

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2013**  
**Track II**  
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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**- Introduction and Screening Questions for Landline -**

**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**

**COLLADUL** (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, respondent is male ---> Continue (Set SEX=1)

Yes, respondent is female ---> Continue (Set SEX=2)

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?

*¿Es usted el adulto?*

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

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

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

*¿Puedo hablar con él o ella?*

Hello, I'm (interviewer name) from the California Department of Public Health and the Centers for Disease Control and Prevention. We're doing a special study of California residents regarding their health practices and day-to-day living habits to guide state and federal health policies. You have been randomly chosen to represent 5,000 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. (CDC-CORE)

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. No ---> (Go to GENHLTH)
2. Yes---> (Continue to FORWARD)

**FORWARD**

Are your calls currently being forwarded from your landline phone number to your cell phone?

1. Yes ---> (Continue to CHKPHON)
2. No ---> 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**

**CHKPHON**

Is your landline phone number {sample->voicephone}?

1. Yes ---> (Continue to RUSAFE)
2. No ---> 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*

**RUSAFE**

Is this a safe time to talk with you?

¿Este es un momento seguro para hablar con usted?

1. Yes ---> (Continue to GENHLTH)
2. No ---> Thank you very much. We will call you back at a more convenient time.  
Muchas gracias. Lo(a) volveremos a llamar en otro momento más oportuno.

**STOP**

**- Introduction and Screening Questions for CELL -**

**INTRO:** Hello, I'm <interviewer name> calling from the California Department of Public Health in Sacramento.

**C/B INTRO:** Hello, I'm < interviewer name > calling (again) from the California Department of Public Health in Sacramento.

**EXPCELL1**

We are gathering information about the health of California residents. This project is conducted by the Department of Public Health with assistance from the Centers for Disease Control and Prevention. I have just a few questions to find out if you are eligible for the study.

*Estamos juntando información acerca de la salud de los residentes en California. Este es un proyecto conducido para el Departamento de Salud Pública con asistencia de los Centros para el Control y la Prevención de Enfermedades. Voy a hacerle unas cuantas preguntas para saber si usted es elegible para participar en el estudio.*

**RUSAFE**

Is this a safe time to talk with you?

¿Este es un momento seguro para hablar con usted?

1. Yes --->
2. No ---> Thank you very much. We will call you back at a more convenient time. Interviewer: Set appointment if possible. **STOP**

**CONF\_PHN**

Is this <phone number> ?

¿Es este <phone number>?

1. Yes ---> Continue
2. No ---> Thank you so much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

**CONF\_CEL**

Is this a cellular telephone?

¿Es este un teléfono celular?

Interviewer: Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

1. Yes ---> Continue
2. No ---> Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

**CADULT**

Are you 18 years of age or older?

*¿Tiene usted 18 años de edad o más?*

1. YES, Male Respondent ---> Continue (Set SEX=1)
2. YES, Female Respondent ---> Continue (Set SEX=2)
3. No ---> Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**  
*Muchas gracias, pero solamente estamos entrevistando a personas de 18 años de edad o más en este tiempo.*

**PVTRES3**

Do you live in a private residence, that is, not in a group living situation?

*¿Vive en una residencia privada? Es decir, no en una situación de un grupo de gente viviendo junto.*

**READ ONLY IF NECESSARY:** "By private residence, we mean someplace like a house or apartment."

HELP: A private residence is a full time home. Vacation homes, motels and institutions such as dormitories and nursing homes are not included in our study.

1. Yes ---> Go to CSTATE
2. No ---> Continue

**LIVEDORM**

Do you live in college housing? 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.

*¿Vive una vivienda de Colegio? Leer sólo si es necesario: por vivienda de Colegio nos referimos a dormitorio, estudiante graduado o visitante en una vivienda de facultad u otros arreglos de vivienda proporcionados por un colegio o Universidad.*

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

**CSTATE**

Are you a resident of California?

*¿Es usted un residente de California?*

1. Yes ---> Go to LANDLINE (set RSPSTATE=6)
2. No ---> Continue

**RSPSTATE**

In what state do you live?

*¿En qué estado vive usted?*

Select state (brandlist: BLSTATES)

[SELECT ONLY ONE RESPONSE] (If RSPSTATE=6, set CSTATE=1).



**LANDLINE**

Do you also have a landline telephone in your home that is used to make and receive calls?

*¿Tiene usted también un teléfono fijo en su casa que se utilice para hacer y recibir llamadas? |*

READ ONLY IF NECESSARY: By landline telephone, we mean a 'regular' telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use. NOTE: Telephone service over the internet counts as landline service.

1. Yes ---> Continue
2. No ---> Go to CELLINTR

**PCTCELL**

Thinking about all the phone calls that you receive on your landline or 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 o teléfono celular, ¿qué porcentaje, entre 0 y 100, recibe en su teléfono celular?*

Enter a value

\_\_\_\_\_ BETWEEN 0 AND 100

**TERMINAT** (If PCTCELL<90)

Thank you very much. We are only interviewing people who receive 90% or more of their phone calls on their cell phone.

*Muchas gracias. Sólo estamos entrevistando a personas que reciben el 90% o más de sus llamadas telefónicas en su teléfono celular.*

**CELLINTR**

Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

*Su número de teléfono fue seleccionado al azar para esta encuesta, y nos gustaría hacerle algunas preguntas sobre salud y sus prácticas de salud. Si hay alguna pregunta que no desea contestar, no tiene que hacerlo. También puede parar esta entrevista en cualquier momento. Toda la información que usted me dé será confidencial. Si tiene alguna pregunta, le daré un número de teléfono al cual puede llamar para pedir la información que necesita.*

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

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

**Section 1: Health Status**

**GENHLTH (CDC-CORE)**

**HEALTH.**

**1.1 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?
- 7. Don't know
- 9. Refused

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

**PHYSHLTH (CDC-CORE)**

**TYPE VII.**

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

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

\_\_\_ Enter Number of days

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

**MENTHLTH (CDC-CORE)**

**TYPE VII.**

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

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

\_\_\_ Enter Number of days

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

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

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

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

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

\_\_\_ Enter Number of days

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

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

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

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

**MEDICAR2 (CDC Optional Module-NEW 2013)****YESNO.**

**3.5 Do you have Medicare?**

*¿Tiene usted Medicare?*

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

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.  
*Medicare es un plan de cobertura de salud para personas de 65 años o más y para ciertas personas discapacitadas*

**HLTHPLN2 (CDC Optional Module-NEW 2013, similar to CA-CORE question asked in 2012)**

**3.6 If HAVEPLN3=1, ask "Do you have coverage through:"**

*"Tiene cobertura de salud por parte de:"*

**Else, ask "There are some types of coverage you may not have considered. Please tell me if you have coverage though any of the following:"}**

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

(Select all that apply)

Please Read:

	Yes	No	DK/NS	Refused	
Your employer <i>Su empleador?</i>	1	2	7	9	EMPPLAN2
Someone else's employer (note: e.g., spouse's or parent's employer) <i>El empleador de otra persona? (note: e.g., spouse's or parent's employer)</i>	1	2	7	9	OEMPLAN2
A plan that you or someone else buys on your own <i>Un plan que usted u otra persona paga por su cuenta? (e.g., su esposo/a o sus padres.)</i>	1	2	7	9	OWNPLAN2
Medicaid or Medi-Cal (For CELL ONLY, if CSTATE <> 1 (yes), "Medicaid or Medical Assistance") <i>Medicaid o Medi-Cal (For CELL ONLY, if CSTATE &lt;&gt; 1 (yes), "Medicaid o Asistencia Médica")</i>	1	2	7	9	MEDICAL2
The military, CHAMPUS, or the VA (or CHAMP-VA) <i>Las fuerzas armadas, CHAMPUS, o la administracion de Veteranos?</i>	1	2	7	9	MILPLAN2
The Indian Health Service (CELL only: or the Alaska Native Health Service) <i>El servicio de salud indio?</i>	1	2	7	9	INDPLAN2
Some other source <i>Alguna otra fuente?</i>	1	2	7	9	OTHPLAN2

**PERSDOC (CDC-CORE)**

**3.32 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
7. Don't know
9. Refused

**NOMEDB (CDC-CORE) (PAYNOGOC in dataset)**

**YESNO.**

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

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

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

**CHECKUP2 (CDC-CORE)**

**HOWLNGC.**

**3.34 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  
Read only if necessary**

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

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

**MEDDELAY (CDC Optional Module-NEW 2013)**

**3.7 Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.**

*Aparte del costo, hay muchas otras razones por las que la gente demora en conseguir el cuidado médico necesario.*

*¿Usted ha demorado en conseguir el cuidado médico necesario por cualquiera de las siguientes razones en los últimos 12 meses?*

Please read:

- 1 You couldn't get through on the telephone.  
*No pudo entrar la llamada telefónica*
- 2 You couldn't get an appointment soon enough.  
*No pudo conseguir una cita pronto.*
- 3 Once you got there, you had to wait too long to see the doctor.  
*Cuando llego, usted tuvo que esperar mucho tiempo para poder ver al doctor (médico).*
- 4 The clinic/doctor's office wasn't open when you got there.  
*La clínica/ oficina del doctor (medico) no estaba abierta cuando usted llego.*
- 5 You didn't have transportation. *Usted no tenía transportación*

Do not read:

- 6 Other \_\_\_\_\_ *Otra razón*
- 8 No, I did not delay getting medical care/did not need medical care  
*No, demore en conseguir cuidado médico/ No necesite cuidado medico*
- 7 Don't know/Not sure
- 9 Refused

CATI Note: If **HAVEPLN3** = 1 (Yes) continue, else go to GAPPLNT2

**GAPPLN3 (CDC Optional Module-NEW 2013)**

**YES/NO.**

**3.8 In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?**

*En los últimos 12 meses ¿hubo algún momento cuando usted NO tenía ningún seguro de salud o cobertura de salud?*

- 1 Yes [GO TO DOCTOR]
- 2 No [GO TO DOCTOR]
- 7 Don't know/Not sure [GO TO DOCTOR]
- 9 Refused [GO TO DOCTOR]

CATI Note: If **HAVEPLN3**, EMPPLAN2, OEMPLAN2, OWNPLAN2, MEDICAL2, MILPLAN2, INDPLAN2, OTHPLAN2 <> 1 (Yes) continue, else go to DOCTOR

**GAPPLNT2 (CDC Optional Module-NEW 2013)**

**3.9** About how long has it been since you last had health care coverage?  
*¿Cuánto tiempo hace desde la última vez que usted tenía cobertura de salud?*

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

**DOCTOR (CDC Optional Module-NEW 2013)**

**3.10** How many times have you been to a doctor, nurse, or other health professional in the past 12 months?  
*¿Cuántas veces ha ido al doctor (medico), enfermera, u otro profesional de la salud en los últimos 12 meses?*

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

**MEDICOST (CDC Optional Module-NEW 2013)**

**YES/NO.**

**3.11** Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.  
*¿Hubo algún momento en los últimos 12 meses en que usted no se tomó su medicina recetada por un doctor debido al costo? No incluya medicamentos sin receta médica.*

- 1 Yes
  - 2 No
- Do not read:
- 3 No medication was prescribed.
  - 7 Don't know/Not sure
  - 9 Refused

**SATHCARE (CDC Optional Module-NEW 2013)**

**3.12** In general, how satisfied are you with the health care you received? Would you say—  
*En general, ¿qué tan satisfecho/a está con la atención medica que recibió? Diría usted...*

- 1 Very satisfied/ *Muy satisfecho/a*
- 2 Somewhat satisfied/ *Algo satisfecho/a*
- 3 Not at all satisfied/ *Nada satisfecho/a*

Do not read

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



**MEDBILLS (CDC Optional Module-NEW 2013)**

**3.13** Do you currently have any medical bills that are being paid off over time?  
*¿Actualmente, tiene facturas médicas que está pagando con el tiempo?*

**INTERVIEWER NOTE:**

This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.  
*Esto puede incluir facturas médicas que se están pagando con una tarjeta de credito, a traves de préstamos personales, o arreglos con hospitales u otros proveedores para hacer pagos a facturas. Las facturas pueden ser de años anteriores, así como de este año.*

