

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2012**  
**Track I**  
In Collaboration with The Center for Disease Control and Prevention's  
Behavioral Risk Factor Surveillance System

**Merged English/Spanish Version**

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## INTROQ

Hello, I'm (interviewer name) calling for the California Department of Public Health in Sacramento and the Centers for Disease Control and Prevention.

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

## PRIVRES

Is this a private residence?

*¿Es esta una residencia privada?*

Interviewer note: Telephone service over the internet is considered landline service (includes Vonage, Magic Jack and other home-based phone services).

1. Yes ---> Go to RUADULT
2. No ---> Go to COLLEGE

COLLEGE (Ask if PRIVRES not equal 1)

Is this college housing?

*¿Es este una vivienda de colegio?*

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

*Por vivienda de colegio, queremos decir dormitorio, estudiante o visitante de vivienda de facultad u otros arreglos de vivienda proporcionados por un colegio o Universidad.*

1. Yes ---> Go to COLLADUL
2. No ---> Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

RUADULT (Ask if PRIVRES = 1)

Am I speaking with a member of the household who is at least 18 years old?

*¿Estoy hablando con un miembro del hogar que tenga por lo menos 18 años de edad?*

1. Yes ---> We're doing a study of the health practices of California residents. Your number has been chosen randomly to represent 2,500 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important issues facing Californians today.

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

2. No -----> Thank you for your cooperation, but we are only interviewing ADULTS age 18 and older at this time. **STOP**

COLLADULT (Ask if COLLEGE = 1)

Are you 18 years of age or older?

*¿Estoy hablando con alguien que tenga por lo menos 18 años de edad?*

Yes ---> Continue

No – **STOP**

EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 2,500 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important health issues facing Californians today.

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

INCALI

Are you in California?

*¿Está usted en California?*

1. Yes ---> Continue

2. No ---> Thank you very much, but we are only interviewing persons in California at this time. **STOP**

If lives in college housing (COLLEGE =1 ), go to IS\_CELL, else continue

NUMADULT

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Enter the number of adults

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

NUMMEN (Ask if NUMADULT GT 1)

How many are men?

*¿Cuántos son hombres?*

\_\_\_ the number of men (0-9)

NUMWOMEN (calculate from NUMADULT – NUMMEN)

SELECTED (Ask if NUMADULT GT 1)

The person in your household I need to speak with is the \_\_\_\_\_.

*La persona con quien necesito hablar es \_\_\_\_\_*

Are you the (SELECTED)?

*¿Me permite hablar con (SELECTED)?*

1. Yes ---> Continue.
2. No ---> May I speak with the \_\_\_\_\_?

ONEADULT (Ask if ADULT = 1)

Are you the adult?

1. Yes---> Then you are the person I need to speak with. All the information obtained in this study will be confidential. (Go to GENHLTH-Q1)

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

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

*¿Puedo hablar con él o ella?*

Hello, I'm (interviewer name) from the California Department of Public Health and the Centers for Disease Control and Prevention. We're doing a special study of California residents regarding their health practices and day-to-day living habits to guide state and federal health policies. You have been randomly chosen to represent 5,000 people in California. Your participation in this voluntary survey will contribute valuable information used by state and federal health policy makers.

We will collect NO information that can identify you. There is no risk to you. All information you give us will be confidential. If there is a question you cannot or do not wish to answer, please tell me and we can move on. If you have any questions about this survey that I cannot answer, I will provide a toll free telephone number for you to call. While supervisory staff may monitor this interview for quality control purposes, all information obtained in this study will be confidential.

*Hola, me llamo \_\_\_\_\_ y estoy llamando del Departamento de Salud Pública de California y de los Centros para el Control y Prevención de Enfermedades. Estamos haciendo un estudio especial, de los residentes de California, relacionado con sus prácticas de salud y los hábitos de sus vidas cotidianas para guiar las pólizas de salud del estado y federales. Usted ha sido seleccionado(a) al azar para representar a 5,000 personas en California. Su participación en esta encuesta voluntaria contribuye información valiosa usada por los que hacen pólizas de salud en el estado y nación.*

*NO le haré preguntas que puedan identificarlo (la). No hay ningún riesgo para usted. Toda la información que usted nos dé, será estrictamente confidencial. Si hay alguna pregunta que usted no desee contestar, por favor dígamelo y podremos continuar. Si usted tiene alguna pregunta acerca de la encuesta, que yo no pueda contestar, le daré un número de teléfono sin costo, al que usted puede llamar para obtener más información. Mientras una supervisora pueda escuchar esta encuesta para el control de calidad, toda la información obtenida en este estudio será confidencial.*

SEX Interviewer: Confirm sex of respondent.

1. Male
2. Female

RESPOND

(INTERVIEWER, DO NOT READ ALOUD) Identify the respondent ---->

- |                         |                           |
|-------------------------|---------------------------|
| 11. Oldest MALE         | 21. Oldest FEMALE         |
| 12. Second Oldest MALE  | 22. Second Oldest FEMALE  |
| 13. Third Oldest MALE   | 23. Third Oldest FEMALE   |
| 14. Fourth Oldest MALE  | 24. Fourth Oldest FEMALE  |
| 15. Fifth Oldest MALE   | 25. Fifth Oldest FEMALE   |
| 16. Sixth Oldest MALE   | 26. Sixth Oldest FEMALE   |
| 17. Seventh Oldest MALE | 27. Seventh Oldest FEMALE |
| 18. Eighth Oldest MALE  | 28. Eighth Oldest FEMALE  |
| 19. Ninth Oldest MALE   | 29. Ninth Oldest FEMALE   |

IS\_CELL

Is this a cellular telephone?

Read only if necessary: By cellular (or cell ) telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

*¿Es este un teléfono celular?*

*Read only if necessary: Por teléfono celular nos referimos a un teléfono que es móvil y utilizable fuera de su vecindario. No debe confundirse con un teléfono inalámbrico, que es simplemente una extensión sin cable del teléfono de su hogar.*

Interviewer note: Telephone service over the internet is considered landline service (includes Vonage, Magic Jack and other home-based phone services.).

1. Yes---> Thank you very much, but we are only interviewing land line telephones and private residences.  
*Muchas gracias, pero solo estamos entrevistando teléfonos de línea y residencias privadas.*  
STOP

2. No ---> (Continue)

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

*Primero, me gustaría hacerle algunas preguntas acerca de su salud.*

**Section 1: Health Status**

**GENHLTH (CDC-CORE)**

**HEALTH.**

**1.00 Would you say that in general your health is ....**

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

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair, or
- 5. Poor?
- 77. Don't know
- 99. Refused

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

**PHYSHLTH (CDC-CORE)**

**TYPE VII.**

**2.00 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
- 99. Refused

**MENTHLTH (CDC-CORE)**

**TYPE VII.**

**2.10 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
- 99. Refused

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

**POORHLTH (CDC-CORE)**

**TYPE VII.**

**2.20 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
- 99. Refused

**Section 3: Health Care Access**

**HAVEPLN3 (CDC-CORE)**

**YESNO.**

**3.0 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 the Indian Health Service?**

*Las próximas preguntas 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 pre-pagados tales como los de HMO (organizaciones para el mantenimiento de la salud), o planes del gobierno como Medicare, Medi-Cal, o el servicio de salud indio?*

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



**HLTHPLAN (CA-CORE)****YESNO.***(If HAVEPLN3. 2, 77, or 99 ask:)***3.1 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:**

	Yes	No	Dk/Ns	Ref	
Your employer <i>Su empleador?</i>	1	2	77	99	EMPPLAN
Someone else's employer, like your spouse's or parents employer <i>El empleador de otra persona, como su esposo(a) o sus padres?</i>	1	2	77	99	SOEMPLAN
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 <i>Las fuerzas armadas, CHAMPUS, o la administración de Veteranos?</i>	1	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.**

**3.2 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  
*Su empleador*
2. Someone else's employer, like your spouse's or parent's employer  
*El empleador de otra persona, como su esposo(a) o sus padres*
3. A plan that you or someone else buys on your own  
*Un plan que usted u otra persona pagan por su cuenta*
4. Medicare  
*Medicare*
5. Medi-Cal (Medicaid)  
*Medical*
6. The military, CHAMPUS, Tricare, or the VA (or CHAMP-VA)  
*Las fuerzas armadas, CHAMPUS, o la administración de Veteranos*
7. The Indian Health Service  
*El servicio de salud indio*
8. A source other than the ones already mentioned  
*Otra fuente aparte de las que mencione*
88. None
77. Don't know
99. Refused

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

**3.3 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
99. Refused

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

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

*¿Hubo algún momento en los últimos 12 meses 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.**

**3.5 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)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 5 years (2 years but less than 5 years ago)  
*En los últimos 5 años*
- 4. 5 or more years ago  
*5 años o más*
- 5. Never
- 77. Don't know
- 99. Refused

#### **Section 4: Chronic Health Conditions**

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**HEART2 (CDC-CORE)****YESNO.**

**4.0 Now I would like to ask you some questions about general health conditions.**

*Ahora me gustaría hacerle algunas preguntas acerca de condiciones generales de salud.*

**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)?**

*¿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?*

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

*Leer solo si es necesario: por "otros profesionales de la salud" nos referimos a una enfermera, un médico de asistente, trabajador social, o alguna otra licencia profesional.*

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

**ANGINA (CDC-CORE)****YESNO.****4.05 (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
- 99. Refused

**STROKE (CDC-CORE) (STROKE2 in dataset)****YESNO.****4.10 (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
- 99. Refused

**ASTHEVE3 (CDC-CORE)****YESNO.****4.15 (Has a doctor, nurse, or other health professional) EVER told you that you had asthma?***(¿Alguna vez, le ha dicho un doctor u otro profesional de la salud) que usted tenia asma?*

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

**ASTHNOW (CDC-CORE)****YESNO.****4.20 Do you still have asthma?***¿Todavía tiene usted asma?*

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

**SKCANC (CDC-CORE)****YES/NO.****4.25 Has a doctor, nurse or other health professional EVER told you that had skin cancer?**

*¿Alguna vez le ha dicho un médico, enfermera, u otro profesional de la salud que usted tenía cáncer en la piel?*

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

**OTHCANC (CDC-CORE)****YES/NO.****4.30 (Has a doctor, nurse or other health professional) EVER told you that you had any other types of cancer? (Includes basal (Basal) and squamous (Squamous) cell cancers)**

*(¿Alguna vez le ha dicho un médico, enfermera u otro profesional de la salud) que usted tuvo cualquier otro tipo de cáncer? (Incluye basal y escamosas canceres de células)*

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

**COPDEVER (CDC-CORE)****YES/NO.****4.35 (Has a doctor, nurse or other health professional) EVER told you that you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?**

*(¿Alguna vez le ha dicho un médico, enfermera u otro profesional de la salud) que usted padece de: enfermedad pulmonar obstructiva crónica (también llamada COPD en inglés), de enfisema o de bronquitis crónica?*

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

**ARTHRITID (CDC-CORE)****YES/NO.****4.40 Has a doctor, nurse, or other health professional EVER told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (FI – bro – my – al – jah)?***(¿Alguna vez le ha dicho un médico u otro profesional de la salud) que usted tenía algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?*

In Help Text: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,, polyarteritis nodosa.

