

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

FINAL  
**Merged English/Spanish**

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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?*

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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
- 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.**

**3.00** 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)****YES/NO.***(If HAVEPLN3. 2, 77, or 99 ask:)***3.10 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:)	Yes	No	Dk/Ns	Ref	
<b>Do you have health care coverage through:</b>					
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 paga 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

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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.**

**3.20 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.**

**3.30 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.****3.40 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.****3.50 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: Exercise****EXERANY1 (CDC-CORE)****YESNO.****4.00 The next question is about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties. During the past MONTH, other than your regular job, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?***La próxima pregunta es acerca del ejercicio, recreo, o actividades físicas APARTE de su trabajo usual. 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?*

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

**Section 5: Chronic Health Conditions**

**HEART (CDC-CORE)** (HEART2 in dataset) **YES/NO.**

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

**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)?**

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

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

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

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

**5.05** (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) **YES/NO.**

**5.10** (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)**

**YES/NO.**

**5.15 (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 tenía asma?*

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

**ASTHNOW (CDC-CORE)**

**YES/NO.**

**5.20 Do you still have asthma?**

*¿Todavía tiene usted asma?*

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

**SKCANC (CDC-CORE)**

**YES/NO.**

**5.25 Has a doctor, nurse or other health professional EVER told you that had skin cancer? Read only if necessary:** By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

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

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

**OTHCANC (CDC-CORE)**

**YES/NO.**

**5.30 (Has a doctor, nurse or other health professional) EVER told you that you had any other types of cancer? (Includes basal (Bay-Sul) and squamous (Sqwa-muss) 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
- 7. Don't know
- 9. Refused

**COPDEVER (CDC-CORE)**

**YES/NO.**

**5.35 (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 crónico?*

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

**ARTHRITD (CDC-CORE)**

**YES/NO.**

**5.40 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?*

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

**DEPRESS1 (CDC-CORE)**

**YES/NO.**

**5.45 (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
- 7 Don't know
- 9 Refused

**KIDNEY (CDC-CORE)**

**YES/NO.**

**5.50 (Has a doctor, nurse or other health professional) EVER told you that you have kidney disease? 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 incluya 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
- 7 Don't know
- 9 Refused

**VISION2 (CDC-CORE)**

**YES/NO.**

**5.55 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
- 99. Refused

**DIABCOR2 (CDC-CORE)**

**DIABCORB.**

**5.60 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 6: Oral Health**

**WHENDNT3 (CDC-CORE)**

**HOWLONG.**

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

*¿Cuánto tiempo tiene desde la última vez, que usted fue al dentista o a una clínica dental, por cualquier razón? Incluya visitas a especialistas, tales como ortodontistas.*

- 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.**

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.*

- 1. 1 to 5  
*1 a 5*
- 2. 6 or more but not all  
*6 o más, pero no todos*
- 3. All  
*Todos*
- 88. None
- 77. Don't know
- 99. Refused



**Section 7: Disability**

**RESTRIC3 (CDC-CORE)**

**YESNO.**

**7.00** 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.**

**7.10** 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? Interviewer note: include occasional use or use in certain circumstances)

*¿Tiene actualmente algún problema de salud que requiera el uso de equipo especial, tal como un bastón, una silla de ruedas, una cama especial, o un teléfono especial?*

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

**Section 8: Tobacco Use**

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**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.**

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

Interviewer note: 5 packs = 100 cigarettes

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

- 1. Yes
- 2. No (Go to SMKELSEN)
- 77. Don't know (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?  
(Read only if necessary)**

*¿Cuánto tiempo hace desde la última vez que fumo cigarrillos regularmente?*

- 1. Within the past month (less than 1 month ago)  
*Dentro del mes pasado*
- 2. Within the past 3 months (1 month but less than 3 months ago)  
*Dentro de los pasados 3 meses*
- 3. Within the past 6 months (3 months but less than 6 months ago)  
*Dentro de los pasados 6 meses*
- 4. Within the past year (6 months but less than 1 year ago)  
*En el último año*
- 5. Within the past 5 years (1 year but less than 5 years ago)  
*En los últimos 5 años*
- 6. Within the past 10 years (more than 5 years but less than 10 years ago)  
*En los últimos 10 años*
- 7. 10 or more years ago  
*10 años o más*
- 88. Not Applicable (Never smoked regularly)
- 77. Don't know
- 99. Refused (Do not read)

IF SMOKREG3 >= 5, GO TO SMOKEAGE; ELSE CONTINUE

**SMK12AGO (CA-TCS) (Ask if SMKEVDA2 <= 2 or SMOKREG4 <=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?*

- 1 Yes
- 2 No
- 7 Don't know
- 9 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?*

- 1. Yes
- 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-TCS)**

**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?** Interviewer note: ONE YEAR=12 MONTHS

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

- 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-TCS)**

**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?*

- 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-TCS)**

**YESNO.**

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

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

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

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

**SMOKENUM (CA-TCS)**

**TYPE V.**

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

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

\_\_\_ Enter number of cigarettes (verify if GT 70) (Go to 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-TCS)**

**YESNO.**

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

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

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

**SMK30DAY (CA-TCS)**

**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?*

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

**SMK30NUM (CA-TCS)**

**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?*

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

777. Don't know

999. Refused

**SMOKEAGE (CA-TCS)**

**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?*

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

88. Not Applicable (Never smoked regularly)

77. Don't know

99. Refused

**SMKELSEN (CA-TCS)**

**TYPE VII.**

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

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

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

77. Don't know

99. Refused

**HOUSTYPE (CA-TCS)****8.65 Which best describes the building you live in?**

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

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

**HOUSTYPE.****HHRULES2 (CA-TCS)****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

**HHRULES.**

**USENOW3 (CDC-CORE)**

**EVDAY.**

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

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".

