH.

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

¿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)

YESNO.

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

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)

YESNO.

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

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

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
Su empleador?

Yes	No	Dk/Ns	Ref	
1	2	77	99	EMPPLAN

Someone else's employer, like your spouse's or parents employer

El empleador de otra persona, como su esposo(a) o sus padres?

Yes	No	Dk/Ns	Ref	
1	2	77	99	OEMPLAN

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

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

MAINPLAN (CA-CORE)

MAINPLN.

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

¿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)

YESNO.

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

*¿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) (PAYNOGO in dataset)**YESNO.****3.5 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?***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

BPHIGH2 (CDC-CORE)**YESNO.****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?")**¿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?*

- 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)

BP MED (CDC-CORE)**YESNO.****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

Section 5: Cholesterol Awareness

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

(Go to HEART)

(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
- 99. Refused

(Go to HEART)

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

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.

6.4 Have you ever been told by a doctor or other health professional 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)

YESNO.

6.6 Have you EVER been told by a doctor, nurse, or other health professional 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)**YESNO.****6.7 Have you ever been told by a doctor, nurse, or other health professional that you had any other types of cancer?***(¿Alguna vez le ha dicho un médico, 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

COPDEVER (CDC-CORE)**YESNO.****6.8 Has a doctor, nurse or other health professional ever said that you have COPD(chronic obstructive pulmonary disease, emphysema or chronic bronchitis)?***(¿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 - CAPP)**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)**YESNO.****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?)*

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

KIDNEY (CDC-CORE)**YESNO.****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.**(¿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)**OAVISOB.****6.12 (Has a doctor, nurse or other health professional) EVER told you that you have vision impairment in one or both eyes, even when wearing glasses?***(¿ALGUNA VEZ le ha dicho un medico, enfermera, o otro profesional de la salud) que usted tiene problemas de la visión en uno o ambos ojos, incluso con gafas?*

- 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
- 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: 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.

EXERANY1 (CDC-CORE)

YESNO.

7.1 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 FÍSICAS o EJERCICIOS tales como correr, calistenia, golf, jardinería, o camino para hacer ejercicio?

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

EXERACT1 (CDC-CORE) (EXERACT3 in dataset)

EXERACTB.

7.2 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 hacienda durante el mes pasado?

___ Select activity from brandlist

- 9 9. Refused (Go to STRENGTH)

EXEROFT (CDC-CORE) (EXEROFT1 in dataset)

TYPE III.

7.3 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?

- 1__ Times per week
- 2__ Times per month
- 777 Don't know/Not sure
- 999 Refused

EXERHMM1 (CDC-CORE)

TYPE XI.

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

¿Cuándo tomo parte en esta actividad, cuantos minutos u horas le se mantuvo haciéndolo usualmente?

- _:__ Hours and minutes
- 777. Don't know / Not sure
- 999. Refused

EXERACT2 (CDC – CORE) (EXERACT4 in dataset)

EXERACTB.

7.5 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

- 99. Refused (Go to STRENGTH)
- 88. No other physical activity

EXEROFT2 (CDC – CORE)

TYPE III.

7.6 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?

- 1__ Times per week
- 2__ Times per month
- 777. Don't know / Not sure
- 999. Refused

EXERHMM2 (CDC – CORE)

TYPE XI.

7.7 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?

- _:__ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

STRENGTH (CDC – CORE)**TYPE II.**

7.8 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. Cuente 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.

- 1__ Times per week
- 2__ Times per month
- 777. Don't know / Not sure
- 888. Never
- 999. 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 SMKCIGAR)
- 77. Don't know/Not sure (Go to SMKCIGAR)
- 99. Refused (Go to SMKCIGAR)

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

SMOKREG4 (CDC-CORE)

SMOKREGB.

8.3 About how long has it been since you last smoked a cigarette, even one or two puffs? (Read only if necessary)

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

- 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
- 99. Refused (Do not read)

SMKCIGAR

YESNO.

8.4 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
-
- 7. Don't know/Not sure
- 9. Refused

PIPEVER

YESNO.

8.5 Have you ever smoked a tobacco pipe?

¿Alguna vez, ha fumado usted una pipa de tabaco?

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

HOOKEVER

YESNO.

8.6 Have you ever smoked a hookah pipe?

¿Ha fumado alguna vez una pipa turca, también llamada pipa de agua tradicional, pipa cachimba, narguila, shisha o hookah (juca)?

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

CHEWEVER

YESNO.

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

¿Alguna vez, ha usado el tabaco de mascar tal como Redmann, Levi Garrett o Beechnut?

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

SNUFEVE1

YESNO.

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

¿Alguna vez ha Ud. usado el rapé (tabaco en polvo) tal como Skoal, Skoal Bandits, o Copenhagen?

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

SNUSEVE1

YESNO.

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

¿Alguna vez ha usado nuevos tipos de productos de tabaco sin humo, como Camel o Marlboro snus? (Es una bolsita parecida a una de té que un consumidor se coloca entre el labio superior y la encía, lo deja por hasta 30 minutos y al terminar lo tira sin escupir.)

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

If SMOKE100=2 or 7 or 9 then go to AGEB
 Else if SMOKE100=1 and SMKEVDA2=1 then go to SMOKENUM
 Else if SMOKE100=1 and SMKEVDA2=2 or 3 or 7 or 9 then ask SMK6MOS

Section 9: Current Cigarette Use

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

SMK6MOS

YESNO.

9.1 **Have you ever smoked daily for six months or more?**

Anteriormente, usted indico que ha fumado cigarrillos. Me gustaría hacerle unas preguntas más acerca del fumar cigarrillos. Alguna vez ha fumado todos los días por seis meses o más?

- 1. Yes
- 2. No (Go to SMK30ANY)

- 7. Don't know/Not sure (Go to SMK30ANY)
- 9. Refused (Go to SMK30ANY)

DAILYSMK (DAILYR, DAILYMO, DAILYWK, DAILYDY)

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

¿Cuánto hace desde que fumó diariamente?

- YEARS DAILYR
- MONTHS DAILYMO
- WEEKS DAILYWK
- DAYS DAILYDY
- 00. Time frame does not apply
- 77. Don't know/Not sure for that time frame
- 99. Refused for that time frame (Go to SMK30ANY)

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

Ask if SMKEVDA2 = 1

SMOKENUM

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

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

(NOTE: 1 pack=20 cigarettes)

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

After respondent answers SMOKENUM, go to SMKWHOLE.

