

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2012  
TRACK III**

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

**FINAL**

**Merged English/Spanish Version**

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**Behavioral Risk Factor Surveillance System  
2012 State Questionnaire  
Track III**

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## INTROQ

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

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

## PRIVRES

Is this a private residence?

*¿Es esta una residencia privada?*

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

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

COLLEGE (Ask if PRIVRES not equal 1)

Is this college housing?

*¿Es este una vivienda de colegio?*

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

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

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

RUADULT (Ask if PRIVRES = 1)

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

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

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

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

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

COLLADULT (Ask if COLLEGE = 1)  
Are you 18 years of age or older?

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

Yes ---> Continue

No – **STOP**

**EXPLAIN**

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

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

**INCALI**

Are you in California?

*¿Está usted en California?*

1. Yes ---> Continue

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

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

**NUMADULT**

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

\_\_\_ Enter the number of adults

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

**NUMMEN** (Ask if NUMADULT GT 1)

How many are men?

*¿Cuántos son hombres?*

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

**NUMWOMEN** (calculate from NUMADULT – NUMMEN)

SELECTED (Ask if NUMADULT GT 1)

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

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

Are you the (SELECTED)?

¿Me permite hablar con (SELECTED)?

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

ONEADULT (Ask if ADULT = 1)

Are you the adult?

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

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

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

*¿Puedo hablar con él o ella?*

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

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

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

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

SEX Interviewer: Confirm sex of respondent.

1. Male
2. Female

RESPOND

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

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

IS\_CELL

Is this a cellular telephone?

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

*¿Es este un teléfono celular?*

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

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

1. Yes---> Thank you very much, but we are only interviewing land line telephones and private residences.  
*Muchas gracias, pero solo estamos entrevistando teléfonos de línea y residencias privadas.*  
STOP
2. No ---> (Continue)

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

*Primero, quiero hacerle algunas preguntas acerca de su salud.*

**Section 1: Health Status**

**GENHLTH (CDC-CORE)**

**HEALTH.**

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

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

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair, or
- 5. Poor?

- 77. Don't know
- 99. Refused

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

**PHYSHLTH (CDC-CORE)**

**TYPE VII.**

**2.0 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

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

\_\_\_ Enter Number of days

- 88. None
- 77. Don't know
- 99. Refused

**MENTHLTH (CDC-CORE)****TYPE VII.**

**2.10 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**

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

\_\_\_ Enter Number of days

- 88. None
- 77. Don't know
- 99. Refused

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

**POORHLTH (CDC-CORE)****TYPE VII.**

**2.20 During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self care, work or recreation?**

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

\_\_\_ Enter Number of days

- 88. None
- 77. Don't know
- 99. Refused

**Section 3: Health Care Access****HAVEPLN3 (CDC-CORE)****YESNO.**

**3.0.1 These next few questions are about your access to medical care. Please be assured that I am not trying to sell you insurance coverage. Do you have ANY kind of health care coverage including health insurance, prepaid plans such as HMOs (health maintenance organizations) or government plans such as Medicare or 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, 7, or 9 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	
Your employer <i>Su empleador?</i>	1	2	77	99	EMPPLAN
Someone else's employer, like your spouse's or parents employer <i>El empleador de otra persona, como su esposo(a) o sus padres?</i>	1	2	77	99	SOEMPLAN
A plan that you or someone else buys on your own <i>Un plan que usted u otra persona pagan por su cuenta?</i>	1	2	77	99	OWNPLAN
Medicare <i>Medicare?</i>	1	2	77	99	MEDICARE
Medi-Cal (Medicaid) <i>Medical?</i>	1	2	77	99	MEDICAL
The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA <i>Las fuerzas armadas, CHAMPUS, o la administración de Veteranos?</i>	1	2	77	99	MILPLAN
The Indian Health Service <i>El servicio de salud indio?</i>	1	2	77	99	INDPLAN
A source other than the ones already mentioned <i>Otra fuente aparte de las que mencioné?</i>	1	2	77	99	OTHPLAN

IF NO "YES" RESPONSES TO 3.01.01-3.01.08 GO TO PERSDOC

If HLTHPLAN responses A – H &gt;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)****YES/NO.****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)****HOW LONG?****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)  
*Dentro del año pasado*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*Dentro de los pasados 2 años*
- 3. Within the past 5 years (2 years but less than 5 years ago)  
*Dentro de los pasados 5 años*
- 4. More than 5 years ago  
*5 años o más*
- 5. Never
- 77. Don't know
- 99. Refused

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

**HEART (CDC-CORE)** (HEART2 in dataset)

**YESNO.**

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

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

**Has a doctor, nurse or other health professional EVER told you that you had a heart attack, also called a myocardial infarction (MY-o-card-ee-al in-FARK-shun)?**

*¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud que usted tuvo un ataque cardíaco, también llamado infarto de miocardio?*

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

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

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

**ANGINA (CDC-CORE)**

**YESNO.**

**4.05 Has a doctor, nurse or other health professional EVER told you that you had angina or coronary heart disease?**

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

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

**STROKE (CDC-CORE)** (STROKE2 in dataset)

**YESNO.**

**4.10 Has a doctor, nurse or other health professional EVER told you that you had a stroke?**

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

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

**ASTHEVE3 (CDC-CORE)**

**YESNO.**

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

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

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

**ASTHNOW (CDC-CORE)**

**YESNO.**

**4.20 Do you still have asthma?**

*¿Todavía tiene usted asma?*

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

**SKCANC (CDC-CORE)**

**4.25 Have you EVER been told by a doctor, nurse, or other health professional that you had skin cancer?**

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

**Read only if necessary:**

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

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

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

**OTHCANC**

**4.30 (Has a doctor, nurse or other health professional) EVER told you that you had any other types of cancer? Interviewer note: 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**

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

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

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

**ARTHRITD (CAPP)****YES/NO.**

**4.40 Has a doctor, nurse, or other health professional EVER told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (FI – bro – my – al – jah)?**

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

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

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

Interviewer note (for QSI): arthritis diagnoses include:

- 1. rheumatism, polymyalgia rheumatica
- 2. osteoarthritis (NOT osteoporosis)
- 3. tendonitis, bursitis, bunion, tennis elbow
- 4. carpal tunnel syndrome, tarsal tunnel syndrome
- 5. joint infection, Reiter's syndrome
- 6. ankylosing spondylitis; spondylosis
- 7. rotator cuff syndrome
- 8. connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- 9. vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**DEPRESS1**