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

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

**OFTCIGRB (CA-TCS)**

**8.85 On how many of the past 30 days did you smoke cigars? Range: 1-30**

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

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

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

**SHSEXPOS (CA-TCS) - NEW**

**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 (go to AGEB)
- 77. Don't know (go to AGEB)
- 99. Refused (go to AGEB)

**SHSWHERE (CA-TCS) - NEW**

**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. Sidewalk
18. Other (specify) \_\_\_\_\_
77. Don't know
99. Refused

**Section 9 and 10: Demographics**

**AGEB (CDC-CORE)**

**9.00 What is your age?**

*¿Cuántos años tiene usted?*

\_\_\_ 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)**

**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)****ORACEB.**

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

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

- |     |   |                  |
|-----|---|------------------|
| 1.  | White                                     | (Go to 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)****MILSTATC.**

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 –TCS)**

**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?*

- \_\_\_ Enter number of children
- 77. Don't Know (Go to EDUCA)
- 88. None (Go to EDUCA)
- 99. Refused (Go to EDUCA)

**CHILDAGE (CA-CORE)****TYPE VII.****9.50 (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...**

Interviewer note: Round UP to whole YEARS. For example, record less than 1 year old as 1 year. Range: 1 – 17

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

___	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 &lt;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 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...**

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.

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

___	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?** Read Only if Necessary*¿Cuál fue el año escolar más alto que usted completó?*

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)**

10.67 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

Find the point on the table where HHSIZE and INCOM02 intersect.

If there is a table value and the table value is LT the "less than" value of the response to INCOM02, go to THRESH03.

THRESH03 (CORE) YES/NO.

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

¿Es su ingreso anual más de \$

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

INCOMO 2	=	1	2	3	4	5	6	7	8	9
		<10 k	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	



							\$37,630/			
	8						\$48,919	\$69,616/	\$75,260/	
							\$41,450	\$53,885	\$76,683/	\$103,625
	9						\$45,270	\$58,851	\$83,750/	\$113,175
							\$49,090	\$63,817	\$90,180/	\$122,725
	10							\$52,910/		\$105,820/
								\$68,783	\$97,884	\$132,275
	11							\$56,730/		\$104,951/
								\$73,749		\$113,460/
	12									\$141,825
	13									

**SOURCE:** *Federal Register*, January 2011

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: *Federal Register*, Jan 24, 2011.)

**WEIGHT (CDC-CORE)**

**(not formatted)**

**9.80 About how much do you weigh without shoes?** If respondent answers in fractions, ask which whole number it is closest to. If respondent still gives a fraction, round fractions up.

*¿Cómo cuánto pesa usted sin zapatos?*

\_\_\_ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know

999. Refused

**HEIGHT (CDC-CORE)**

**(not formatted)**

**9.85 About how tall are you without shoes?**

Interviewer note: If respondent answers in fractions, ask which whole number it is closest to. If respondent still gives a fraction, round fraction down. Round fractions down.

Enter height in feet and inches (Ex. 5 feet 11 inches = 511)

*¿Cómo cuánto mide de estatura sin zapatos?*

\_\_\_ 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

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**ZIPCODE2 (CDC-CORE)**

**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?*

\_\_\_\_\_ Enter number of Residential Numbers (6 = 6 or more)

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)**

**RENT.**

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

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.

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

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

#### 11.00 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**

**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**

**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 u 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.**

**12.00** 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).

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

\_\_\_\_\_ 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?**

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).

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

Enter Number of drinks (verify if GT 15 or Verify if 0)

- 77. Don't know
- 99. Refused

**Section 13: Immunization**

**FLUSHOT5 (CDC CORE)**

**13.00 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 (Go to PNEUMVC3)
- 99. Refused (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
- 9 9 / 9 9 9 9 Refused

**FLUPLAC5 (CDC-CORE)****FLUWHERE****13.20 At what kind of place did you get your last flu shot/vaccine?**

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?"

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

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)****YES/NO.****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.***TETNUS05 (CA-IMMUN)****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
77. Don't know
99. Refused

**PERTUS2 (CA-IMMUN)**

**YESNO.**

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

**PERTYEAR (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?*

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

**Section 14: Falls**

*if AGE8 >= 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.**

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

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

- Number of times [76 = 76 or more]
- 77 Don't know (Go to SEATBELT)
- 99 Refused (Go to SEATBELT)

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

TYPE I.

14.10 {fall3mnb = 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.*

{fall3mnb > 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.*

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

88 None  
77 Don't know  
99 Refused

#### Section 15: Seat Belt Use

SEATBELT (CDC-CORE)

YESNO.

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

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

#### Please read:

1. Always  
*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

#### Do not read:

77 Don't know  
88 Not Applicable (Never drive or ride in a car)  
99 Refused

**Section 16: Drinking and Driving**

---

CATI note: If DRNKALC4 = NA ; go to HADMAM2  
The next question is about drinking and driving.

La siguiente pregunta es acerca de beber y conducir.

**DRINKDRI** **TYPE I.**  
**16.00** 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?

- — Number of times
- 7 7 Don't know
- 9 9 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)** **YESNO.**  
**17.00** 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?

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

**HOWLONG2 (CDC-CORE)**

**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)  
*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

**HADCBE2 (CDC-CORE)**

**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)

**HOWLNGC.**

**YESNO.**

**WHENCBE (CDC-CORE)**

**17.30 How long has it been since your last breast exam?**

(Read only if necessary)

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

- 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

**HOWLNGC.**

**HADPAP2 (CDC-CORE)**

**YESNO.**

**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?*

- 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?**

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

*Ask if AGE<45*

**PREGNANT (CDC-CORE)**

**YES/NO.**

**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)**

**YES/NO.**

**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**

**18.00** Now I would like to 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
- 99. Refused

**PSADRDIS (CDC-CORE) NEW**

**YESNO.**

**18.10** 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
- 99. Refused

**PSADRREC (CDC-CORE) NEW**

**YESNO.**

**18.20** 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) NEW**

**YESNO.**

**18.30 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
- 77. Don't know
- 99. Refused

(Go to HADSTLHM)  
(Go to HADSTLHM )  
(Go to HADSTLHM)

**PSAWHEN2 (CDC-CORE)**

**HOWLNGC.**

**18.40 How long has it been since you had your last PSA test?**

(Read Only if Necessary)

*¿Cuánto tiempo hace desde que tuvo su última prueba PSA?*

- 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

**PSAMAIN**

**PSAREAS.**

**18.50 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  
*Parte de un examen de rutina*
- 2. Because of a prostate problem  
*Debido a un problema de la próstata*
- 3. Because of a family history of prostate cancer  
*Debido a una historia familiar de cáncer de próstata*
- 4. Some other reason  
*Otra razón*
- 77. Don't know
- 99. Refused

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

*If respondent is ≤ 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?**

*(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."*

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

*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)**

**YESNO.**

**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

**WHENSIG4 (CDC-CORE)****WHEND.****19.20 How long has it been since you had your last {IF SIGORCOL = 1 (sigmoidoscopy) OR SIGORCOL = 2 (colonoscopy)}? (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.”