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

**Section 4: Inadequate Sleep**

I would like to ask you about your sleep pattern.  
*Me gustaría hacerle algunas preguntas sobre sus hábitos de dormir. .*

**SLEEPHR2 (CDC-CORE)**

**4.1** On average, how many hours of sleep do you get in a 24-hour period?  
*En promedio, ¿cuántas horas duerme en un período de 24 horas?*

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

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

## Section 5: Hypertension Awareness

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### **BPHIGH2 (CDC-CORE asked in 2011)**

**YES/NO.**

**5.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

*¿ALGUNA VEZ le ha dicho un doctor (médico), una enfermera u otro profesional de la salud que usted tiene la presión (de la sangre) alta?*

**Read only if necessary:** By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

*Por “otro profesional de la salud” nos referimos a una enfermera especializada, un asistente de médico o algún otro profesional de la salud con licencia para ejercer.*

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

*¿Fue esto solo cuando estaba embarazada?*

- |   |  |                  |
|---|--|------------------|
| 1 | Yes  |                  |
| 2 | Yes, but female told only during pregnancy | [GO TO BLOODCHO] |
| 3 | No   | [GO TO BLOODCHO] |
| 4 | Told borderline high or pre-hypertensive   | [GO TO BLOODCHO] |
| 7 | Don’t know / Not sure                      | [GO TO BLOODCHO] |
| 9 | Refused                                    | [GO TO BLOODCHO] |

### **BPMED (CDC-CORE asked in 2011)**

**YES/NO.**

**5.2** Are you currently taking medicine for your high blood pressure?

*¿Actualmente toma algún medicamento para controlar la presión (de la sangre) alta?*

(94)

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

## Section 6: Cholesterol Awareness

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### **BLOODCHO (CDC-CORE asked in 2011)**

**YES/NO.**

**6.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

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

(95)

- |   |                       |                |
|---|-----------------------|----------------|
| 1 | Yes                   |                |
| 2 | No                    | [GO TO HEART2] |
| 7 | Don’t know / Not sure | [GO TO HEART2] |
| 9 | Refused               | [GO TO HEART2] |

**CHOLCHK (CDC-CORE asked in 2011)**

**HOWLONGC.**

**6.2 About how long has it been since you last had your blood cholesterol checked?**

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

(96)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)  
*En el último año (hace menos de 12 meses)*
- 2 Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años (hace 1 año pero menos de 2)*
- 2 Within the past 5 years (2 years but less than 5 years ago)  
*En los últimos 5 años (hace 2 años pero menos de 5)*
- 4 5 or more years ago  
*Hace 5 años o más*

**Do not read:**

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

**TOLDHI (CDC-CORE asked in 2011)**

**YESNO.**

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

*¿ALGUNA VEZ le ha dicho un médico, una enfermera u otro profesional de la salud que su nivel de colesterol en la sangre es alto?*

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

## Section 7: Chronic Health Conditions/Diabetes

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### **HEART2 (CDC-CORE)**

**YES/NO.**

**7.1 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
  
7. Don't Know
9. Refused

### **ANGINA (CDC-CORE)**

**YES/NO.**

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

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

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

### **STROKE2 (CDC-CORE)**

**YES/NO.**

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

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

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

**ASTHEVE3 (CDC-CORE)****YESNO.****7.4 (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)
- 7. Don't know (GO TO SKCANC)
- 9. Refused (GO TO SKCANC)

**ASTHNOW (CDC-CORE)****YESNO.****7.5 Do you still have asthma?***¿Todavía tiene usted asma?*

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

**SKCANC (CDC-CORE)****YESNO.****7.6 Has a doctor, nurse or other health professional EVER told you that had skin cancer?***¿Alguna vez le ha dicho un médico, enfermera, u otro profesional de la salud que usted tenía cáncer en la piel?*

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

**OTHCANC (CDC-CORE)****YESNO.****7.7 (Has a doctor, nurse or other health professional) EVER told you that you had any other types of cancer? (Includes basal (Bay-Sul) and squamous (Sqwa-muss) cell cancers)***(¿Alguna vez le ha dicho un médico, enfermera u otro profesional de la salud) que usted tuvo cualquier otro tipo de cáncer? (Incluye basal y escamosas canceres de células)*

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

**COPDEVER (CDC-CORE)****YES/NO.****7.8 (Has a doctor, nurse or other health professional) EVER told you that you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?**

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

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

**ARTHRITD (CDC-CORE)****YES/NO.****7.9 Has a doctor, nurse, or other health professional EVER told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (FI – bro – my – al – jah)?**

*(¿Alguna vez le ha dicho un médico u otro profesional de la salud) que usted tenía algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?*

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

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

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

**DEPRESS1 (CDC-CORE)****YES/NO.****7.10 (Has a doctor, nurse or other health professional) EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?**

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

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

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

**7.11 (Has a doctor, nurse or other health professional) EVER told you that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.**

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

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

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

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

**DIABCOR3 (CDC-CORE)****DIABCDC.**

**7.12 Next I would like to ask you about diabetes, sometimes called sugar diabetes. Has a doctor, or nurse or other health professional ever told you 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 doctor (médico) que tiene diabetes?*

**If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**  
 "¿Fue esto únicamente cuando estaba embarazada?"

- 1. Yes
- 2. Gestational Diabetes (Go to AGEB)
- 3. No (Go to AGEB)
- 4. Pre-diabetes or borderline diabetes (Go to AGEB)
- 7. Don't know (Go to AGEB)
- 9. Refused (Go to AGEB)

Ask section 8 if DIABCOR3=1, else continue to AGEB

**DIABDOC3 (CA-DBCP-DIABETES MODULE)****TYPE I.**

**8.1 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?**

*If "No Feet" skip to the next question*

*La prueba para la hemoglobina 'A uno C' mide el nivel promedio de azúcar en la sangre durante los últimos 3 meses. ¿Cómo cuántas veces en los últimos 12 meses le ha revisado un médico, enfermera u otro profesional de la salud, su hemoglobina 'A uno C'?*

\_\_\_\_ Enter number of times [76 = 76 or more]

- 88. None
- 98. Never heard of "A one C" test
- 77. Don't know/ Not sure
- 99. Refused

**CHKSORE (CA-DBCP-DIABETES MODULE)****TYPE I.****8.2 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?***¿Cómo cuántas veces, en los últimos 12 meses, le revisó los pies un profesional de la salud, para detectar heridas o irritaciones?*

Range: 0 - 365

Enter number of times [76 = 76 or more]

88. Not Applicable (No feet)

77. Don't know

99. Refused

**DIABCRSE (CA-DBCP-DIABETES MODULE)****YESNO.****8.3 Have you ever taken a course or class in how to manage your diabetes yourself?***¿Alguna vez, ha tomado usted algún curso o clase, para saber cómo usted mismo(a) puede controlar su diabetes?*

1. Yes

2. No

77. Don't know

99. Refused

**DIABEYE (CA-DBCP-DIABETES MODULE) NEW 2013****8.4 \_\_\_ When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.***¿Cuándo fue la última vez que le hicieron un examen de la vista en el que le dilataron las pupilas? Esto hubiera ocasionado que le molestara la luz brillante por unas horas.***Read only if necessary:**

1 Within the past month (anytime less than 1 month ago)

2 Within the past year (1 month but less than 12 months ago)

3 Within the past 2 years (1 year but less than 2 years ago)

4 2 or more years ago

**Do not read:**

7 Don't know / Not sure

8 Never

9 Refused



## **Section 8: Demographics**

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

#### **8.1 What is your age?**

*¿Cuántos años tiene usted?*

Range: 18 - 150

\_\_\_ Enter age in years

77. Don't know

99. Refused

### **HISP4 (CDC-CORE) NEW 2013**

**YESNO**

#### **8.2 Are you HISPANIC, Latino/a, or Spanish origin ?**

*¿Es usted hispano(a), latino(a) o de origen español?*

1. Yes

2. No (Go to ORACE3)

77. Don't know (Go to ORACE3)

99. Refused (Go to ORACE3)

### **HISPMEX (CDC-CORE) (Ask if said yes to HISP4) NEW 2013**

**YESNO**

#### **8.3 Are you...**

**Mexican, Mexican American, or Chicano/a?/**Mexicano, mexicanoamericano, chicano

*¿Es usted... Mexicano/a, Mexicano-Americano, Chicano/a?*

1. Yes

2. No

77. Don't know

99. Refused

### **HISPPR (CDC-CORE) (Ask if said yes to HISP4) NEW 2013**

**YESNO**

#### **8.4 Puerto Rican?/ ¿Puertorriqueño/a?**

1. Yes

2. No

77. Don't know

99. Refused

### **HISPCUB (CDC-CORE) (Ask if said yes to HISP4) NEW 2013**

**YESNO**

#### **8.5 Cuban?**

*¿Cubano/a?*

1. Yes

2. No

77. Don't know

99. Refused

**HISPOTH (CDC-CORE) (Ask if said yes to HISP4) NEW 2013**

**YESNO**

**8.6 Another Hispanic, Latino/a, or Spanish origin?**  
*¿De otro origen latino, hispano o español?*

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

**ORACE3 (CDC-CORE)**

**ORACEB.**

**8.7 Which one or more of the following would you say is your race? Would you say: White (if HISP4=Yes, "Hispanic/Latino"), Black or African American (if HISP4=Yes, "Hispanic/Latino"), Asian (if HISP4=Yes, "Hispanic/Latino"), Native Hawaiian or Other Pacific Islander (if HISP4=Yes, "Hispanic/Latino"), American Indian or Alaska Native (if HISP4=Yes, "Hispanic/Latino"), or Other (if HISP4=Yes, "Hispanic/Latino")?**

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

- |  |           |
|--|-----------|
| 1. White (Caucasian) (if HISP4=Yes, "Hispanic/Latino")                         | ORACE3_A  |
| 2. Black or African American (if HISP4=Yes, "Hispanic/Latino")                 | ORACE3_B  |
| 3. Asian (if HISP4=Yes, "Hispanic/Latino")                                     | ORACE3_C  |
| 4. Native Hawaiian or Other Pacific Islander (if HISP4=Yes, "Hispanic/Latino") | ORACE3_D  |
| 5. American Indian or Alaska Native (if HISP4=Yes, "Hispanic/Latino")          | ORACE3_E  |
| 6. Other: (specify) (if HISP4=Yes, "Hispanic/Latino")                          | ORACE3_F, |

**ORACE3TX**

- 77. Don't know
- 99. Refused

*(PROBE ORACE2X IF HISP4=1 and ORACE3 = 6)*

**ORACE2X (CDC CORE) (ask IF HISP4=1 and ORACE3 = 6)**

*(This question no longer asked beginning from 6/17/13)*

**8.8 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

*If more than one response to ORACE3 then go to ORACE4, else go to ORACE2AB*

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

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

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. <ORACE3TX>
77. Don't know
99. Refused

*If ORACE3= 3 or 4 then go to ORACE2AB, else go to MILITAR2*

**ORACE2AB (CDC-CORE)****ORACE2AB.**

**8.10 If orace4<>3.and.orace4<>4.and.orace4>0, ask “Even though you indicated Asian or Pacific Islander as one of your races, but not the race that BEST represents yourself, we need to know if you are Chinese, Japanese, Korean, Filipino or Other?”, else ask “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. Guamanian or Chamorro
16. 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.*

**8.11 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
7. Don't know
9. Refused

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

**8.12 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
7. Don't know
9. Refused

**SXORIEN2 (CA –TCP)****SXORIENB.**

**8. 40** Now I'm going to ask you a question about sexual orientation. Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: **Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or Other.** If needed say "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay (and Lesbian) people have sex with or are primarily attracted to people of the same sex, and bisexuals have sex with or are attracted to people of both sexes.

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

*Le explico que la 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.*

Interviewer: If needed, repeat "¿Se considera usted ser... heterosexual, homosexual o sea gay o lesbiana, bisexual u otra?" after explaining definition of heterosexual, homosexual, and bisexual.

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

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

**NUMADULC (CELL ONLY)****TYPE VII.**

**11.45** The next questions are about the people you live with.||How many members of your household, including yourself, are 18 years of age or older?