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

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

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

## KIDNEY

**4.50 Has a doctor, nurse or other health professional ever said that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.**

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

*¿Alguna vez le ha dicho un 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.*

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

## VISION

**4.55 Do you have any trouble seeing, even when wearing glasses or contact lenses?**

*¿Tiene problemas para ver, incluso cuando usa gafas o lentes de contacto?*

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

## DIABCOR2 (CDC-CORE)

## DIABCORB.

**4.60 Next I would like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes? (If Respondent says pre-diabetes or borderline diabetes, use response "pre-diabetes").**

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

- 1. Yes
- 2. No
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 4. Pre-diabetes or borderline diabetes
  
- 77. Don't know
- 99. Refused



## **Section 5: Exercise**

**EXERANY1 (CDC-CORE)**

**YESNO.**

**5.0 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?**

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

*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 6: Oral Health**

**WHENDNT4 (CDC-CORE)**

**WHENDENT.**

**6.0 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. 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)  
*Dentro del año pasado*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*Dentro de los pasados 2 años*
- 3. Within the past 5 years (2 years but less than 5 years ago)  
*Dentro de los pasados 5 años*
- 4. 5 or more years ago  
*5 años o más*
- 5. Never
- 77. Don't know
- 99. Refused

**LOSTEET2 (CDC-CORE)**

**LOSTETH.**

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

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

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

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

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

**Section 7: Tobacco Use**

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

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

**SMOKE100 (CDC-CORE)**

**YESNO.**

**7.0 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 SMKIGAR)
- 77. Don't know (Go to SMKIGAR)
- 99. Refused (Go to SMKIGAR)

**SMKEVDA2 (CDC-CORE)****EVDAY.****7.10 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 SMKCIGAR) |
| 2.  | Some days  | (Go to SMKCIGAR) |
| 3.  | Not at all |                  |
| 77. | Don't know |                  |
| 99. | Refused    |                  |

**SMOKREG3 (CDC-CORE )****SMOKREGBD****7.20 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)               |
|     | <i>Dentro del mes pasado</i>                       |                                       |
| 2.  | Within the past 3 months                           | (1 month but less than 3 months ago)  |
|     | <i>Dentro de los pasados 3 meses</i>               |                                       |
| 3.  | Within the past 6 months                           | (3 months but less than 6 months ago) |
|     | <i>Dentro de los pasados 6 meses</i>               |                                       |
| 4.  | Within the past year                               | (6 months but less than 1 year ago)   |
|     | <i>Dentro del año pasado</i>                       |                                       |
| 5.  | Within the past 5 years                            | (1 year but less than 5 years ago)    |
|     | <i>Dentro de los pasados 5 años</i>                |                                       |
| 6.  | Within the past 10 years                           | ( 5 years but less than 10 years ago) |
|     | <i>Dentro de los pasados 10 años</i>               |                                       |
| 7.  | 10 or more years ago                               |                                       |
|     | <i>10 años o más</i>                               |                                       |
| 77. | Don't know   |                                       |
| 88. | Not Applicable (Never smoked cigarettes regularly) |                                       |
| 99. | Refused  | (Do not read)                         |

**SMKCIGAR (CA-TCS)****7.30 Have you ever smoked a cigar, even just a few puffs? (Cigar=large cigar, cigarillo, or small cigar)***¿Alguna vez, ha fumado un puro (cigarro), aunque hayan sido solamente unos cuantos soplos?*

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

**PIPEVER (CA-TCS)**

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

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

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

**HOOKEVER (CA-TCS)**

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

Interviewer note: A hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose used to smoke tobacco. Some of the other names it is known by are shisha (see-shaw), narghile (nawr-gee-leh, “g” sound as in “go”), argileh (are-gee-leh, “g: sound as in “go”), hubble-bubble (hah-bol bah-bol), and goza (go-zah).

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

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

**CHEWEVER (CA-TCS)**

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

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

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

**SNUFEVE1 (CA-TCS)**

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

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

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

**SNUSEVER (CA-TCS)**

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

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

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

**ECIG30 (CA-TCS) (NEW)**

**7.90 During the past 30 days, how many days did you use Electronic cigarettes, such as “Smoking Everywhere” or “Njoy”?**

*Durante los últimos 30 días, ¿cuántos días usó usted cigarrillos electrónicos, tales como “Smoking everywhere” o “Njoy”?*

- \_\_\_\_\_ Enter number of days
- 77. Don't know
- 99. Refused

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

**Section 8: Current Cigarette Use**

**I'd like to ask you some more questions about cigarette smoking.**

*Me gustaría hacerle unas preguntas más acerca de fumar cigarrillos.*

**SMK6MOS (CA-TCS)**

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

*¿Alguna vez ha fumado todos los días por seis meses o más?*

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



**SMK30DAY (CA-TCS)**

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

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

-- Enter number

- 30. Everyday
- 77. Don't know
- 99. Refused

**SMK30NUM (CA-TCS)**

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

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

*(NOTE: 1 pack=20 cigarettes)*

--- Enter number

- 777. Don't know
- 999. Refused

If SMOKE100=1 then ask SMKWHOLE.

**SMKWHOLE (CA-TCS)**

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

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

-- Enter age in YEARS

- 77. Don't know
- 99. Refused

**SMOKEAGE (CA-TCS)**

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

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

-- Enter age in YEARS

- 00. Not Applicable (Never smoked regularly)
- 77. Don't know
- 99. Refused

Ask if SMKEVDA2 <= 2 or SMOKREG <=4

**SMK12AGO (CA-TCS)**

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

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

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

**SMK12DLY (CA-TCS)**

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

*¿Fumaba cigarrillos todos los días o, solamente en algunos días?*

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

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

**SMKWAKE (CA-TCS)**

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

*¿Al despertarse por la mañana, cuánto tiempo pasa usualmente, antes de que fume su primer cigarrillo?*

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



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

**PUFF (CA-TCS) (PUFFYR1, PUFFMO1, PUFFWK1, PUFFDY1)**

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

*¿Cuánto tiempo hace desde que fumó su último cigarrillo aunque fuera solamente un soplo?*

-- YEARS PUFFYR1  
-- MONTHS PUFFMO1  
-- WEEKS PUFFWK1  
-- DAYS PUFFDY1

- 00. Time frame does not apply
- 77. Don't know for that time frame
- 99. Refused for that time frame