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

*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**

**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}}?**

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."

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

*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**

**19.30 When did you have your most recent {IF SIGORCOL = 1 (colonoscopy) OR SIGORCOL = 2 (sigmoidoscopy)}?**

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.”

*¿Cuándo fue su más reciente...*

*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.**

*Me gustaría hacerle algunas preguntas adicionales sobre la detección de cáncer colorrectal.*

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

**HADSTL1 (CA-CCCCP) NEW**

**19.35**

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

In Help text: 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

*¿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?*

*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**

**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	1	2	7	9	ADDBLST
<i>Otra prueba de sangre fecal en casa</i>					
Sigmoidoscopy	1	2	7	9	ADDSIGM
<i>Sigmoidoscopia</i>					
Colonoscopy	1	2	7	9	ADDCOLO
<i>Colonoscopia</i>					
CT Colonography / Virtual Colonoscopy	1	2	7	9	ADDCTCOL
<i>Colonografía por TC / Colonoscopia virtual</i>					
Barium enema	1	2	7	9	ADDBARI
<i>Enema de bario</i>					
Surgery	1	2	7	9	ADDSURG
<i>Cirugía</i>					

**HADSTL3 (CA-CCCCP) NEW**

**RESNOTST.**

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**

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 WHENSTO3>1 and HADSIG4=2, (has had a home stool test within the past 2 years 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? (Select all that apply)**

*¿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)**

**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**

**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**

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

**MOSTEFF (CA-CCCCP) NEW**

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

*¿Que examen piensa usted que es el mas eficaz en la búsqueda de 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."

- 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.**

**20.00 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)

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**TSTDATE (CDC-CORE)**

**20.10 Not including blood donations, in what month and year was your last HIV test? (Include saliva tests).**

*Sin incluir las donaciones de sangre, ¿en qué mes y año fue su última prueba del VIH?*

*Interviewer note: If response is before January 1985 code "don't know." Code 4 digit year.*

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

7777. Don't know

999. Refused

**HIVRISK (CDC CORE)**

**YESNO.**

**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: Health Care Worker/Recent Flu-like illness**

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The next two questions ask about health care work.

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

**HRHCW1 (CA-IMMUN)**

**21.00 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)**

**21.05 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 22: Child Selection**

*If CHILD18 = 0 or CHILD18 = RF, Go to Sections 25 and 26: Childhood Lead Exposure; 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.**

**22.00 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.**

**22.10 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)**

**22.20 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
- 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

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

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

**22.30 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)**

**22.40 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)**

**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 23: Childhood Asthma Prevalence**

**CHLDAST2 (CA-EHIB)**

**YES/NO.**

**23.00 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.**

**23.10 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 Sections 25 and 26: Childhood Lead Exposure; Else continue

**Section 24: Childhood Flu-like Illness**

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

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

**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 una 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 LEAD1)
- 7. Don't know (Go to LEAD1)
- 9. Refused (Go to LEAD1)

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

**24.10 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

**CHPLACES5 (CA-IMMUN)** Ask if CH\_SHOT3 = 1 or CH\_WHEN = 1

**24.20 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

**Sections 25 and 26: Childhood Lead Exposure**

*Now I would like to ask you some health related questions about {if NUMADULT>1 or CHILD18>=1, "your family, the place where you live, and where your family plays", if NUMADULT=1 and CHILD18=0, "the place where you live"}.*

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

**LEAD1 (CA-LEAD PROGRAM--Asked on the 2001 and 2005-2011 BRFSS)** Ask of all respondents

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

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

- 1. Yes
- 2. No (GO TO LEADRMV1)
- 77. Don't know (GO TO LEADRMV1)
- 99. Refused (GO TO LEADRMV1)

**LEADMV (CA- LEAD PROGRAM) – Asked on 2004 BRFSS**

**25.05 Did you move into your home or apartment within the past 24 months? YESNO.**

*¿Se mudó usted a su casa o apartamento en los últimos 24 meses?*

- 1. Yes
- 2. No (GO TO LEADCHIP)
- 77. Don't know (GO TO LEADCHIP)
- 99. Refused (GO TO LEADCHIP)

**LEADHAZ1 (CA-LEAD PROGRAM—MODIFIED QUESTION—LEADHAZ asked on the 2004-2008 BRFSS)**

Ask if moved in last 24 months and live in house/building built before 1978 **YNNNA.**

**25.10 Did the landlord, agent, or seller provide you with information about lead?**

*¿ El propietario, agente o vendedor le proporciona a usted información acerca del plomo?*

- 1. Yes
- 2. No
- 3. Not applicable: Did not move into housing within the last two years
- 77. Don't know
- 99. Refused

**LEADCHIP (CA-LEAD PROGRAM--Asked on the 2005-2007 and 2009-2010 BRFSS)**

**25.15 Does your home have peeling or chipped paint? YESNO.**

*¿Tiene su hogar pintura que se está despegando o pelando?*

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

**LEADREN 3 (CA-LEAD PROGRAM—MODIFIED QUESTION—LEADRENO asked on 2008 and 2009 and LEADREN1 asked on 2010, LEADREN2 asked on 2011 survey)**

**25.20 Has your home been remodeled, renovated, repaired, painted, or had work done on it in the last 12 months? YESNO.**

*¿En los últimos 12 meses, ha remodelado, renovado, reparado, pintado, o hecho trabajo en su hogar?*

- 1. Yes
- 2. No (GO TO LEADRMV1)
- 77. Don't Know/ Not Sure (GO TO LEADRMV1)
- 99. Refused (GO TO LEADRMV1)

**LEADWIN (CA-LEAD PROGRAM—(asked on 2011 BRFSS)**

**YESNO.**

**25.25 When your home was remodeled, were any windows or doors replaced?**

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

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

**LEAD3C (CA-LEAD PROGRAM—MODIFIED QUESTION—LEAD3 AND LEAD3B asked on 2001, 2008, 2011 surveys, respectively)**

**25.30 Who remodeled the place you live in?**

**LEADWKB.**

*¿Quién remodelo el lugar donde vive?*

1. Self
2. Owner/Landlord
3. Family/Friends
4. Contractor or Painting Contractor
5. Temporary or Occasional Workers
6. Other (specify)
77. Don't know
99. Refused

If LEAD3C = 4 continue, else skip to LEADPTST

**LEADCL1 (CA-LEAD PROGRAM—MODIFIED QUESTION--LEADCL asked on the 2011 BRFSS)**

**25.35 How did the contractor or painter clean up after the work was finished? Would you say...**

**Read responses.**

**LEADCLA.**

*¿Cómo limpiaron el contratista o pintor, después de terminar el trabajo? Diría usted...*

Interviewer note: If respondent asks what best method is, tell respondent AFTER recording his/her response that the best method is using a mop and a vacuum.