*In Help Text: Arthritis diagnoses include: reumatismo, polimialgia reumática, osteoartritis (no osteoporosis), tendinitis, bursitis, juanete, codo de tenista, síndrome del túnel carpiano, síndrome del túnel tarsal, infección conjunta, síndrome de Reiter, espondilitis anquilosante; espondilosis, síndrome de manguito rotador, enfermedad de tejido conectivo, esclerodermia, polimiositis, síndrome de Raynaud, vasculitis (arteritis de células gigantes, púrpura de Henoch-Schoenlein, Wegener Granulomatosis de, poliarteritis nodosa.*

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

**DEPRESS1 (CDC-CORE)****YES/NO.****4.45 (Has a doctor, nurse or other health professional) EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?***(¿Alguna vez le ha dicho un médico, 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
- 77. Don't know / Not sure
- 99. Refused

**KIDNEY (CDC-CORE)****YES/NO.****4.50 (Has a doctor, nurse or other health professional) EVER told you that you have kidneydisease? Do NOT include kidney stones, bladder infection or incontinence.***(¿Alguna vez le ha dicho un médico, enfermera, u otro profesional de la salud) que usted tiene una enfermedad renal? NO incluye piedras en el riñón, infección en la vejiga (vesícula) ni incontinencia.*

INTERVIEWER NOTE: Incontinence is not being able to control urine flow

*La incontinencia es no poder controlar el fluido de la orina.*

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

**VISION2 (CDC-CORE)****YES/NO.****4.55 Do you have any trouble seeing, even when wearing glasses or contact lenses?***¿Tiene problemas para ver, incluso cuando usa gafas (lentes) o lentes de contacto?*

- 1. Yes
- 2. No
- 3. Not applicable (blind)
- 77. Don't know / Not sure
- 99. Refused

**DIABCOR2 (CDC-CORE)****DIABCORB.****4.60 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?***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
- 99. Refused

**Section 5: Diabetes**

Ask section 6 if DIABCOR2=1, else continue to WHENDNT4

**DIABDOC3 (CA-DBCP-DIABETES MODULE)****TYPE I.****5.0 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?***La prueba para la hemoglobina 'A uno C' mide el nivel promedio de azúcar en la sangre durante los últimos 3 meses. ¿Cómo cuántas veces en los últimos 12 meses le ha revisado un médico, enfermera u otro profesional de la salud, su hemoglobina 'A uno C'?*

Range: 0 – 100

\_\_\_\_\_ Enter number of times

- 88. Not Applicable (Never heard of "A one C")
- 77. Don't know
- 99. Refused

**CHKSORE (CA-DBCP-DIABETES MODULE)****TYPE I.****5.1 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?***¿Cómo cuántas veces, en los últimos 12 meses, le revisó los pies un profesional de la salud, para detectar heridas o irritaciones?*

Range: 0 - 365

Enter number of times

- 88. Not Applicable (No feet)
- 77. Don't know
- 99. Refused

**DIABCRSE (CA-DBCP-DIABETES MODULE)****YESNO.****5.2 Have you ever taken a course or class in how to manage your diabetes yourself?***¿Alguna vez, ha tomado usted algún curso o alguna clase, para saber cómo usted mismo(a) puede controlar su diabetes?*

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

**Section 6: Oral Health****WHENDNT3 (CDC-CORE)****HOWLONG.****6.0 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.***¿Cuánto tiempo tiene desde la última vez, que usted fue al dentista o a una clínica dental, por cualquier razón? Incluye visitas a especialistas, tales como ortodontistas.*

Read only if necessary:

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 5 years (2 years but less than 5 years ago)  
*En los últimos 5 años*
- 4. 5 or more years ago  
*5 años o más*
- 5. Never
- 77. Don't know
- 99. Refused



**LOSTETH2 (CDC-CORE)****LOSTETH.**

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

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

*¿Cuántos de sus dientes permanentes se han extraído a causa de caries o enfermedad de las encías? Incluya dientes perdidos por causa de infección, pero no incluya dientes perdidos por otras razones, tales como lastimaduras u ortodoncia.*

*NOTE: Si las muelas del juicio fueron extraídas por causa de caries o enfermedad de las encías, esas deberían de ser incluidas en la cuenta de dientes perdidos.*

- 1. 1 to 5  
1 a 5
- 2. 6 or more but not all  
6 o más, pero no todos
- 3. All  
Todos

- 88. Not applicable (None removed)
- 77. Don't know
- 99. Refused

**Section 7: Disability****RESTRIC3 (CDC-CORE)****YESNO.**

**7.0** 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 discapacidades que usted pueda tener. ¿Está usted limitado(a) de cualquier manera para realizar alguna actividad debido a problemas físicos, mentales o emocionales?*

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

**EQUIP (CDC-CORE)**

**YESNO.**

**7.1 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?**

*¿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?*

Interviewer note: include occasional use or use in certain circumstances.

*(Incluya el uso ocasional o el uso en ciertas circunstancias).*

- 1. Yes
- 2. No
- 77. Don't know
- 99. 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.**

**8.0 Have you smoked at least 100 cigarettes in your entire life?**

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

Interviewer note: 5 packs = 100 cigarettes

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

**SMKEVDA2 (CDC-CORE)**

**EVDAY.**

**8.05 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. Every day (GO TO SMK12AGO)
- 2. Some days (GO TO SMK12AGO)
- 3. Not at all (Go to SMOKREG3)
- 77. Don't know (Go to SMOKREG3)
- 99. Refused (Go to SMOKREG3)

**SMOKREG4 (CDC-CORE )****SMOKREGD.****8.10 About how long has it been since you last smoked cigarettes regularly?***¿Cuánto tiempo hace desde la última vez que fumo cigarrillos regularmente?*

(Read only if necessary)

- |     |                                                                                                        |                  |
|-----|--------------------------------------------------------------------------------------------------------|------------------|
| 1.  | Within the past month (less than 1 month ago)<br><i>Dentro del mes pasado</i>                          |                  |
| 2.  | Within the past 3 months (1 month but less than 3 months ago)<br><i>Dentro de los pasados 3 meses</i>  |                  |
| 3.  | Within the past 6 months (3 months but less than 6 months ago)<br><i>Dentro de los pasados 6 meses</i> |                  |
| 4.  | Within the past year (6 months but less than 1 year ago)<br><i>En el último año</i>                    |                  |
| 5.  | Within the past 5 years (1 year but less than 5 years ago)                                             | (go to SMOKEAGE) |
| 6.  | Within the past 10 years                                                                               | (go to SMOKEAGE) |
| 7.  | 10 or more years ago<br><i>10 años o más</i>                                                           | (go to SMOKEAGE) |
| 88. | Not applicable (Never smoked regularly)                                                                | (go to SMOKEAGE) |
| 77. | Don't know                                                                                             | (go to SMOKEAGE) |
| 99. | Refused                                                                                                | (go to SMOKEAGE) |

*IF SMOKREG3 >= 5, GO TO SMOKEAGE; ELSE CONTINUE***SMK12AGO (CA-TCP)** *(Ask if SMKEVDA2 <= 2 or SMOKREG3 <=4)***YESNO.****8.15 Were you smoking at all around this time 12 months ago?***¿Hace 12 meses, estaba usted fumando alrededor de esta temporada?*

In Help text: Asks respondents to report whether they were smoking around this time 12 months ago. Any smoking should be given a "yes" code, even if the smoking was irregular or the person had cut back on the number of cigarettes smoked. This question is asked only of persons who report being current smokers or who have smoked at all in the past 30 days.

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

(Ask if SMKEVDA2 <= 2 or SMOKREG3 <=4)

**QUIT1DY3 (CDC-CORE)**

**YESNO.**

**8.20 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?*

In Help text: Asks whether the respondent has stopped smoking in the past 12 months because they were trying to quit. It is asked only of persons who indicate that they smoke everyday or some days. If respondents say that they went without smoking for more than 1 day, but indicate that this is part of their normal smoking pattern, probe by asking: "so, would you say that you have stopped smoking for one day or longer during the past 12 months, because you were trying to quit smoking?" Emphasize "quit" so that the respondent understands that we are asking about intentional quitting, not just failure to light up.

- 1. Yes (Go to NOSMK)
- 2. No (Go to QUIT30)
- 77. Don't know (Go to QUIT30)
- 99. Refused (Go to QUIT30)

**IF SMOKREG3 <=4, GO TO SMOKEAGE**

**NOSMK (NOSMKDY, NOSMKWK, NOSMKMO) (CA-TCP)**

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

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

Interviewer note: One year=12 months

In Help text: Asked only of respondents who report that they have made at least one quit attempt in the past 12 months. The "last attempt" is the most recent attempt. Options not chosen should be entered as "not applicable". For example, if the respondent says "3 months", the interviewer should enter 3 months, "not applicable" for weeks and "not applicable" for days.

- \_\_\_ MONTHS NOSMKMO
- \_\_\_ WEEKS NOSMKWK
- \_\_\_ DAYS NOSMKDY

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

Ask if SMKEVDA2<=2 and QUIT1DY3 not equal 1

**QUIT30 (CA-TCP)**

**YESNO.**

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

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

In Help text: The intent of this question is to determine whether the respondent has any serious intention of quitting smoking in the next 30 days, although the plan to quit does not need to be as immediate as in the previous question. Interviewers should probe if they receive responses such as "I think of quitting all the time" or "I quit every time I finish a cigarette". Only those truly planning to quit should receive a "yes". **HOTLINE FOR QUITTING 1-800-NOBUTTS**

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

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

**QUIT6 (CA-TCP)**

**YESNO.**

**8.30 Are you contemplating quitting smoking in the next six months?**

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

In Help text: The intent of this question is to determine whether the respondent has any serious intention of quitting smoking in the next 6 months, although the plan to quit does not need to be as immediate as in the previous question. Interviewers should probe if they receive responses such as "I think of quitting all the time" or "I quit every time I finish a cigarette". Only those truly planning to quit should receive a "yes". **HOTLINE FOR QUITTING 1-800-NOBUTTS**

*En el texto de ayuda: la intención de esta pregunta es determinar si la persona tiene una seria intención de dejar de fumar en los próximos 6 meses, aunque el plan para dejar de fumar no tiene que ser tan inmediato como en la pregunta anterior. Entrevistadores deben sondeo si reciben respuestas como "Pienso todo el tiempo para dejar de fumar" o "He cerrado cada vez que termine un cigarrillo". Sólo aquellos que verdaderamente planea dejar de fumar deben recibir un "sí". **LÍNEA TELEFÓNICA PARA DEJAR DE FUMAR 1-800-NOBUTTS***

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

ASK IF SMKEVDA2 =1, ELSE IF SMKEVDA2 = 2, GO TO SMK30ANY

**SMOKENUM (CA-TCP)**

**TYPE V.**

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

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

**(1 pack = 20 cigarettes)**

In Help text: This question is asked of everyday smokers only. Be aware that respondents will sometimes give a number of packs per day rather than a number of cigarettes. Verify that low numbers "1", "2", "3" are actually the number of cigarettes smoked per day and not packs per day. Convert number of packs to number of cigarettes before entering the code (multiply number of packs times 20). If the respondent has difficulty giving a number because he or she doesn't smoke regularly or doesn't smoke every day, enter the code for "don't smoke regularly".

\_\_\_\_ Enter number of cigarettes (verify if GT 70) (Go to SMOKEAGE)

88. Not Applicable (Never smoked regularly) (GO TO SMK30ANY)

77. Don't know (GO TO SMK30ANY)

99. Refused (GO TO SMK30ANY)

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

**SMK30ANY (CA-TCP)**

**YESNO.**

**8.40 Did you smoke ANY cigarettes during the past 30 days?**

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

In Help text: Asks someday smokers and those who indicated they don't smoke to indicate whether they have smoked at all in the last 30 days. Although this seems to ask for the same information as SMKEVDA2, it gets at different information for purposes of analysis. A person may not be consider a current smoker, but may have smoked during the past 30 days, which reveals a lot about their smoking history. Persons may also say that they currently smoke cigarettes, but when responding to the questions about smoking in the past 30 days we may find that they smoke very little or have different smoking patterns. Interviewers should keep this in mind when asking this series of questions so that they can emphasize the differences between general smoking questions and questions about recent smoking history to respondents.

1. Yes

2. No (Go to SMOKEAGE)

77. Don't know

99. Refused

**SMK30DAY (CA-TCP)****TYPE VII.****8.45 On how many of the past 30 days did you smoke cigarettes?***¿En cuántos de los últimos 30 días fumó usted cigarrillos?*

In Help text: Asks respondents to indicate on how many of the last 30 days they have smoked cigarettes. If they say "every day", code "30". This allows us to identify and differentiate among various kinds of irregular smokers.

- \_\_\_ Enter number of days
- 30. Every day
- 888. Not Applicable (None)
- 777. Don't know
- 999. Refused

**SMK30NUM (CA-TCP)****TYPE VIII.****8.50 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?*

In Help text: Asks someday smokers and those who indicated they don't smoke but who smoked during the past 30 days to indicate how many cigarettes they smoked on average on the days that they smoked cigarettes during the past 30 days. Be aware that respondents will sometimes give a number of packs per day rather than number of cigarettes. Verify that low numbers "1", "2", "3" are actually the number of cigarettes smoked per day and not packs per day. Convert number of packs to number of cigarettes before entering the code (multiply number of packs by 20).

- \_\_\_ Enter number of cigarettes (verify if GT 70)
- 777. Don't know
- 999. Refused

**SMOKEAGE (CA-TCP)****TYPE XI.****8.55 About how old were you when you first started smoking cigarettes fairly regularly?***Aproximadamente, ¿cuántos años tenía cuando comenzó a fumar cigarrillos con regularidad?*

In Help text: Some respondents may have smoked 100 cigarettes in their lifetime but never considered themselves regular smokers. These people should be given the code for "never smoked regularly".

- \_\_\_ Code age in years
- 88. Not Applicable (Never smoked regularly)
- 77. Don't know
- 99. Refused

**SMKELSEN (CA-TCP)****TYPE VII.****8.60 How many other household members currently smoke?***¿Cuántos otros miembros de su hogar, fuman en la actualidad?*

In Help text: The purpose of this question is to find out how many persons (other than the respondent) living in the household smoke cigarettes.

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

77. Don't know

99. Refused

**HOUSTYPE (CA-TCP)****HOUSTYPE.****8.65 Which best describes the building you live in?***¿Cuál de estas describe mejor el edificio o el lugar donde vive usted?*

In Help text: This question is asked of all respondents. The question is meant to determine the type of building the respondent considers to be his or her primary residence.