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

**8.60 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**

**8.65 Where were you in California the last time this happened?**

Interviewer note: Do not read

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

- 1. Home
- 2. Workplace
- 3. Restaurant
- 4. Restaurant Bar
- 5. Bar or tavern
- 6. Pool Hall
- 7. Shopping mall or stores
- 8. Hospital, clinic, health or dental facility
- 9. Park, beach, playground, outdoor recreation
- 10. Community event, fair, farmer's market
- 11. Sports event, stadium
- 12. Other person's home
- 13. Automobile
- 14. Game room, casino, bingo hall
- 15. Party, wedding, social event, rented hall
- 16. Service area(bus/cab stand, ATM, ticket line)
- 17. Sidewalks
- 18. Other (specify) \_\_\_\_\_
- 77. Don't know
- 99. Refused

**Sections 9 and 10: Demographics**

**AGEB (CDC-CORE)**

**9.0 What is your age?**

Range: 18 – 150

*¿Cuántos años tiene usted?*

\_\_\_\_ Enter age in years

77. Don't know

99. Refused

**HISP3 (CDC-CORE)**

**YESNO.**

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

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

1. Yes

2. No

77. Don't know

99. Refused

**ORACE3 (CDC-CORE)**

**ORACEB.**

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

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

1. White (Caucasian)

2. Black or African American

3. Asian

4. Native Hawaiian or Other Pacific Islander

5. American Indian or Alaska Native

6. Other: (specify)

77. Don't know

99. Refused

(PROBE ORACE2X IF HISP3=1 and ORACE3 = 6)  
 If more than one response to ORACE3 then go to ORACE4, else go to ORACE2A

**ORACE2X** (ask IF HISP3=1 and ORACE3 = 6)

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

*¿Diría que su raza es...*

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

**ORACE4 (CDC-CORE)**

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

**ORACEB.**

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

- |  |                  |
|--|------------------|
| 1. White                                     | (Go to MILITAR2) |
| 2. Black or African American                 | (Go to MILITAR2) |
| 3. Asian                                     | (Go to ORACE2A)  |
| 4. Native Hawaiian or Other Pacific Islander | (Go to ORACE2A)  |
| 5. American Indian or Alaska Native          | (Go to MILITAR2) |
| 6. Other: (specify) ----->                   | (Go to MILITAR2) |
| 77. Don't know                               | (Go to MILITAR2) |
| 99. Refused                                  | (Go to MILITAR2) |

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

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

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

1. Chinese
2. Japanese
3. Korean
4. Filipino
5. Vietnamese
6. Cambodian
7. Laotian
8. East Indian
9. Indonesian
10. Hawaiian
11. Samoan
12. Pakistani
13. Saipanese
14. Fijian
15. Other: (specify)
777. Don't know
999. Refused

**MILITAR2 (CDC-CORE)****YESNO.**

**The next question relates to military service.**

*La siguiente pregunta se refiere al servicio militar.*

**9.30 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.**

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

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

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

**9.35 Are you: Married, Divorced, Widowed, Separated, Never married, or a Member of an unmarried couple?**

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

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple
77. Don't know
99. Refused

**SXORIEN2 (CA –TCP)****SXORIENB.**

**9.40 Now I'm going to ask you a question about sexual orientation. Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or Other.** If needed say "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay (and Lesbian) people have sex with or are primarily attracted to people of the same sex, and bisexuals have sex with or are attracted to people of both sexes.

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

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

*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.*

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

**CHILD18 (CDC-CORE)**

**TYPE VII.**

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

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

**Range: 1 – 9**

- \_\_\_ Enter number of children
- 77. Don't Know (Go to EDUCA)
- 88. Not Applicable (0 children) (Go to EDUCA)
- 99. Refused (Go to EDUCA)

**CHILDAGE (CA-CORE)**

**TYPE VII.**

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

*¿Qué edad tiene el(la) joven?*

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

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

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

- \_\_\_ Age of youngest child CHILD1
- \_\_\_ Age of second youngest child CHILD2
- \_\_\_ Age of third youngest child CHILD3
- \_\_\_ Age of fourth youngest child CHILD4
- \_\_\_ Age of fifth youngest child CHILD5
- \_\_\_ Age of sixth youngest child CHILD6
- \_\_\_ Age of seventh youngest child CHILD7
- \_\_\_ Age of eighth youngest child CHILD8
- \_\_\_ Age of ninth youngest child CHILD9

- 77. Don't know
- 99. Refused

Ask if CHILDAGE=1 or 2 (all children between 0 and 24 months)

**ONEMONTH (CA-CORE)**

**TYPE VII.**

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

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

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

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

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

___	Months of youngest child	ONEMONT1
___	Months of second youngest child	ONEMONT2
___	Months of third youngest child	ONEMONT3
___	Months of fourth youngest child	ONEMONT4
___	Months of fifth youngest child	ONEMONT5
___	Months of sixth youngest child	ONEMONT6
___	Months of seventh youngest child	ONEMONT7
___	Months of eighth youngest child	ONEMONT8
___	Months of ninth youngest child	ONEMONT9

77. Don't know

99. Refused

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

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)  
**9.67** Household size. ((NUMADULT+CHILD18))

**INCOM02 (CDC-CORE )**

**INCOMED.**

**9.70** Which of the following categories best describes your annual household income from all sources? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to less than \$100,000, \$100,000 to less than \$125,000, or \$125,000 or more?

*¿Cuál de las siguientes categorías mejor describe el ingreso anual de su hogar, de todas fuentes?*

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to less than \$100,000
9. \$100,000 to less than \$125,000
10. \$125,000 or more
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 THRESH02.