*Las próximas preguntas son acerca de cuantas personas viven en su hogar.||¿Cuántos miembros de su hogar, incluyéndose a usted, tienen 18 años de edad o más?*

**Range: 1 – 20**

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

**CHILD18 (CDC-CORE)****TYPE VII.**

**8.13** 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.****8.14 (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 &lt;3 years)

**ONEMONTH (CA-CORE)****TYPE VII.****8.15 (If CHILD1-CHILD10 =1 and CHILD18=1, ask:) How many months old is the child that is 2 years old or younger?***¿Cuántos meses de edad tiene el niño(a) que tiene 2 años o menos?***(If CHILD1-CHILD10 =1 and CHILD18>1, ask:) How many months old are the children that are 2 years old or younger? Beginning with the youngest...***¿Cuántos meses de edad tienen los niños que tienen 2 años o menos? Empezando por el más joven...*

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

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

77. Don't know

99. Refused

**EDUCA (CDC-CORE)****EDUCA.****8.16 What is the highest grade or year of school you completed?**

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

Read only if necessary

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

**EMPLOY2 (CDC-CORE)****EMPLOYA.****8.17 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
77. Don't know
99. Refused



NOTE: Questions TYPEWORK through TYPEIND2 previously were located after Section 22 Food Assistance/Food Security

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**Now I am going to ask you about your work.**

Ahora le voy a preguntar sobre su trabajo

Ask if EMPLOY2 = 1 (Employed for wages) or 2 (Self Employed)

**TYPEWORK (NIOSH - CDC OPTIONAL MODULE) NEW 2013**

**8.18 What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic)**

*¿Qué tipo de trabajo realiza usted? (por ejemplo, enfermera titulada, personal de limpieza, cajero, mecánico de automóviles)*

Interviewer note: If respondent is unclear, ask "What is your job title?"

If respondent has more than one job then ask, "What is your main job?"

Enter Response \_\_\_\_\_

77. Don't know

99. Refused

If EMPLOY2 =4 (Out of work for less than 1 year) ask,

**TYPEWRK2 (NIOSH - CDC OPTIONAL MODULE) NEW 2013**

**8.19 What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)**

*¿Cuál fue el título de su trabajo? (por ejemplo, enfermera titulada, personal de limpieza, cajero, mecánico de automóviles)*

Enter Response \_\_\_\_\_

77. Don't know

99. Refused

If EMPLOY2 =1 (Employed for wages) or 2 (Self-employed) ask,

**TYPEINDS (NIOSH - CDC OPTIONAL MODULE) NEW 2013**

**8.20 What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)**

*¿En qué tipo de negocio o industria trabaja? (por ejemplo, hospital, escuela primaria, fabricación de ropa, restaurante)*

Enter Response \_\_\_\_\_

77. Don't know

99. Refused

If EMPLOY2 =4 (Out of work for less than 1 year) ask,

**TYPEIND2 (NIOSH - CDC OPTIONAL MODULE) NEW 2013**

**8.21** What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

*¿En qué tipo de negocio o industria trabajo usted? (por ejemplo, hospital, escuela primaria, fabricación de ropa, restaurante)*

Enter Response \_\_\_\_\_

77. Don't know

99. Refused

**CALCHHSZ** (CA) \*\*\* Calculated variable do not ask \*\*\* (not formatted)  
**8.22** Household size. (NUMADULT (NUMADULC in CELL) +CHILD18) HHSIZE

**INCOM02 (CDC-CORE )**

**INCOMED.**

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

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

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to less than \$100,000
9. \$100,000 to less than \$125,000
10. \$125,000 or greater
77. Don't know
99. Refused

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

If there is a table value and the table value is LT the "less than" value of the response to INCOM02, go to THRESH02.

**THRESH00, THRESH01, THRESH02 (CA-CORE)**

**YES/NO.**

**8.24 Is your annual household income above \_\_\_\_\_ ?** (Table look up for income and household size)  
 (This is an income threshold used for statistical purposes.) ¿Es el ingreso anual más de \$ \_\_\_\_\_?

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

INCOM02	=	1	2	3	4	5	6	7	8	9	10
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100-125k	125k+
HHSIZE=	1		\$11,170/ \$14,521		\$20,665/ \$22,340	\$27,925					
(Household Size)	2			\$15,130/ \$19,669		\$27,991/ \$30,260	\$37,825				
	3			\$19,090	\$24,817		\$35,317/ \$38,180/ \$47,725				
	4				\$23,050	\$29,965	\$42,643/ \$46,100	\$57,625			
	5					\$27,010	\$35,113/ \$49,969	\$54,020/ \$67,525			
	6					\$30,970	\$40,261	\$57,295/ \$61,940	\$77,425		
	7					\$34,930	\$45,409	\$64,621/ \$69,860	\$87,325		
	8						\$38,890	\$50,557/ \$71,947	\$77,780/ \$97,225		
	9						\$42,850	\$55,705	\$79,273/ \$85,700	\$107,125	
	10						\$46,810	\$60,853	\$86,599/ \$93,620	\$117,025	
	11							\$50,770/ \$66,001	\$93,925	\$101,540	\$126,925
	12							\$54,730/ \$71,149		\$101,251/ \$109,460	\$136,825
	13							\$58,690	\$76,297	\$108,577/ \$117,380	\$146,725

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035.)

**WEIGHT (CDC-CORE)**

**8.25 About how much do you weigh without shoes?**

*¿Cómo cuánto pesa usted sin zapatos?*

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

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

(verify if Less Than 80 or Greater Than 350)

777. Don't know

999. Refused

**HEIGHT (CDC-CORE)**

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

*¿Cómo cuánto mide de estatura sin zapatos?*

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

777. Don't know

999. Refused

Ask if *SEX= 2 and AGE<45*

**PREGNANT (CDC-CORE)**

**YESNO.**

**8.27 To your knowledge, are you now pregnant?**

*¿Que usted sepa, está embarazada?*

1. Yes

2. No

7. Don't know

9. Refused

**COUNTY1 (CDC-CORE)****COUNTYA.****8.28 What county do you live in? ANSI County Code (formerly FIPS county code)***¿En qué condado vive usted?*

Interviewer note (CELL only): If respondent does not live in California, select Other then enter name of county for respondent's state. Ask for spelling if needed.

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	116.	Other (CELL only) (888 for CDC)
039.	MADERA	079.	SAN L OBISPO		
777.	Don't Know				
999.	Refused				

**ZIPCODE2 (CDC-CORE)****8.29 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)****YES/NO.****8.30 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.**

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

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

**NUMPHON4 (CDC-CORE)****TYPE I.****8.31 How many of these phone numbers are residential numbers?***¿Cuántos de estos números de teléfono son números residenciales?***Range: 1 - 6**

\_\_\_\_\_ Enter number of residential numbers (6 = 6 or more)

- 8. Not Applicable (None or 0)\*
- 7. Don't Know
- 9. Refused

\*Note: California and CDC data will differ because CDC does not allow NA/None option for this question.

**CELL (CDC-CORE) (NOT ASKED in CELL)****YES/NO.****8.32 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 INTERNET)
- 7. Don't know (GO TO INTERNET)
- 9. Refused (GO TO INTERNET)

**CPCTUSE (CDC-CORE) (NOT ASKED in CELL)****TYPE VIII.****8.33 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

**INTERNET (CDC-CORE) NEW 2013****YES/NO.****8.34 Have you used the internet in the past 30 days?***¿Ha usado la Internet en los últimos 30 días?*

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

**OWNHOME (CDC-CORE)**

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

**RENT.**

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

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

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

- |    |                     |               |
|----|---------------------|---------------|
| 1. | Own                 | (GO TO DAMP1) |
| 2. | Rent                |               |
| 3. | Other arrangement   |               |
| 7. | Don't know/Not sure | (GO TO DAMP1) |
| 9. | Refused             | (GO TO DAMP1) |

## **Section 9: Dampness and Mold**

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

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

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

### **RENTOWN (CA-EHIB) – NEW 2013**

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

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

Read responses 1-4

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

DO NOT READ:

- 5 Receiving some other form of rental assistance  
*Recibiendo algún otro tipo de ayuda para la renta*

88. Other

77. Don't Know

99. Refused

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

*La siguiente de pregunta es acerca de la humedad y el moho en el medio ambiente de su casa. La humedad o moho puede ser por consecuencia de fugas de agua, inundaciones, o por condensación en las ventanas o paredes.*



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

*Señales de humedad pueden incluir manchas de agua, pintura pelándose, madera podrida, moho visible, o un olor a moho (humedad). ¿En los últimos 12 meses, ha habido cualquier indicación de humedad continua o repetida en su casa?*

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

**Section 10 Lead**

Now I would like to ask you some health related questions about {if NUMADULT (NUMADULC in CELL) =1 and CHILD18=0, "the place where you live", else "your family, the place where you live, and where your family plays"}}

*Ahora me gustaría hacerle algunas preguntas relacionadas con la salud de {if NUMADULT (NUMADULC in CELL)=1 and CHILD18=0, "el lugar donde usted vive", else "su familia, el lugar donde usted vive, trabaja, y donde su familia juega"}.*

**LEADDRT3 (CA-LEAD PROGRAM—NEW 2013)**

**10.1 For the first three questions, please tell me whether you think the statements are true or false: Para las primera tres preguntas, por favor dígame si usted piensa que las declaraciones son ciertas o falsa:**

**Cleaning or removing shoes before entering your home will help to avoid tracking in lead from dirt. (Is this statement true or false?)**

*Limpiarse o quitarse los zapatos antes de entrar a su casa le ayudará a evitar Freedom962a meter el plomo que está en la tierra. (¿Es esta declaración cierta o falsa?)*

1. True
2. False
77. Don't know/Not sure
99. Refused

**LEADSMK (CA-LEAD PROGRAM—NEW 2013)**

**10.2**

**Smoking in the house where children live could cause the children to be exposed to lead. (Is this statement true or false?)**

*Fumar en la casa donde viven niños podría causar que los niños sean expuestos al plomo. (¿Es esta declaración cierta o falsa?)*

1. True
2. False
77. Don't know/Not sure
99. Refused

**LEADLL** (CA-LEAD PROGRAM—*NEW 2013*)

**10.3 There is no known safe level of lead in a child's blood or body. (Is this statement true or false?)**

*No se conoce un nivel seguro de plomo en la sangre o el cuerpo de un niño. (¿Es esta declaración cierta o falsa?)*

- 1. True
- 2. False
- 77. Don't know/Not sure
- 99. Refused

**LEAD1** (CA-LEAD PROGRAM--*Asked on the 2001 and 2005-2012 BRFSS*)

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

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

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

**LEADMV** (CA-LEAD PROGRAM--*Asked on 2004 and 2012 BRFSS*) (*Ask if said "Yes" to LEAD1*)

**10.5 Did you move into your home or apartment within the past 24 months? YES/NO.**

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

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

**LEADHAZ3** (CA-LEAD PROGRAM—*MODIFIED QUESTION*--LEADHAZ asked on 2004-2007 BRFSS, LEADHAZ2 was surveyed on 2008, and LEADHAZ1 asked on the 2012 BRFSS)

*(Ask if said "Yes" to LEAD1 and LEADMV)*

**10.6 Did the landlord, agent, or seller provide you with information about lead in your house or building?**

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

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

**LEADCHIP** (CA-LEAD PROGRAM--*Asked on the 2005-2007 and 2009-2010, and 2012 BRFSS*) (*Ask if said "Yes" to LEAD1*)

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

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

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

**LEADREN4** (CA-LEAD PROGRAM—*MODIFIED QUESTION—LEADRENO asked on 2008 and 2009, LEADREN1 asked on 2010, LEADREN2 asked on 2011, and LEADREN3 asked on the 2012 BRFSS*) (*Ask if said "Yes" to LEAD1*)

**10.8 Has the place you live in been remodeled, renovated, repaired, painted, or had work done on it in the last 12 months?**

*¿El lugar donde vive usted ha sido remodelado, renovado, reparado, pintado, o le han hecho trabajo en los últimos 12 meses?*

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

**LEADPTST** (CA-LEAD PROGRAM—*Asked on the 2011 and 2012 BRFSS*) (*Ask if said "Yes" to LEAD1 and LEADREN4*) **YESNO.**

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

*¿Examino alguien la pintura antes de iniciar el trabajo para averiguar si la pintura era a base de plomo?*