1. A mobile home  
*Un coche-caravana o casita rodante.*
  2. A house that is not attached to any other house  
*Una casa no adosada a ninguna otra.*
  3. A house that is attached to one or more houses  
*Una casa adosada a otra, o a varias más.*
  4. An apartment or condominium in a complex with 15 or fewer units  
*Un apartamento o unidad en condominio en una unidad de apartamentos de 15 unidades, o menos.*
  5. An apartment or condominium in a complex with 16 or more units  
*Un apartamento o unidad en condominio en una unidad de apartamentos de 16 unidades, o más.*
  6. An RV, Boat or other (includes dormitory)  
*Un vehículo recreativo, embarcación u otro (incluye dormitorio)*
- 
7. Don't know
  9. Refused



**HHRULES2 (CA-TCP)****HHRULES.**

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

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

1. Smoking is completely prohibited
2. Smoking is generally prohibited with few exceptions
3. Smoking is allowed in some rooms only
4. There are no restrictions on smoking
5. Other (specify)
77. Don't know
99. Refused

**USENOW3 (CDC-CORE)****EVDAY.**

**8.75** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

*¿Actualmente, usa usted el tabaco de mascar, el rape o snus todos los días, algunos días o nunca?*

Interviewer note: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. Snus rhymes with "goose".

*Interviewer note: Snus (tabaco Sueco) es un tabaco sin humo húmedo, generalmente se vende en bolsas pequeñas que se colocan bajo del labio contra la encía. (Snus rhymes with "goose.")*

1. Every day
2. Some days
3. Not at all
77. Don't know
99. Refused

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

**8.80** Have you ever smoked a cigar, even just a few puffs? Interviewer note: Cigar=large cigar, cigarillo, or small cigar

*¿Alguna vez, ha fumado un puro (cigarro), aunque hayan sido solamente unos cuantos soplos?*

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

**OFTCIGRB (CA-TCP)****8.85 On how many of the past 30 days did you smoke cigars?****TYPEI.***¿En cuántos de los últimos 30 días fumó usted puros (cigarros)?*

Range: 1 - 30

\_\_\_\_\_ Enter number of days

88. Not Applicable (None)

77. Don't know

99. Refused

**SHSEXPOS (CA-TCS) – NEW****YESNO.****8.90 In the last two weeks, have you ever been exposed to secondhand smoke in California?***En las últimas dos semanas, ¿alguna vez ha estado expuesto al humo de segunda mano en California?*

1. Yes

2. No

77. Don't know

99. Refused

(go to AGEB)

(go to AGEB)

(go to AGEB)

**SHSWHERE (CA-TCS) – NEW****WHEREXPB.****8.95 Where were you in California the last time this happened?**

Interviewer note: Do not read

*¿Dónde estaba usted en California la última vez que sucedió esto?*

1. Home

2. Workplace

3. Restaurant

4. Restaurant Bar

5. Bar or tavern

6. Pool Hall

7. Shopping mall or stores

8. Hospital, clinic, health or dental facility

9. Park, beach, playground, outdoor recreation

10. Community event, fair, farmer's market

11. Sports event, stadium

12. Other person's home

13. Automobile

14. Game room, casino, bingo hall

15. Party, wedding, social event, rented hall

16. Service area(bus/cab stand, ATM, ticket line)

17. Sidewalks

18. Other (specify) \_\_\_\_\_

77. Don't know/not sure

99. Refused

## **Sections 9 and 10: Demographics**

### **AGEB (CDC-CORE)**

#### **9.0 What is your age?**

*¿Cuántos años tiene usted?*

Range: 18 - 150

\_\_\_ Enter age in years

77. Don't know

99. Refused

### **HISP3 (CDC-CORE)**

**YES/NO.**

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

*¿Es usted hispano(a) o latino(a)? (Esto incluye Mexicano(a) Americano(a), Latino(a) Americano(a), Puertorriqueño(a), o Cubano(a)).*

1. Yes

2. No

77. Don't know

99. Refused

### **ORACE3 (CDC-CORE)**

**ORACEB.**

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

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

1. White (Caucasian)

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

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)

**9.15 Would you say your race is ...**

*¿Diría que su raza es...*

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

**ORACE4 (CDC-CORE)**

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

**ORACEB.**

*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 MILITAR2) |
| 2. Black or African American                 | (Go to MILITAR2) |
| 3. Asian                                     | (Go to ORACE2A)  |
| 4. Native Hawaiian or Other Pacific Islander | (Go to ORACE2A)  |
| 5. American Indian or Alaska Native          | (Go to MILITAR2) |
| 6. Other: (specify) ----->                   | (Go to MILITAR2) |
| 77. Don't know                               | (Go to MILITAR2) |
| 99. Refused                                  | (Go to MILITAR2) |

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

**ORACE2A (CA)****ORACE2A.****9.25 Are you Chinese, Japanese, Korean, Filipino or Other?**

*¿Es usted Chino(a), Japonés(a), Coreano(a), Filipino(a) u otro?*

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
999. Refused

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

The next question relates to military service.

**9.30 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
2. No
77. Don't know
99. Refused

**MARITAL (CDC-CORE)****MARITAL.**

**9.35 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
99. Refused

**SXORIEN2 (CA –TCP)****SXORIENB.**

**9. 40 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.** If needed say "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay (and Lesbian) people have sex with or are primarily attracted to people of the same sex, and bisexuals have sex with or are attracted to people of both sexes.

*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?*

*Si es necesario decir "gente Heterosexual tiene sexo con, o son principalmente atraídos por personas del sexo opuesto, gays (y lesbianas) son personas que tienen sexo con o son principalmente atraídas por personas del mismo sexo, y bisexuales tienen sexo con o son atraídos por personas de ambos sexos.*

IN HELP SCREEN: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in California.

1. Heterosexual, that is, straight
2. Homosexual, that is gay or lesbian
3. Bisexual
4. Other (Specify:)
77. Don't know
99. Refused

**CHILD18 (CDC-CORE)**

**TYPE VII.**

**9.45 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?*

**Range: 1 – 9**

\_\_\_ Enter number of children

77. Don't Know

(Go to EDUCA)

88. Not Applicable (0 children)

(Go to EDUCA)

99. Refused

(Go to EDUCA)

**CHILDAGE (CA-CORE)**

**TYPE VII.**

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

*¿Qué edad tiene el(la) joven?*

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

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

Interviewer note: Round UP to whole YEARS. For example, record less than 1 year old as 1 year.

Range: 1 – 17

\_\_\_ 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

77. Don't know

99. Refused

Ask if CHILDAGE=1 or 2 (all children between 0 and <3 years)

**ONEMONTH (CA-CORE)**

**TYPE VII.**

**9.55 (If CHILD1-CHILD10 =1 and CHILD18=1, ask:) How many months old is the child that is 2 years old or younger?**

*¿Cuántos meses de edad tiene el niño(a) que tiene 2 años o menos?*

**(If CHILD1-CHILD10 =1 and CHILD18>1, ask:) How many months old are the children that are 2 years old or younger? Beginning with the youngest...**

*¿Cuántos meses de edad tienen los niños que tienen 2 años o menos? Empezando por el más joven...*

Interviewer note: List the number of months of all children younger than 2 years in the household from youngest to oldest. Round UP to whole MONTHS. For example, record 2.5 months as 3 months.

- |     |                                  |          |
|-----|----------------------------------|----------|
| ___ | Months of youngest child         | ONEMONT1 |
| ___ | Months of second youngest child  | ONEMONT2 |
| ___ | Months of third youngest child   | ONEMONT3 |
| ___ | Months of fourth youngest child  | ONEMONT4 |
| ___ | Months of fifth youngest child   | ONEMONT5 |
| ___ | Months of sixth youngest child   | ONEMONT6 |
| ___ | Months of seventh youngest child | ONEMONT7 |
| ___ | Months of eighth youngest child  | ONEMONT8 |
| ___ | Months of ninth youngest child   | ONEMONT9 |
| 77. | Don't know                       |          |
| 99. | Refused                          |          |



**EDUCA (CDC-CORE)****EDUCA.****9.60 What is the highest grade or year of school you completed?**

*¿Cuál fue el año escolar más alto que usted completó?*

Read only if necessary

1. Eighth grade or less  
*Octavo grado o menos*
2. Some high school (grades 9-11)  
*Un poco de escuela secundaria*
3. Grade 12 or GED certificate (High school graduate)  
*Grado 12 o certificado GED*
4. Some technical school  
*Un poco de escuela técnica*
5. Technical School Graduate  
*Graduado de escuela técnica*
6. Some College  
*Un poco de Universidad*
7. College graduate  
*Graduado de universidad*
8. Post graduate or professional degree  
*Título profesional o posgraduado*
88. Not Applicable (Never attended school or only kindergarten)
77. Don't Know
99. Refused

**EMPLOY2 (CDC-CORE)****EMPLOYA.****9.65 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
777. Don't know
999. Refused

**HHSIZE** (CA) \*\*\* Calculated variable do not ask \*\*\* (not formatted)  
**9.67** Household size. ((NUMADULT+CHILD18))

**INCOM02 (CDC-CORE )**

**INCOMED.**

**9.70** 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 less than \$100,000, \$100,000 to less than \$125,000, or \$125,000 or more?

*¿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 less than \$100,000
9. \$100,000 to less than \$125,000
10. \$125,000 or greater
77. Don't know
99. Refused

THRESH02(CA)

YES/NO.

9.75 Is your annual household income above \_\_\_\_\_ ?

¿Es el ingreso anual más de \$

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

INCOM02	=	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		\$10,890/ \$14,157		\$20,147/ \$21,780	\$27,225				
(Household Size)	2		\$14,710	\$19,123		\$27,214/ \$29,420	\$36,775			
	3			\$18,530	\$24,089	\$34,281	\$37,060/ \$46,325			
	4				\$22,350	\$29,055	\$41,348/ \$44,700	\$55,875		
	5					\$26,170/ \$34,021	\$48,415	\$52,340/ \$65,425		
	6					\$29,990	\$38,987	\$55,482/ \$59,980/ \$74,975		
	7					\$33,810	\$43,953	\$62,549/ \$67,620	\$84,525	
	8						\$37,630/ \$48,919	\$69,616/ \$94,075	\$75,260/ \$94,075	
	9						\$41,450	\$53,885	\$76,683/ \$82,900	\$103,625
	10						\$45,270	\$58,851	\$83,750/ \$90,540	\$113,175
	11						\$49,090	\$63,817	\$90,180/ \$98,180	\$122,725
	12							\$52,910/ \$68,783	\$97,884	\$105,820/ \$132,275
	13							\$56,730/ \$73,749		\$104,951/ \$113,460/ \$141,825

SOURCE: Federal Register, January 2011

**WEIGHT (CDC-CORE)****(not formatted)****9.80 About how much do you weigh without shoes?**

*¿Cómo cuánto pesa usted sin zapatos?*

If respondent answers in fractions, ask which whole number it is closest to. If respondent still gives a fraction, round fractions up.

Range: 50 - 650\_\_\_\_ Enter weight in whole pounds

(verify if Less Than 80 or Greater Than 350)

777. Don't know

999. Refused

**HEIGHT (CDC-CORE)****(not formatted)****9.85 About how tall are you without shoes?**

*¿Cómo cuánto mide de estatura sin zapatos?*

||Interviewer note: If respondent answers in fractions, ask which whole number it is closest to. If respondent still gives a fraction, round fraction down.\_\_\_\_ Select height from brandlist (verify if less than 408 or greater than 608)

777. Don't know

999. Refused

**COUNTY1 (CDC-CORE)****COUNTYA.****9.90 What county do you live in?** ANSI County Code (formerly FIPS county code)*¿En qué condado vive usted?*

001. ALAMEDA	041. MARIN	081. SAN MATEO
003. ALPINE	043. MARIPOSA	083. SANTA BARBARA
005. AMADOR	045. MENDOCINO	085. SANTA CLARA
007. BUTTE	047. MERCED	087. SANTA CRUZ
009. CALAVERAS	049. MODOC	089. SHASTA
011. COLUSA	051. MONO	091. SIERRA
013. CONTRA COSTA	053. MONTEREY	093. SISKIYOU
015. DEL NORTE	055. NAPA	095. SOLANO
017. EL DORADO	057. NEVADA	097. SONOMA
019. FRESNO	059. ORANGE	099. STANISLAUS
021. GLENN	061. PLACER	101. SUTTER
023. HUMBOLDT	063. PLUMAS	103. TEHAMA
025. IMPERIAL	065. RIVERSIDE	105. TRINITY
027. INYO	067. SACRAMENTO	107. TULARE
029. KERN	069. SAN BENITO	109. TUOLUMNE
031. KINGS	071. SAN BERNARDINO	111. VENTURA
033. LAKE	073. SAN DIEGO	113. YOLO
035. LASSEN	075. SAN FRANCISCO	115. YUBA
037. LOS ANGELES	077. SAN JOAQUIN	
039. MADERA	079. SAN L OBISPO	
7777. Don't Know		
9999. Refused		

**ZIPCODE2 (CDC-CORE)** This variable is suppressed from the dataset.

**9.95 What is your zip code where you live?**

*¿Cuál es su código de zona postal?*

\_\_\_\_\_ Enter the five digit number

777777. Don't know

999999. Refused

**NUMHOLD2 (CDC-CORE)**

**YESNO.**

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

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

1. Yes

2. No

(Go to CELL)

77. Don't know

(Go to CELL)

99. Refused

(Go to CELL)

**NUMPHON4 (CDC-CORE)**

**TYPE I.**

**10.05 How many of these phone numbers are residential numbers?**

*¿Cuántos de estos números de teléfono son números residenciales?*

**Range: 1 - 6**

\_\_\_\_\_ Enter number of residential numbers

88. Not Applicable (None or 0)

77. Don't Know

99. Refused

**CELL (CDC-CORE)**

**YESNO.**

**10.10 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

(Go to OWNHOME)

77. Don't know

(Go to OWNHOME)

99. Refused

(Go to OWNHOME)

**CPCTUSE (CDC-CORE)**

**TYPE VIII.**

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

*Pensando en todas las llamadas que recibe en su teléfono fijo (de casa) y celular. ¿Qué porcentaje, entre 0 y 100, son recibidas en su teléfono celular?*

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

**OWNHOME (SRG)**

**10.40 Do you own or rent your home?**

**RENT.**

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

Interviewer note: Home is defined as a primary residence the family or social unit occupies the majority of the time. "Other arrangement" may include group home, staying with friends or family without paying rent.