**THRESH02 (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

INCOM02	=	1	2	3	4	5	6	7	8	9
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100k+
HHSIZE=	1		\$10,890/ \$14,157		\$20,147/ \$21,780	\$27,225				
(Household Size)	2		\$14,710	\$19,123		\$27,214/ \$29,420	\$36,775			
	3			\$18,530	\$24,089	\$34,281	\$37,060/ \$46,325			
	4				\$22,350	\$29,055	\$41,348/ \$44,700	\$55,875		
	5					\$26,170/\$ 34,021	\$48,415	\$52,340/ \$65,425		
	6					\$29,990	\$38,987	\$55,482/ \$59,980/ \$74,975		
	7					\$33,810	\$43,953	\$62,549/ \$67,620	\$84,525	
	8						\$37,630/ \$48,919	\$69,616/ \$75,260/ \$94,075		
	9						\$41,450	\$53,885	\$76,683/ \$82,900	\$103,625
	10						\$45,270	\$58,851	\$83,750/ \$90,540	\$113,175
	11						\$49,090	\$63,817	\$90,180/ \$98,180	\$122,725
	12							\$52,910/ \$68,783	\$97,884	\$105,820/ \$132,275
	13							\$56,730/ \$73,749		\$104,951/ \$113,460/ \$141,825

(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?** 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?**

*¿Cómo cuánto mide de estatura sin zapatos?*

Round fractions down

Enter height in feet and inches

(Ex. 5 feet 11 inches = 511)

\_\_\_\_ Enter height (verify if less than 408 or greater than 608)

777. Don't know

999. Refused

**COUNTY1 (CDC-CORE) ANSI County Code (formerly FIPS county code) COUNTYA.**  
**9.90 What county do you live in?**

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

**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.**

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

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

1. Yes

2. No

(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 Residential Phone Numbers (6 = 6 or more)

77. Unknown

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)**

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

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

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

**OWNHOME (SRG)**

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

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

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

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

**Section 11: Quitting**

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

*Anteriormente usted ha respondido a algunas preguntas acerca del fumar. Nos gustaría dar seguimiento a algunas de estas preguntas.*

If SMOKE100 <>1 skip to OFTCIGRB If SMKEVDA2 <= 2 or SMOKREG <=4 continue, else skip to RETURN2
--

**QUIT1DY3 (CDC-CORE)**

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

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

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

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

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

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

- (INTERVIEWER NOTE: ONE YEAR=12 MONTHS)
- MONTHS NOSMKMO
  - WEEKS NOSMKWK
  - DAYS NOSMKDY
  - 000. Time frame does not apply
  - 777. Don't know for that time frame (Go to QUITMED2)
  - 999. Refused for that time frame (Go to QUITMED2)
  - 888. Never made a quit attempt

If SMKEVDA2=1 or 2 or (SMK30ANY=1 and QUIT1DY3 = 1) then ask QUITMED2.  
If SMKEVDA2=3, then go to RETURN12.

**QUITMED2 (CA-TCS)**

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

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

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

**QUITADV2 (CA-TCS)**

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

*¿Usó usted ayuda de consejeros en ese intento de dejar de fumar?*

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

**QUITMAT (CA-TCS)**

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

*¿Usó usted algún material de ayuda propia, en ese intento de dejar de fumar?*

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

**RETSITUA (CA-TCS)**

11.25 (if(SMK30ANY=1 and SMKEVDA2=3, "Earlier you reported smoking in the past 30 days.") **In what situation did you return to smoking?**

*¿(if SMK30ANY=1 and SMKEVDA2=3, "Usted mencionó que fumó durante los últimos 30 días.") Debido a que situación volvió usted a fumar?*

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

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

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



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

**QUITLIFE (CA-TCS)**

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

*En toda su vida, ¿alguna vez ha hecho un intento en serio, para dejar de fumar?*

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

**RETURN (CA-TCS)** (RETURYR, RETURNMO, RETURNWK, RETURNDY) (Ask if QUITLIFE=1 - do not ask if SMOKREG3 asked)

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

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

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

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

If SMOKENUM=888 (never smoke regularly) go to LIKESTOP. Otherwise, continue.

Ask if SMEVDA2 = 1 or 2

**NOCIG (CA-TCS)** (NOCIGDY, NOCIGWK, NOCIGMO, NOCIGYR)

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

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

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

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

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

**LIKESTOP (CA-TCS)**

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

*¿Le gustaría dejar de fumar?*

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

If SMKEVDA2= 1 or 2 and QUIT1DY3 not equal 1

**QUIT30 (CA-TCS)**

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

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

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

**QUIT6 (CA-TCS)**

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

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

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

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

**RETURN12 (CA-TCS)**

11.60 **(Earlier you had answered some questions about smoking. We would like to follow-up on some of these questions.) Do you think it is likely or unlikely that you will return to smoking in the next 12 months?**

*(Anteriormente, usted respondió a algunas preguntas acerca del fumar. Me gustaría dar seguimiento a algunas de estas preguntas.) ¿Piensa usted que es probable o no es probable que vuelva a fumar durante los próximos 12 meses?*

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

**SMKAGAIN (CA-TCS)**

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

*¿Cree usted que hay alguna situación posible por la cual usted pudiera volver a fumar?*

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

**FRNDWANT (CA-TCS)** (ask of current smoker, SMKEVDA2 = 1 or 2)

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

*¿Cuánto quieren sus amigos y familia que usted deje de fumar? ¿Diría usted que ...*

- 1. Very Much  
*Mucho*
- 2. Somewhat  
*Algo*
- 3. A little, or  
*Un poco*
- 4. Not at all  
*Nada*
- 
- 7. Don't know
- 9. Refused

If SMKEVDA2 <=2 then ask CIGMONEY, else skip to OFTCIGRB

**Section 12: Cigarette Purchases**

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

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

**CIGMONEY (CA-TCS)**

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

*¿Está usted preocupado (a) por cuánto gasta en la compra de cigarrillos?*

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

**CABUY (CA-TCS)**

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

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

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

**WHEREBUY (CA-TCS)**

**12.20 Where do you usually buy your cigarettes? Do you buy them....**

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

- 1. At convenience stores or gas stations  
*Tiendas de conveniencia o gasolineras*
- 2. At supermarkets  
*En supermercados*
- 3. At liquor stores or drug stores  
*Tiendas que venden licor o farmacias*
- 4. At tobacco discount stores  
*Tiendas de rebajas de cigarrillos*
- 5. At other discount stores such as Wal-Mart or Costco  
*Otras tiendas de rebajas, tal como Wal-Mart o Costco*
- 6. On Indian reservations  
*En reservas de indios*
- 7. In military commissaries  
*En economatos militares*
- 8. OTHER\_\_\_\_(specify)\_\_\_\_\_>BUYTXT  
-----
- 77. Don't know
- 99. Refused

**SMKTYPE (CA-TCS)**

**12.30 Do you usually smoke regular, light, or ultra-light cigarettes?**

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

- 1. Regular
- 2. Light
- 3. Ultra-Light
- 4. OTHER\_\_\_\_(specify)\_\_\_\_\_>TYPETXT  
-----
- 7. Don't know
- 9. Refused

**SMO20MEN (CA-TCS)**

12.40 **During the past 30 days were the cigarettes that you usually smoked menthol?**

*Durante los últimos 30 días, ¿fueron los cigarrillos que usted usualmente fumo de mentol?*

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

**SMKBRAN2 (CA-TCS)**

12.50 **What brand do you usually smoke?**

*¿Que marca fuma usted usualmente?*

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

**PRICE (CA-TCS)**

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

*¿Cuánto paga usualmente por una cajetilla de cigarrillos?*

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

.\_.\_ \_ Enter response

- 777. Don't know
- 999. Refused

**BUYDOWN (CA-TCS)**

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

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

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

### **Section 13: Last Tobacco Use**

If SMKICIGAR=1 then ask OFTCIGRB.