1. Only used a broom (Go to LEADCON1)  
*Solamente uso una escoba*
2. Only used a mop (Go to LEADCON1)  
*Solamente uso un trapeador*
3. Only used a vacuum  
*Solamente uso una aspiradora*
4. Used a broom and a mop (Go to LEADCON1)  
*Uso una escoba y un trapeador*
5. Used a broom and a vacuum  
*Uso una escoba y una aspiradora*
6. Used a mop and a vacuum  
*Uso un trapeador y una aspiradora*
7. They did not clean up – work area was still dirty when they left (Go to LEADCON1)  
*No limpiaron – la área de trabajo todavía estaba sucia cuando se fueron*
77. Don't Know/ Not Sure (Go to LEADCON1)
99. Refused (Go to LEADCON1)

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**LEADCV (CA-LEAD PROGRAM—NEW QUESTION)**

**YES/NO.**

**25.40 Did the contractor or painter use a special vacuum called a HEPA vacuum?**

*¿Uso el contratista o pintor una aspiradora especial llamada HEPA?*

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

**LEADCON1 (CA-LEAD PROGRAM— MODIFIED QUESTION--LEADCON asked on the 2011 BRFS)**

**YES/NO.**

**25.45 Was the contractor or painter specially licensed or certified to work with lead?**

*¿Estaba el contratista o pintor especialmente autorizado o certificado para trabajar con plomo?*

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

**LEADPTST (CA-LEAD PROGRAM—asked on 2011 survey)**

**YES/NO.**

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

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

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



The following questions are to be asked of all respondents.

**LEADRMV1 (CA-LEAD PROGRAM—MODIFIED QUESTION—LEADREMV asked on the 2011 BRFS)**

**25.55 What do you think is a safe way to remove old paint from housing? Would you say ....**

**LEADRM.**

In Help text: If respondent says 'I would never remove old paint from housing, I would hire someone to do that', then say 'Even if you do not remove the old paint yourself, what do you think is a safe way to remove old paint from housing?'

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

In Help text: If respondent says 'I would never remove old paint from housing, I would hire someone to do that', then say "¿Aunque usted contrara a alguien para remover pintura vieja, cual manera piensa usted es la mas segura para remover pintura vieja de la vivienda?"

1. Use sandpaper and sand it all off  
*Usar papel de lija y lijar toda*
2. Scrape it off with paint scraper  
*Raspar con espátula (raspador de paredes)*
3. Spray the paint with water, then scrape  
*Rociar la pintura con agua, después raspar*
4. Use electric sander (belt sander)  
*Utilizar lijadora eléctrica (lijadora con banda)*
77. Don't know
99. Refused

**LEADINFO (CA-LEAD PROGRAM—ASKED ON BRFS 2011)**

**YESNO.**

**25.60 To the best of your knowledge, are contractors who remodel or re-paint pre-1978 housing required to give homeowners or tenants information about lead?**

*A lo mejor de su conocimiento, ¿son los contratistas haciendo remodelaciones o volviendo a pintar viviendas antes de 1978, requeridos a dar a los propietarios o inquilinos información acerca del plomo?*

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

**LEADDUST (CA-LEAD PROGRAM—ASKED ON BRFS 2011)**

**YESNO.**

**25.65 Have you ever seen construction or remodeling projects in your neighborhood where dust and dirt are being spread?**

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

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

**LEADRRP (CA-LEAD PROGRAM— ASKED ON BRFSS 2011)**

**YES/NO.**

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

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

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

**LEADDRT2 (CA-LEAD PROGRAM--Ask of all respondents in the 2010 and 2011 BRFSS)**

**YES/NO.**

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

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

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

**DOCREQ1 (CA-LEAD PROGRAM—Asked on the 2009 and 2010 BRFSS)**

**YES/NO.**

**25.80** Do you think doctors or healthcare providers are required to find out if young children might be at risk for lead poisoning?

*¿Piensa usted que los médicos o profesionales de la salud son requeridos a averiguar si los niños pequeños podrían estar a riesgo de envenenarse de plomo?*

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

**LEADPRO (CA-LEAD PROGRAM--NEW QUESTION--Ask of all respondents.) LEADPRO.**  
**25.85 Which one of the following will NOT help protect a child from lead? Would you say...**

*¿Cuál de las siguientes NO ayudara a proteger a un niño del plomo? Diría usted...*

1. Frequently washing a child's hands and toys  
*Lavarle las manos y los juguetes frecuentemente a un niño*
2. Eating a breakfast with fruit and iron fortified cereal  
*Desayunar fruta y cereal fortificado con hierro*
3. Getting regular exercise  
*Hacer ejercicio regularmente*
4. Taking off or wiping your shoes before going in the house  
*Quitarse o limpiarse los zapatos antes de entrar a la casa*
5. Running tap water for 30 seconds before drinking it or cooking with it  
*Abrir el agua de la llave por 30 segundos antes de beber o cocinar con ella*
77. Don't Know/ Not sure
99. Refused

**LEADPICA (CA-LEAD PROGRAM--NEW QUESTION--Ask only if child <6 years old living in household)**  
**YES/NO.**

**25.90 {(if children < 6 years old = 1, "Has your child that is younger than 6 years old"), (if children < 6 years old > 1, "Have any of your children that are younger than 6 years old")}  
been seen eating non-food items such as dirt, pottery, plaster, or been  
seen chewing on painted surfaces such as window sills?**