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

**LEADWIN** (CA-LEAD PROGRAM—*Asked on 2011 and 2012 BRFSS*) (*Ask if said "Yes" to LEAD1 and LEADREN4*)

**10.10 When your home was remodeled, were any windows or doors replaced? YESNO.**

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

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

**LEADWIN1** (CA-LEAD PROGRAM—*MODIFIED QUESTION*—LEADWIN was asked on 2011 and 2012 BRFSS) (Ask if said “Yes” to LEAD1 and LEADREN4)

**10.11 Was paint or other components such as the windows and doors replaced because they contained lead?**

*¿Fue la pintura u otros componentes (piezas), tales como ventanas y puertas reemplazadas porque contenían plomo?*

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

**LEAD3C** (CA-LEAD PROGRAM--LEAD3 AND LEAD3B were asked on 2001 and 2008, respectively and LEAD3C was surveyed on 2011 and 2012 BRFSS) (Ask if said “Yes” to LEAD1 and LEADREN4)

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

*¿Quién remodelo el lugar donde vive?*

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

**LEADCON1** (CA-LEAD PROGRAM—LEADCON and LEADCON1 asked on 2011 and 2012 BRFSS, respectively) (Ask if LEAD3C = “4” (Contractor or Painting Contractor)) **YESNO.**

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

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

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

**LEADCL1** (CA-LEAD PROGRAM—*LEADCL* was asked on the 2011 and *LEADCL1* was asked on the 2012 BRFSS) (Ask if *LEAD3C* = “4” (Contractor or Painting Contractor))

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

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

- |   |                  |
|---|------------------|
| 1. Only used a broom  | (GO TO LEADDUST) |
| 2. Only used a mop  | (GO TO LEADDUST) |
| 3. Only used a vacuum   |                  |
| 4. Used a broom and a mop   | (GO TO LEADDUST) |
| 5. Used a broom and a vacuum  |                  |
| 6. Used a mop and a vacuum  |                  |
| 7. Used a broom, mop and vacuum                                     |                  |
| 8. They did not clean up – work area was still dirty when they left | (GO TO LEADDUST) |
| 77. Don't Know/ Not Sure  | (GO TO LEADDUST) |
| 99. Refused   | (GO TO LEADDUST) |

**LEADCV** (CA-LEAD PROGRAM—*LEADCV* was asked on the 2012 BRFSS)

--Ask if *LEADCL1* = “3, 5, 6 or 7” (Contractor used a vacuum)

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

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

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

**LEADDUST** (CA-LEAD PROGRAM—*Asked on the 2011 and 2012 BRFSS*)

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

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

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

**LEADUST2** (CA-LEAD PROGRAM—*NEW 2013*)

**10.17 Which of the following statements about lead in dust is TRUE?**

*¿Cuál de las siguientes declaraciones acerca del plomo en el polvo es CIERTA?*

1. Only comes from dirt. *Sólo viene de la tierra*
2. Only comes from pollutants in the air. *Sólo viene de los contaminantes del aire*
3. Only comes from neighborhood construction or remodeling projects. *Sólo viene de la construcción en los vecindarios o de proyectos de remodelación*
4. Only comes from parents who bring it into the home after having been exposed to lead at work. *Sólo viene de los padres que lo traen a la casa después de haber estado expuesto al plomo en el trabajo*
5. Can come from all of the following: dirt, pollutants in the air, construction or remodeling projects, and parents work if they are exposed to lead.

*Puede venir de todo lo siguiente: la tierra, los contaminantes del aire, construcción o los proyectos de remodelación, y del trabajo de los padres si están expuestos al plomo*

77. Don't know/Not sure

99. Refused

**LEADRMV1** (CA-LEAD PROGRAM—LEADREMV was asked on the 2011 and LEADRMV1 on the 2012 BRFSS)

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

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

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

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

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

**LEADRRP1** (CA-LEAD PROGRAM—**MODIFIED QUESTION**—LEADRRP asked on 2011 and 2012 BRFSS)

**10.19 Have you heard about any government programs that require contractors to take steps to protect residents of buildings from lead when the contractors are doing the work? YES/NO.**

*¿Ha escuchado usted hablar de los programas del gobierno que requiere que los contratistas tomen medidas para proteger a los residentes de edificios con plomo cuando los contratistas están haciendo el trabajo?*

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

**LEADWD** (CA-LEAD PROGRAM—**NEW 2013**)

**10.20 Which one of the following conditions in an old house or apartment with lead based paint would be more likely to result in lead poisoning? ...**

*¿Cuál de las siguientes condiciones en una casa vieja o apartamento con pintura a base de plomo es más probable que resulte en la intoxicación por plomo?...*

- 1. Cockroaches and mosquitoes in kitchen/ *Cucarachas y mosquitos en la cocina*
- 2. Back porch with no safety railing/ *Porche de atrás sin barandal de seguridad*
- 3. Asbestos in insulation/ *Asbestos en el aislamiento*
- 4. Water damage on walls/ *Daños por agua en las paredes*
- 77. Don't know/Not sure
- 99. Refused

## **Section 11: Disability**

The following questions are about health problems or impairments you may have.

**RESTRIC3 (CDC-CORE)**

**YES/NO.**

**11.1 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
- 7. Don't know
- 9. Refused

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

**11.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (Include occasional use or use in certain circumstances)**

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

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

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

**BLIND (CDC-CORE-asked in 2009)****YESNO.**

**11.3 Are you blind or do you have serious difficulty seeing, even when wearing glasses?**

*¿Está usted ciego/a o tiene serias dificultades para ver, incluso cuando usa gafas (lentes)?*

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

**REMEM2 (CDC-CORE)****YESNO.**

**11.4 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

*Debido a una condición física, mental o emocional, ¿tiene serias dificultades para concentrarse, recordar, o tomar decisiones?*

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

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

**11.5 Do you have serious difficulty walking or climbing stairs?**

*¿Tiene dificultad para caminar o subir escaleras?*

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

**DIFDRES2 (CDC-CORE)****YESNO.**

**11.6 Do you have difficulty dressing or bathing?**

*¿Tiene dificultad para vestirse o bañarse?*

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



**DIFFERND (CDC-CORE asked in 2009 Track 1 as CA-ODH)**

**YESNO.**

**11.7 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

*Debido a una condición física, mental, o emocional, ¿tiene dificultad para hacer mandados solo/a como ir al doctor o ir de compras?*

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

**Section 12: 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.**

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

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

Interviewer note: 5 packs = 100 cigarettes

- 1. Yes
- 2. No (GO TO SMKELSEN-USENOW3 in CELL if out of state)
- 7. Don't know (GO TO SMKELSEN-USENOW3 in CELL if out of state)
- 9. Refused (GO TO SMKELSEN-USENOW3 in CELL if out of state)

**SMKEVDA2 (CDC-CORE)**

**EVDAY.**

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

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

- 1. Every day (GO TO SMK12AGO)
- 2. Some days (GO TO SMK12AGO)
- 3. Not at all
- 7. Don't know (GO TO SMOKREG4)
- 9. Refused (GO TO SMOKREG4)

**LASTSMK2 (CDC-CORE) NEW 2013**

**SMOKREGB.**

**12.3 How long has it been since you last smoked a cigarette, even one or two puffs?**

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

- 1 Within the past month (less than 1 month ago)
- 2 Within the past 3 months (1 month but less than 3 months ago)
- 3 Within the past 6 months (3 months but less than 6 months ago)
- 4 Within the past year (6 months but less than 1 year ago)
- 5 Within the past 5 years (1 year but less than 5 years ago)
- 6 Within the past 10 years (5 years but less than 10 years ago)
- 7 10 years or more
- 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

**SMOKREG4 (CDC-TCP)****SMOKREGD.****12.4 About how long has it been since you last smoked cigarettes regularly?**

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

(Read only if necessary)

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

*IF SMOKREG4 >= 5, GO TO SMOKEAGE; ELSE CONTINUE*

**SMK12AGO (CA-TCP) (Ask if SMKEVDA2 <= 2 or SMOKREG4 <=4)****YESNO.****12.5 Were you smoking at all around this time 12 months ago?**

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

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

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

**QUIT1DY3 (CDC-CORE)** (Ask if SMKEVDA2 <= 2 or SMOKREG4 <=4)

**YESNO.**

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

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

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

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

IF SMOKREG4 <=4, GO TO SMOKEAGE

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

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

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

Interviewer note: One year=12 months

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

- MONTHS NOSMKMO
- WEEKS NOSMKWK
- DAYS NOSMKDY

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

Ask if SMKEVDA2<=2 and QUIT1DY3 not equal 1

**QUIT30 (CA-TCP)**

**YESNO.**

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

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

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

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

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

**QUIT6 (CA-TCP)**

**YESNO.**

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

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

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

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

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

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

**SMOKENUM (CA-TCP)**

**TYPE V.**

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

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

**(1 pack = 20 cigarettes)**

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

- |       |   |                   |                  |
|-------|---|-------------------|------------------|
| _____ | Enter number of cigarettes              | (verify if GT 70) | (GO TO SMOKEAGE) |
| 88.   | Not Applicable (Never smoked regularly) |                   | (GO TO SMK30ANY) |
| 77.   | Don't know                              |                   | (GO TO SMK30ANY) |
| 99.   | Refused                                 |                   | (GO TO SMK30ANY) |

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

**SMK30ANY (CA-TCP)**

**YESNO.**

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

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

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

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

**SMK30DAY (CA-TCP)****TYPE VII.****12.12 On how many of the past 30 days did you smoke cigarettes?***¿En cuántos de los últimos 30 días fumó usted cigarrillos?*

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

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

**SMK30NUM (CA-TCP)****TYPE VIII.****12.13 During the past thirty days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?***Durante los últimos 30 días, en los días que fumó, ¿cómo cuántos cigarrillos fumó por día?*

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

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

**SMOKEAGE (CA-TCP)****TYPE XI.****12.14 About how old were you when you first started smoking cigarettes fairly regularly?***Aproximadamente, ¿cuántos años tenía cuando comenzó a fumar cigarrillos con regularidad?*

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

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

**SMKELSEN (CA-TCP)****TYPE VII.****12.15 How many other household members currently smoke?***¿Cuántos otros miembros de su hogar, fuman en la actualidad?*

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

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

**HOUSTYPE (CA-TCP)**

**HOUSTYPE.**

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

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

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

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

**HHRULES2 (CA-TCP)**

**HHRULES.**

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

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

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

**USENOW3 (CDC-CORE)****EVDAY.****12.18 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?***¿Actualmente, usa usted el tabaco de mascar, el rape o snus todos los días, algunos días o nunca?*

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

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

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

**SMKCIGAR (CA-TCP)****YESNO.****12.19 Have you ever smoked a cigar, even just a few puffs? Interviewer note: Cigar=large cigar, cigarillo, or small cigar***¿Alguna vez, ha fumado un puro (cigarro), aunque hayan sido solamente unos cuantos soplos?*

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

**OFTCIGRB (CA-TCP)****12.20 On how many of the past 30 days did you smoke cigars?****TYPEI.***¿En cuántos de los últimos 30 días fumó usted puros (cigarros)?*

Range: 1 - 30

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

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

**SHSEXPOS (CA-TCP)****YESNO.****12.21 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 DRNKALC4)
- 77. Don't know (GO TO DRNKALC4)
- 99. Refused (GO TO DRNKALC4)



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

Interviewer note: Do not read

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

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

**Section 13: Alcohol Consumption****DRNKALC2 (CDC CORE) (DRNKALC4 in Q1)****TYPE II.****13.1 Next I would like to ask you about alcohol use.***Ahora, me gustaría preguntarle acerca del uso del alcohol.***During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage, such as beer, wine, a malt beverage, or liquor?***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 JUICE11) |
| 777. | Don't know | (GO TO JUICE11) |
| 999. | Refused    | (GO TO JUICE11) |

**NALCOCC3 (CDC CORE)**

**TYPE I.**

**13.2 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)

- 77. Don't know
- 99. Refused

**DRNKGE5B (CDC CORE)**

**TYPE I.**

**13.3 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 más","4 o más")} 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.**

**13.4 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)

- 77. Don't know
- 99. Refused

## Section 14: Fruits and Veggies

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These next questions are about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I will be asking how often you ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

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

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

**JUICE11 (CDC-CORE, asked in 2012)**

**TYPE XIX.**

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

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

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

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

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 9.6.