#### **OFTCIGRB (CA-TCS)**

**13.0 Earlier you indicated that you have smoked a cigar. On how many of the past 30 days did you smoke cigars?**

*Anteriormente usted indicó que ha fumado un puro (cigarro). ¿En cuantos de los últimos 30 días fumó usted puros (cigarros)?*

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

- 77. Don't know
- 99. Refused

If SMKICIGAR=1 then ask CIGARSML

#### **CIGARSML (CA-TCS) (NEW)**

**13.10 In the past month, did you smoke little cigars or cigarillos every day, several times per week, once per week, or less than once per week?**

*En el último mes, ¿fumó usted puros (cigarros) chicos o cigarrillos cada día, varias veces por semana, una vez por semana, o menos de una vez por semana?*

- 1. Every day
- 2. Several times per week
- 3. Once per week
- 4. Less than once per week
- 
- 7. Don't know
- 9. Refused

IF PIPEVER=1 then ask PIPENOW.

#### **PIPENOW (CA-TCS)**

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

*Anteriormente usted dijo que ha usado una pipa de tabaco. En la actualidad, ¿fuma usted una pipa de tabaco todos los días, algunos días, o ningún día?*

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

If CHEWEVER=1 then ask CHEWNOW.

**CHEWNOW (CA-TCS)**

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

*Anteriormente usted dijo que ha usado el tabaco de mascar. ¿En la actualidad, usa usted tabaco de mascar todos los días, algunos días, o ningún día?*

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

If SNUFEVE1=1 then ask SNUFNOW.

**SNUFNOW (CA-TCS)**

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

*Anteriormente usted dijo que usted ha usado rapé. ¿En la actualidad, usa usted rapé todos los días, algunos días, o nunca?*

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

If SNUSEVER=1 then ask SNUSNOW.

**SNUSNOW (CA-TCS)**

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

*Anteriormente usted dijo que ha usado el snus. ¿En la actualidad, usa usted el snus todos los días, algunos días, o nunca?*

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

**HOOKAH (CA-TCS) (NEW) ask if HOOKEVER = 1**

**13.60 Earlier you indicated that you have used a hookah. During the past 30 days, how many days did you use a hookah water pipe?**

Interviewer note: A hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose used to smoke tobacco. Some of the other names it is known by are shisha (see-shaw), narghile (nawr-gee-leh, “g” sound as in “go”), argileh (are-gee-leh, “g: sound as in “go”), hubble-bubble (hah-bol bah-bol), and goza (go-zah).

*Anteriormente usted indico que ha utilizado una pipa turca, también llamada pipa de agua tradicional, pipa cachimba, narguila, shisha o hookah (juca). Durante los últimos 30 días, ¿Cuántos días ha utilizado usted una pipa de agua narguile?*

- \_\_\_\_\_ Enter number of days  
77. Don't know  
99. Refused

**HOUSTYPE (CA-TCS) asked of all respondents**

**13.80 Which best describes the building you live in?**

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

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



**Section 14: Health Care Access**

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

**MDSEE (CA-TCS)**

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

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

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

**MDSTOP12 (CA-TCS)**

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

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

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

**MDDATE (CA-TCS)**

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

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

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

**MDRX (CA-TCS)**

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

*En los últimos 12 meses, ¿le recetó su doctor algo para ayudarle a dejar de fumar?*

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

**MDASSIST (CA-TCS)**

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

*En los últimos 12 meses, ¿le sugirió su doctor que usted recibiera cualquier otra clase de asistencia para dejar de fumar?*

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

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

**Section 15: Quitting with Medical Assistance**

**TRYQUIT (CA-TCS)**

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

*¿Hizo el intento de dejar de fumar cuando su doctor le aconsejó que lo hiciera?*

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

**OTRSEE (CA-TCS)**

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

*¿Ha visitado a una enfermera u otro profesional de salud en los últimos 12 meses?*

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

**OTRSTP12 (CA-TCS)**

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

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

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

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

**TRYQUITA (CA-TCS)**

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

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

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

**Section 16: Workplace**

**OUTWORK (CA-TCS)**

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

*¿Actualmente, trabaja usted fuera de casa?*

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

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

**HRSWORK (CA-TCS)**

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

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

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

**INDOORS (CA-TCS)**

16.10 **Do you work primarily indoors or outdoors?**

*¿Trabaja usted principalmente bajo techo o al aire libre?*

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

**WKAREA1 (CA-TCS)**

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

*¿Cuál de las siguientes opciones mejor describe donde usted trabaja fuera de casa para ganar dinero?*

- 1. An office *Una oficina*
- 2. A plant/factory *Una fabrica*
- 3. A store *Una tienda*
- 4. Warehouse *Un deposito/bodega*
- 5. A classroom *Una sala de clase (salón de escuela)*
- 6. A restaurant/bar *Un restaurante/bar*
- 7. Vehicle *Un vehículo*
- 8. Outdoors *Al aire libre*
- 9. A home (**e.g., private residences that are used as childcare**) *En casa*
- 10. A hospital *Un hospital*
- 91. OTHER INDOOR SETTING (specify) ---->WAREATXT  
-----
- 77. Don't know/Not sure
- 99. Refused

**WORK50 (CA-TCS)** (Ask if WKAREA1 <> 7 or <> 8)

**16.20 Altogether, do more than 50 people work at your WORKSITE?**

Interviewer note: Emphasize "worksite", which may include multiple buildings.

*En total, ¿hay más de 50 personas trabajando en el SITIO de su trabajo?*

Interviewer note: Emphasize "sitio", which may include multiple buildings.

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

**TOTEMPLY (CA-TCS)** (TOTEMPL2 in dataset) (Ask if WKAREA1 <> 7 or <> 8)

**16.25 What is the total number of employees at the BUILDING where you work?**

Interviewer note: Emphasize "building", which is the specific building where the respondent works.