*¿ ¿Alguien ha visto (if children < 6 years old = 1, "su hijo/a de menor de 6 años de edad", if children < 6 years old > 1, "algunos de sus hijos de menor de 6 años de edad") comiendo objetos no comestibles tales como tierra, barro, yeso, o masticando superficies pintadas, tales como los marcos de las ventanas?*

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

**LEADADP2 (CA-LEAD PROGRAM—MODIFIED QUESTION—LEADADOP asked on the 2010 BRFSS—**

*Ask only if child <6 years old living in household)*

**25.95 Please tell us if any of the following apply to {(if children < 6 years old = 1, “your child that is younger than 6 years old”), (if children < 6 years old > 1, “any of your children that are younger than 6 years old”)} younger than 6 years old:**

**ADOPT.**

*Por favor díganos si cualquiera de las siguientes se aplica a \_\_\_\_\_*

*“su hijo(a) que es menor de 6 años”*

*“algunos de sus hijos menores de 6 años”*

1. Adopted within the last six months from another country  
*Adoptado de un país extranjero en los últimos seis meses?*
2. Adopted from another country more than six months ago  
*Adoptado de un país extranjero hace más de seis meses?*
3. Child is a newly arrived refugee/immigrant from another country within the last six months  
*El niño(a) es un refugiado/inmigrante recién llegado de otro país en los últimos seis meses.*
4. Child is a refugee/immigrant from another country who arrived more than six months ago  
*El niño(a) es un refugiado/inmigrante llegado de otro país hace más de seis meses.*
5. Not Applicable: Child is not adopted and is not a refugee/immigrant  
*Niño(a) no es adoptado y no es refugiado/inmigrante*
77. Don't know
99. Refused

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

**CAREKIDC (CA-LEAD PROGRAM—Asked on the 2009, 2010 and 2011 BRFSS)**

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

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

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

*New Interviewer Instruction: Please emphasize “In the past 12 months”...*

**LEADREQ (CA-LEAD PROGRAM—Asked on the 2011 BRFSS)**

**YESNO.**

**26.05 In the PAST 12 months, did a medical provider (such as a doctor, nurse practitioner, physician's assistant, or nurse) ask you to have your \*\*-year-old child's blood tested for lead?**

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

1. Yes
2. No (GO TO LEADTST2)
77. Don't know (GO TO LEADTST2)
99. Refused (GO TO LEADTST2)

**LEADTSTD (CA-LEAD PROGRAM--Asked on the 2011 BRFSS)**

**YESNO.**

**26.10 Did your \*\*-year-old child actually have blood taken for the lead test?**

*¿Realmente le sacaron sangre a su hijo(a) de \_\_\_\_ para la prueba de plomo?*

- |     |            |                  |
|-----|------------|------------------|
| 1.  | Yes        |                  |
| 2.  | No         | (GO TO TSTNO)    |
| 77. | Don't know | (GO TO LEADTST2) |
| 99. | Refused    | (GO TO LEADTST2) |

Ask if LEADTSTD = Yes

**TSTLOC1 (CA-LEAD PROGRAM asked on 2011 BRFSS)**

**LOCDOC.**

**26.15 Where was the blood sample taken? Would you say ...**

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

- |     |   |
|-----|---|
| 1.  | At the medical provider's office<br><i>En el consultorio de un medico</i>   |
| 2.  | In the same building as the medical provider's office, but not at their office<br><i>En el mismo edificio de la oficina del proveedor de servicios médicos, pero no en su oficina</i>       |
| 3.  | At another building that you could walk to from the medical provider's office<br><i>En otro edificio donde se puede caminar de la oficina del proveedor medico</i>                          |
| 4.  | At another building that was too far to walk to from the medical provider's office<br><i>En otro edificio que estaba demasiado lejos para caminar hasta la oficina del proveedor medico</i> |
| 77. | Don't know  |
| 99. | Refused   |

Ask if LEADTSTD = No

**TSTNO (CA-LEAD PROGRAM asked on 2011 BRFSS)**

**26.20 What was the main reason the test was not done?**

**WHYNOTST.**

*¿Cuál fue la razón principal que la prueba no fue hecha?*

1. Did not want child to endure a needle stick  
*No quiso que e/la niño(a) resistiera un pinchazo de la aguja*
2. Did not think child needed the test  
*No creo que e/la niño(a) necesitaba la prueba*
3. Concern about the cost of having the test done  
*Preocupado(a) por el costo de la prueba*
4. Child was not cooperative  
*El/La niño(a) no fue cooperativo*
5. Did not have time to get to the location for the blood to be taken  
*No tuvo tiempo de llegar al sitio para que le tomaran la sangre*
6. Did not have transportation to get to the location for the blood to be taken  
*No tuvo transportación para llegar al sitio para que le tomaran la sangre*
7. Other
77. Don't know
99. Refused

Ask if LEADTSTD = don't know or refused, or LEADREQ = no, don't know, or refused AND child is older than 1 year old

**LEADTST2 (CA-LEAD PROGRAM—Asked on 2009 and 2010 BRFSS)**

**YESNO.**

**26.25 Has your \*\*-year-old child ever had a blood lead test?**

*¿Alguna vez ha tenido su hijo(a) una prueba para detectar el envenenamiento de plomo?*

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

Ask if CAREKIDC = 1 and children < 6 years old in household

**LEADSCR1 (CA-LEAD PROGRAM—MODIFIED QUESTION--LEADSCRN asked on the 2009 BRFSS)**

**YESNO.**

**26.30 Has a doctor or healthcare provider asked or talked to you about the age of your house or your house having chipped and/or peeling paint or your house being recently renovated?**

*¿Le ha preguntado a usted un medico u otro profesional de la salud acerca de la edad de su casa o si su casa tiene pintura que se está despegando o pelando o si ha renovado su casa recientemente?*

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

**HLTHINFO (CA-LEAD PROGRAM—asked on BRFSS 2011—Ask of all respondents)**

**26.35 How would you most prefer to receive health-related information? Would you say ...**

*¿Cómo prefiere usted recibir información relacionada a la salud? Diría usted...*

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

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

**HLTHEL (CA-LEAD PROGRAM—asked on 2011 BRFSS)—Ask of all respondents)**

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

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

1. Cell phone/smart phone  
*Cellular / smart phone*
2. Computer  
*Computadora*
3. TV/ DVD  
*Television/DVD*
4. Radio
5. Some other type of electronic equipment  
*Algún otro tipo de equipo electrónico*
6. Don't use electronic equipment to get health related information  
*No utilizó aparatos electrónicos para obtener información relacionada con la salud*
- 77 Do Not Read: None of the above
99. Refused