If SMKEVDA2≠1 then ask SMK30ANY.

SMK30ANY**YES/NO.**9.4 **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)

7. Don't know/Not sure

(Go to SMKWHOLE)

9. Refused

(Go to SMKWHOLE)

SMK30DAY**TYPE VII.**9.5 **On how many of the past 30 days did you smoke cigarettes?***¿En cuántos de los últimos 30 días fumó usted cigarrillos?*

__ Enter number

30. Everyday

77. Don't know/Not sure

99. Refused

SMK30NUM**TYPE VIII.**9.6 **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?**(NOTE: 1 pack=20 cigarettes)*

___ Enter number

777. Don't know/Not sure

999. Refused

If SMOKE100=1 then ask SMKWHOLE.

SMKWHOLE**TYPE VIII.**9.7 **About how old were you when you smoked your first whole cigarette?***¿Cómo qué edad tenía cuando fumó su primer cigarrillo entero?*

__ Enter age in YEARS

77. Don't know/Not sure

99. Refused

SMOKEAGE**TYPE XI.**9.8 **About how old were you when you first started smoking cigarettes fairly regularly?***Aproximadamente, ¿cuántos años tenía cuando comenzó a fumar cigarrillos con regularidad?*

__ Enter age in YEARS

00. Never smoked regularly

77. Don't know/Not sure

99. Refused

Ask if SMKEVDA2 <= 2 or SMKREG <=4)

SMK12AGO

YESNO.

9.9 **Were you smoking at all around this time 12 months ago?**
¿Hace 12 meses, estaba usted fumando algo, alrededor de esta temporada?

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

SMK12DLY (SMK12DL2 in dataset)

EVDAY.

9.10 **Were you smoking cigarettes every day or some days?**
¿Fumaba cigarrillos todos los días o, solamente en algunos días?

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

For SMKWAKE: If SMKEVDA2=1 or 2 and SMK12AGO = 1 ask SMKWAKE. Else go to AGEB

SMKWAKE (SMKWA_A (Hours) SMKWA_B (Minutes))

9.11 **How soon after you awake in the morning do you usually smoke your first cigarette?**
¿Al despertarse por la mañana, cuánto tiempo pasa usualmente, antes de que fume su primer cigarrillo?

- _____ Enter response (Go to AGEB)
- 0000. Immediately (Go to AGEB)
- 7777. Don't know (Go to AGEB)
- 9999. Refused (Go to AGEB)

If SMKEVDA2=3 or 7 or 9 then ask PUFF. Else go to AGEB.

PUFF (PUFFYR1, PUFFMO1, PUFFWK1, PUFFDY1)

9.14 **When did you last smoke or have a puff on a cigarette?**
¿Cuánto tiempo hace desde que fumó su último cigarrillo aunque fuera solamente un soplo?

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

Section 10: Demographics

AGEB (CDC-CORE)

10.1 What is your age?

¿Cuántos años tiene usted?

___ Enter age in years

77. Don't know/Not sure

99. Refused

HISP3 (CDC-CORE)

YESNO.

10.2 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.

10.3 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 Hawái 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

(PROBE ORACE2X IF HISP3=1 and ORACE3 = 6)

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

ORACE2X (ask IF HISP3=1 and ORACE3 = 6) NEW QUESTION

ORACE.

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 Pacifico
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

ORACE4 (CDC-CORE)

ORACEB.

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

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

ORACE2A (CA)**ORACE2A.****10.5 Are you Chinese, Japanese, Korean, Filipino or Other?***¿Es usted Chino(a), Japonés(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.****10.6 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.

10.7 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.

10.8 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.

10.8 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.

10.9 (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)} Should

___	AGE OF YOUNGEST CHILD	CHILD1
___	AGE OF SECOND YOUNGEST CHILD	CHILD2
___	AGE OF THIRD YOUNGEST CHILD	CHILD3
___	AGE OF FOURTH youngest child	CHILD4
___	Age of fifth youngest child	CHILD5
___	Age of sixth youngest child	CHILD6
___	Age of seventh youngest child	CHILD7
___	Age of eighth youngest child	CHILD8
___	Age of ninth youngest child	CHILD9
___	Age of tenth youngest child	

- 77. Don't know
- 99. Refused

EDUCA (CDC-CORE)

EDUCA.

10.10 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.**

10.11 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)

10.12 Household size. ((NUMADULT+CHILD18)

INCOM01 (CDC-CORE)**INCOME.C.**

10.13 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)**YESNO.**

10.14 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 por arriba 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, Jan 24, 2009.

WEIGHT (CDC-CORE) (not formatted)

10.15 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)

10.16 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.

10.17 What county do you live in?

¿En qué condado vive usted?

7777. Don't Know/Not Sure
9999. Refused

ZIPCODE2 (CDC-CORE) (ZIPCODE in dataset) ZIPCODE.

10.18 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) YESNO.

10.19 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 su hogar? No incluya los teléfonos celulares ni los números que sólo sean usados por una computadora o un fax.

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

NUMPHON4 (CDC-CORE)**TYPE I.****10.20 How many of these phone numbers are residential numbers?**

(8 = 8 or more)

¿Cuántos de estos números de teléfono son números residenciales?

- 77. Unknown
- 99. Refused

CELL (CDC-CORE)**YESNO.****10.22 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
- 2. No
- 77. Don't know
- 99. Refused

(Go to CPCTSHAR)

CELSHARE (CDC-CORE)**YESNO.****10.23 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
- 2. No
- 77. Don't know
- 99. Refused

(Go to CPCTUSE)

(Go to OWNHOME)

(Go to OWNHOME)

(Go to OWNHOME)

CPCTSHAR (CDC-CORE)**YESNO.****10.24 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)**TYPE I.****10.25 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? Range for each response is 0 to 100.*

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

OWNHOME (CDC-CORE)

10.26 Do you own or rent your home?

RENT.

¿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 QUIT1DY3

PREGNANT (CDC-CORE)

10.27 To your knowledge, are you now pregnant?

YESNO.

¿Que usted sepa, está embarazada?

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

Section 11: Quitting

Earlier you had answered some questions about smoking. We would like to follow-up on some of these questions.