*En total, ¿cuántos empleados hay en el EDIFICIO donde usted trabaja?*

Interviewer note: Emphasize "edificio", which is the specific building where the respondent works.

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

**BLDFREE (CA-TCS)** (Ask if WKAREA1 <> 8, <> DK or <> RF)

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

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

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

**INALLOW (CA-TCS)** (Ask if BLDFREE = 2, DK, or RF)

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

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

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

*¿Se permite fumar afuera de su edificio...*

- Áreas de trabajo interior*
- Cuartos o salón especial para fumadores*
- Sala de descanso o cafetería*
- Pasillos o lobi*

**OUTALLOW(CA-TCS)** (Ask if WKAREA1 <> 8, <> DK, or <> RF)

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

*¿Se permite fumar afuera de su edificio...*

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

- ¿Cerca de las entradas?*
- ¿En una área especial de la propiedad?*

**POLICY (CA-TCS)** (Ask if EMPLOY2 = 1 or (EMPLOY2 = 2 and OUTWORK = 1))

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

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

- 1. Yes
- 2. No (GO TO WORK7DAY)
- 7. Don't know (GO TO WORK7DAY)
- 9. Refused (GO TO WORK7DAY)

**PLCYCHG (CA-TCS)**

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

*¿Ha cambiado la regla oficial sobre el fumar durante los últimos doce meses?*

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

**HOWCHG (CA-TCS)**

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

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

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

**SMKWORK (CA-TCS)**

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

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

- 1. Not allowed in any work areas  
*No es permitido en ningunas áreas de trabajo*
- 2. Allowed in some work areas  
*Es permitido en algunas áreas de trabajo*
- 3. Allowed in all work areas  
*Es permitido en todas las áreas de trabajo*
- 
- 7. Don't know
- 9. Refused

**SMKAREA (CA-TCS)**

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

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

- 1. Not allowed in any public areas  
*No es permitido en ningunas áreas públicas*
- 2. Allowed in some public areas  
*Es permitido en algunas áreas públicas*
- 3. Allowed in all public areas  
*Es permitido en todas las áreas públicas*
- 4. Do not use public areas  
*No uso las áreas públicas*  
-----
- 7. Don't know
- 9. Refused

**WORK7DAY (CA-TCS)**

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

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

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

**WORKSMK2 (CA-TCS)**

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

*Durante las últimas dos semanas, ¿ha fumado alguien en el área donde usted trabaja?*

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

**WHATAREA (CA-TCS)**

**16.80 The last time this happened, what work area were you in?** (Don't read the answers just code it)

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

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

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

**PLCYSMK (CA-TCS)**

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

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

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



**Section 17: Household Rules**

SMKELSEN is asked of all respondents who have more than 1 adult in household or have at least one child younger than 18 in household (NUMADULT>1 or CHILD18>0).

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

*Ahora me gustaría hacerle algunas preguntas acerca de su hogar.*

**SMKELSEN (CA-TCS)**

**17.0 How many household members currently smoke?**

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

-- Enter number

77. Don't know

99. Refused

**HHRULES2 (CA-TCS)**

**HHRULES.**

**17.10 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 usted 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                    | (Go to HHEVER) |
| 2. | Smoking is generally prohibited with few exceptions |                |
| 3. | Smoking is allowed in some rooms only               | (Go to HHEVER) |
| 4. | There are no restrictions on smoking                |                |
| 5. | OTHER____(specify) ----->HHTXT<br>-----             | (Go to HHEVER) |
| 7. | Don't know  | (Go to HHEVER) |
| 9. | Refused   | (Go to HHEVER) |

**HHALLOW (CA-TCS)**

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

*¿Hay alguna ocasión donde se permite fumar adentro de su hogar?*

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

**HHEVER (CA-TCS)**

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

*¿Alguna vez hay alguien que fume adentro de su hogar?*

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

**Section 18: Exposure to Smoke**

**PERCENT (CA-TCS)** asked of all adults

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

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

\_\_\_\_ Enter response 0-100

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

**EXPOTH1 (CA-TCS)**

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

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

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

**EXPTXT1 (CA-TCS)**

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

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

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

**EXPHRS (CA-TCS)**

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

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

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

\_\_\_\_ Enter response

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

**Section 19: College Campuses**

**ENROLLED (CA-TCS)**

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

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

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

**CAMPEXP (CA-TCS)**

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

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

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

**TOBSPON (CA-TCS)**

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

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

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

**Section 20: Bars**

**BARVISIT (CA-TCS)** (asked of all respondents)

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

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

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

**SMKFREE (CA-TCS)**

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

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

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

**BANAPPRV (CA-TCS)**

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

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

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

**Section 21: Casinos**

**CASINO (CA-TCS)**

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

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

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

**CASNOSMK (CA-TCS)**

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

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

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

**Section 22: Tobacco Advertising**

**ADVATRCT (CA-TCS)** (ask of all respondents)

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

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

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

**Section 23: Other's Smoking**

**SMKANNYOY (CA-TCS)**

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

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

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

**ASKNOSMK (CA-TCS)**

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

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

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

**ASKWHO (CA-TCS)**

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

*¿En la última ocasión en que le pidió a alguien que no fumara, quién fue esa persona?*

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

**ASKRSN2 (CA-TCS)**

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

*En esa misma ocasión, ¿Cual fue la razón más importante que usted le pidió a esa persona que no fumara?*

- 1. Smoke was annoying to you
- 2. Concerned about long-term health effects of secondhand smoke
- 3. Smoking was illegal or against the rules
- 4. Concerned about the smoker's health
- 5. Concerned about your own health (respondent's health)
- 6. OTHER: (specify) \_\_\_\_\_ ----->ASKTXT (Text)
- 7. Don't know
- 9. Refused

If SMKEVDA2=1 or 2, continue, else skip to ANTITOB.