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

1 \_\_ Per day

2 \_\_ Per week

3 \_\_ Per month

888.. Not Applicable (Never)

777.. Don't know / Not sure

999.. Refused

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

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

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

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

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

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

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

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

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

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

**BEANS11 (CDC-CORE,asked in 2012)**

**TYPE XIX.**

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

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

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

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

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

Include falafel and tempeh.

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

**VEGGRE11 (CDC-CORE,asked in 2012)**

**TYPE XIX.**

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

*Durante el mes pasado, ¿cuántas veces por día, semana, o mes comió usted verduras verde oscuras como brócoli o verduras de hojas verdes como lechuga romana, acelga, berza, o espinacas?*

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

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

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

(97-99)

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

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

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

*Durante el mes pasado, ¿cuántas veces por día, semana, o mes comió verduras anaranjadas, como camotes (batatas), calabaza (calabacines), calabazas de invierno, o zanahorias?*

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

Interviewer note: Include all forms of carrots including long or baby-cut.

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

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

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

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

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

**OTHRVE11 (CDC-CORE,asked in 2012)**

**TYPE XIX.**

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

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

*Sin contar los que ya me dijo, durante el mes pasado, ¿cuántas veces al día, a la semana, o al mes consumió OTRAS verduras? Ejemplos de otras verduras pueden ser tomates, jugo de tomate o jugo V-8, maíz, berenjena, chicharos (guisantes), lechuga, col y papas blancas que no estén fritas, como papas el horno o en puré.*

Read only if needed: "No cuente las verduras que ya mencionó y no incluya las papas fritas."

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

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

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

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

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

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

*If SEX=female, then ask, else go to EXERANY1*

**VEGCLASS (NETWORK- CWHS 2012) NEW 2013 ask all women**

**YESNO.**

**14.7 In the last 12 months, have you attended a class, workshop or other group activity about eating fruit and vegetables or being physically active?**

*En los últimos 12 meses, ¿ha asistido a una clase, una junta u otra actividad en grupo acerca del consumo de frutas y vegetales o de ser físicamente activa?*

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

**FVACTIVE (NETWORK- CWHS 2012) NEW 2013 ask all women YESNO.**

**14.8 In the last 12 months, did you attend a festival, celebration or health fair where you took part in any activities that were about eating fruit and vegetables or being physically active?**

*En los últimos 12 meses, ¿asistió usted a un festival, una celebración, o una feria de salud en la que participo en cualquiera actividad que era acerca de comer frutas y vegetales o siendo físicamente activa*

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

**FARMRMKT (NETWORK- CWHS 2012) NEW 2013 ask all women YESNO.**

**14.9 In the last 12 months, did you shop at a farmers market?**

*En los últimos 12 meses, ¿fue de compras a un mercado de agricultores (Farmer's Market)?*

Help Text: Definition of farmers market: a market or group of stalls and booths where farmers and sometimes other vendors sell their products directly to consumers.

*Un Mercado o grupo de puestos y casetas donde los agricultores y a veces otros venden sus productos directamente a los consumidores.*

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



**Section 15: Physical Activity**

**EXERANY1 (CDC-CORE)**

**YES/NO.**

**15.1 The next few questions are 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.

*Las próximas preguntas son acerca del ejercicio, actividades recreativas y 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 (GO TO STRENGTH)
- 7. Don't Know (GO TO STRENGTH)
- 9. Refused (GO TO STRENGTH)

**EXERACT3 (CDC-CORE asked in 2012)**

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

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

- (Specify) [See Physical Activity Coding List] EXER30TH
- 7 7 Don't know / Not Sure (GO TO STRENGTH)
- 9 9 Refused (GO TO STRENGTH)

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other “.**

**EXEROFT1 (CDC-CORE asked in 2012)**

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

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

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

**EXERHMM1 (CDC-CORE asked in 2012) (EXERMM1 in Q1)**

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

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

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

**EXERACT4 (CDC-CORE asked in 2012)**

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

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

(229-230)

- | __  | (Specify)             | [See Physical Activity Coding List] | EXER40TH         |
|-----|-----------------------|-------------------------------------|------------------|
| 8 8 | No other activity     |                                     | (GO TO STRENGTH) |
| 7 7 | Don't know / Not Sure |                                     | (GO TO STRENGTH) |
| 9 9 | Refused               |                                     | (GO TO STRENGTH) |

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other".**

**EXEROFT2 (CDC-CORE asked in 2012)**

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

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

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

**EXERHMM2 (CDC-CORE asked in 2012) (EXERMM2 in Q1)**

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

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

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

**STRENGTH (CDC-CORE asked in 2012)**

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

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

- 1\_ \_ Times per week
- 2\_ \_ Times per month
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**EXBMODM2 (NETWORK- CWHS 2012) (Beginning from Q2) NEW 2013 ask of all women TYPE III.**

**15.9 Now I would like to ask you additional questions about physical activity and weight control**

*Ahora quisiera hacerle preguntas adicionales acerca de la actividad física y el control del peso.*

**How many minutes a week do YOU think a person SHOULD be moderately or vigorously active for good health? (Range 0 – 1500 minutes)**

*¿Por cuántos minutos piensa usted que una persona DEBERIA participar en actividades físicas moderadas o vigorosas?*

- \_\_\_ Enter number of minutes
- 777. Don't know
- 999. Refused

**SELFWGHT (NETWORK- CWHS 2012) (Beginning from Q2) NEW 2013 ask of all women WEIGHT.**

**15.10 Currently, do you consider yourself:**

*Actualmente, ¿se considera: sobre peso, peso insuficiente, o el peso correcto para su estatura?*

- 1. Overweight
- 2. Underweight
- 3. About the right weight for your height
- 7. Don't know
- 9. Refused

**DIET12M (NETWORK- CWHS 2012) (Beginning from Q2) NEW 2013 ask of all women YESNO.**

**15.11 Have you intentionally tried to lose weight in the past 12 months?**

*¿Ha tratado usted de perder peso intencionalmente en los últimos 12 meses?*

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

**HOWLOSE (NETWORK- CWHS 2012) (Beginning from Q2) NEW 2013 ask all women**

**15.12** People use many strategies to lose weight and to keep the weight they have lost off. What is the strategy you think is most effective in helping people to successfully lose weight or keep off the weight they have lost?

*La gente usa distintas estrategias para bajar de peso y no volver a subir las libras que han bajado. ¿En su opinión, cuál es la estrategia más eficaz para ayudar a la gente a tener éxito cuando hacen una dieta, o para no volver a subir las libras que han conseguido bajar?*

\_\_\_ Enter response from Brandlist (HOWLOSE)

77. Don't know

99. Refused

**I would now like to ask you three questions about your neighborhood.**

Ahora, me gustaría hacerle tres preguntas acerca de su vecindario.

**CRIME (NETWORK- CWHS 2012) (Beginning from Q2) NEW 2013 ask all women SAFE.**

**15.16. Thinking about criminal activity, how safe is it to walk, run, or bike in your neighborhood or community. Would you say...**

*Pensando acerca de la actividad criminal, ¿qué tan seguro es caminar, correr, o andar en bicicleta en su vecindad o comunidad? Diría...*

1. Very safe

2. Somewhat safe

3. Somewhat unsafe

4. Very unsafe

7. Don't know/not sure

9. Refused

**TRAFFIC (NETWORK- CWHS 2012) (Beginning from Q2) NEW 2013 ask all women SAFE.**

**15.17. Thinking about traffic, how safe is it to walk, run, or bike in your neighborhood or community. Would you say...**

*Pensando acerca del tráfico, ¿qué tan seguro es para salir a caminar, correr, o andar en bicicleta en su vecindad o comunidad? Diría...*

1. Very safe

2. Somewhat safe

3. Somewhat unsafe

4. Very unsafe

7. Don't know/not sure

9. Refused

**PLEASANT (NETWORK- CWHS 2012) (Beginning from Q2) NEW 2013 ask all women PLEASANT.**

**15.18** How pleasant is it to walk, run, or bike in your neighborhood or community? For example, are there trees and proper lighting, no graffiti, or abandoned buildings? Would you say...

*¿Qué tan agradable es su vecindad o comunidad para caminar, correr, o andar en bicicleta? Por ejemplo, hay árboles y buena luz, paredes sin graffiti y sin edificios abandonados. Diría...*

1. Very pleasant/ Muy agradable

2. Somewhat pleasant/ Algo agradable

3. Somewhat unpleasant/ Algo desagradable

4. Very unpleasant/ Muy desagradable

7. Don't know/not sure

9. Refused

## **Section 16: Arthritis Burden/Arthritis Management**

If ARTHRITD = 1 (yes) then continue, else go to SEATBELT.

Next, I will ask you about your arthritis.

*Ahora le voy a hacer preguntas sobre la artritis.*

**LIMITJN2 (CDC-CORE asked in 2011)**

**YESNO.**

**16.1 Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.**

*La artritis puede causar síntomas como dolor o rigidez en o alrededor de las coyunturas.*

**Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?**

*¿Actualmente está usted limitado/a en cualquier manera en alguna de sus actividades usuales a causa de la artritis o síntomas de las coyunturas?*

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

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

*Si le preguntan sobre medicamentos o tratamientos, el encuestador debe decir: "Por favor responda a la pregunta con base en su experiencia actual, sin considerar si está tomando algún medicamento o si sigue un tratamiento".*

**ARTHWRK2 (CDC-CORE asked in 2011) (Ask all respondents regardless of employment status)**

**YESNO.**

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

*En esta próxima pregunta nos referimos al trabajo por pago, ¿Actualmente, le afecta la artritis o los síntomas de las coyunturas si usted trabaja, el tipo de trabajo que usted hace, o la cantidad de trabajo que usted hace?*

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

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes."**

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

**ARTHPLAY (CDC-CORE asked in 2011)**

**HOWMUCH.**

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

*En los últimos 30 días, ¿hasta qué punto interfirió su artritis o síntomas de las coyunturas con sus actividades sociales normales, tales como ir de compras, ir al cine, o ir a reuniones religiosas o sociales? Diría usted...*

**Please read [1-3]:**

- 1 A lot/ Mucho
- 2 A little/ Un poco
- 3 Not at all/ Nada

**Do not read:**

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

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

**ARTHPAIN (CDC-CORE asked in 2011)**

**TYPE I.**

**16.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?**

*Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.*

*Por favor piense en los últimos 30 días, teniendo en cuenta todos sus dolores en las coyunturas y si o no tomo medicamentos. DURANTE LOS ULTIMOS 30 DIAS EN PROMEDIO ¿Qué tan intenso fue el dolor en sus coyunturas? Por favor responda usando una escala del 0 (cero) al 10 (diez) en donde el 0 representa nada de dolor, y el 10 representa el peor dolor o molestia posible.*

- — Enter number (0-10)
- 7 7 Don't know / Not sure
- 9 9 Refused

**ARTHTDY2 ( CA-CAPP CDC Optional Module 9, asked in 2011 – answer options have changed)**

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

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

(Read responses 1- 4)

- 1 I can do everything I would like to do;  
*Puedo hacer todo lo que quiero hacer*
- 2 I can do most things I would like to do;  
*Puedo hacer la mayoría de las cosas que quiero hacer*
- 3 I can do some things I would like to do;  
*Puedo hacer algunas cosas que quiero hacer*
- 4 I can hardly do anything I would like to do.  
*Apenas puedo hacer las cosas que quiero hacer*
- 7 Don't Know/Not Sure
- 9 Refused

**ARTHWGHT ( CA-CAPP CDC Optional Module 9, asked in 2011)**

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

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

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

**ARTHPA ( CA-CAPP CDC Optional Module 9, asked in 2011)**

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

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

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

**ARTHEd ( CA-CAPP CDC Optional Module 9, asked in 2011)**

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

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

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

**Section 17: Seat Belt Use**

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**SEATBELT (CDC-CORE)**

**YESNO.**

**17.1 How often do you use seat belts when you drive or ride in a car? Would you say...**

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

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



**Section 18: Immunizations**

**FLUSHOT6 (CDC CORE) (FLUSHOT5 in Q1 Landline)**

**YES/NO.**

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

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

- 1. Yes
- 2 . No (GO TO TETNUS06)
- 7. Don't know / Not sure (GO TO TETNUS06)
- 9. Refused (GO TO TETNUS06)