If SMOKE100 <>1 skip to WHNCIGAR If SMKEVDA2 <= 2 or SMKREG4 <=4) continue, else skip to RETURN
--

QUIT1DY3 (CDC-CORE)

YESNO.

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

NOSMK (NOSMKDY, NOSMKWK, NOSMKMO)

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

Me gustaría preguntarle sobre el último intento que Ud. 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 | |
| 000. | Time frame does not apply | | |
| 777. | Don't know/Not sure for that time frame | | (Go to QUITMED2) |
| 999. | Refused for that time frame | | (Go to QUITMED2) |
| 888. | Never made a quit attempt | | |

If (SMKEVDA2=1 or 2 or SMK30ANY=1) and QUIT1DY3 = 1 then ask QUITMED2.
--

QUITMED2

YESNO.

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

¿Usó usted algún medicamento tal como un parche, chicle, o aerosol nasal para ayudarle en ese intento de dejar de fumar?

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

QUITADV2**YESNO.**11.5 **Did you use counseling advice in this quit attempt?***¿Usó Ud. ayuda de consejeros en ese intento de dejar de fumar?*

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

QUITMAT**YESNO.**11.6 **Did you use any self-help materials in this quit attempt?***¿Usó Ud. algún material de ayuda propia, en ese intento de dejar de fumar?*

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

RETSITUA**RETSITUA.**11.7 **In what situation did you return to smoking?***¿Debido a que situación volvió usted a fumar?***(INTERVIEWER: DO NOT READ. PROBE FOR MOST IMPORTANT REASON)**

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

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

If SMKEVDA2 <= 2 and (QUIT1DY3#1 or NOSMK=888) (never made a quit attempt), ask QUITLIFE.

QUITLIFE**YESNO.**11.8 **In your whole life, have you ever made a serious attempt to quit smoking?***En toda su vida, ¿alguna vez ha hecho un intento en serio, para dejar de fumar?*

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

RETURN (RETURYR, RETURNMO, RETURNWK, RETURNDY)

TYPE V.

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

¿Por cuánto tiempo ha estado fumando usted, desde su último intento para dejar de fumar?

- YEARS RETURYR
- MONTHS RETURNMO
- WEEKS RETURNWK
- DAYS RETURNDY

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

If SMOKENUM=888 (don't smoke regularly) go to LIKESTOP. Otherwise, continue.

NOCIG (NOCIGDY, NOCIGWK, NOCIGMO, NOCIGYR)

TYPE V.

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

Desde que empezó a fumar con regularidad, ¿cuál ha sido el plazo más largo, que usted ha pasado sin fumar un cigarrillo

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

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

If SMKEVDA2=1 or 2 then ask LIKESTOP. Else skip to RETURN12.

LIKESTOP

YESNO.

11.11 Would you like to stop smoking?

¿Le gustaría dejar de fumar?

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

If SMKEVDA2=1 or 2 and QUIT1DY3 <> 1

QUIT30

YESNO.

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

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

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

(Go to FRNDWANT)

QUIT6**YESNO.**11.13 **Are you contemplating quitting smoking in the next six months?***¿Está contemplando en dejar de fumar en los próximos seis meses?*

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

If SMKEVDA2 = 3, ask RETURN12. Else skip to FRNDWANT

RETURN12**RETURN.**11.14 **Do you think it is likely or unlikely that you will return to smoking in the next 12 months?***¿Piensa Ud. que es probable o no es probable que volverá a fumar durante los próximos 12 meses?*

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

SMKAGAIN**RETURNB.**11.15 **Do you think that there is any possible situation in which you might start smoking again?***¿Cree Ud. que hay alguna situación posible por la cual usted pudiera volver a fumar?*

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

FRNDWANT (ask of current smoker)**CONCERNB.**11.16 **How much do your friends and family want you to quit smoking? Would you say...***¿Cuánto quieren sus amigos y familia que usted deje de fumar? ¿Diría usted que ...*

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

SMKEVDA2 <=2 then ask CIGMONEY, else skip to WHNCIGAR

Section 12: Cigarette Purchases

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

Ahora, me gustaría preguntarle acerca de sus compras de cigarrillos.

CIGMONEY

CIGMONEY.

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

Está preocupado (a) cuánto gasta en la compra de cigarrillos?

- 1. Yes
- 2. No
- 3. Never purchase cigarettes (Go to WHNCIGAR)

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

CABUY

CABUY.

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

¿Usualmente, compra sus cigarrillos en California, fuera del estado, o por el Internet?

- 1. California
- 2. Out of state (Go to SMKTYPE)
- 3. Over the Internet (Go to SMKTYPE)

- 7. Don't know/Not sure (Go to SMKTYPE)
- 8. Does not buy own cigarettes (Go to SMKTYPE)
- 9. Refused (Go to SMKTYPE)

WHEREBUY

WHEREBUY.

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

¿Usualmente, adonde compra sus cigarrillos? Los compra en...

- 1. At convenience stores or gas stations
- 2. At supermarkets
- 3. At liquor stores or drug stores
- 4. At tobacco discount stores
- 5. At other discount stores such as Wal-Mart
- 6. On Indian reservations
- 7. In military commissaries
- 8. OTHER____(specify)_____>BUYTXT

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

SMKTYPE**SMKTYPE.****12.4 Do you usually smoke regular, light, or ultra light cigarettes?**

¿Usualmente, fuma usted cigarrillos regulares, suaves ("lights" o bajo en nicotina), o ultra suaves?

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

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

SMO30MEN**YESNO.****12.41 During the past 30 days, were the cigarettes that you usually smoked menthol?**

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

SMKBRAN2**SMKBRAND.****12.5 What brand do you usually smoke?**

¿Que marca fuma usted usualmente?

- 7. Don't know/Not sure
- 9. Refused
- 8. Other (specify

PRICE**TYPE VII.****12.7 How much do you usually pay for a pack of cigarettes?**

¿Cuánto paga usualmente por una cajetilla de cigarrillos?

EXAMPLE: for \$2.00 enter 200

for \$1.75 enter 175

for \$0.95 enter 95

__ _ Enter response

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

BUYDOWN**YESNO.****12.8 The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions?**

La última vez que compró usted cigarrillos, ¿tomo ventaja de los cupones, rebajas, compró uno y obtuvo uno gratis, o compró dos por el precio de uno, o usó alguna otra oferta especial?