**ASKTIMES (CA-TCS)**

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

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

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

**Section 24: Anti-Tobacco Messages**

**ANTITOB (CA-TCS)** asked of all respondents

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

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

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



**HTV, HRADIO, HBBOARD, HNEWSPAP, HMAG (CA-TCS)**

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

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

	YES	NO	DON'T KNOW	REFUSED
1. TV	1	2	7	9
2. RADIO	1	2	7	9
3. BILLBOARD	1	2	7	9
4. NEWSPAPER	1	2	7	9
5. MAGAZINES	1	2	7	9
6. OTHER (specify other source) 1----->HOTHTXT				(Go to MORETAX)

**Section 25: Taxes**

**MORETAX (CA-TCS)** asked of all respondents

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

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

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

**Section 26: Attitudes**

**ATITINTR (CA-TCS)** (Questions are asked in random order.)

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

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

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

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

**ATITUD10**

26.7 **Tobacco advertising encourages young people to start smoking.** 1 2 7 9

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

**ATITUD27**

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

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

**ATITUD11**

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

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

**ATITUD35**

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

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

**ATITUD15**

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

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

**ATITUD13**

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

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

**ATITUD19**

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

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

**ATITUD32**

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

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

**ATITUD20**

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

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

**ATITUD18**

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

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

**ATITUD23**

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

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

**ATITUD24**

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

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

**ATITUD29**

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

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

**ATITUD30**

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

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

**ATITUD31**

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

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

**ATITUD42**

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

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

**ATITUD34**

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

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

**ATITUD66**

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

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

**ATITUD67**

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

- *La nicotina causa cáncer.....*

**ATITUD68**

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

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

**ATITUD70**

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

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

**ATITUD71**

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

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

**ATITUD72**

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

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

**ATITUD73**

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

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

**ATITUD74**

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

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

**ATITUD75**

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

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

**ATITUD76**

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

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

**ATITUD77**

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

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

**ATITUD78**

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

-Farmacias no deberían vender productos de tabaco...

**ATITUD79 (NEW)**

26.36 **All tobacco advertising should be removed from stores.** 1 2 7 9

-Debe eliminarse toda publicidad de Tabaco de las tiendas.

**ATITUD80 (NEW)**

26.37 **Tobacco waste damages the environment and is poisonous to children, pets, and wildlife.** 1 2 7 9

-Desperdicio del tabaco daña el medio ambiente y es venenoso para los niños, las mascotas, y la fauna.

**ATITUD81 (NEW)**

26.38 **Coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for cigarette purchases should be banned.**

1      2      7      9

*-Cupones, reembolsos, compra 1 agarre 1 gratis, 2 por 1, o cualquier otra oferta de promoción especial para comprar cigarrillos deben ser prohibidos.*

**LUNGCAN (CA-TCS)** asked of all respondents

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

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

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

**Section 27: Immunization**

**FLUSHOT5 (CDC CORE)**

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

*Read only if necessary: 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)

**FLSHTW3 (CDC CORE)**

**27.10 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**

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

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

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 (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
999. Refused



**PNEUMVC3 (CDC-CORE)**

**YES/NO.**

**27.30 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

**Section 28: Alcohol Consumption**

**DRNKALC4 (CDC CORE)**

**28.0 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 malted beverage, or liquor?**

*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. None (Go to FALL4MNB)
- 777. Don't know
- 999. Refused

**NALCOCC3 (CDC CORE)**

**TYPE I.**

**28.10 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?*

**NOTE: A 40 ounce beer would count as 3 drinks, or a mixed drink with 2 shots would count as 2 drinks.**

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

- 88. None
- 77. Don't know
- 99. Refused

**DRNKGE5B (CDC CORE)**

**TYPE I.**

**28.20 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?**

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

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

- 88. None
- 77. Don't know
- 99. Refused

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

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

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

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

- 88. None
- 77. Don't know
- 99. Refused

**Section 29: Falls**

*If ageb >= 45 continue, otherwise go to RESTRIC3.*

**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)**

**29.0 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]

- 88 None (Go to SEATBELT)
- 77 Don't know (Go to SEATBELT)
- 99 Refused (Go to SEATBELT)

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

**29.10 {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 30: Disability**

**RESTRIC3 (CDC-CORE)**

**YESNO.**

**30.0 The following questions are about health problems or impairments you may have. Are you limited in any way in any activities because of physical, mental, or emotional problems?**

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

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

**EQUIP (CDC-CORE)**

**YESNO.**

**30.10 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? (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 31: Seat Belt Use

### SEATBELT (CDC-CORE)

YES/NO.

**31.1** How often do you use seat belts when you drive or ride in a car? Would you say—  
Please read:

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

1. Always  
*Siempre*
2. Nearly always  
*Casi siempre*
3. Sometimes  
*A veces*
4. Seldom  
*Rara vez*
5. Never  
*Nunca*

**Do not read:**

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

## Section 32: Drinking and Driving

*CATI note: If DRNKALC4= 2 (No); go to next section.  
The next question is about drinking and driving.*

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

### DRINKDRI (CDC-CORE)

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

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

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

### **Section 33: Women's Health**

If SEX = 1, go to PSADRADV

The next questions are about breast and cervical cancer screening.

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

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

**YES/NO.**

(Note: asked of all women)

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

*Interviewer note for QSI: A mammogram involves pressing the breast between 2 plastic plates.*

*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)**

**HOWLNGC.**

**33.10 How long has it been since you had your last mammogram?**

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

(Read only if necessary)

- |     |                                     |                                     |
|-----|-------------------------------------|-------------------------------------|
| 1.  | Within the past year                | (anytime less than 12 months ago)   |
|     | <i>Dentro del año pasado</i>        |                                     |
| 2.  | Within the past 2 years             | (1 year but less than 2 years ago)  |
|     | <i>Dentro de los pasados 2 años</i> |                                     |
| 3.  | Within the past 3 years             | (2 years but less than 3 years ago) |
|     | <i>Dentro de los pasados 3 años</i> |                                     |
| 4.  | Within the past 5 years             | (3 years but less than 5 years ago) |
|     | <i>Dentro de los pasados 5 años</i> |                                     |
| 5.  | 5 or more years ago                 |                                     |
|     | <i>5 años o más</i>                 |                                     |
| 77. | Don't know                          |                                     |
| 99. | Refused                             |                                     |

**HADCBE3 (CDC-CORE)****YESNO.****33.20 A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?**

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

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

**WHENCBE (CDC-CORE)****HOWLNGC.****33.30 How long has it been since your last breast exam?**

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

(Read only if necessary)