## **Section 27: Visual Impairment and Access to Eye Care**

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*CATI note: If respondent is less than 40 years of age, 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)**

**27.00. 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) (Go to CAREGIV4)
9. Refused



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

**28.10. 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) (Go to CAREGIV4)
- 9 Refused

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

**27.20. 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) (Go to VISCHK3)
- 2 Within the past year (1 month but less than 12 months ago) (Go to VISCHK3)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never
- 7 Don't know
- 8 Not applicable (Blind) (Go to CAREGIV4)
- 9 Refused

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

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

**VISCHK3 (CDC Optional Module - Blindness America)**

**VISCHKB.**

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

**27.40 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 (more than 0 months to 1 month)  
*Dentro del mes pasado*
- 2. Within the past year (more than 1 month to 1 year)  
*En el último año*
- 3. Within the past 2 years (more than 1 year to 2 years)  
*En los últimos 2 años*
- 4. More than 2 years ago  
*2 años o más*
- 5. Never
- 77. Don't know
- 99. Refused

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

**27.50. 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
- 9 Refused

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

**27.60. 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
- 9 Refused

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

**27.70. 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
- 8 Not applicable (Blind) (Go to CAREGIV4)
- 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)**

**27.80. 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
- 9 Refused

**Section 28: Caregiving**

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**CAREGIV4 (Alzheimer's Association – Caregiving Module)**

**YES/NO.**

**28.00** People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

**During the past month, did you provide any such care or assistance to a friend or family member?**

*Algunas personas cuidan o ayudan regularmente a una amistad o pariente que tiene un problema de salud, una enfermedad crónica, o discapacidad.*

*¿Durante el pasado mes, ha cuidado o ayudado usted a algún familiar o amistad?*

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

**The remainder of these questions will be about the person to whom you are giving the most care.**

*El resto de las preguntas serán acerca de la persona a quien usted está dando la mayoría del cuidado.*

**CAREAGE2 (Alzheimer's Association – Caregiving Module) – NEW (collected as continuous instead of categorical age (2009))**

**28.10** What age is the person to whom you are giving care?

**TYPE VIII.**

*¿Qué edad tiene la persona a quien usted está cuidando?*

Range 0 – 150

Enter age

- |     |            |
|-----|------------|
| 777 | Don't know |
| 999 | Refused    |

**CARESEX (Alzheimer's Association – Caregiving Module)**

**SEX.**

**28.20** What is the gender of the person you are caring for?

*¿Cuál es el sexo de la persona a quien usted está cuidando?*

- |   |            |
|---|------------|
| 1 | Male       |
| 2 | Female     |
| 7 | Don't know |
| 9 | Refused    |

**CARERELA (Alzheimer's Association – Caregiving Module)**

**WHOHELB.**

**28.30** What is his or her relationship to you? For example, is he or she your mother or daughter, or father or son?

*¿Cuál es la relación de él/ella con usted? Por ejemplo, ¿es él o ella su madre o hija, o padre o hijo?*

- 1 Parent
- 2 Parent-in-law
- 3 Child
- 4 Spouse
- 5 Sibling
- 6 Grandparent
- 7 Grandchild
- 8 Other relative
- 9 Non-relative

- 77 Don't know
- 99 Refused

**CARELONG (Alzheimer's Association – Caregiving Module)**

**TYPE III.**

**28.40** For how long have you provided care for that person?

*¿Por cuánto tiempo le ha proveído cuidado usted a esta persona?*

- 1 \_\_\_ Days
- 2 \_\_\_ Weeks
- 3 \_\_\_ Months
- 4 \_\_\_ Years
- 7 Don't know
- 9 Refused

**CAREPROB (Alzheimer's Association – Caregiving Module)**

**CONCERNC.**

**28.50 What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has?**

Interviewer note: Select only one.

*¿Qué ha dicho el médico que es el mayor problema de salud, enfermedad prolongada, o discapacidad que tiene la persona que usted cuida?*

Do not read:

Physical Health Condition/Disease

01=Arthritis/Rheumatism

02=Asthma

03=Cancer

04=Diabetes

05=Heart Disease

06=Hypertension/High Blood Pressure

07=Lung Disease/Emphysema

08=Osteoporosis

09=Parkinson's Disease

10=Stroke

Disability

11=Eye/Vision Problem (blindness)

12=Hearing Problems (deafness)

13=Multiple Sclerosis (MS)

14=Spinal Cord Injury

15=Traumatic Brain Injury (TBI)

Learning/Cognition

16=Alzheimer's Disease or Dementia

17=Attention-Deficit Hyperactivity Disorder (ADHD)

18=Learning Disabilities (LD)

Developmental Disability

19=Cerebral Palsy (CP)

20=Down's Syndrome

21=Other developmental disability (e.g., spinal bifida, muscular dystrophy, fragil X)

Mental Health

22=Anxiety

23=Depression

24=Other

77=Don't know

99=Refused

**CAREHELP (Alzheimer's Association – Caregiving Module)**

**NEED.**

**28.60** In which of the following areas does the person you care for need the most help? Would you say...

*¿En cuál de las siguientes áreas necesita más ayuda la persona que usted cuida? Diría usted...*

- 1 Taking care of himself or herself, such as eating, dressing or bathing  
*Cuidarse a sí mismo(a), tal como comer, vestirse o bañarse*
- 2 Taking care of his or her residence or personal living spaces, such as cleaning, managing money, or preparing meals  
*Cuidando de su hogar o espacios personales, tal como limpiar, manejo de dinero o preparar comidas.*
- 3 Communicating with others  
*Comunicarse con otros*
- 4 Learning or remembering  
*Aprender o recordar*
- 5 Seeing or hearing  
*Mirar o escuchar*
- 6 Moving around within the home  
*Moverse dentro de su hogar*
- 7 Transportation outside of the home  
*Transportación fuera del hogar*
- 8 Getting along with people  
*Llevarse bien con las personas*
- 9 Relieving or decreasing anxiety or depression  
*Aliviar o disminuir la ansiedad o depresión*
- 10 Something else
- 77 Don't know
- 99 Refused

**CAREHOUR (Alzheimer's Association – Caregiving Module)**

**TYPE II.**

**28.70** In an average week, how many hours do you provide care for that person because of his or her health problem, long-term illness, or disability?