*Nota del entrevistador: hogar es definido como una residencia principal de la unidad familiar o social ocupa la mayoría del tiempo. "Otro acuerdo" puede incluir hogar de grupo, quedándose con amigos o familiares sin pagar alquiler.*

- 1. Own (Go to DAMP)
- 2. Rent
- 3. Other arrangement
- 77. Don't know/Not sure (Go to DAMP)
- 99. Refused (Go to DAMP)

## Section 11: Dampness and Mold

The next question is about the nature of your housing situation. We ask this question to get a better idea of how people's health may be related to the homes in which they live.

**Interviewer note: Housing includes: single-family homes, duplexes, apartments, condominiums, mobile homes, RVs and boats where people live.**

*La siguiente pregunta es sobre su situación de vivienda. Hacemos esta pregunta para obtener una mejor idea de cómo la salud de las personas puede estar relacionada con el hogar en donde viven. Cuando me refiero a "vivienda", estoy incluyendo viviendas unifamiliares, dúplex, apartamentos, condominios, casas móviles, vehículos recreativos y barcos donde vive gente.*

### **PUBHOUS (IMPACT ASSESSMENT - EHIB) – NEW**

### **PUBHOUS.**

#### **11.0 Which of the following best describes your current housing situation? Would you say...**

*¿Cuál de las siguientes opciones describe mejor su situación de vivienda actual? Diría usted...*

1. You do not receive any government rental assistance.  
(Interviewer Note: This includes renting with one or more other people)  
*No recibe ninguna ayuda de renta por parte del Gobierno.*
2. You live in a household that receives Section 8 OR Housing Choice Voucher program assistance  
*Usted vive en un hogar que recibe Sección 8 o asistencia del programa de Vales de Elección de Vivienda.*
3. You live in a government-owned building that is managed by a local housing authority (this is commonly called Public Housing), or  
*Usted vive en un edificio que es propiedad del Gobierno y es administrado por una autoridad de vivienda local (esto comúnmente se llama Vivienda Pública), o*
4. You live in someone else's home and do not pay rent  
(Interviewer Note: include those who live in someone else's home for free or in exchange for goods or services).  
*Usted vive en casa de otra persona y no paga renta*

#### **DO NOT READ:**

5. Receiving some other form of rental assistance  
*Recibiendo algún otro tipo de ayuda para la renta*
88. Other
77. Don't Know
99. Refused



**The next two questions ask about dampness and mold in your home environment. Dampness or mold may result from leaks, flooding, or condensation on windows or walls.**

*Las siguientes dos preguntas son acerca de la humedad y el moho en el medio ambiente de su casa. La humedad o moho puede ser por consecuencia de fugas de agua, inundaciones, o por condensación en las ventanas o paredes.*

*Pronunciation note: moho (MO-O, o sound as in Olivia).*

**DAMP (CA-EHIB) – NEW**

**YES/NO.**

**11.10 Signs of dampness or moisture may include water stains, peeling paint, or rotten wood. In the past 12 months, have there been any signs of continual or repeated dampness or moisture in your home?**

Interviewer note: If event that caused damage occurred more than 12 months ago, but damage still present within past 12 months, mark yes.

*Indicaciones de humedad pueden incluir manchas de agua, pintura pelándose, o madera podrida. ¿En los últimos 12 meses, ha habido cualquier indicación de humedad continua o repetida en su casa?*

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

**MOLD1 (CA-EHIB) – NEW**

**MOLD.**

**11.20 The next question is about whether anyone has SEEN mold or SMELLED moldy or musty odors inside your home in the past 12 months (not including mold on food). Would you say that...**

*La siguiente pregunta es acerca de si alguien ha VISTO moho o ha OLIDO humedad (enmohecidos) o moho en el interior de su casa en los últimos 12 meses (sin incluir el moho en la comida). ¿Diría usted que...*

*Pronunciation note: moho (MO-O, o sound as in Olivia).*

- 1. No one has seen mold or smelled moldy or musty odors in the past 12 months?,  
*Nadie ha visto moho o ha olido humedad en los últimos 12 meses*
- 2. Only a very small amount of mold has been seen in the shower or bathtub?, OR  
*Solo una cantidad muy pequeña de moho se ha visto en la ducha o bañera*
- 3. MORE than a very small amount of mold has been seen in the shower or bathtub, mold has been seen ELSEWHERE in the home, or someone has SMELLED moldy or musty odors?  
*Más de una cantidad muy pequeña de moho se ha visto en la ducha o bañera, el moho se ha visto en OTRAS PARTES de la casa, o alguien ha olido los olores de humedad o moho.*

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

Note: If respondent asks for clarification on what "a very small amount of mold" is, tell them their answer should be based on their own judgment.

**Section 12: Alcohol Consumption**

**DRNKALC2 (CDC CORE)**

**TYPE II.**

**12.0** 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, such as beer, wine, a malt beverage or liquor?

*Ahora, me gustaría preguntarle acerca del uso del alcohol. En los últimos 30 días, ¿en cuántos días por semana o por mes bebió usted por lo menos un trago de cualquier bebida alcohólica, tales como cerveza, vino, una bebida de malta o licor?*

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

\_\_\_\_\_ Enter Days per week or per month

888. Not Applicable (None or 0) (Go to FLUSHOT5)  
777. Don't know (Go to FLUSHOT5)  
999. Refused (Go to FLUSHOT5)

**NALCOCC3 (CDC CORE)**

**TYPE I.**

**12.10** 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 últimos 30 días, en los días en que bebió, aproximadamente cuántos tragos bebió en promedio?*

Interviewer note: A 40 ounce beer would count as 3 drinks, or a mixed drink with 2 shots would count as 2 drinks. A bottle of wine would typically count as 5 drinks (750 ML = 25 ounces wine = 5 drinks).

Range: 0 – 100

\_\_\_\_\_ Enter number of drinks (One half= .5) (verify if GT 11 or Verify if 0)

77. Don't know  
99. Refused

**DRNKGE5B (CDC CORE)****TYPE I.****12.20 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?**

Interviewer note: A 40 ounce beer would count as 3 drinks, or a mixed drink with 2 shots would count as 2 drinks. A bottle of wine would typically count as 5 drinks (750 ML = 25 ounces wine = 5 drinks).

*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?*

*Nota del entrevistador: una cerveza 40 onzas contaría como 3 bebidas, o una bebida con 2 tomas contaría como 2 bebidas. Una botella de vino normalmente contaría como 5 bebidas (750 ML = 25 onzas vino = 5 bebidas).*

Range: 0 – 30

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

- 77. Don't know
- 99. Refused

**DRINKNUM (CDC- CORE)****TYPE VII.****12.30 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?*

Interviewer note: A 40 ounce beer would count as 3 drinks, or a mixed drink with 2 shots would count as 2 drinks. A bottle of wine would typically count as 5 drinks (750 ML = 25 ounces wine = 5 drinks).

*Nota del entrevistador: una cerveza 40 onzas contaría como 3 bebidas, o una bebida con 2 tomas contaría como 2 bebidas. Una botella de vino normalmente contaría como 5 bebidas (750 ML = 25 onzas vino = 5 bebidas).*

Range: 0 – 30

\_\_\_\_\_ Enter number of drinks (verify if GT 15 or Verify if 0)

- 77. Don't know
- 99. Refused

**Section 13: Immunization**  
**FLUSHOT5 (CDC CORE)**

YESNO.

**13.0** 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?

Read only if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

*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?*

*Leer sólo si es necesario: una nueva vacuna antigripal salió en 2011 que inyecta la vacuna en la piel con una aguja muy pequeña. Se llama Fluzone intradérmica vacuna. También se considera una antigripal.*

- 1. Yes
- 2 . No

(Go to PNEUMVC3)

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

(Go to PNEUMVC3)  
(Go to PNEUMVC3)

**FLSHTWH3 (CDC CORE)**

**13.10** 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.****13.20 At what kind of place did you get your last flu shot/vaccine?**

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

Do not read. .

Interviewer Note: Probe “don’t know” with “How would you describe the place where you went to get your most recent flu vaccine?”

*Nota del entrevistador: Si responden "no sabe" preguntar "¿Cómo describiría el lugar donde fue usted a conseguir su vacuna contra la gripe más reciente?"*

1. A doctor's office or health maintenance organization (HMO)
  2. A health department
  3. Another type of clinic or health center (Example: community health center)
  4. A senior center, recreation, or community center
  5. A store (Examples: supermarket, drugstore)
  6. A hospital (Example: inpatient)
  7. An emergency room
  8. Workplace
  9. Some other kind of place (specify)
  10. (Do not read) Received vaccination in Canada/Mexico
  11. A school
777. Don't know  
999. Refused

**PNEUMVC3 (CDC-CORE)****YESNO.****13.30 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
99. Refused

**Next, I will ask you about tetanus, diphtheria and whooping cough vaccination.**

*A continuación, le voy a preguntar sobre el tétano, la difteria y la vacuna contra la tos ferina.*

**WHENTET2 (CA-IMMUN)**

**YESNO.**

**13.40 Did you receive a tetanus shot in 2005 or later?**

*¿Recibió una vacuna contra el tétano en el año 2005 o más adelante?*

- |    |                       |                  |
|----|-----------------------|------------------|
| 1  | Yes                   |                  |
| 2  | No                    | (Go to FALL4MNB) |
| 77 | Don't know / Not sure | (Go to FALL4MNB) |
| 99 | Refused               | (Go to FALL4MNB) |

**PERTUS2 (CA-IMMUN) - NEW**

**YNNAF.**

**13.50 There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or Tdap, the whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?**

*Actualmente, hay dos tipos de vacunas contra el tétano disponible para adultos. Una contiene la vacuna contra la difteria tétano. La otra contiene difteria tétano y tos ferina, también llamada Tdap. ¿Le dijo su médico que su reciente vacuna contra el tétano incluía la vacuna contra la tos ferina?*

- |     |                                                                                           |                  |
|-----|-------------------------------------------------------------------------------------------|------------------|
| 1.  | Yes (doctor said it was included)<br><i>Si (el doctor dijo que estaba incluida)</i>       |                  |
| 2.  | No (doctor said it was not included)<br><i>No (el doctor dijo que no estaba incluida)</i> | (Go to FALL4MNB) |
| 3.  | DO NOT READ: Doctor did not say at all<br><i>(El doctor no me dijo)</i>                   | (Go to FALL4MNB) |
| 77. | Don't know                                                                                | (Go to FALL4MNB) |
| 99. | Refused                                                                                   | (Go to FALL4MNB) |

**PERTYEA2 (CA-IMMUN)**

**13.60 In what year did you get your pertussis/tetanus booster, also called the Tdap vaccine?**

*En qué año obtuvo su inyección de refuerzo contra el tétano/tos ferina, también llamada la vacuna Tdap?*

Range: 1920 – 2012

\_\_\_\_ Year

- |     |            |
|-----|------------|
| 77. | Don't know |
| 99. | Refused    |

## **Section 14: Falls**

If AGE<sub>B</sub> ≥ 45 continue, otherwise go to SEATBELT.

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

Las próximas preguntas se refieren a las caídas recientes. Por caída, queremos decir cuando una persona sin querer, se desploma al piso o a otro nivel inferior.