- |     |                                     |                                     |
|-----|-------------------------------------|-------------------------------------|
| 1.  | Within the past year                | (anytime less than 12 months ago)   |
|     | <i>Dentro del año pasado</i>        |                                     |
| 2.  | Within the past 2 years             | (1 year but less than 2 years ago)  |
|     | <i>Dentro de los pasados 2 años</i> |                                     |
| 3.  | Within the past 3 years             | (2 years but less than 3 years ago) |
|     | <i>Dentro de los pasados 3 años</i> |                                     |
| 4.  | Within the past 5 years             | (3 years but less than 5 years ago) |
|     | <i>Dentro de los pasados 5 años</i> |                                     |
| 5.  | 5 or more years ago                 |                                     |
|     | <i>5 años o más</i>                 |                                     |
| 77. | Don't know                          |                                     |
| 99. | Refused                             |                                     |

**HADPAP3 (CDC-CORE)****YESNO.****33.40 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) |

**WHENPAP3 (CDC-CORE)****HOWLNGB.****33.50 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)  
*Dentro del año pasado*
  2. Within the past 2 years (1 year but less than 2 years ago)  
*Dentro de los pasados 2 años*
  3. Within the past 3 years (2 years but less than 3 years ago)  
*Dentro de los pasados 3 años*
  4. Within the past 5 years (3 years but less than 5 years ago)  
*Dentro de los pasados 5 años*
  5. 5 or more years ago  
*5 años o más*
77. Don't know  
99. Refused

*Ask if AGE<45***PREGNANT (CDC-CORE)****YESNO.****33.60 To your knowledge, are you now pregnant?***¿Que usted sepa, está embarazada?*

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

**HYSTER2 (CDC-CORE)****YESNO.****33.70 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 34: Prostate Cancer Screening**

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

**PSADRADV**

**34.1 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

**PSARDIS (CDC-CORE)**

**YESNO.**

**34.10 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)**

**YESNO.**

**34.20 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)****YESNO.****34.30 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         | (Go to HADSTLHM) |
| 77. | Don't Know | (Go to HADSTLHM) |
| 99. | Refused    | (Go to HADSTLHM) |

**PSAWHEN2 (CDC-CORE)****HOWLNGC.****34.40 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)   |
|     | <i>Dentro del año pasado</i>        |                                     |
| 2.  | Within the past 2 years             | (1 year but less than 2 years ago)  |
|     | <i>Dentro de los pasados 2 años</i> |                                     |
| 3.  | Within the past 3 years             | (2 years but less than 3 years ago) |
|     | <i>Dentro de los pasados 3 años</i> |                                     |
| 4.  | Within the past 5 years             | (3 years but less than 5 years ago) |
|     | <i>Dentro de los pasados 5 años</i> |                                     |
| 5.  | 5 or more years ago                 |                                     |
|     | <i>5 años o más</i>                 |                                     |
| 77. | Don't know                          |                                     |
| 99. | Refused                             |                                     |

**PSAMAIN****34.50 What was the MAIN reason you had this PSA test – was it part of a routine exam, because of a problem, or some other reason?***¿Cuál fue la razón principal por la que usted tuvo esta prueba PSA? Fue...*

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

## Section 35: Colorectal Cancer Screening

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

### HADSTLHM (CDC-CORE)

YES/NO.

#### 35.0 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.

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

(Read only if necessary)

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

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

**HADSIG4 (CDC-CORE)****YES/NO.**

**35.20 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 AIDSTST8) |
| 77. | Don't Know | (Go to AIDSTST8) |
| 99. | Refused    | (Go to AIDSTST8) |

**SIGORCOL (CDC-CORE)**

**35.30 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/la 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.**

**35.40 How long has it been since you had your last sigmoidoscopy or colonoscopy?**(Read only if necessary)

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

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

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

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

**Section 36: HIV/AIDS**

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

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

**AIDSTST8 (CDC CORE)****YESNO.****36.0 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid (saliva) from your mouth.***¿Alguna vez se ha hecho la prueba de VIH? No tenga en cuenta las pruebas que le hayan realizado al donar sangre. Incluya las pruebas de fluidos (saliva) de su boca.*

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

**TSTDATE (CDC-CORE)****36.10 Not including blood donations, in what month and year was your last HIV test? (Include saliva tests). Interviewer note: If response is before January 1985 code "don't know." Code 4 digit year.***Sin incluir las donaciones de sangre, ¿en qué mes y año fue su última prueba del VIH?*

- \_\_\_/\_\_\_ Enter month and year  
 7777. Don't know  
 9999. Refused

**HIVRISK (CDC CORE)****YESNO.****36.20 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 FLUHXP2) |
| 77. | Don't know | (Go to FLUHXP2) |
| 99. | Refused    | (Go to FLUHXP2) |

### HRHCW2 (CA-IMMUN)

**21.5 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    |

**FLUHXP2 (CDC CORE)** (FLUHXP2 in dataset)

**YES/NO.**

**21.10 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? Read each problem listed below:**

**Asthma**

**Lung problems, other than asthma**

**Heart problems**

**Diabetes**

**Kidney problems**

**Spinal cord injury, stroke, cerebral palsy, or other neuromuscular problems**

**Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids -or-**

**Sickle cell anemia or other anemia**

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

1. Yes

2. No

(Go to CH\_SEL)

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

(Go to CH\_SEL)

99. Refused

(Go to CH\_SEL)

**FLUPXNOW (CDC CORE)**

**YES/NO.**

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

*¿Todavía padece (este o cualquiera de estos) problema(s)?*

1. Yes

2. No

77. Don't know

99. Refused

### **Section 37: Child Selection**

*If CHILD18 = 0 or CHILD18 = RF, Go to Section 40: CLOSING; Else continue  
IF CHILD18 > 1, one child is randomly selected*

**Previously you indicated there are children in the household. I have some additional questions about one specific child. The child I will be referring to is the \*\*-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.**

**37.00 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.**

**37.10 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)**

**37.20 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)**

**37.30 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)**

**37.40 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)**

**37.50 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 38: Childhood Asthma Prevalence**

**CHLDAST2 (CA-EHIB)**

**YES/NO.**

**38.00 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)**

**YES/NO.**

**38.10 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 ADLTCALL; Else continue

**Section 39: Childhood Flu-like Illness**

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

**39.00 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 un inyección y la otra es en forma de spray en la nariz. Durante los últimos 12 meses, ¿ha recibido (él/ella) la vacuna contra la influenza estacional?*

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

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

**39.10 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

**CHPLACE5 (CA-IMMUN) Ask if CH\_SHOT3 = 1 or CH\_WHEN = 1**

**39.20 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

## **Section 40: Closing**

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

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

**YESNO.**

**40.0 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.**

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

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

- 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, Spanish, Mandarin, or Cantonese?**

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