**FLSHTWH3 (CDC CORE)**

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

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

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

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

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

**TETNUS06 (CDC-CORE similar to question asked in 2012 as CA-IMMUN)**

**18.4 Since 2005, have you had a tetanus shot?**

*Desde el 2005, ¿se ha puesto una vacuna contra el tétanos?*

- 1. Yes
- 2 . No (GO TO PNEUMVC3)
- 77. Don't know (GO TO PNEUMVC3)
- 99. Refused (GO TO PNEUMVC3)

**PERTUS3 (CDC-CORE similar to question asked in 2012 as CA-IMMUN)**

**(Ask if said yes to TETNUS06)**

**18.5 Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?**

*¿Fue la Tdap, la vacuna contra el tétanos que también incluye la vacuna contra la tos ferina o convulsa?*

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

**PNEUMVC3 (CDC-CORE)**

**YESNO.**

**18.6 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
- 7. Don't Know
- 9. Refused

**Section 19: 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. Aunque, le preguntaremos si se ha realizado exámenes, no le preguntaremos sobre los resultados de ninguno de ellos.*

**AIDSTST8 (CDC-CORE)**

**YESNO.**

**19.1 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 SODAPOP)
- 7. Don't know (GO TO SODAPOP)
- 9. Refused (GO TO SODAPOP)

**TSTDATE (CDC-CORE)**

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

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

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

TSTDT\_M/TSTD\_Y

7777. Don't know

9999. Refused

**TSTWHERE (CDC-CORE) -NEW 2013**

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

*¿Dónde se hizo la última prueba de VIH - a un médico particular o de una HMO, en un centro de asesoramiento y laboratorio, en una sala de emergencia, como un paciente internado en un hospital, en una clínica, en una cárcel o prisión, en una instalación de tratamiento de drogas, en el hogar o en algún otro lugar?*

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital inpatient (4 in programming)
- 0 4 Clinic (5 in programming)
- 0 5 Jail or prison (or other correctional facility) (6 in programming)
- 0 6 Drug treatment facility (7 in programming)
- 0 7 At home (8 in programming)
- 0 8 Somewhere else (9 in programming)
- 0 9 Emergency room (3 in programming)
- 7 7 Don't know / Not sure
- 9 9 Refused

**Section 21: Sugary Beverages/Fast Food/Menu Labeling**

Now I would like to ask you some questions about sugary beverages.

**SODAPOP (NETWORK)**

**TYPE XIX..**

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

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

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

**SWTDRINK (NETWORK)****TYPE XIX.**

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

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

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

**The next questions are about eating out at fast food and chain restaurants**

*Las siguientes preguntas son acerca de las comidas fuera de casa, ya sea en cadenas de restaurantes o restaurantes de comida rápida.*

**FSTFOOD3 (NETWORK) NEW 2013**

**21.3 Over the last month (past 30 days), how many times per month, week, or day did you eat FOOD FROM A FAST FOOD RESTAURANT such as McDonalds, Carl's Jr., Taco Bell, Burger King, KFC, Pizza Hut, or a Food Court? Include all mealtimes and between meals.**

*Durante el mes pasado (los últimos 30 días), ¿Cuántas veces por mes, por semana, o por día comió COMIDA DE UN RESTAURANTE DE COMIDA RAPIDA como McDonald's, Carl's Jr., Taco Bell, Burger King, KFC, Pizza Hut, o en una Plaza de comidas? Incluya todas las horas de comer y entre las comidas.*

- 1 \_\_\_\_ Enter Number FSTFO\_A
- 2 \_\_\_\_ Enter Month, Week, Day FSTFO\_A1
- 7 7 7 Don't know
- 8 8 8 NA = Doesn't eat at fast food restaurants
- 9 9 9 Refused

**FSTFOOD1 (NETWORK)****YNNAD.**

**21.4 Do you typically read calorie information for foods and drinks when it is available at fast food and chain restaurants?**

*Típicamente, ¿lee usted la información de calorías para los alimentos y bebidas cuando están disponibles en cadenas de restaurantes y restaurantes de comida rápida?*

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

**FSTFOOD2 (NETWORK)****ALWNEVB.****21.5 How often does this calorie information help you decide what to order? Would you say . . .***¿Con que frecuencia le ayuda esta información de calorías a decidir que ordenar? Diría usted...*

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

**CALSIZE (NETWORK- CWSHS 2012) (From Q2) NEW 2013 (ask if SEX=2 and FSTFOOD1=1) ALWNEVB.****21.6 How often does this calorie information help you decide how much of the item to eat? For example, to share it with someone else or save some of it for a different meal? Would you say...***¿Con que frecuencia esta información de calorías le ayuda a decidir cuánto comer del artículo? Por ejemplo, compartirlo con alguien más o guardar una parte para comer en otra ocasión? ¿Diría usted que...*

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

**Section 22: Food Assistance/Food Security****Now I would like to ask you about the food eaten in your household in the last 12 months.***Ahora me gustaría preguntarle acerca de los alimentos que comieron en su casa en los últimos 12 meses.***WIC2 (CA-NETWORK, asked in 2012 Track 1)****YESNO.****22.1 In the last 12 months, have you or anyone in your household (including children) received food assistance from WIC (coupons/vouchers)?***¿En los últimos 12 meses, usted u alguna otra persona en su hogar (incluyendo niños) recibieron ayuda por parte de WIC (cupones)?*

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

**SNAP (CA-NETWORK)****YES/NO.****22.2 In the last 12 months have you or anyone in your household applied for food stamps, SNAP, or CalFresh?***¿En los últimos 12 meses, ha aplicado usted o alguna otra persona en su hogar para estampillas de comida, SNAP, o CalFresh?*

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

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

**FDSTMRE3 (CA-NETWORK)****YES/NO.****22.3 In the last 12 months have you or anyone in your household received food stamps, SNAP or CalFresh benefits through the EBT card?***¿En los últimos 12 meses, usted o alguna otra persona en su hogar han recibido estampillas de comida, SNAP, o beneficios de CalFresh a través de la tarjeta EBT?*

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

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

IF SEX=FEMALE, THEN ASK, ELSE TO TO OUTOFFD

**FOODBANK (NETWORK- CWHS 2012) (Beginning from Q2) NEW 2013 ask all women YES/NO.****16.1 In the last 12 months, have you received food assistance from emergency food banks?***En los últimos 12 meses, ¿ha recibido usted ayuda de sitios de emergencia donde provean comestibles o "food bank?"*

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

**CALFRESH (NETWORK- CWHS NEW) (Beginning from Q2) NEW 2013 ask all women YES/NO****16.2 Did you know that CalFresh is the new name of the Food Stamp Program in California?***¿Sabía usted que CalFresh es el nuevo nombre del Programa de Estampillas para Alimentos en California?*

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

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

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

**OUTOFFD (CA-NETWORK)**

**TRUEFALB.**

**22.4** The first statement is “The food that I bought just didn’t last, and I didn’t have money to get more.” Was that **OFTEN**, **SOMETIMES**, or **NEVER** true for you in the last 12 months?

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

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

**AFRDMEAL (CA-NETWORK)**

**TRUEFALB.**

**22.5** I couldn’t afford to eat balanced meals. Was that **OFTEN**, **SOMETIMES**, or **NEVER** true for you in the last 12 months?

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

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

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

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

**CUTMEAL (CA-NETWORK)**

**YESNO.**

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

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

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

**CUTOFT (CA-NETWORK)**

**YESNO.**

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

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

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

**EATLESSC (CA-NETWORK)**

**YESNO.**

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

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

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



**EVRHNGRY (CA-NETWORK)****YESNO.****22.9 In the last 12 months, since (date 12 months ago), were you ever hungry but didn't eat because you couldn't afford enough food?***En los últimos 12 meses, ¿tuvo hambre pero no comió porque no había suficiente dinero para comprar comida?*

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

ASK IF SEX=FEMALE and CHILD18&gt;0, else go to HRHCW1

**SCHLMEAL (NETWORK-CWHS 2012) (Beginning from Q2) NEW 2013 ASK ALL WOMEN YESNO.****22.10 You previously told us there are children under the age of 18 in your household. In the last 12 months, have any of these children received free or reduced price school meals?***Anteriormente usted nos dijo que hay menores de 18 años de edad en su hogar. En los últimos 12 meses "ha este niño recibido", "han recibido cualquiera de estos niños" alimentos de la escuela gratis o de precio reducido?*

- 1. Yes
- 2. No
- 8. Not applicable – child not in school
- 7. Don't know
- 9. Refused

**Section 27: Social Context****Now, I am going to ask you about several factors that can affect a person's health.**

Ahora, le voy a preguntar sobre varios factores que pueden afectar la salud de una persona.

If OWNHOME = 1 or 2 (own or rent) continue, else go to **SOCIAL3**.**SOCIAL2 (CDC OPTIONAL MODULE-asked in 2009)****27.1 How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---***En los últimos 12 meses, ¿con qué frecuencia diría usted que estaba preocupado/a o nervioso/a por no tener suficiente dinero para pagar la renta o la hipoteca? Diría que estuvo preocupado/a o nervioso/a:*

(479)

- 1. Always
- 2. Usually
- 3. Sometimes
- 4. Rarely
- 5. Never
  
- 8. Not applicable
- 7. Don't know / Not sure
- 9. Refused

**SOCIAL3 (CDC OPTIONAL MODULE asked in 2009)**

**27.2 How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---**

*En los últimos 12 meses, ¿cuántas veces diría usted que estuvo preocupado/a o nervioso/a por no tener suficiente dinero para comprar alimentos nutritivos? ¿Diría que estaba preocupado/s o estresado/a...?*

(480)

**Please read:**

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
  
8. Not applicable
7. Don't know / Not sure
9. Refused

If EMPLOY2 = 1 (Employed for wages) or 2 (Self-employed), go to **SOCIAL4** and **SOCIAL5**.

If EMPLOY2 = 3 (Out of work for 1 year or more), 4 (Out of work for less than 1 year), or 7 (Retired), go to **SOCIAL6** and **SOCIAL7**.

If EMPLOY2 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to **SOCIAL8**.

**SOCIAL4 (CDC OPTIONAL MODULE asked in 2009)**

**27.3 At your main job or business, how are you generally paid for the work you do. Are you:**

Interviewer note: If paid in multiple ways at their main job, select option 4 (Paid some other way).