### **FALL4MNB (CDC-CORE)**

**TYPE II.**

**14.0 In the past 12 months, how many times have you fallen?**

*En los últimos 12 meses, ¿cuántas veces se ha caído?*

Range: 0 - 76

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

77 Don't know / Not sure

(Go to SEATBELT)

99 Refused

(Go to SEATBELT)

### **FALLINJB (CDC-CORE) (ask if FALL3MNB>0)**

**TYPE I.**

**14.1 {fall4mnb = 1} Did this fall cause an injury? (FALLINJ1 in dataset)**

*¿Esta caída le causó algún daño? Por daño queremos decir que la caída le haya ocasionado que limitara sus actividades normales por lo menos un día o como para ir a ver al doctor.*

**{fall4mnb > 1} How many of these falls caused an injury? (FALLINJ2 in dataset)**

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

*¿Cuántas de estas caídas le causó algún daño? Por daño queremos decir que la caída le haya ocasionado que limitara sus actividades normales por lo menos un día o como para ir a ver al doctor.*

Range: 0 – 76

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

77 Don't know

99 Refused

## Section 15: Seat Belt Use

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### SEATBELT (CDC-CORE)

YES/NO.

#### 15.0 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...*

1. Always  
*Siempre*
  2. Nearly always  
*Casi siempre*
  3. Sometimes  
*A veces*
  4. Seldom  
*Rara vez*
  5. Never  
*Nunca*
- 88 Not Applicable (Never drive or ride in a car)  
77 Don't know  
99 Refused

## Section 16: Drinking and Driving

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If DRNKALC\_A1 = Not Applicable, go to HADMAM2

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

*La siguiente pregunta es acerca de beber y conducir.*

### DRINKDRI (CDC-CORE)

TYPE I.

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

*Durante el mes pasado, ¿cuántas veces ha manejado cuando quizás bebió demasiado?*

Range: 0 - 30

\_\_ Number of times

- 77 Don't know  
99 Refused



## **Section 17: Women's Health**

If SEX = 1, go to PSADRADV

The next questions are about breast and cervical cancer screening.

*Las siguientes preguntas son acerca del cáncer del seno y cáncer cervical.*

### **HADMAM2 (CDC-CORE)**

**YES/NO.**

**17.0 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

Interviewer Note : A mammogram involves pressing the breast between 2 plastic plates.

*Un mamograma es una radiografía del seno para buscar el cáncer. ¿Alguna vez le han hecho un mamograma?*

*Nota al Entrevistador: Un mamograma consiste en presionar el seno entre 2 placas de plástico.*

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

### **HOWLONG2 (CDC-CORE)**

**HOWLNGC.**

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

*¿Cuánto tiempo hace desde que tuvo su último mamograma?*

- |    |                              |                                     |
|----|------------------------------|-------------------------------------|
| 1. | Within the past year         | (anytime less than 12 months ago)   |
|    | <i>En el último año</i>      |                                     |
| 2. | Within the past 2 years      | (1 year but less than 2 years ago)  |
|    | <i>En los últimos 2 años</i> |                                     |
| 3. | Within the past 3 years      | (2 years but less than 3 years ago) |
|    | <i>En los últimos 3 años</i> |                                     |
| 4. | Within the past 5 years      | (3 years but less than 5 years ago) |
|    | <i>En los últimos 5 años</i> |                                     |
| 5. | 5 or more years ago          |                                     |
|    | <i>5 años o más</i>          |                                     |

- |     |            |
|-----|------------|
| 77. | Don't know |
| 99. | Refused    |

**HADCBE2 (CDC-CORE)****YES/NO.****17.20 A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?**

*Un examen clínico de los senos es cuando un doctor, enfermera u otro profesional de la salud palpa o le toca los senos para detectar nudos (abultamientos). ¿Alguna vez le han hecho un examen clínico de los senos?*

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

**WHENCBE (CDC-CORE)****HOW/WHEN.****17.30 How long has it been since your last breast exam?**

*¿Cuánto tiempo hace desde su último examen de los senos?*

(Read only if necessary)

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
- 4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
- 5. 5 or more years ago  
*5 años o más*

- 77. Don't know
- 99. Refused

**HADPAP2 (CDC-CORE)****YES/NO.****17.40 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?**

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

*La prueba de Papanicolaou, es un examen para detectar cáncer de la cerviz. ¿Alguna vez, le han hecho la prueba de Papanicolaou?*

*Nota al Entrevistador: Una prueba de Papanicolaou es cuando material del cuello del útero es tomado, que es la boca de la matriz, para ver si hay células cancerosas presentes.*

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

**WHENPAP2 (CDC-CORE)****HOWLNGC.****17.50 How long has it been since you had your last Pap test?**

(Read only if necessary)

*¿Cuánto tiempo hace, desde que le hicieron la última prueba de Papanicolaou?*

1. Within the past year (anytime less than 12 months ago)  
*En el último año*
2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
5. 5 or more years ago  
*5 años o más*

77. Don't know

99. Refused

*Ask if AGE<45***PREGNANT (CDC-CORE)****YESNO.****17.60 To your knowledge, are you now pregnant?***¿Que usted sepa, está embarazada?*

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

*IF PREGNANT=1 go to HADSTLHM***HYSTER2 (CDC-CORE)****YESNO.****17.70 Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?***¿Ha tenido una histerectomía (es decir, una operación para eliminar el útero/matriz)?*

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

## **Section 18: Prostate Cancer Screening**

*If SEX=1 and AGEB GE 40 continue, else to HADSTLHM*

**PSADRADV(CDC-CORE) (NEW)**

**YESNO.**

- 18.0** Now I will ask you some questions about prostate cancer screening. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

*Ahora me gustaría hacerle algunas preguntas acerca de la detección del cáncer de próstata. Un análisis del antígeno prostático específico, también llamada prueba de PSA, es una prueba de sangre para detectar el cáncer de la próstata en los hombres. ¿Alguna vez un médico, enfermera u otro profesional de la salud ha hablado con usted acerca de las ventajas de la prueba de PSA?*

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

**PSADRDIS (CDC-CORE) (NEW)**

**YESNO.**

- 18.1** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

*¿Alguna vez un doctor, enfermera u otro profesional de la salud ha hablado con usted acerca de las desventajas de la prueba de PSA? (Análisis del antígeno prostático específico)*

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

**PSADRREC (CDC-CORE) (NEW)**

**YESNO.**

- 18.2** Has a doctor, nurse, or other health professional EVER recommended you have a PSA test?

*¿Alguna vez un médico, enfermera u otro profesional de la salud le recomendó que usted se hiciera una prueba de PSA? (Análisis del antígeno prostático específico)*

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

**PSAHAD2 (CDC-CORE)****YES/NO.****18.3 Have you EVER HAD a PSA test?***¿Alguna vez ha tenido usted una prueba de PSA (Análisis del antígeno prostático específico)?*

- |     |            |                  |
|-----|------------|------------------|
| 1.  | Yes        |                  |
| 2.  | No         | (Go to HADSTLHM) |
| 77. | Don't Know | (Go to HADSTLHM) |
| 99. | Refused    | (Go to HADSTLHM) |

**PSAWHEN2 (CDC-CORE)****HOW/WHEN.****18.4 How long has it been since you had your last PSA test?***¿Cuánto tiempo hace desde que tuvo su última prueba PSA?*

(Read Only if Necessary)

- |    |                              |                                     |
|----|------------------------------|-------------------------------------|
| 1. | Within the past year         | (anytime less than 12 months ago)   |
|    | <i>En el último año</i>      |                                     |
| 2. | Within the past 2 years      | (1 year but less than 2 years ago)  |
|    | <i>En los últimos 2 años</i> |                                     |
| 3. | Within the past 3 years      | (2 years but less than 3 years ago) |
|    | <i>En los últimos 3 años</i> |                                     |
| 4. | Within the past 5 years      | (3 years but less than 5 years ago) |
|    | <i>En los últimos 5 años</i> |                                     |
| 5. | 5 or more years ago          |                                     |
|    | <i>5 años o más</i>          |                                     |

- |     |            |
|-----|------------|
| 77. | Don't know |
| 99. | Refused    |

**PSAMAIN (CDC-CORE)****PSAREAS.****18.5 What was the MAIN reason you had this PSA test – was it ...***¿Cuál fue la razón principal por la que usted tuvo esta prueba PSA? Fue...*

- |     |                                                             |
|-----|-------------------------------------------------------------|
| 1.  | Part of a routine exam                                      |
|     | <i>Parte de un examen de rutina</i>                         |
| 2.  | Because of a prostate problem                               |
|     | <i>Debido a un problema de la próstata</i>                  |
| 3.  | Because of a family history of prostate cancer              |
|     | <i>Debido a una historia familiar de cáncer de próstata</i> |
| 4.  | Some other reason                                           |
|     | <i>Otra razón</i>                                           |
| 77. | Don't know                                                  |
| 99. | Refused                                                     |

**Section 19: Colorectal Cancer Screening - Revised order, 12/15/11**

If respondent is  $\leq 49$  years of age, go to AIDSTST8.

**HADSTLHM (CDC-CORE)**

**YES/NO.**

**19.00 The next questions are about colorectal cancer screening.**

**A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?**

*Ahora, me gustaría hacerle unas preguntas acerca de algunas pruebas de cáncer. Una prueba de sangre en la materia fecal es una prueba que a veces se hace en casa usando un equipo especial para determinar la presencia de sangre en la materia fecal (las heces). ¿Alguna vez, ha hecho esta prueba en su casa usando tal equipo?*

- 1. Yes
- 2. No (Go to HADSIG4)
- 77. Don't know (Go to HADSIG4)
- 99. Refused (Go to HADSIG4)

**WHENSTO3 (CDC-CORE)**

**WHENE.**

**19.05 How long has it been since you had your last blood stool test using a home kit?**

*¿Cuánto tiempo hace, desde la última vez, que se hizo esta prueba de sangre en la materia fecal en casa usando el equipo especial?*

(Read only if necessary)

In Help text: If needed, say: "For a blood stool test, you use a stick or a brush to obtain a small amount of stool at home and send it back to the doctor or lab."

If needed, say: "Una prueba en la materia fecal se utiliza un pincel o cepillo para obtener una pequeña cantidad de materia fecal en su casa y enviarlo de vuelta al médico o laboratorio."

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
- 4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
- 5. 5 or more years ago  
*5 años o más*
- 77. Don't know
- 99. Refused

**HADSIG3 (CDC-CORE)****YES/NO.**

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

*Una sigmoidoscopia o colonoscopia consiste en insertar un tubo en el recto para revisar los intestinos para señales signos de cáncer y otros problemas de salud. ¿Alguna vez, le han hecho uno de estos exámenes?*

- |     |            |                 |
|-----|------------|-----------------|
| 1.  | Yes        |                 |
| 2.  | No         | (Go to HADSTL1) |
| 77. | Don't know | (Go to HADSTL1) |
| 99. | Refused    | (Go to HADSTL1) |

**SIGORCOL (CDC-CORE)****SIGORCOL.**

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

*Para realizar la Sigmoidoscopia se inserta un tubo flexible en el recto para detectar posibles problemas. La colonoscopia es un examen similar, pero se utiliza un tubo más largo. Por lo general, a usted se le inyecta un medicamento en el brazo para que se duerma. Además, se le pide que vaya a hacerse el examen acompañado/a de alguien más que pueda llevarlo/a a su casa después del procedimiento. Fue su más reciente examen que se realizó una sigmoidoscopia o una colonoscopia?*

- |     |               |
|-----|---------------|
| 1.  | Sigmoidoscopy |
| 2.  | Colonoscopy   |
| 77. | Don't know    |
| 99. | Refused       |

**19.20 How long has it been since you had your last {IF SIGORCOL = 1 (sigmoidoscopy) OR SIGORCOL = 2 (colonoscopy)}? (Read only if necessary)**

*¿Cuánto tiempo hace desde la última vez se hizo una sigmoidoscopia o colonoscopia?*

In Help text: If needed, say “ For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.”

*If needed, say: "para una SIGMOIDOSCOPIA se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero utiliza un tubo largo y normalmente es dado medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba."*

1. Within the past year (anytime less than 12 months ago)  
*En el último año*
  2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
  3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
  4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
  5. Within the past 10 years (5 years but less than 10 years ago)  
*En los últimos 10 años*
  6. 10 or more years ago  
*10 años o más*
77. Don't Know  
99. Refused



IF SIGORCOL = 1 (sigmoidoscopy) OR SIGORCOL = 2 (colonoscopy), continue, else go to HADSTL1.

**SIGMOID1 (CA-CCCCP) NEW**

**YESNO.**

**19.25** You mentioned that the most recent test was a {IF SIGORCOL = 1 (sigmoidoscopy) OR SIGORCOL = 2 (colonoscopy)}. Have you also ever had a {{IF SIGORCOL = 1 (colonoscopy) OR SIGORCOL = 2 (sigmoidoscopy)}}?

Usted **mencionó** que la prueba más reciente fue...  
También ha tenido un...

In Help text: If needed, read “For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.”

*If needed, read: "para una SIGMOIDOSCOPIA se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero utiliza un tubo largo y normalmente es dado medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba".*

- |     |            |                 |
|-----|------------|-----------------|
| 1.  | Yes        |                 |
| 2.  | No         | (Go to HADSTL1) |
| 77, | Don't know | (Go to HADSTL1) |
| 99  | Refused    | (Go to HADSTL1) |

**SIGMOID2 (CA-CCCCP) NEW****HOWLNGF.****19.30 When did you have your most recent {IF SIGORCOL = 1 (colonoscopy) OR SIGORCOL = 2 (sigmoidoscopy)}?***¿Cuándo fue su más reciente...*

Read only if necessary.