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

Section 13: Last Tobacco Use

If SMKIGAR=1 then ask WHNCIGAR

WHNCIGAR

WHENCIG.

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

Anteriormente usted indico que ha fumado un puro (cigarro). ¿Cuándo fue la última vez que fumo un puro (cigarro)?

- 1. Within the past month (0 months to 1 month ago)
- 2. Within the past 3 months (More than 1 month to 3 months ago) (Go to PIPENOW)
- 3. Within the past 6 months (More than 3 months to 6 months ago) (Go to PIPENOW)
- 4. Within the past year (More than 6 months to 12 months ago) (Go to PIPENOW)
- 5. Within the past 5 years (More than 1 year to 5 years ago) (Go to PIPENOW)
- 6. Within the past 15 years (More than 5 years to 15 years ago) (Go to PIPENOW)
- 7. 15 or more years ago (Go to PIPENOW)
- 77. Don't know/Not sure (Go to PIPENOW)
- 99. Refused (Go to PIPENOW)

OFTCIGAR

OFTCIGAR.

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

Durante el mes pasado, ¿fumó usted puros (cigarros) todos los días, varias veces por semana, una vez por semana, o menos de una vez por semana?

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

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

If PIPEVER=1 then ask PIPENOW.

PIPENOW

EVDAY.

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

En la actualidad, ¿fuma usted una pipa de tabaco todos los días, algunos días, o ningún día?

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

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

If CHEWEVER=1 then ask CHEWNOW.

CHEWNOW

EVDAY.

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

¿En la actualidad, usa Ud. tabaco de mascar todos los días, algunos días, o ningún día?

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

If SNUFEVER=1 then ask SNUFNOW.

SNUFNOW

EVDAY.

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

Anteriormente usted dijo que usted ha usado rapé. ¿Ahora, usa usted rapé todos los días, algunos días, o nunca?

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

If SNUSEVER=1 then ask SNUSNOW.

SNUSNOW

EVDAY.

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

Anteriormente usted dijo que ha usado el snus. ¿Ahora, usa usted el snus todos los días, algunos días, o nunca?

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

HOUSTYPE asked of all respondents

HOUSTYPE.

13.7 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
2. A house that is not attached to any other house
3. A house that is attached to one or more houses
4. An apartment or condominium in a complex with 15 or fewer units
5. An apartment or condominium in a complex with 16 or more units
6. An RV, Boat or other

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

Section 14: Health Care Access

[Ask if SMKEVDA2= 1 or 2, or SMK30ANY= 1]

MDSEE

YESNO.

14.1 Did you see your doctor in the past 12 months?

¿Ha visitado a su doctor en los últimos 12 meses?

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

MDSTOP12

YESNO.

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

¿En los últimos 12 meses, le aconsejó su doctor que debe dejar de fumar?

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

MDDATE

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

En los últimos 12 meses, ¿le sugirió su doctor que fijara una fecha específica para dejar de fumar?

1. Yes
2. No

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

MDRX**YESNO.**

14.4 **In the last 12 months, did your doctor prescribe anything to help you to quit smoking?**
En los últimos 12 meses, ¿le recetó su doctor algo para ayudarlo a dejar de fumar?

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

MDASSIST**YESNO.**

14.5 **In the last 12 months, did your doctor suggest that you receive any other assistance in quitting?**
En los últimos 12 meses, ¿le sugirió su doctor que usted recibiera cualquier otra clase de asistencia para dejar de fumar?

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

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

Section 15: Quitting with Medical Assistance**TRYQUIT****YESNO.**

15.1 **Did you try to quit when your doctor advised you to stop smoking?**
¿Hizo el intento de dejar de fumar cuando su doctor le aconsejó que lo hiciera?

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

OTRSEE**YESNO.**

15.2 **Did you see a nurse or other health professional in the past 12 months?**
¿Ha visitado a una enfermera u otro profesional de salud en los últimos 12 meses?

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

OTRSTP12

YESNO.

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

En los últimos 12 meses ¿le aconsejó una enfermera u otro profesional de salud que dejara de fumar?

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

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

TRYQUITA

YESNO.

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

¿Hizo el intento de dejar de fumar cuando una enfermera u otro profesional de salud le aconsejó que lo hiciera?

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

Section 16: Workplace

OUTWORK (Ask if EMPLOY2 = 1 or 2)

YESNO.

16.1 **Do you currently work outside your home?**

¿Actualmente, trabaja usted fuera de casa?

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

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

HRSWORK

HRSWORK.

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

¿En promedio, cuántas horas por semana trabaja usted en su empleo?

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

INDOORS

16.3 **Do you work primarily indoors or outdoors?**
¿Trabaja usted principalmente bajo techo o al aire libre?

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

INDOORS.**WKAREA1**

16.4 **What best describes where you currently work outside your home for money?**
¿Al presente, cuál de las siguientes opciones mejor describe donde usted trabaja fuera de casa para ganar dinero?

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

WKAREAC.

WORK50 (Ask if WKAREA1 <> 7 or 8)

16.5 **Altogether, do more than 50 people work at your worksite?**
En total, ¿hay más de 50 personas en el sitio de su trabajo?

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

YESNO.

TOTEMPL2(Ask if WKAREA1 <> 7 or 8)

16.7 **What is the total number of employees at the building where you work?**
¿En total, cuantos empleados hay en el edificio donde usted trabaja?

1. 1
2. 2 to 5
3. 6 to 25
4. 26 to 50
5. More than 50
7. Don't know/Not sure
9. Refused

TOTEMPLB.

BLDFREE (Ask if WKAREA1 <> 8)

YESNO.

16.8 **Is the building where you work completely smoke free indoors?**

¿Es completamente libre de humo el interior del edificio donde usted trabaja?

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

INALLOW

INALLOW.

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

Para cada una de las siguientes áreas bajo techo en su sitio de trabajo, por favor dígame si se permite fumar

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

OUTALLOW (Ask if WKAREA1 <> 7 or 8)

INALLOW.

16.10 **Is smoking allowed outside the building.....**

¿Se permite fumar afuera de su edificio...

	NOT ALLOWED	ALLOWED	DK/NS	REF	
A. Close to entrances (e.g. within 20 feet)	1	2	7	9	OUTENTR
B. In a special area on the property	1	2	7	9	OUTSPEC

POLICY

YESNO.