Round up to nearest whole number.

*¿En una semana normal, cuantas horas proporciona usted cuidado a esta persona debido a su problema de salud, enfermedad prolongada o discapacidad?*

Range 1 – 168

Enter hours per week

- 777 Don't know  
999 Refused

**CAREDIFF (Alzheimer's Association – Caregiving Module)**

**BURDEN.**

**28.80** I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced in your caregiving...

*Voy a leerle una lista de dificultades que usted pudo haber enfrentado como proveedor de atención médica. Por favor indique cuál de las siguientes es la mayor dificultad que usted ha enfrentado como proveedor de cuidado...*

- 1 Creates a financial burden  
*Crea una carga financiera*
- 2 Doesn't leave enough time for yourself  
*No deja suficiente tiempo para usted*
- 3 Doesn't leave enough time for your family  
*No deja suficiente tiempo para su familia*
- 4 Interferes with your work  
*Interfiere con su trabajo*
- 5 Creates stress  
*Crea estrés*
- 6 Creates or aggravates health problems  
*Crea o agrava los problemas de salud*
- 7 Affects family relationships  
*Afecta las relaciones familiares*
- 8 Other difficulty (specify)
- 9 No difficulty
  
- 77 Don't know
- 99 Refused

**CARECHNG (Alzheimer's Association – Caregiving Module)**

**YES/NO.**

**28.90** During the past year, has the person you care for experienced changes in thinking or remembering?

*¿Durante el año pasado, ha experimentado cambios en pensar o recordar la persona que usted cuida?*

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



**Section 29: Cognitive Impairment**

**\*\*Translations are per CDC for this Cognitive Impairment Module\*\***

**CIM\_INTR (Alzheimer’s Association – Cognitive Impairment Module)**

**Introduction:** The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

*Las siguientes preguntas son sobre las dificultades del razonamiento y la memoria que pueden afectar de gran manera las actividades cotidianas. Esto no se refiere a olvidos ocasionales, como olvidarse las llaves o el nombre de una persona que acaba de conocer. Esto se refiere a cosas como confusión o pérdida de la memoria que se está haciendo más frecuente o empeora. Queremos saber de qué manera estos problemas le afectan a usted o a alguien de su hogar.*

**CIM\_THNK (CDC-Cognitive Impairment Module) (NEW)**

**YES/NO.**

**29.00** During the past 12 months, have you experienced confusion or memory loss that is happening more often or getting worse? (IF NEEDED: Have you had more difficulty remembering people, places or things, or understanding or making decisions as easily as you once did?)

*En los últimos 12 meses, ¿ha sentido confusión o ha perdido la memoria con más frecuencia o ha empeorado?*

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

**CIM\_CHNG (CDC-Cognitive Impairment Module) (NEW)**

**TYPE1.**

(ask if numadult>1)

**29.10** (IF CIM\_THNK = 1; Not including yourself,) how many adults 18 or older in your household experienced changes in thinking or remembering during the past year?

*Incluyéndose usted, ¿cuantos adultos de 18 años o más en su casa han experimentado cambios en pensar o recordar durante el pasado año?*

- \_\_\_ Number of people
- 88. Not Applicable (None) (IF CIM\_THNK ≠ 1; SKIP TO TSSSXCH)
  - 77. Don't know (IF CIM\_THNK ≠ 1; SKIP TO TSSSXCH)
  - 99. Refused (IF CIM\_THNK ≠ 1; SKIP TO TSSSXCH)

(IF CIM\_CHNG= 0 and CIM\_THNK = 1; SKIP TO CIM\_HHLD)

**CIM\_AGE2 (CDC-Cognitive Impairment Module) (NEW)**

**TYPE II.**

**29.20.** (If CIM\_THNK ≠ 1 AND CIM\_CNDG > 1):

**(Of these people, please select the person who has, most recently had a birthday.)**

**How old is this person?**

*De estas personas, seleccione la persona que haya cumplido años más recientemente. ¿Cuántos años tiene esta persona?*

\_\_\_ (Code age in years (97 = 97 and older))

777. Don't know

999. Refused

**CIM\_HHLD (CDC-Cognitive Impairment Module) (NEW)**

**EMOTSUP.**

**29.30** During the past 12 months, how often {IF(CIM\_THNK=1,"have you","has this person")} given up household activities or chores {if(cim\_thnk=1,"you","they")} used to do, because of confusion or memory loss that is happening more often or is getting worse??

*Durante los últimos 12 meses, ¿cuántas veces [usted ha; esta persona ha] dejado de realizar sus tareas domésticas o quehaceres que solía hacer, debido a la confusión o pérdida de la memoria que está sucediendo con mayor frecuencia o empeorando?*

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

77. Don't know

99. Refused

**CIM\_FOUR (CDC-Cognitive Impairment Module) (NEW)**

**ASSIST.**

**29.40** As a result of changes in (IF CIM\_THNK=1: your; ELSE: this person's) thinking or remembering, in which of the following four areas (IF CIM\_THNK=1: do you; ELSE: does this person) need the MOST assistance?

*Como consecuencia de la confusión o pérdida de la memoria ¿en cuál de las siguientes cuatro áreas [usted o esta persona] necesita más ayuda?*

1. Safety (READ AS NEEDED: such as forgetting to turn off the stove or falling)  
*Seguridad [léale solo si es necesario: como olvidarse de apagar la estufa o el horno o caerse]*
2. Transportation (READ AS NEEDED: such as getting to doctor's appointments)  
*Transporte [léale solo si es necesario: como llegar a la cita médica]*
3. Household activities (READ AS NEEDED: such as managing money or housekeeping)  
*Tareas domésticas [léale solo si es necesario: como manejar dinero o quehaceres]*
4. Personal Care (READ AS NEEDED: such as eating or bathing)  
*Cuidado personal [léale solo si es necesario: como comer o bañarse]*
5. Needs assistance, but not in those areas (DO NOT READ)
6. Doesn't need assistance in any area (DO NOT READ)
  
77. Don't know
99. Refused

**CIM\_WORK (CDC-Cognitive Impairment Module) (NEW)**

**EMOTSUP.**

**29.50** During the past 12 months, how often has confusion or memory loss interfered with {if(cim\_thnk=1,"your","this person's")} ability to work, volunteer, or engage in social activities?