In Help text: If needed, say “ For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.”

*If needed, read: "para una SIGMOIDOSCOPIA se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero utiliza un tubo largo y normalmente es dado medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba".*

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
- 4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
- 5. Within the past 10 years (5 years but less than 10 years ago)  
*En los últimos 10 años*
- 6. 10 or more years ago  
*10 años o más*
- 77. Don't Know
- 99. Refused

**I would like to ask a few additional questions about colorectal cancer screening.**

*IF HADSTLHM = 1 and WHENSTO3<=3 continue, else go to NOSCREEN.*

**HADSTL1 (CA-CCCCP) NEW**

**YESNO.**

**19.35 Have you had a blood stool test using a home kit in the past 3 years where the results were NOT normal?**

*¿Se ha hecho una prueba de sangre en la materia fecal utilizando equipo especial para uso en casa en los últimos 3 años donde los resultados NO fueron normales?*

In Help text: If needed, read: "A blood stool test is used to determine whether you have blood in your stool or bowel movement. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab."

*If needed, read: "Una prueba en la materia fecal se utiliza para determinar si tiene sangre en la materia fecal o defecación. Se utiliza un pincel o cepillo para obtener una pequeña cantidad de materia fecal en su casa y enviarlo de vuelta al médico o laboratorio."*

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

**HADSTL2 (CA-CCCCP) NEW**

**YES/NO.**

**19.40 Because of these results, what additional tests or surgery did you have?**

**Read and select all that apply.**

In Help text: If needed, say: "For a HOME BLOOD STOOL TEST, you use a stick or a brush to obtain a small amount of stool at home and send it back to the doctor or lab. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. CT COLONOGRAPHY/VIRTUAL COLONOSCOPY involves an examination of your colon and rectum using pictures obtained using a CT (cat) scanner BARIUM ENEMA is a special X-ray exam used to detect changes or abnormalities in the colon where contrast material is injected through the rectum. SURGERY is an operation to remove part of colon."

*Debido a estos resultados, ¿qué exámenes adicionales o cirugías tuvo usted?*

*Read and select all that apply.*

*If needed, say: "Para UNA PRUEBA EN LA MATERIA FECAL QUE SE HACE EN CASA, se utiliza un pincel o cepillo para obtener una pequeña cantidad de heces y enviar al médico o laboratorio. Para una SIGMOIDOSCOPIA, se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero se utiliza un tubo largo y normalmente se dan medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba. COLONOGRAFIA POR TC/COLONOSCOPIA VIRTUAL implica un examen de su colon y recto utilizando imágenes obtenidas mediante un escáner CT. ENEMA DE BARRIO es un examen de rayos x especial utilizado para detectar cambios o anomalías en el colon donde se inyecta material de contraste a través del recto. CIRUGÍA es una operación para remover parte del colon".*

	Yes	No	DK/NS		REF
Another home blood stool test <i>Otra prueba de sangre fecal en casa</i>	1	2	7	9	ADDBLST
Sigmoidoscopy <i>Sigmoidoscopia</i>	1	2	7	9	ADDSIGM
Colonoscopy <i>Colonoscopia</i>	1	2	7	9	ADDCOLO
CT Colonography / Virtual Colonoscopy <i>Colonografía por TC / Colonoscopia virtual</i>	1	2	7	9	ADDCTCOL
Barium enema <i>Enema de bario</i>	1	2	7	9	ADDBARI
Surgery <i>Cirugía</i>	1	2	7	9	ADDSURG

ask if no "yes" answers to HADSTL2

**19.45 What was the main reason you didn't have additional tests or surgery?**

*¿Cuál fue la razón principal por la que no tuvo exámenes adicionales o cirugía?*

1. Doctor didn't follow up  
*No tuve seguimiento médico*
2. Did not have health insurance  
*No tenía seguro de salud*
3. Had health insurance, but the coverage for the procedure was insufficient (the copay/deductible was too expensive)  
*Tenía seguro de salud, pero la cobertura para el procedimiento no fue suficiente (el copago/deducible era demasiado caro)*
4. The procedure seemed too painful, unpleasant, or embarrassing  
*El procedimiento parecía demasiado doloroso, desagradable o vergonzoso*
5. No time  
*No tengo tiempo/tenía tiempo*
6. No transportation  
*No tenía transportación.*
8. Other
77. Don't know / not sure
99. Refused

**NOSCREEN (CA-CCCCP) NEW****RESS1GCB.**

Ask if HADSTLHM=2 and HADSIG4=2 (never had a home stool test, sigmoidoscopy, or colonoscopy), or WHENSTO3>1 and WHENSIG4>4 (has had home stool test within past 2 years or greater and has had sigmoidoscopy or colonoscopy within past 10 years or greater ) or HADSTLHM=1 and HADSIG4=2, (has had a home stool test but has never had a sigmoidoscopy or colonoscopy, or HADSTLHM=2 and WHENSIG4>4 (has never had a home stool test but has had a colonoscopy or sigmoidoscopy within the past 10 years or greater).

**19.50 (if HADSTLHM =2 and HADSIG4 = 2) What is the ONE most important reason you have never been screened for colorectal cancer?**

*¿Cuál es la razón MAS importante por la cual usted nunca ha sido examinado(a) para el cáncer colorrectal?*

**(if WHENSTO3 >1 and WHENSIG4 >4, or WHENSTO3>1 AND HADSIG4=2, or HADSTLHM=2 and WHENSIG4>4) What is the ONE most important reason you have not been screened for colorectal cancer recently?**

*¿Cuál es la razón MAS importante por la cual usted no ha sido examinado(a) para el cáncer colorrectal recientemente?*

1. No reason, never thought about it  
*No hay razón, nunca pensé en eso*
2. Didn't know I needed this type of test  
*No sabía que necesitaba este tipo de prueba*
3. Doctor didn't tell me I needed it  
*El médico no me dijo que lo necesitaba*
4. Haven't had any problems  
*No he tenido problemas*
5. Put it off, laziness  
*Lo pospuse, la pereza*
6. Too expensive / no insurance / cost  
*Muy caro / No tengo cobertura médica (aseguranza) / Costo*
7. Too painful, unpleasant, or embarrassing  
*Muy doloroso, desagradable, o vergonzoso*
8. Don't have a doctor  
*No tengo un medico (doctor)*
9. Fear of finding cancer  
*Miedo a detectar el cáncer*
10. Other (specify) (TXT – NOSCREENO)
77. Don't know (Go to FAMCOLON)
99. Refused (Go to FAMCOLON)

**NOSCREENO (CA-CCCCP) (NEW)****YESNO.****19.55 (if HADSTLHM =2 and HADSIG4 = 2) What are other reasons why you have never been screened for colorectal cancer?***¿Cuáles son otras razones por la cual nunca ha sido examinado(a) para el cáncer colorrectal?***(if WHENSTO3 >1 and WHENSIG4 >4, or WHENSTO3>1 AND HADSIG4=2, or HADSTLHM=2 and WHENSIG4>4) What are other reasons why you have not been screened for colorectal cancer recently?***¿Cuáles son otras razones por la cual no ha sido examinado(a) para el cáncer colorrectal recientemente?*

Select all that apply.

For each respondent, reasons displayed are all in list except reason chosen in NOSCREEN.

- |     |                                                                                              |         |
|-----|----------------------------------------------------------------------------------------------|---------|
| 1.  | No reason / never thought about it<br><i>No hay razón, nunca pensé en eso</i>                | NOSCR_A |
| 2.  | Didn't know I needed this type of test<br><i>No sabía que necesitaba este tipo de examen</i> | NOSCR_B |
| 3.  | Doctor didn't tell me I needed it<br><i>El médico no me dijo que lo necesitaba</i>           | NOSCR_C |
| 4.  | Haven't had any problems<br><i>No he tenido problemas</i>                                    | NOSCR_D |
| 5.  | Put it off / laziness<br><i>Lo pospuse, la pereza</i>                                        | NOSCR_E |
| 6.  | Too expensive / no insurance / cost<br><i>Muy caro / No tengo cobertura médica / Costo</i>   | NOSCR_F |
| 7.  | Too painful, unpleasant, or embarrassing<br><i>Muy doloroso, desagradable, o vergonzoso</i>  | NOSCR_G |
| 8.  | Don't have a doctor<br><i>No tengo un medico (doctor)</i>                                    | NOSCR_H |
| 9.  | Fear of finding cancer<br><i>Miedo a detectar el cáncer</i>                                  | NOSCR_I |
| 10. | Other (specify) (TXT – NOSCREEN2)                                                            | NOSCR_J |
| 88. | Not Applicable (No other reason)                                                             |         |
| 77. | Don't know                                                                                   |         |
| 99. | Refused                                                                                      |         |

**FAMCOLON (CA-CCCCP) NEW****YESNO.**

**19.60 I am going to ask about your family’s history of colon or rectal cancer. By family, I mean only your blood relatives. Did your biological father or mother, full brothers or sisters, or biological sons or daughters ever have colon or rectal cancer? (If necessary read: “Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted.”)**

*Voy a preguntarle por la historia de su familia referente al cáncer del colon o rectal. Por familia, me refiero solo a sus parientes de sangre. ¿Han tenido cáncer del colon o rectal su padre o madre biológicos, hermanos o hermanas, o hijos e hijas biológicos?*

*(Si es necesario Lee: “No incluya familiares relacionados a través del matrimonio como un padrastro o hermanastra, o familiares que fueron adoptados.”)*

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

**EFFTEST (CA-CCCCP) NEW****EFFGC7.**

**19.65 We have asked about three tests to find colorectal cancer, namely: the home blood stool test, colonoscopy and sigmoidoscopy. Do you believe these tests are about equally effective in finding colorectal cancer, or are some more effective than others?**

*Nosotros hemos preguntado acerca de tres exámenes para encontrar el cáncer colorrectal, que son: una prueba de sangre en la materia fecal que se hace en casa, colonoscopia y sigmoidoscopia. ¿Cree usted que estos exámenes son igualmente efectivos en la detección del cáncer colorrectal, o que algunos son más efectivos que otros?*

In Help text: If needed, say: "For a HOME BLOOD STOOL TEST, you use a stick or a brush to obtain a small amount of stool at home and send it back to the doctor or lab. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test."

*If needed, say: “Para UNA PRUEBA EN LA MATERIA FECAL QUE SE HACE EN CASA, se utiliza un pincel o cepillo para obtener una pequeña cantidad de heces y enviar al médico o laboratorio. Para una SIGMOIDOSCOPIA, se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero se utiliza un tubo largo y normalmente se dan medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba”.*

- 1. Equally effective (Go to AIDSTST8)  
*Igualmente efectivos*
- 2. Some are more effective than others  
*Algunos son más efectivos que otros*
- 3. No opinion (Go to AIDSTST8)  
*No tengo opinión*
- 77. Don’t know (Go to AIDSTST8)
- 99. Refused (Go to AIDSTST8)



**19.70 Which test do you think is most effective in finding colorectal cancer?**

*¿Qué prueba piensa usted que es la más eficaz para detectar el cáncer colorrectal?*

In Help text: If needed, say: "For a HOME BLOOD STOOL TEST, you use a stick or a brush to obtain a small amount of stool at home and send it back to the doctor or lab. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test."

*If needed, say: "Para UNA PRUEBA EN LA MATERIA FECAL QUE SE HACE EN CASA, se utiliza un pincel o cepillo para obtener una pequeña cantidad de heces y enviar al médico o laboratorio. Para una SIGMOIDOSCOPIA, se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero se utiliza un tubo largo y normalmente se dan medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba".*

- 1. Home blood stool test
- 2. Colonoscopy
- 3. Sigmoidoscopy
- 77. Don't know
- 99. Refused

**Section 20: HIV/AIDS**

**The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask about testing, we will not ask you about the results of any test you may have had.**

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

**AIDSTST8 (CDC CORE)**

**YES/NO.**

**20.0 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid (saliva) 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 (saliva) de su boca.*

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

**TSTDATE (CDC-CORE)**

**20.10 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?*

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

7777. Don't know

9999. Refused

**HIVRISK (CDC CORE)**

**YES/NO.**

**20.20 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 aplica a usted. No me tiene que decir cuál.*

**•You have used intravenous drugs in the past year**

*Se inyectó drogas intravenosamente en el último año*

**•You have been treated for a sexually transmitted or venereal disease in the past year**

*Ha recibido tratamiento contra una enfermedad de transmisión sexual o enfermedad venérea en el último año*

**•You have given or received money or drugs in exchange for sex in the past year**

*Ha recibido o pagado dinero o drogas a cambio de sexo en el último año*

**•You had anal sex without a condom in the past year**

*Tuvo relaciones sexuales anales sin usar condón en el último año*

**Do any of these situations apply to you?**

*¿Alguna de estas situaciones le aplica?*

1. Yes

2. No

77. Don't Know

99. Refused

## **Section 21: Fruits and Vegetables**

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**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.*

### **JUICE11 (NETWORK)**

**21.0 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 incluya los que sean jugo 100% de fruta.*

In Help Text: 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 9.6.