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

¿Hay alguna regla oficial que restringe el fumar en cualquier manera en su sitio de trabajo?

- 1. Yes
- 2. No (Go to WORK7DAY)
- 7. Don't know/Not sure (Go to WORK7DAY)
- 9. Refused (Go to WORK7DAY)

PLCYCHG

YESNO.

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

¿Ha cambiado la regla oficial sobre el fumar durante los ultimo's doce meses?

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

HOWCHG**16.13 How did the policy change? Would you say it is**

¿Cómo ha cambiado la regla? ¿Diría que es más restringida o menos restringida?

1. More restrictive
2. Less restrictive
-
7. Don't know/Not sure
9. Refused

If PLCYCHG = 1 and (EMPLOY2 = 1 or (EMPLOY2 = 2 and OUTWORK = 1)) ask SMKWORK
SMKWORK

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

¿Cuál de las siguientes opciones mejor describe la regla del fumar en las áreas donde los empleados trabajan? ¿Diría Ud. que...

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
-
7. Don't know/Not sure
9. Refused

SMKAREA**SMKAREA.****16.15 Which of the following best describes the smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? Would you say that smoking is not allowed in any public areas, allowed in some public areas, or allowed in all public areas?**

¿Cuál de las siguientes opciones describe mejor la regla del fumar en los lugares públicos o áreas comunes así como las salas de espera, sanitarios, o comedores? ¿Diría Ud. que el fumar...

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

WORK7DAYS**YESNO.****16.16 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

(Go to WHATAREA)

WORKSMK**YESNO.****16.17 During the past two weeks has anyone smoked in the area in which you work?***Durante las últimas dos semanas, ¿ha fumado alguien en el área donde usted trabaja?*

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

WHATAREA**WHATAREA.****16.18 The last time this happened, what work area were you in?**

(Don't read the answers just code it)

La última vez que paso esto, ¿en qué área de trabajo estaba usted?

1. Close to entrance (e.g., within 20 feet)
2. In a specially designated smoking outdoor area on the property
3. In a specially designated smoking room in an indoor area
4. Office work area
5. Break room
6. Cafeteria
7. Office hallway, lobby
8. Stairwell, elevator
9. Restroom
10. Hotel or motel guest room
11. Hotel or motel lobby, meeting room, or banquet room
12. Cabin of motor truck or truck tractor
13. Taxi cab (or car)
14. Warehouse facility
15. Private residence, including a family day care home
16. Long-term health care facility
17. Theatrical production site
18. Medical research or treatment site where smoking is part of the research/treatment
19. American Indian casino
20. Bar or tavern
21. Retail or wholesale tobacco shop, or private smoker's lounge (including cigar or hookah bar)
22. Covered parking structure
77. Don't know/Not sure
99. Refused
98. Other -----(specify)---→ WORKEXPTXT

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

PLCYSMK

YESNO.

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

*Hace poco, Ud. indicó que la regla oficial de fumar en su lugar de empleo había cambiado.
¿Cambió Ud. su comportamiento de fumar a causa de la regla?*

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

Section 17: Household Rules

SMKELSE2 is asked of all respondents.

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

Ahora me gustaría hacerle algunas preguntas acerca de su hogar.

SMKELSE2

YESNO.

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

¿Hay otra persona viviendo en su hogar que fuma cigarrillos al presente?

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

SMKELSEN

TYPE I.

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

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

- __ Enter number
- 77. Don't know
- 99. Refused

HHRULES2

HHRULES.

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

¿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, no hay restricciones contra el fumar?

- 1. Smoking is completely prohibited (Go to HHEVER)
- 2. Smoking is generally prohibited with few exceptions
- 3. Smoking is allowed in some rooms only (Go to HHEVER)
- 4. There are no restrictions on smoking
- 5. OTHER (specify) ----->HHTXT (Go to HHEVER)
- 7. Don't know/Not sure (Go to HHEVER)
- 9. Refused (Go to HHEVER)

HHALLOW

YESNO.

17.5 **Is any smoking ever allowed inside your home?**
¿Hay alguna ocasión donde se permite fumar en su hogar?

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

HHEVER

YESNO.

17.6 **Does anyone ever smoke inside your home?**
¿Alguna vez hay alguien que fume adentro de su hogar?

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

Section 18: Exposure to Smoke

PERCENT asked of all adults

TYPE II.

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

Ahora piense en más o menos 100 adultos Californianos. ¿Cuántos de ellos piensa usted que fuman cigarrillos actualmente?

___ Enter response 0-100

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

EXPOTH1

YESNO.

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

En California, en los últimos 6 meses, que es desde {cMONTH(Today())}, ha tenido que aguantar a alguien fumando cerca de usted en cualquier otro lugar, aparte de su hogar o su lugar de trabajo?

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

EXPTXT1**WHEREXP.**

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

La última vez que esto sucedió en California, ¿dónde estaba?

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

EXPHRS**TYPE XXVI.**

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

¿Durante la semana pasada, por aproximadamente cuántas horas o minutos se expuso al humo de tabaco de otra gente, en todos ambientes?

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

____ Enter response

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

Section 19: College Campuses

ENROLLED

YESNO.

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

¿Está usted registrado (a) en un curso en un campus universitario?

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

CAMPEXP

YESNO.

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

¿En las últimas dos semanas, estuvo usted expuesto al humo de tabaco de otra gente en el campus de la universidad...

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

TOBSPON

YESNO.

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

¿Está enterado de cualquier actividad apoyada por la industria de tabaco en el campus de la universidad en los últimos 12 meses?

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

Section 20: Bars

BARVISIT (asked of all respondents)

YESNO.

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

En los últimos 12 meses, ¿ha estado usted en un bar, una taberna, o club nocturno, incluyendo esos adjuntos a algún restauaran, hotel, o salón de naipes (cartas) en California?

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

SMKFREE

YESNO.

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

¿La última vez que fue a un bar, una taberna, o club nocturno, incluyendo esos adjuntos a algún restauran, hotel, o salón de naipes en California, estaba libre del humo de cigarrillos?

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

BANAPPRV

YESNO.

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

California tiene una ley que prohíbe fumar en un bar, una taberna, o club nocturno, incluyendo esos adjuntos a algún restaurante, hotel, o salón de naipes. ¿Aprueba usted de esta ley?

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

Section 21: Casinos

CASINO

YESNO.