*Durante los últimos 12 meses, ¿cuántas veces ha tenido confusión o pérdida de la memoria que interfiera [con su; la] capacidad de trabajar o de involucrarse en actividades sociales?*

1. Always  
*Todo el tiempo*
2. Usually  
*Casi siempre*
3. Sometimes  
*A veces*
4. Rarely  
*Rara vez*
5. Never  
*Nunca*
  
77. Don't know
99. Refused

**CIM\_CARE (CDC-Cognitive Impairment Module) (NEW)**

**EMOTSUP.**

**29.60** During the past month, how often (IF CIM\_THNK=1: has; ELSE: have you,) a family member or friend provided any care or assistance for (IF CIM\_THNK =1: you; ELSE: this person) because of changes in (IF CIM\_THNK =1: your; ELSE: this person's) thinking or remembering?

*Durante el mes pasado, ¿con qué frecuencia [usted; un familiar o un amigo] ha brindado cualquier tipo de ayuda o cuidados a [usted; esta persona] debido a la confusión o pérdida de la memoria?*

- 1. Always  
*Todo el tiempo*
- 2. Usually  
*Casi siempre*
- 3. Sometimes  
*A veces*
- 4. Rarely  
*Rara vez*
- 5. Never  
*Nunca*
  
- 77. Don't know
- 99. Refused

**CIM\_DISB (CDC-Cognitive Impairment Module) (NEW)**

**YESNO.**

**29.70** Has anyone discussed with a doctor or other health care professional, increases in (IF CIM\_THNK =1: your; ELSE: this person's) confusion or memory loss?

*¿Ha alguien hablado con su profesional de atención médica sobre los aumentos de confusión o pérdida de la memoria?*

- 1. Yes
- 2. No (GO TO TSSSXCH)
  
- 77. Don't know (GO TO TSSSXCH)
- 99. Refused (GO TO TSSSXCH)

**CIM\_MEDS (CDC-Cognitive Impairment Module) (NEW)**

**YESNO.**

**29.80** (IF CIM\_THNK =1: Have you; ELSE: Has this person) received treatment such as therapy or medications for confusion or memory loss?

*¿Ha [usted; esta persona] recibido tratamiento como terapia o medicamentos para la confusión o pérdida de la memoria?*

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

**CIM\_ALZH (CDC-Cognitive Impairment Module) (NEW)**

**CIMALZH.**

**29.90** Has a doctor or other health care professional ever said that (IF CIM\_THNK =1: you have; ELSE: this person has) Alzheimer's disease or some other form of dementia? (Probe a "yes" response.)

*¿Algún profesional de la salud le ha dicho alguna vez que [usted; esta persona] ha tenido Alzheimer o algún tipo de demencia?*

1. Yes, Alzheimer's Disease  
*Si, enfermedad de Alzheimer*
2. Yes, some other form of dementia but not Alzheimer's disease  
*Si, algún otro tipo de demencia pero no enfermedad de Alzheimer*
3. Yes, but not specified or not sure of the type of dementia  
*Si, pero no se específico o no esta seguro(a) del tipo de demencia.*
4. No, a health care professional has not given a diagnosis  
*No ha recibido un diagnóstico*
77. Don't know
99. Refused

**Section 30: Sexual Assault**

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

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

**TSSSXCH (SACB formerly EPIC)**

**YESNO.**

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

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

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

**TXSSXAD (SACB formerly EPIC)**

**YESNO.**

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

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

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

**TSSSXJR (EPIC)**

**YESNO.**

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

*¿Le ha pasado esto en los últimos 12 meses?*

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

**TSSSRELA (SACB formerly EPIC)**

**RELATION.**

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

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

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

**Section 31: Mental Illness and Stigma**

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

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

**KESSLER1 (CDC OPTIONAL MODULE - DMH)**

**VISOFTB.**

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

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

**Please read:**

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

**Do not read:**

- 7 Don't know
- 9 Refused

**KESSLER2 (CDC OPTIONAL MODULE - DMH)**

**VISOFTB.**

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

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

**Please read:**

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

**Do not read:**

- 7 Don't know
- 9 Refused

**KESSLER 3 (CDC OPTIONAL MODULE - DMH)**

**VISOFTB.**

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

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

**Please read:**

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

**Do not read:**

- 7 Don't know
- 9 Refused

**KESSLER4 (CDC OPTIONAL MODULE- DMH)**

**VISOFTB.**

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

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

**Please read:**

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time
- 7 Don't know
- 9 Refused

**KESSLER5 (CDC OPTIONAL MODULE - DMH)**

**VISOFTB.**

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

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

**Please read:**

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

**Do not read:**

- 7 Don't know
- 9 Refused

**KESSLER6 (CDC OPTIONAL MODULE- DMH)**

**VISOFTB.**

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

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

**Please read:**

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

**Do not read:**

- 7 Don't know
- 9 Refused



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

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

**KESSLER7 (CDC OPTIONAL MODULE - DMH)**

**TYPE I.**

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

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

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

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

**KESSLER8 (CDC OPTIONAL MODULE - DMH)**

**YES/NO.**

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

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

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

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

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

**KESSLER9 (CDC OPTIONAL MODULE - DMH)**

**AGREEB.**

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

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

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

**Read only if necessary:**

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

**Do not read:**

- 7 Don't know
- 9 Refused

**KESSLE10 (CDC OPTIONAL MODULE - DMH)**

**AGREEB.**

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

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

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

**Read only if necessary:**

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

**Do not read:**

- 7 Don't know
- 9 Refused

**Section 32: 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.

*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.

**MARMED (CA - SRG) – NEW**

**YESNO.**

**32.00 Have you ever used medical marijuana for a serious medical condition?**

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."

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

*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.**

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

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

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

*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

**MARPURP (CA - SRG) – NEW**

**YES/NO.**

**32. 20 For what serious medical condition or conditions did you use medical marijuana?**

(Select all that apply)

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

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

**Section 33: Closing**

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

**ADLTCALL (CA-California Breathing)**

**YES/NO.**

**33.00 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.**

**33.10 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