*En su empleo o negocio principal, ¿cómo le pagan por su trabajo? Le pagan:*

1. Paid by salary
2. Paid by the hour
3. Paid by the job/task (e.g. commission, piecework)
4. Paid some other way
  
7. Don't know / Not sure
9. Refused

**SOCIAL5 (CDC OPTIONAL MODULE asked in 2009)**

**27.4 About how many hours do you work per week at all of your jobs and businesses combined?**

*¿Aproximadamente cuántas horas trabaja a la semana contando todos sus empleos o negocios?*

- |    |                       |                 |
|----|-----------------------|-----------------|
| __ | Hours (01-96 or more) | (GO TO SOCIAL8) |
| 97 | Don't know / Not sure | (GO TO SOCIAL8) |
| 98 | Does not work         | (GO TO SOCIAL8) |
| 99 | Refused               | (GO TO SOCIAL8) |

**SOCIAL6 (CDC OPTIONAL MODULE asked in 2009)**

**27.5 Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:**

*Recuerde la última vez en que trabajó en su empleo o negocio principal, ¿cómo le pagaron por su trabajo? Le pagaron*

1. Paid by salary/ *Pagado/a por salario*
2. Paid by the hour/ *pagado por hora*
3. Paid by the job/task (e.g. commission, piecework)/ *Pagado por trabajo o tarea*
4. Paid some other way/ *Pagado de alguna otra manera*
  
7. Don't know / Not sure
9. Refused

**SOCIAL7 (CDC OPTIONAL MODULE asked in 2009)**

**27.6 Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?**

*Recuerde la última vez que trabajó, ¿aproximadamente cuántas horas trabajó por semana en todos los trabajos y negocios juntos?*

- |     |                       |
|-----|-----------------------|
| — — | Hours (01-96 or more) |
| 77  | Don't know / Not sure |
| 88  | Does not work         |
| 99  | Refused               |

**SOCIAL8 (CDC OPTIONAL MODULE Similar question asked in 2009)**

**27.7 Did you vote in the last presidential election? The November 2012 election between Barack Obama and Mitt Romney.**

*¿Votó en las pasadas elecciones presidenciales? Las elecciones de noviembre del 2012 entre Barack Obama y Mitt Romney.*

1. Yes
2. No
7. Don't know
8. Not Applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
9. Refused

**Section 28: Women's Health and Wellness (Beginning from Q2)**

**Ask if sex=female**

**Now I would like to ask you more about your health and wellness**

*Ahora, me gustaría preguntarle más acerca de su salud y bienestar.*

**In some of the following questions, we use the term doctor - - this refers to your doctor or other health care provider that delivers your personal health care.**

*En algunas de las siguientes preguntas utilizamos el termino doctor- esto se refiere a su doctor u otro proveedor de la salud que le proporciona su cuidado de salud.*

**A routine well-woman exam is a visit with a doctor for the purpose of assessing and maintaining your overall health - not for treating a specific illness or medical complaint. The well-woman exam typically includes a medical history, physical exam, including a breast exam, preventive health screenings, contraceptive counseling, menopausal care, and health education and counseling to reduce your risk for disease and promote your overall health and wellness. A well-woman exam may also include a pelvic exam and/or a Pap test.**

*Un chequeo femenino (well-woman exam), es una visita con un doctor con el propósito de evaluar y mantener su salud en general - no para tratar una enfermedad específica o queja médica. Un chequeo femenino típicamente incluye un historial médico, examen físico, incluyendo un examen de los senos, exámenes de prevención, asesoramiento sobre anticonceptivos, cuidado de la menopausia, y educación de la salud y asesoramiento para reducir su riesgo de enfermedad y promover su salud en general. Un chequeo femenino puede también incluir un examen pélvico y/o un Papanicolaou.*

**GYNEXAM (OHE-CWHS 2012) (Beginning from Q2) NEW 2013 Ask of women only**

**28.1 Have you been seen by your doctor for a routine well-woman exam in the last two years?**

*¿Ha sido vista por su doctor para un chequeo femenino de rutina en los últimos dos años?*

1. Yes (GO TO WHOSX12M)
2. No
7. Don't know/Not Sure
9. Refused

**Note 11/1/13 mw: In programming, NOEXAM2 is only asked if GYNEXAM=No (does not include DK or RF)**

**NOEXAM2 (OHE-CWHS 2012) (Beginning from Q2) NEW 2013 Ask of women only**

**28.2 Please tell me why you have not been to a doctor or health care provider for a routine well-woman exam in the past two years. (Check all that apply) (Do not read responses)**

*Por favor díganos, ¿por qué no ha ido al médico para un chequeo rutinario femenino?*

1. Could not afford to go to the doctor
2. Insurance did not cover exam
3. I had difficulty finding a doctor
4. Doctor's office was too far away
5. Did not have child care (Did not have anyone to watch my children)
6. No doctor available after 5pm
7. I was afraid the doctor would find something wrong with me
8. I do not have a doctor
9. I do not have any transportation
10. Public transportation takes too long to reach doctor's office
11. Could not find a doctor who speaks my language
12. Could not get time off from work
13. Other (please specify)
77. Don't know/Not sure
99. Refused to answer

ASK IF SEX=FEMALE AND AGE<=49, else go to PROBP4

**WHOSX12M (CWHS 2012) (Beginning from Q2) NEW 2013 Ask of women only WHOSEXB.**

**28.3 Which response best describes whom you have had sex with in the past 12 months? Would you say...**

*¿De las siguientes opciones, cuál mejor describe la gente con quien usted ha tenido relaciones sexuales en los últimos 12 meses? ¿Diría usted...*

1. Sex only with a woman (or with women) (GO TO PROBP4)  
*Relaciones sexuales SOLAMENTE con una mujer (mujeres)*
2. Sex only with a man (or with men)  
*SOLAMENTE con un hombre (hombres)*
3. Sex with both men and women  
*Relaciones sexuales con hombres y mujeres*
4. Did not have sex (GO TO PROBP4)  
*No tuvo relaciones sexuales*
7. Don't know (GO TO PROBP4)
9. Refused (GO TO PROBP4)

**BCDIFF (OHE-CWHS ) (Beginning from Q2) NEW 2013 Ask of women only**

**28.4 Are you or your male sex partner currently having any difficulty in buying a birth control method to prevent unintended pregnancy due to financial/income barriers of the family?**

*¿En la actualidad tiene usted o su compañero sexual alguna dificultad para comprar un método anticonceptivo para prevenir embarazos no deseados debido a obstáculos financieros de la familia?*

1. Yes
2. No

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

**PROBPRE4 (STDCB/OHE-CWHS 2012) (Beginning from Q2) NEW 2013 Ask of women only**  
**28.5 In the past have you ever tried for more than 12 months to get pregnant and were not successful?**

*En el pasado, ¿ha tratado por más de 12 meses de quedar embarazada, sin tener buenos resultados?*

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

**INFERTI3 (STDCB-CWHS 2012) (Beginning from Q2) NEW 2013 Ask of women only**  
**28.6 Have you ever been told by a doctor or other health professional that you were infertile?**

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

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

**HCPROVID (OHE-CWHS) (Beginning from Q2) NEW 2013 Ask of women only**  
**28.7 In the last 12 months, did you have an appointment with your health care provider in an office for any reason?**

*En los últimos 12 meses, ¿tuvo usted una cita con su proveedor de cuidado médico en una oficina por cualquier razón?*

- 1. Yes
- 2. No (GO TO DVFEAR)
- 7. Don't know / Not sure (GO TO DVFEAR)
- 9. Refused (GO TO DVFEAR)

**HCPROVI4 (OHE-CWHS) (Beginning from Q2) NEW 2013 Ask of women only**  
 (HCPROVI2, single response, before 6/17/13)

**28.8 Would you say that your health care provider: (Select all that apply)**

*Diría usted que su proveedor de cuidado médico:*

- 1. Never listened to you carefully/ *Nunca la escucho con atención* HCPRO\_A.
- 2. Explained things clearly/ *Le explicó las cosas con claridad* HCPRO\_B.
- 3. Respected what you explained/ *Respeto lo que usted le explico* HCPRO\_C.
- 4. Spent enough time with you/ *Paso suficiente tiempo con usted* HCPRO\_D.
- 5. Other Other/ *Otra* HCPRO\_E.
- 7. Don't know / Not sure
- 9. Refused

**HCPROVI3 (OHE-CWHS) (Beginning from Q2) NEW 2013 Ask of women only**

**28.9 Did your health care provider ever ask for your opinion about making treatment decisions for yourself?**

*¿Alguna vez, su proveedor de cuidado médico le pregunto por su opinión acerca de tomar decisiones de tratamiento para usted misma?*

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

**The next questions are about relationships with intimate partners. By partner I mean current or former husband, partner, boyfriend or girlfriend. I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.**

*Las próximas preguntas se tratan de las relaciones entre parejas. Por pareja nos referimos a su esposo actual o pasado, compañero, compañera, novio o novia. Quiero estar segura que usted sabe que su participación es completamente voluntaria y que todas sus respuestas serán confidenciales. Si hay alguna pregunta que usted no puede o no quiere contestar, por favor, dígame y pasaremos a la pregunta siguiente.*

**DVFEAR2 (OHE-CWHS 2012) (Beginning from Q2) NEW 2013 Ask of women only YESNODVA.**

**28.10 In the past 12 months, have you been frightened for your or your family's or friend's safety because of the anger or threats of a partner or former partner?**

*¿En los últimos 12 meses, ha estado atemorizada por usted misma o por la seguridad de su familia o amigos a causa del enojo o amenazas de un compañero o compañero anterior?*

1. Yes
2. No
3. No partner or former partner in past 12 months (GO TO DISCEVER)
7. Don't know (GO TO DISCEVER)
9. Refused (GO TO DISCEVER)

**DVCNTROL (OHE-CWHS 2012) (Beginning from Q2) NEW 2013 Ask of women only YESNODVA.**

**28.11 At any time during the past 12 months, has a partner or former partner tried to control most or all of your daily activities? For example, controlling who you can talk to or where you can go.**

*¿Le ha tratado de controlar todas o casi todas de sus actividades diarias su compañero o compañero anterior en los últimos 12 meses, por ejemplo, controlando con quien puede hablar o donde puede ir?*

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

**NOTE 11/1/13 mw: In programming, ask condition for DVRELATN is DVFEAR=yes or DVCNTROL=yes**

**DVRELATN (OHE-CWHS 2012) (Beginning from Q2) NEW 2013 Ask of women only**

**28.12. The last time this happened, what was that person's relationship to you? [Do not read]**

*¿La última vez que sucedió, que era la relación entre esa persona y usted?*

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former boyfriend
8. Former girlfriend
9. Female first date
10. Male first date
11. Male live-in partner
12. Female live-in partner
13. Former male live-in partner
14. Former female live-in partner
15. Other (please specify)
  
77. Don't know/Not Sure
99. Refused

**These next questions are about events that may happen to you in your day-to-day life. The questions ask about situations where you were treated unfairly.**

*Las siguientes preguntas es acerca de los eventos que le pueden pasar en su vida día a día. Las preguntas se refieren a situaciones en las que fue tratada injustamente.*

**DISCEVER (OHE-CWHS 2012) (Beginning from Q2) NEW 2013 Ask of women only**

**28.13 Have you ever experienced discrimination because of your race or ethnicity?**

*¿Alguna vez ha experimentado discriminación por su raza o grupo étnico?*

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

**DISDISAB(OHE-CWHS) (Beginning from Q2) NEW 2013 Ask of women only**

**28.14 Have you ever experienced discrimination because of a disability you might have?**

*¿Alguna vez ha experimentado discriminación debido a una discapacidad que usted pueda tener?*

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



**EMOUPSET (OHE-CWHS) (Beginning from Q2) NEW 2013 Ask of women only**

**28.15 Have you ever felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race, ethnicity, or from a disability you might have?**

*¿Alguna vez se ha sentido mal emocionalmente, por ejemplo enojada, triste, o frustrada, como resultado de la forma que usted fue tratada debido a su raza, origen étnico, o de una discapacidad que usted pueda tener?*

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

**These next questions ask about your sexual health.**

*Las siguientes preguntas son acerca de su salud sexual.*

**STDTEST (NEW STDCB-CWHS) (Beginning from Q2) NEW 2013 Ask all women**

**28.16 Have you ever had a problem with getting testing or treatment for sexually transmitted diseases?**

*¿Alguna vez ha tenido un problema con obtener pruebas o tratamiento para enfermedades transmitidas sexualmente?*

NA=I have not needed testing or treatment for sexually transmitted diseases

1. Yes
2. No (GO TO CHLMTST4)
8. Not applicable (GO TO CHLMTST4)
7. Don't know / Not sure (GO TO CHLMTST4)
9. Refused (GO TO CHLMTST4)

**STDTEST2 (NEW STDCB-CWHS) (Beginning from Q2) NEW 2013 Ask all women**

**28.17 What is the MAIN reason you had a problem getting tested or treated for sexually transmitted diseases?**

*¿Cuál es la razón PRINCIPAL por la cual usted tuvo un problema para hacerse un examen o recibir un tratamiento para enfermedades transmitidas sexualmente?*

1. Could not afford payment/ *No pude pagar el pago*
2. Did not know where to go/ *No sabía a dónde ir*
3. Embarrassed/ *Avergonzada*
4. Worried about confidentiality/ *Preocupada de la confidencialidad*
5. Other/ *Otra*
7. Don't know/Not sure
9. Refused

**CHLMTST4 (STDCB-CWHS) (Beginning from Q2) NEW 2013 Ask all women YESNOB.**

**28.18 Have you been tested for chlamydia during the past 12 months? Would you say: yes, no, don't know what chlamydia is, or don't know?**