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

En los últimos 12 meses, ¿ha estado usted en un casino Indio (Indian casino) en California?

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

CASNOSMK

CASNOSMK.

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

Si el fumar fuera prohibido en los casinos Indios (Indian casinos) en California, ¿haría esto más probable o menos probable de que usted visitara los casinos, o no haría ninguna diferencia?

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

Section 22: Tobacco Advertising

ADVATRCT (ask of all respondents)

SMKBRAND.

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

¿De todos los anuncios para cigarrillos que Ud. ha visto, cuál es la marca presentada en el anuncio que más le llama la atención?

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

Section 23: Other's Smoking

SMKANNOY

SMKANNOY.

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

¿Cuánto le molesta el fumar de otra gente? ¿Diría Ud. que no es molesto en absoluto, un poco molesto, moderadamente molesto, muy molesto, o sumamente molesto?

- 1. Not annoying at all
- 2. A little annoying
- 3. Moderately annoying
- 4. Very annoying
- 5. Extremely annoying
-
- 7. Don't know/Not sure
- 9. Refused

ASKNOSMK

YESNO.

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

¿En los últimos 12 meses, le ha pedido Ud. a alguien que no fumara?

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

ASKWHO**ASKWHO.**

23.3 **On the most recent occasion you asked someone not to smoke, who was that person?**
¿En la última ocasión en que le pidió a alguien que no fumara, quién fue esa persona?

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

ASKRSN2**ASKRSNB.**

23.4 **On that same occasion, what was the primary reason you asked that person not to smoke?**
En esa misma ocasión, ¿Cual fue la razón más importante que usted le pidió a esa persona que no fumara?

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

If SMKEVDA2=1 <u>or</u> 2, continue, else skip to ANTITOB.
--

ASKTIMES**ASKTIMES.**

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

¿Aproximadamente, cuántas veces en los últimos 12 meses, alguien le ha pedido a usted que no fumara, cuando usted estaba fumando o a punto de fumar? ¿Diría que nunca, una o dos veces, varias veces, o muchas veces?

1. Never
2. Once or twice
3. Several times
4. Many times
-
7. Don't know/Not sure
9. Refused

Section 24: Anti-Tobacco Messages

ANTITOB is asked of all respondents.

ANTITOB

YESNO.

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

¿En los últimos 30 días, ha visto u oído cualquier mensaje en contra del tabaco?

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

HTV, HRADIO, HBBOARD, HNEWSPAP, HMAG

YESNO.

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

¿Ha visto u oído algún mensaje en contra del tabaco en ...

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

Section 25: Taxes

MORETAX (Ask of all respondents)

MORETAX.

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

¿Cuántos impuestos adicionales estaría Ud. dispuesto apoyar sobre una cajetilla de cigarrillos si todo el dinero juntado sería usado para financiar programas dirigidos a prevenir que los jóvenes empiecen a fumar, y otros programas de salud pública? ¿Apoyaría Ud. un aumento de impuesto de...?

- 1. \$.25 a pack
- 2. \$.50 a pack
- 3. \$.75 a pack
- 4. \$1.00 a pack
- 5. \$1.50 a pack
- 6. \$2.00 a pack
- 7. \$3.00 a pack
- 8. More than \$3.00
- 9. No tax increase
- 10. OTHER (specify) ----->TAXTXT
-
- 77. Don't know/Not sure
- 99. Refused

Section 26: Attitudes

ATITINTR (Questions are asked in random order.)

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

Le voy a leer algunas declaraciones sobre el fumar. Por favor dígame si está de acuerdo o no está de acuerdo con las siguientes declaraciones:

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

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
ATITUD6			AGREE.	
26.1 I rarely smoke when I am the only smoker in a group. <i>- Rara vez fumo cuando soy el único que fuma en un grupo.....</i>	1	2	7	9
ATITUD69				
26.2 If the tobacco industry promoted a new type of cigarette as safer, I would try it. <i>- Si la industria de tabaco promoviera un tipo nuevo de cigarrillo como más seguro (menos peligroso), yo lo probaría.....</i>	1	2	7	9
ATITUD7				
26.3 Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker. <i>- El inhalar el humo del cigarrillo de otra persona causa cáncer de los pulmones en una persona que no fuma.....</i>	1	2	7	9
ATITUD8				
26.4 Inhaling smoke from someone else's cigarette harms the health of babies and children. <i>- El inhalar humo del cigarrillo de otra persona hace daño a la salud de los niños y bebés.....</i>	1	2	7	9
ATITUD33				
26.5 If a woman smokes when pregnant, it will harm the health of her baby. <i>- Si una mujer fuma cuando está embarazada, dañara la salud de su bebé.....</i>	1	2	7	9
ATITUD17				
26.6 I prefer to eat in restaurants that are smoke free. <i>- Prefiero comer en restaurantes que son libres del humo de tabaco.....</i>	1	2	7	9
ATITUD10				
26.7 Tobacco advertising encourages young people to start smoking.	1	2	7	9

- La publicidad de tabaco anima a los jóvenes que empiecen a fumar.....

ATITUD27

26.8 **Tobacco companies can lower the nicotine content of tobacco products.** 1 2 7 9

- Las compañías de tabaco pueden rebajar el contenido de nicotina en los productos de tabaco....

ATITUD11

26.9 **Tobacco is NOT as addictive as other drugs such as heroin or cocaine.** 1 2 7 9

- El tabaco NO produce tanta adicción como otras drogas tales como la heroína o la cocaína....

ATITUD35

26.10 **All indoor worksites, including restaurants and cafeterias, should be smoke free.** 1 2 7 9

- Todos los sitios del trabajo que son bajo techo deben ser libres del humo de tabaco, incluyendo restaurantes y cafeterías.....

ATITUD15

26.11 **Local communities should strongly enforce laws that prevent people from selling cigarettes to minors.** 1 2 7 9

- Las comunidades locales deben reforzar fuertemente las leyes que previenen a la gente vender cigarrillos a los menores de edad.....

ATITUD13

26.12 **Minors caught buying cigarettes should be fined.** 1 2 7 9

- Se les debe multar a los menores de edad que se encuentren comprando cigarrillos.....

ATITUD19

26.13 **Store owners should need a license to sell cigarettes (just like alcoholic beverages).** 1 2 7 9

- Los dueños de tiendas deben necesitar una licencia para vender cigarrillos (así como para vender bebidas alcohólicas).....