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

888.. Not Applicable (Never)

777.. Don't know / Not sure

999.. Refused

**FRUIT11 (NETWORK)**

**21.10 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.**

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."

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

*Read only if necessary: "Tu mejor respuesta está bien. Incluyen manzanas, plátanos, puré de manzana, naranjas, fruta uva, ensalada de frutas, sandía, melón o melón de almizcle, papaya, lichis, fruta estrella, granadas, mangos, uvas y bayas como arándanos y fresas."*

Interviewer note: Do not count fruit jam, jelly, or fruit preserves.

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

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

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

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

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 888.. Not Applicable (Never)
- 777.. Don't know / Not sure
- 999.. Refused

**BEANS11 (NETWORK)**

**21.20 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.**

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

*Read only if necessary: "Incluya frijoles redondos como frijoles blancos, frijoles pintos, lentejas, frijoles de soja (soya), puré de garbanzos (hummus), y tofu. No incluya ejotes largos o habas.*

Interviewer note: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, 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.

1 \_\_ Per day 2 \_\_ Per week

3 \_\_ Per month

888.. Not Applicable (Never)

777.. Don't know / Not sure

999.. Refused

**VEGGRE11 (NETWORK)**

**21.30 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 por día, semana, o mes comió usted verduras verde oscuras como brócoli o verduras de hojas verdes como lechuga romana, acelga, berza, o espinacas?*

Interviewer note: Each time a vegetable is eaten it counts as one time.

In Help Text: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, 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.

(97-99)

1 \_\_ Per day

2 \_\_ Per week

3 \_\_ Per month

888.. Not Applicable (Never)

777.. Don't know / Not sure

999.. Refused

**VEGORA11 (NETWORK)**

**21.40 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 por día, semana, o mes comió verduras anaranjadas, como camotes (batatas), calabaza (calabacines), calabazas de invierno, o zanahorias?*

*Read only if needed: "Calabazas de invierno tienen cascara duras y por dentro, son de color fuerte amarillo o anaranjado. Estas incluyen calabaza de bellota y calabaza cabello de angel."*

Interviewer note: 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 potato 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 desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month

- 888.. Not Applicable (Never)
- 777.. Don't know / Not sure
- 999.. Refused

**OTHRVE11 (NETWORK)**

**21.50 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 mencionó y no incluya las papas fritas."*

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.

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 888.. Not Applicable (Never)
- 777.. Don't know / Not sure
- 999.. Refused

**Section 22: Soda/Fast Food**

**SODAPOP (NETWORK)**

**TYPE XIX..**

**22.0. About how often do you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.**

*¿Con qué frecuencia tomo refrescos regulares o sodas que contienen azúcar? No incluya los refrescos de dieta.*

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 888.. Not Applicable (Never)
- 777.. Don't know / Not sure
- 999.. Refused

**SWTDRINK (NETWORK)**

**TYPE XIX.**

**22.10. About how often do you drink sweetened fruit drinks, such as Kool-aid, cranberry, and lemonade? Include fruit drinks you made at home and added sugar to.**

*¿Con que frecuencia tomo bebidas de fruta endulzadas con azúcar como Kool-aid, jugo de arándano, y limonada? Incluya bebidas de fruta que usted hizo en casa y endulzo con azúcar.*

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 888.. Not Applicable (Never)
- 777.. Don't know / Not sure
- 999.. Refused

**FSTFOOD1 (NETWORK)**

**YNNAD.**

**22.20. The next questions are about eating out at fast food and chain restaurants. Do you typically read calorie information for foods and drinks when it is available at fast food and chain restaurants?**

*Las siguientes preguntas son acerca de las comidas fuera de casa, ya sea en cadenas de restaurantes o restaurantes de comida rápida. Típicamente, ¿lee usted la información de calorías para los alimentos y bebidas cuando están disponibles en cadenas de restaurantes y restaurantes de comida rápida?*

- 1 Yes
- 2 No (Go to WIC2)
- 3 Never noticed or never looked for calorie information (Go to WIC2)
- 4 Usually cannot find calorie information (Go to WIC2)
- 88. Not Applicable (Never eat at fast food or chain restaurants) (Go to WIC2)
- 77 Don't know (Go to WIC2)
- 99 Refused (Go to WIC2)



**FSTFOOD2 (NETWORK)****ALWNEVB.****22.30. How often does this calorie information help you decide what to order? Would you say . . .***¿Con que frecuencia le ayuda esta información de calorías a decidir que ordenar? Diria usted...*

- 1 Always/Siempre
- 2 Most of the time/La mayoría de veces
- 3 About half the time/Como la mitad de las veces
- 4 Sometimes/Algunas veces
- 5 Never/Nunca
- 77 Don't know
- 99 Refused

**Section 23: Food Security****Now I would like to ask you about the food eaten in your household in the last 12 months.***Ahora me gustaría preguntarle acerca de los alimentos que comieron en su casa en los últimos 12 meses.***WIC2 (CA-NETWORK)****YESNO.****23.00 In the last 12 months, have you or anyone in your household (including children) received food assistance from WIC (coupons/vouchers)?***¿En los últimos 12 meses, usted u alguna otra persona en su hogar (incluyendo niños) recibieron ayuda por parte de WIC (cupones)?*

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

**SNAP (CA-NETWORK)****YESNO.****23.10 In the last 12 months, have you applied for food stamps, SNAP, or Calfresh?***¿En los últimos 12 meses, ha aplicado usted para estampillas de comida, SNAP, o Calfresh?*

In Help text: The Food Stamp Information Line is a statewide toll-free phone number offering callers information about how to apply for food stamps or Calfresh in their county. 1-877-847-3663 (FOOD)

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

**FDSTMRE3 (CA-NETWORK)****YESNO.****23.20 In the last 12 months, have you or anyone in your household received foodstamps, SNAP or Calfresh benefits through the EBT card?***¿En los últimos 12 meses, usted u alguna otra persona en su hogar han recibido estampillas de comida, SNAP, o beneficios de Calfresh a través de la tarjeta EBT?*

In Help Text: The Food Stamp Information Line is a statewide toll-free phone number offering callers information about how to apply for food stamps or Calfresh in their county. 1-877-847-3663 (FOOD)

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

**I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN true, SOMETIMES true, or NEVER true for you in the last 12 months. (That is, since MONTH of last year)**

*Le voy a leer algunas declaraciones que algunas personas han hecho acerca de la situación de su comida. Por favor, dígame si estas declaraciones son FRECUENTEMENTE ciertas, A VECES ciertas, o NUNCA ciertas para usted en los últimos 12 meses. O sea desde \_\_\_\_ del año pasado.*

**OUTOFFD (CA-NETWORK)****TRUEFALB.****23.30 The food that I bought just didn't last, and I didn't have money to get more. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?**

*La comida que compré no duró y no tenía dinero para comprar más. ¿Diría que esto fue FRECUENTEMENTE cierto, AVECES, o NUNCA para usted en los últimos 12 meses?*

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 77. Don't know
- 99. Refused

**AFRDMEAL (CA-NETWORK)****TRUEFALB.****23.40 I couldn't afford to eat balanced meals. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?**

*No tuve con que comprar comidas balanceadas (nutritivas). ¿Diría que esto fue cierto FRECUENTEMENTE, AVECES, o NUNCA para usted en los últimos 12 meses?*

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 77. Don't know
- 99. Refused

**These next questions are about the food eaten in your household in the last 12 months. People do different things when they are running out of money for food in order to make their food or their food money go further.**

*Estas próximas preguntas son acerca de los alimentos que comieron en su casa en los últimos 12 meses. La gente hace cosas diferentes cuando se están quedando sin dinero para alimentos para hacer que su dinero de alimentos rinda más.*

**CUTMEAL (CA-NETWORK)**

**YESNO.**

**23.50** In the last 12 months, since last (MONTH of last year), did (if NUMADULT=1, “you”, if NUMADULT>1, “you or other adults in your household”) ever cut the size of your meals or skip meals because there wasn’t enough money for food?

*¿Durante los últimos 12 meses redujo alguna vez la cantidad de su comida o paso por alto alguna comida porque no había bastante dinero para comprarla?*

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

**CUTOFT (CA-NETWORK)**

**YESNO.**

**23.60** How often did this happen--almost every month, some months but not every month, or in only one or two months?

*¿Qué seguido pasó esto? ¿Diría...casi cada mes, unos meses pero no todos, o solamente en uno o dos meses?*

- 1. Almost every month
- 2. Some months but not every month
- 3. Only 1 or 2 months
- 77. Don’t know
- 99. Refused

**EATLESSC (CA-NETWORK)**

**YESNO.**

**23.70** In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?

*Alguna vez, en los últimos 12 meses, ¿comió menos de lo que debería comer porque no había suficiente dinero para comprar comida?*

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

**EVRHNGRY (CA-NETWORK)**

**YES/NO.**

**23.80 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?**

*En los últimos 12 meses, ¿tuvo hambre pero no comió porque no había suficiente dinero para comprar comida?*

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

**Section 24: Physical Activity**

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

*La próxima pregunta es acerca del ejercicio, recreo, o actividades físicas aparte de su trabajo usual.*

**EXERANY1 (CDC-CORE)**

**YES/NO.**

**24.00 During the past MONTH, other than your regular job, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?**

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

Interviewer note: 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.

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

Ask if EXERANY1=1

**EXERACT3 (NETWORK)**

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

*¿Qué tipo de actividad física o ejercicio pasó la mayoría de su tiempo haciendo durante el mes pasado?*

- \_\_\_ Select activity from brandlist
- 99. Refused

(Go to STRENGTH)

**EXEROFT1 (NETWORK)**

**TYPE III.**

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

*¿Cuántas veces por semana o por mes tomo usted parte en esta actividad durante el mes pasado?*

- 1\_\_ Times per week
- 2\_\_ Times per month
- 777. Don't know
- 999. Refused

**EXERHMM1 (NETWORK)**

**TYPE XI.**

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

*Y cuando usted tomó parte en esta actividad, ¿cuántos minutos u horas se mantuvo haciéndolo usualmente?*

- \_\_:\_\_ Hours and minutes
- 777. Don't know
- 999. Refused

**EXERACT4 (NETWORK)**

**EXERACTB.**

**24.40 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 (Go to STRENGTH)

**EXEOFT2 (NETWORK)**

**TYPE III.**

**24.50 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
- 999. Refused

**EXERHMM2 (NETWORK)****TYPE XI.****24.60 And when you took part in this activity, for how many minutes or hours did you usually keep at it?***Y cuando tomó parte en esta actividad, ¿cuántos minutos u horas se mantuvo haciéndolo usualmente?*

\_\_: \_\_ Hours and minutes

777. Don't know

999. Refused

**STRENGTH (NETWORK)****TYPE II.****24.70 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, abdominales o lagartijas y aquellas en las que uso máquinas de pesas, pesas sueltas o bandas elásticas.*

1\_\_ Times per week

2\_\_ Times per month

888. Not Applicable (Never)

777. Don't know /

999. Refused

**Section 25: Visual Impairment and Access to Eye Care***CATI note: If respondent is less than 40 years of age and does not have diabetes, go to HRHCW1**If respondent is less than 40 years of age and has diabetes, go to VISCHK3*

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

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

**VISFAR2 (CDC Optional Module - Blindness America)**

**VISOFTC.**

**25.00. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—**

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

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

(Go to HRHCW1)

**VISNEAR2 (CDC Optional Module - Blindness America)**

**VISOFTC.**

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

*¿Cuánta dificultad, tiene usted para leer impresiones en periódicos, revistas, recetas, menús, o números en el teléfono? Diría usted...*

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

(Go to HRHCW1)

**WISEXAM (CDC Optional Module - Blindness America)****VISCHKB.****25.20. When was the last time you had your eyes examined by any doctor or eye care provider?**

Read only if necessary:

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

- |   |                                                                                            |                 |
|---|--------------------------------------------------------------------------------------------|-----------------|
| 1 | Within the past month (anytime less than 1 month ago)<br><i>Dentro del mes pasado</i>      | (Go to VISCHK3) |
| 2 | Within the past year (1 month but less than 12 months ago)<br><i>En el último año</i>      | (Go to VISCHK3) |
| 3 | Within the past 2 years (1 year but less than 2 years ago)<br><i>En los últimos 2 años</i> |                 |
| 4 | 2 or more years ago<br><i>2 años o mas</i>                                                 |                 |
| 5 | Never                                                                                      |                 |
| 7 | Don't know / Not sure                                                                      |                 |
| 8 | Not applicable (Blind)                                                                     | (Go to HRHCW1)  |
| 9 | Refused                                                                                    |                 |

**NOVISCHK (CDC Optional Module - Blindness America)****WHYNOCK.****25.30. What is the main reason you have not visited an eye care professional in the past 12 months?**

Read only if necessary

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

- |     |                                                                                                                                          |
|-----|------------------------------------------------------------------------------------------------------------------------------------------|
| 1   | Cost/insurance/ <i>Costo/Aseguranza</i>                                                                                                  |
| 2   | Do not have/know an eye doctor/ <i>No tengo (conozco) a un oculista</i>                                                                  |
| 3   | Cannot get to the office/clinic (too far away, no transportation)/ <i>No puedo viajar a la oficina/clinica (lejos, falta transporte)</i> |
| 4   | Could not get an appointment/ <i>No podría obtener una cita</i>                                                                          |
| 5   | No reason to go (no problem)/ <i>No hay razón para irme (no he tendio problema)</i>                                                      |
| 6   | Have not thought of it/ <i>No he pensado en eso</i>                                                                                      |
| 7   | DO NOT READ: Other                                                                                                                       |
| 7 7 | Don't know / Not sure                                                                                                                    |
| 9 9 | Refused                                                                                                                                  |



Ask if DIABCOR=1 or if AGE<sub>B</sub> ≥ 40

**VISCHK3 (CDC Optional Module - Blindness America/CA- DBCP)**

**VISCHKB.**

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

¿Cuándo fue la última vez que tuvo un examen ocular en el que le dilataron las pupilas? Esto le habría hecho temporalmente sensible a la luz brillante.