ATITUD32

26.14 **Cigarette vending machines should be totally prohibited.** 1 2 7 9

- Las máquinas que venden cigarrillos deberían ser totalmente prohibidas.....

ATITUD20

26.15 **The ban on cigarette advertising should be extended to all print and electronic media.** 1 2 7 9

- La prohibición de la publicidad de cigarrillos se debe extender a todos los medios impresos y electrónicos.....

ATITUD18

26.16 **Advertising tobacco products at sports and athletic events should be banned.** 1 2 7 9

- *Se debe prohibir la publicidad de productos de tabaco en los eventos deportivos y atléticos.....*

ATITUD23

26.17 **The tobacco industry should be forced to put stronger warnings on all their potentially harmful products.** 1 2 7 9

- *Se le debe exigir a la industria de tabaco que incluyan advertencias más fuertes en todos sus productos potencialmente dañinos.....*

ATITUD24

26.18 **Tobacco products should be treated like other foods and drugs, with each package having full disclosure of potentially harmful contents.** 1 2 7 9

- *Los productos de tabaco se deben tratar como otros alimentos y drogas llevando una declaración completa en cada cajetilla del contenido que sea potencialmente dañino.....*

ATITUD29

26.19 **Tobacco products should be regulated as a drug by a government agency such as the Food and Drug Administration.** 1 2 7 9

- *Los productos de tabaco se deberían regular como una droga por una agencia del gobierno tal como la Administración de Drogas y Alimentos.....*

ATITUD30

26.20 **The tobacco industry should not be permitted to offer products such as clothing or camping equipment in exchange for coupons on cigarette packs.** 1 2 7 9

- *No se debería permitir a la industria de tabaco ofrecer productos tales como ropa o equipo de campamento a cambio de cupones que se encuentran en las cajetillas de cigarrillos.....*

ATITUD31

26.21 **The distribution of free tobacco samples or coupons to obtain free samples by mail should not be permitted.** 1 2 7 9

- *No se debería permitir la distribución de muestras gratis de tabaco, o de los cupones para obtener muestras gratis por correo.....*

ATITUD42

26.22 **The production and sale of cigarettes should not be a legitimate business in the United States.** 2 7 9

- *No debe ser licito (legal) producir y vender cigarrillos en los Estados Unidos....*

ATITUD34

26.23 **The tobacco industry spokespersons mislead the public when they say tobacco is not addictive.** 1 2 7 9

- *Los representantes de la industria de tabaco engañan al público cuando dicen que el tabaco no causa adicción.....*

ATITUD66

26.24 **If a person smokes only 5 cigarettes per day, their chances of getting cancer from smoking are about the same as someone who never smokes.** 1 2 7 9

- *Una persona que fuma solamente 5 cigarrillos por día tiene las mismas posibilidades de desarrollar cáncer que una persona que nunca fuma.....*

ATITUD67

26.25 **Nicotine is a cause of cancer.** 1 2 7 9

- *La nicotina causa cáncer.....*

ATITUD68

26.26 **The government exaggerates the risks of smoking.** 1 2 7 9

- *El gobierno exagera los riesgos de fumar.....*

ATITUD70

26.27 **Smoking light cigarettes is safer than smoking regular cigarettes.** 1 2 7 9

- *Fumando los cigarrillos tipos suaves ("lights" o bajo en nicotina) es menos peligroso que fumando los cigarrillos regulares.....*

ATITUD71

26.28 **Smoking should not be allowed in outdoor dining areas at restaurants.** 1 2 7 9

- *No se debe permitir fumar en los comedores de restaurantes que son al aire libre.....*

ATITUD72

26.29 **Smoking should not be allowed at a public beach.** 1 2 7 9

- *No se debe permitir fumar en una playa pública.....*

ATITUD73

26.30 **Smoking should not be allowed in outdoor entertainment areas, such as amusement parks, zoos, and fairgrounds.** 1 2 7 9

- *No se debe permitir fumar en áreas de entretenimiento que son al aire libre, tales como parques de diversiones, zoológicos, o en los campos de ferias.....*

ATITUD74

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

- *Las unidades de apartamentos, deben requerir que por lo menos la mitad de la unidad sea libre del humo de tabaco.....*

ATITUD75

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

- *Afuera, en las áreas comunes de los apartamentos o unidades de condominios tales como albercas, patios en común y caminitos, deben de tener áreas designadas para fumar.....*

ATITUD76

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

- *Los Casinos de Indios en California deben ser libres del humo del tabaco.....*

ATITUD77

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

- *Los anuncios de tabaco son dirigidos a ciertos grupos tales como a adultos jóvenes, grupos de bajos recursos y a grupos étnicos específicos.....*

ATITUD78

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

-Las farmacias no deberían vender los productos del tabaco

LUNGCAN is asked of all respondents.

LUNGCAN (Ask all respondents)

LUNGCAN.

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

Piensa usted que su propio riesgo de desarrollar cáncer de los pulmones es... ¿Más alto, más bajo, o que tiene el mismo riesgo que otros hombres y mujeres de su misma edad?

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

Section 27: 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) (JUICE11 in dataset)

TYPE XIX.

27.1 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.

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) (FRUIT11 in dataset)

TYPE XIX.

27.2 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.

- 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.”

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.).

BEANS (CDC-CORE) (BEANS11 in dataset)

TYPE XIX.

27.3 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.

- 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.”

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.

VEGGREEN (CDC-CORE) (VEGGRE11 in dataset)

TYPE XIX.

27.4 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?

- 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.

VEGORANG (CDC-CORE) (VEGORA11 in dataset)

TYPE XIX.

27.5 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."*

- 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).

OTHRVEG (CDC-CORE) (OTHRVE11 in dataset)

TYPE XIX.

27.6 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, chicharos (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."

- 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 28: Immunization

FLUSHOT5 (CDC CORE)

YESNO.

28.1 Now I will ask you questions about seasonal flu vaccine. 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?

- 1. Yes
- 2. No

(Go to PNEUMVC3)

- 77. Don't know / Not sure(Go to PNEUMVC3)
- 99. Refused(Go to PNEUMVC3)

FLSHTWH3 (CDC CORE)

28.2 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 el brazo o la vacuna estacional en forma de espray en la nariz?

__ / __ __ __ Month / Year

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

9 9 / 9 9 9 9 Refused

FLUPLAC5 (CDC-CORE)**FLUPLACF.****28.3 At what kind of place did you get your last 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
your most recent flu vaccine?) get
(¿Cómo describiría el lugar donde fue a recibir la vacuna contra la gripe mas reciente?)
999. Refused

PNEUMVC3 (CDC-CORE)**YESNO.**

28.4 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 29: Disability/Arthritis Burden

RESTRIC3 (CDC-CORE)**YESNO.**

29.1 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)**YESNO.**

29.2 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

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

Next I will ask you about your Arthritis

LIMITJN2 (CDC-CORE)

YESNO.

29.3 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) (Ask all respondents regardless of employment status) YESNO.

29.4 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) (NEW)

HOWMUCH.

29.5 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) (NEW)

TYPE I.

29.6 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

Section 30: Seat Belt Use

SEATBELT (CDC-CORE)

SEATBELT.

30.1 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...?

Please read:

- | | | |
|----|---------------|---------------------|
| 1. | Always | <i>Siempre</i> |
| 2. | Nearly always | <i>Casi siempre</i> |
| 3. | Sometimes | <i>A veces</i> |
| 4. | Seldom | <i>Rara vez</i> |
| 5. | Never | <i>Nunca</i> |

Do not read:

- 7. Don't know / Not sure
- 8. Never drive or ride in a car
- 9. Refused

Section 31: Alcohol Consumption

DRNKALC4 (CDC CORE) (DRNKALC2 in dataset)

TYPE II.

31.2 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, ¿en 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 | (Go to AIDSTST8) |
| 999. | Refused | (Go to AIDSTST8) |

NALCOCC3 (CDC CORE)

TYPE I.

31.3 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)

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

DRNKGE5B (CDC CORE)

TYPE I.

31.4 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.

31.5 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)

77. Don't know/Not sure

99. Refused

The next question is about counseling services related to prevention that you might have received from a doctor, nurse or other health professional.

La próxima pregunta es acerca de servicios de consejería relacionados a la prevención que usted podría haber recibido de un médico, enfermera u otro profesional de la salud.

DRALCOH (CDC-CORE; started 7/1/11)

TIMEE.

31.6 Has a doctor or other health professional ever talked to you about alcohol use? If yes, was it ...

¿Alguna vez ha hablado con usted un médico u otro profesional de la salud acerca del uso de alcohol?

1. Within the past 12 months

2. Within the past 3 years, or

3. 3 or more years ago

4. No

77. Don't know/Not sure

99. Refused

Section 32: 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 respuestas 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)

YES/NO.

32.1 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)

32.2 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).

- | | |
|-----------------------|----------------------|
| <u> </u> / <u> </u> | Enter month and year |
| 7777. | Don't know/Not sure |
| 9999. | Refused |

HIVRISK (CDC CORE)

YES/NO.

32.4 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 33: Recent Flu-like illness

FLUN1 (CDC - CORE)

YESNO.

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

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)

YESNO.

23.4. Did you also have a cough and/or sore throat?

¿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)

YESNO.

23.5 Did you visit a doctor, nurse, or other health professional for this illness?

¿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)

HOWLNGG.

33.6 When did you visit a doctor, nurse, or other health professional for this illness? Would you say...

¿Cuándo fue que usted visito 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)**TYPEFLUB.****33.7 What did the doctor, nurse, or other health professional tell you? 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)**FLUTEST.****33.8 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...**

¿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 "swap" 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)**YESNO.****33.9 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?**

¿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)

YESNO.

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

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 (Go to FLUN10)
- 99. Refused (Go to FLUN10)

FLUN9 (CDC-CORE)

TYPE I.

33.11 How many household members, (including you,) were ill during the past month?

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

- # persons (≥ 1)
- 77 Don't know/Not Sure
- 99 Refused

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

FLUN10 (CDC-CORE)

TYPE I.

23.12. Did you or any members of your household get hospitalized for flu last month?

Durante el mes pasado, ¿Cuántas personas de su hogar, incluyéndose usted, fueron hospitalizadas por causa de la influenza?

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

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

- _____ # persons
- 88. None
- 77. Don't know/Not Sure

Section 34: Child Selection

If CHILD18 = 0 or CHILD18 = RF, Go to CLOSING; 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 (CDC OPTIONAL MODULE)

BOYGIRL.

34.1 Is the child a boy or a girl?

¿Es un niño o una niña?

1. Boy
2. Girl

99. Refused

CH_HISP (CDC OPTIONAL MODULE)

YESNO.

34.2 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 (CDC OPTIONAL MODULE)

YESNO.

34.3 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 (CDC OPTIONAL MODULE)**ORACEB.****34.4 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 (CDC OPTIONAL MODULE)**34.5 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 OPTIONAL MODULE)**CH_REL.****34.6 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

Section 35: Childhood Asthma Prevalence

CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

35.1 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.

35.2 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 of age, go to CALLBACK; Else continue

Section 36: Childhood Flu-like Illness

CFLUN1 (CDC OPTIONAL MODULE)

YESNO.

36.1 Last month did the child had a fever with cough and/or sore throat?

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

- 1. Yes
- 2. No (Go to CH_SHOT3)
- 7. Don't know (Go to CH_SHOT3)
- 9. Refused (Go to CH_SHOT3)

CFLUN2 (CDC OPTIONAL MODULE)

YESNO.

36.2 Did the child visit a doctor, nurse, or other health professional for this illness?

¿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

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

CH_SHOT3 (CDC OPTIONAL MODULE)

YESNO.

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

Ahora le preguntare acerca de la influenza estacional (de temporada). Hay dos tipos e vacunas contra la influenza estacional (de temporada). Una es la inyección y la otra es el "espray" nasal. Durante los últimos 12, ¿ha recibido {if(ch_sel=1,"el","ella")} la vacuna contra la influenza estacional?

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

CH_WHEN (CDC OPTIONAL MODULE) (CH_FL_WHN in dataset)

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

*Durante que mes y año recibió {if(ch_sel=1,"el","ella")} la vacuna de influenza estacional mas reciente?
__ / ____ Month / Year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused*

Section 42: Closing

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

ADLTCALL, CHLDCALL (CA-California Breathing)

YESNO.

31.1 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.

31.2 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 or Spanish?

1. Spanish
2. English