- |   |                                                                                            |                 |
|---|--------------------------------------------------------------------------------------------|-----------------|
| 1 | Within the past month (anytime less than 1 month ago)<br><i>Dentro del mes pasado</i>      | (Go to VISCHK3) |
| 2 | Within the past year (1 month but less than 12 months ago)<br><i>En el último año</i>      | (Go to VISCHK3) |
| 3 | Within the past 2 years (1 year but less than 2 years ago)<br><i>En los últimos 2 años</i> |                 |
| 4 | 2 or more years ago<br><i>2 años o mas</i>                                                 |                 |
| 5 | Never                                                                                      |                 |
| 7 | Don't know / Not sure                                                                      |                 |
| 8 | Not applicable (Blind)                                                                     | (Go to HRHCW1)  |
| 9 | Refused                                                                                    |                 |

If DIABCOR<sub>2</sub> = 1, go to HRHCW1; else continue

**EYEINSUR (CDC Optional Module - Blindness America)**

**YESNO.**

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

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

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

**CATARACT (CDC Optional Module - Blindness America)**

**YNNAE.**

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

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

- 1 Yes
- 2 No, I had them removed
- 3 No
- 7 Don't know / Not sure
- 9 Refused

**GLAUCOMA (CDC Optional Module - Blindness America)**

**YESNO.**

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

*¿Alguna vez le ha dicho un doctor de los ojos u otro profesional de la salud que usted tenia glaucoma?*

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

**Age-related macular degeneration (Mah-ku-lur dee-jen-uh-rey-shun) is a disease that affects the macula, the part of the eye that allows you to see fine detail.**

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

**AMD (CDC Optional Module - Blindness America)**

**YESNO.**

**25.80. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?**

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

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

## **Section 26: Health Care Worker/Recent Flu-like illness**

---

The next two questions ask about health care work.

*Las próximas dos preguntas son referentes a los trabajos en la salud.*

### **HRHCW1 (CA-IMMUN)**

**YESNO.**

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

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

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

*Nota del entrevistador: Si es necesario decir: "Esto incluye profesionales que no sean de salud, tales como personal administrativo, que trabajan en un centro de salud".*

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

### **HRHCW2 (CA-IMMUN)**

**YESNO.**

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

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

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



**Section 27: Child Selection**

If CHILD18 = 0 or CHILD18 = RF, Go to Section 30: Medical Marijuana; 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 \*\*-year/month 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 \*\*-año(s)/mes(es) de edad. Todas las preguntas acerca de los niños serán acerca de ese niño.

**CH\_SEL (CA-IMMUN/EHIB-CDC OPTIONAL MODULE)**

**BOYGIRL.**

**27.00 Is the \*\*- year/month old child a boy or a girl?**

*¿Es el niño de \*\*-año(s)/mes(es) un niño o una niña?*

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

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

**YESNO.**

**27.10 Is the \*\*- year/month old child Hispanic or Latino?**

*¿Es el niño(a) de \*\*-año(s)/mes(es) Hispano(a) o Latino(a)?*

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

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

**YESNO.**

**27.20 Which one or more of the following would you say is the race of the \*\*- year/month old child?**

*¿Cuál o cuáles de las siguientes diría usted que mejor representa la raza del niño(a) de \*\*- año(s)/mes(es)? ¿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 \_CH\_RAC\_A
- 2. Black or African American \_CH\_RAC\_B
- 3. Asian \_CH\_RAC\_C
- 4. Native Hawaiian or Other Pacific Islander \_CH\_RAC\_D
- 5. American Indian or Alaska Native \_CH\_RAC\_E
- 6. Other (Specify) \_CH\_RAC\_F
  
- 77. Don't know
- 99. Refused

If more than one response to CH\_RACE3, continue. Otherwise, go to CH\_BORN.

**CH\_RACE4 (CA–CDC OPTIONAL MODULE)**

**27.30 Which one of these groups would you say best represents the child's race?**

*¿Cuál de estos grupos, diría usted mejor representa la raza del 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?*

Interviewer note: Read all responses before marking answer.

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native
6. Other
77. Don't know / Not sure
99. Refused

**CH\_BORN (CA-IMMUN–CDC OPTIONAL MODULE)**

**TYPE I.**

**27.40 In what month and year was \*- year/month old child born?**

*¿En qué mes y año nació el niño(a) de \*-año(s)/mes(es)?*

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

77. Don't know (Probe by repeating the question)
99. Refused

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

**CH\_REL.**

**27.50 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)
2. Grandparent
3. Foster parent or guardian
4. Sibling (include biologic, step, and adoptive sibling)
5. Other relative
6. Not related in any way
77. Don't know/Not sure
99. Refused

**Section 28: Childhood Asthma Prevalence**

**CHLDAST2 (CA-EHIB)**

**YESNO.**

**28.00 Has a doctor, nurse or other health professional EVER said that the \*\*- year/month old child has asthma?**

*¿En alguna ocasión, algún médico u otro profesional de la salud le informaron que el niño(a) de \*\*- año(s)/mes(es) tenía asma?*

- 1. Yes
- 2. No (Go to CH\_SHOT3)
- 77. Don't know (Go to CH\_SHOT3)
- 99. Refused (Go to CH\_SHOT3)

**CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)**

**YESNO.**

**28.10 Does the \*\*- year/month old child still have asthma?**

*¿Tiene todavía el niño(a) de \*\*-año(s)/mes(es) asma?*

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

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

**Section 29: Childhood Flu-like Illness**

If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.

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

**YES/NO.**

**Next I will ask you a few 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 {if(ch\_sel=1,"he","she")} had a seasonal flu vaccination?**

*Ahora le hare algunas preguntas acerca de la influenza estacional. Hay dos tipos de vacunas contra la gripe estacional. Una es un inyección y la otra es en forma de espray en la nariz. Durante los últimos 12 meses, ¿ha recibido (él/ella) la vacuna contra la influenza estacional?*

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

**CH\_FL\_WHN (CDC OPTIONAL MODULE)**

**TYPE XVI.**

**29.40 During what month and year, did {if(ch\_sel=1,"he","she")} receive {if(ch\_sel=1,"his","her")} most recent seasonal influenza vaccination?**

*Durante qué mes y año recibió {if(ch\_sel=1,"el","ella")} la vacuna de influenza estacional más reciente?*

- \_\_\_\_/\_\_\_\_ Enter month and year
- 7777777. Don't know
- 9999999. Refused

**CHLPLAC5 (CA-IMMUN)**

*Ask if CH\_SHOT3 = 1 or CH\_WHEN = 1*

**FLUPLACF.**

**29.50 Where did the child go to get his/her most recent [flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]**

Interviewer Note: Probe "don't know" with "How would you describe the place where you went to get your most recent flu vaccine?"

*¿En dónde recibió el niño/niña su más reciente vacunación contra la gripe? [ la vacuna en forma de roció en la nariz (ya sea inyección o roció en la nariz)*

- 1. A doctor's office or health maintenance organization (HMO)
- 2. A health department, clinic, health center (Example: a community health center), or mobile health unit
- 3. A senior, recreation, or community center
- 4. A store (Examples: supermarket, drugstore)
- 5. A hospital (Example: inpatient)
- 6. An emergency room
- 7. School
- 8. Other (specify) \_\_\_\_\_
- 77. Don't know
- 99. Refused



## **Section 30: Medical Marijuana (CA - SRG) – NEW**

**In California, a law was passed in 1996 to let people with a serious medical condition use medical marijuana if their doctor recommended use of marijuana for their medical condition. Please remember that your answers are strictly confidential and we will not ask you if you have a prescription for medical marijuana.**

*En California, se aprobó una ley en 1996 para permitir que personas con una grave condición médica usen marihuana medicinal si su médico recomendó el uso de la marihuana para su condición médica. Por favor recuerde que sus respuestas son estrictamente confidenciales y no le preguntare si usted tiene una receta para la marihuana medicinal.*

In Help text: Serious medical conditions include: AIDS, anorexia, arthritis, wasting syndrome (cachexia ), cancer, chronic pain, glaucoma, migraine, persistent muscle spasms (like spasms associated with multiple sclerosis), seizures (like epileptic seizures), or severe nausea.

In Help text: *Graves condiciones médicas incluyen: SIDA, anorexia, artritis, caquexia (síndrome de desgaste), cáncer, dolor crónico, glaucoma, migrañas, espasmos musculares persistentes (como los espasmos asociados con la esclerosis múltiple), convulsiones (como ataques epilépticos), o náuseas severas.*

### **MARMED (CA - SRG) - NEW**

**30.00 Have you ever used medical marijuana for a serious medical condition? YESNO.**

*¿Alguna vez ha usado la marihuana medicinal para una grave condición médica?*

If needed, read: "For use of medical marijuana, a serious medical condition is any condition that substantially limits a person's ability to conduct one or more of major life activities, or if not alleviated, may cause serious harm to the person's safety, physical, or mental health."

*If needed, read: "Para el uso de la marihuana medicinal, una condición médica grave es cualquier condición que sustancialmente limita la capacidad de una persona para llevar a cabo una o más de las actividades importantes de la vida, o si no se alivia, puede causar daños graves a la seguridad de la persona, su salud física o mental."*

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

### **MARHELP (CA - SRG) – NEW**

**YESNO.**

**30.10 Did using medical marijuana help your serious medical condition?**

*¿Le ayudó a usted usar la marihuana medicinal para su grave condición médica?*

Interviewer note: If used for more than one condition, say "did using marijuana help any of your conditions?"

Interviewer note: If used for more than one condition, say: "¿Le ayudó el uso de marihuana con algunas de sus condiciones?"

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

30. 20 For what serious medical condition or conditions did you use medical marijuana?

*¿Para qué grave condición o condiciones médicas utilizó usted la marihuana medicinal?*

(Select all that apply)

- |                                                                                                                                                                                      |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1. AIDS (Acquired Immunodeficiency Syndrome)<br><i>SIDA</i>                                                                                                                          | MARPU_A |
| 2. Anorexia<br><i>Anorexia</i>                                                                                                                                                       | MARPU_B |
| 3. Arthritis<br><i>Artritis</i>                                                                                                                                                      | MARPU_C |
| 4. Cachexia (wasting syndrome)<br><i>Caquexia (síndrome de desgaste)</i>                                                                                                             | MARPU_D |
| 5. Cancer<br><i>Cancer</i>                                                                                                                                                           | MARPU_E |
| 6. Chronic pain<br><i>Dolor crónico</i>                                                                                                                                              | MARPU_F |
| 7. Glaucoma<br><i>Glaucoma</i>                                                                                                                                                       | MARPU_G |
| 8. Migraine<br><i>Migraña</i>                                                                                                                                                        | MARPU_H |
| 9. Persistent muscle spasms (like spasms associated with multiple sclerosis)<br><i>Espasmos musculares persistentes (por ejemplo, espasmos asociados con la esclerosis múltiple)</i> | MARPU_I |
| 10. Seizures or epilepsy<br><i>Convulsiones o ataques epilépticos</i>                                                                                                                | MARPU_J |
| 11. Nausea (including severe nausea)<br><i>Nausea</i>                                                                                                                                | MARPU_K |
| 12. Other (specify)                                                                                                                                                                  | MARPU_L |
| 13. Depression                                                                                                                                                                       |         |
| 14. Stress                                                                                                                                                                           |         |
| 77. Don't know                                                                                                                                                                       |         |
| 99. Refused                                                                                                                                                                          |         |

## **Section 31: Closing**

*If ASTHEV3=1 or CHLDAST2 =1 continue*

### **ADLTCALL (CA-California Breathing)**

**YESNO.**

**31.00 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 (el asma de su niño(a) su asma?*

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

### **CALLBACK (CA-SRG)**

**YESNO.**

**31.15 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?*

- 1. Yes
- 2. No
- 77. Don't know
- 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