*¿Se ha hecho una prueba para la clamidia en los últimos 12 meses? Diría... Si, No, No sabe que es la clamidia, o No sabe?*

- 1. Yes
- 2. No
- 3. Don't know what chlamydia is
- 77. Don't know
- 99. Refused

**The next questions are about breast and cervical cancer screening.**

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

**HADMAM (CDP-EWC; CWHS 2012) (Beginning from Q2) NEW 2013 Ask all women YESNO.**

**28.19 I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.**

**Have you ever had a mammogram?**

*Quiero hacerle unas preguntas sobre una prueba médica que se llama mamografía. Una mamografía es una radiografía del seno para buscar el cáncer; requiere que el seno se presione entre dos placas de plástico.*

*¿Alguna vez le han hecho una mamografía?*

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

**HOWLONG2 (CDP-EWC; CWHS 2012) (Beginning from Q2) NEW 2013 HOWLONGB.**

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

*¿Cuánto tiempo hace, desde que le hicieron su última mamografía?*

- 1. Within the past year (more than 0 months to 12 months ago)
- 2. Within the past 2 years (more than 1 year to 2 years ago)
- 3. Within the past 3 years (more than 2 years to 3 years ago)
- 4. Within the past 5 years (more than 3 years to 5 years ago)
- 5. More than 5 years ago
- 7. Don't know
- 9. Refused

**WHYDONE (CDS-EWC; CWHS 2010) (Beginning from Q2) NEW 2013****WHYDONE.****28.21 Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?***¿Le hicieron su último mamograma como parte de un examen de rutina, debido a problemas de los senos, o porque ya ha tenido cáncer del seno?*

1. Routine checkup
2. Breast problem
3. Had breast cancer
  
7. Don't know
9. Refused

**Note 11/1/13 mw: In programming, ask condition for WHYNOTDB is if ((IHOWLONG2>1 and HOWLONG2 <=5) or HADMAM=No) and age >= 40**

**If HOWLONG2>1 and HOWLONG2 <=5 and age >= 40 continue; Else, go to HADCBE**

**WHYNOTDB (CDP-EWC; CWHS 2012) (Beginning from Q2) NEW 2013****28.22 What was the MAIN reason you did not have a mammogram within the past year?***¿Cuál fue la razón principal por la cual no se hizo una mamografía en el último año?*

1. Doctor never said it was needed
2. I had no reason to have a mammogram
3. Cost
4. No insurance to pay for it
5. Too painful
6. Other (specify)
7. Don't know
9. Refused

**HADCBE (CDP-EWC; CWHS 2012) (Beginning from Q2) NEW 2013****YESNO.****28.23 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 médico, enfermera, u otro profesional de la salud palpa los senos para determinar si hay nudos. ¿Alguna vez le han hecho un examen de los senos?*

- |               |                 |
|---------------|-----------------|
| 1. Yes        |                 |
| 2. No         | (Go to HADPAP2) |
| 7. Don't know | (Go to HADPAP2) |
| 9. Refused    | (Go to HADPAP2) |

**WHENCBCE (CDP-EWC; CWHS 2012) (Beginning from Q2) NEW 2013****HOWLONGB.****28.24 How long has it been since your last clinical breast exam?**

(Read only if necessary)

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

1. Within the past year (more than 0 months to 12 months ago)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 3 years (more than 2 years to 3 years ago)
4. Within the past 5 years (more than 3 years to 5 years ago)
5. More than 5 years ago
  
7. Don't know

9. Refused

**WHYCBE2 (CDP-EWC; CWHS 2010) (Beginning from Q2) NEW 2013** **WHYDONE.**

**28.25 Was your last clinical breast exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?**

*¿Le hicieron su último examen clínico de los senos, como parte de un examen de rutina, debido a problemas con los senos, o porque ya ha tenido cáncer del seno?*

1. Routine checkup
2. Breast problem
3. Had breast cancer
  
7. Don't know
9. Refused

**HADPAP2 (CDP-EWC; CWHS 2012) (Beginning from Q2) NEW 2013** **Ask all women** **YESNO.**

**28.26 A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear test?**

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

1. Yes
2. No (Go to CH\_SEL)
7. Don't know (Go to CH\_SEL)
9. Refused (Go to CH\_SEL)

**WHENPAP5 (CDP-EWC; CWHS 2012) (Beginning from Q2) NEW 2013** **HOWLONGB.**

**28.27 How long has it been since you had your last Pap test? (Read answer choices only if necessary)**

*¿Cuándo le hicieron la prueba de Papanicolaou por última vez?*

1. Within the past year (more than 0 months to 12 months ago)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 3 years (more than 2 years to 3 years ago)
4. Within the past 5 years (more than 3 years to 5 years ago)
5. More than 5 years ago
  
7. Don't know
9. Refused

**COLONAGE (CCCCP-CWHS 2012) NEW BRFS 2013** ask if  $\leq 49$  years of age and sex=female

**20.16 I would now like to ask about colorectal cancer screening.**

*Ahora me gustaría preguntar sobre detección de cáncer colorrectal.*

**At what age do you think women should start getting screened for colorectal cancer?**

*¿A qué edad piensa usted que las mujeres deben comenzar a recibir exámenes para detectar el cáncer colorrectal?*

Enter age \_\_\_\_\_

777. Don't know
999. Refused

**HOWLEARN (CCCCP-CWHS 2012) NEW BRFS 2013** ask if  $\leq 49$  years of age and sex=female  
**20.17 How did you learn about colorectal cancer screening?** (Select all that apply)

*¿Cómo se enteró acerca de la detección del cáncer colorrectal?*

1. *Reminder card in mail*

*Un recordatorio en el correo*

2. *Doctor's office*

*El consultorio del medico*

3. *Television / radio / article in a magazine*

*Televisión/radio/ artículo de una revista*

4. *Patient education materials*

*Materiales educativos para pacientes*

5. *Health fair / community event*

*Feria de salud/ Evento comunitario*

6. *Family member / friend*

*Miembro de la familia/ amistad*

7. *Internet*

8. *Did not learn*

*(Go to CH\_SKIP)*

*No se enteró*

88. *Other*

77. *Don't know / not sure*

*(Go to CH\_SKIP)*

99. *Refused*

*(Go to CH\_SKIP)*

**Note 11/1/13 mw:** In programming (and per skips indicated above), INFOHELP ask if condition includes HOWLEARN=7.

**INFOHELP (CCCCP-CWHS 2012) NEW BRFS 2013** ask if AGE  $\geq 40$  and sex=female and HOWLEARN = 1, 2, 3, 4, 5, 6, or 88

**20.18 Did this information motivate you to get screened for colorectal cancer?**

*¿La motivo esta información para hacer los exámenes de la detección del cáncer colorrectal?*

1. *Yes*

2. *No*

7. *Don't know*

9. *Refused*

## **Section 29: Random Child Selection**

### **CH\_SKIP (Logic)**

*If CHILD18 = 0 or CHILD18 = RF, Go to Section 29: Childhood Asthma; 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.**

#### **29.1 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\_HISP2 (CA- IMMUN/EHIB –CDC OPTIONAL MODULE)**

**YESNO.**

#### **29.2 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 (GO TO CH\_RACE3)
- 77. Don't know (GO TO CH\_RACE3)
- 99. Refused (GO TO CH\_RACE3)

### **CH\_HMEX (CA- IMMUN/CDC OPTIONAL MODULE) NEW 2013 (Ask if said yes to CH\_HISP2)**

#### **29.3 Are they...**

**Mexican, Mexican American, or Chicano/a?/Mexicano, mexicanoamericano, chicano**

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

### **CH\_HPR (CA- IMMUN/CDC OPTIONAL MODULE) NEW 2013 (Ask if said yes to CH\_HISP2)**

#### **29.4 Puerto Rican?/ Puertorriqueño**

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

**CH\_HCUB (CA- IMMUN/CDC OPTIONAL MODULE) NEW 2013 (Ask if said yes to CH\_HISP2)**

**29.5 Cuban?/¿Cubano/a ?**

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

**CH\_HOTH (CA- IMMUN/CDC OPTIONAL MODULE) NEW 2013 (Ask if said yes to CH\_HISP2)**

**29.6 Another Hispanic, Latino/a, or Spanish origin?/ De otro origen latino, hispano o español**

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

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

**YESNO.**

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

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

- |  |          |
|--|----------|
| 1. White                                     | CH_RAC_A |
| 2. Black or African American                 | CH_RAC_B |
| 3. Asian                                     | CH_RAC_C |
| 4. Native Hawaiian or Other Pacific Islander | CH_RAC_D |
| 5. American Indian or Alaska Native          | CH_RAC_E |
| 6. Other (Specify)                           | CH_RAC_F |
| 77. Don't know                               |          |
| 99. Refused                                  |          |

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

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

**29.8 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

If CH\_RACE3= 3 or 4 then ask CH\_RA2AB, else go to CH\_BORN

**CH\_RA2AB (CA) NEW 2013**

**ORACE2AB.**

**29.9 Is the \*\*- year/month old child 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. Guamanian or Chamorro
16. Other: (specify)
777. Don't know
999. Refused



**CH\_BORN (CA-IMMUN-CDC OPTIONAL MODULE)****TYPE I.****29.10 In what month and year was \*\*- year/month old child born?***¿En qué mes y año nació el niño(a) de \*\*-año(s)/mes(es)?*

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

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

99. Refused

**CH\_REL (CDC OPTIONAL MODULE)****CH\_REL.****29.11 How are you related to the child?***¿Cómo 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 30: Childhood Asthma Prevalence****This module will only be implemented in households with children (<18 years old).****CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE)****YESNO.****30.1 Has a doctor, nurse or other health professional EVER said that the \*\*- year/month 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 RRCLASS2)

77. Don't know

(GO TO RRCLASS2)

99. Refused

(GO TO RRCLASS2)

**CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)****YESNO.****30.2 Does the 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

## **Section 31: Reactions to Race (Beginning from Q2)**

**Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.**

*Anteriormente le pregunté con qué raza se identificaba usted. Ahora voy a preguntarle acerca de cómo lo/la identifican y lo/la tratan otras personas.*

### **RRCLASS2 (CA-SRG, beginning from Q2)**

**31.1 How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?**

*¿Cómo lo/la suelen clasificar a usted otras personas en este país? ¿Diría usted que...? Blanco, negro o afroamericano, hispano o latino, asiático, nativo de Hawái o de otras islas del Pacífico, indoamericano o nativo de Alaska o de algún otro grupo?*

1. White/ *Blanco*
2. Black or African American/ *Negro o afroamericano*
3. Hispanic or Latino/ *Hispano o latino*
4. Asian/ *Asiático*
5. Native Hawaiian or Other Pacific Islander/ *Nativo de Hawái o de otras islas del Pacífico*
6. American Indian or Alaska Native/ *Indoamericano o nativo de Alaska*
8. Some other group (please specify) \_\_\_\_\_
7. Don't know / Not sure
9. Refused

**INTERVIEWER NOTE: If the respondent requests clarification of this question, say:** “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.”

*“Queremos saber cómo suelen clasificarlo OTRAS personas en este país, lo que puede ser diferente de cómo se clasifica usted mismo/a”.*

### **RRCOGNT2 (CA-SRG, beginning from Q2)**

**31.2 How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?**

*¿Con qué frecuencia piensa acerca de su raza? Diría nunca, una vez al año, una vez al mes, una vez a la semana, una vez al día, una vez por hora o constantemente?*

1. Never/ *Nunca*
2. Once a year/ *Una vez al año*
3. Once a month/ *Una vez al mes*
4. Once a week/ *Una vez a la semana*
5. Once a day/ *Una vez al día*
6. Once an hour/ *Una vez por hora*
8. Constantly/ *Constantemente*
7. Don't know / Not sure
9. Refused

**INTERVIEWER INSTRUCTION:** The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.

**Section 32: Closing**

*If ASTHEV3=1 or CHLDAST2 =1 continue*

**ADLTCALL (CA-California Breathing)**

**YESNO.**

**32.1 Do you think you would be willing to do a follow-up to this survey sometime in the future, asking about your experience with asthma?**

*Cree que en algún momento en el futuro, ¿estaría usted dispuesto(a) en hacer una encuesta que sigue a esta y le preguntaremos sobre la experiencia de su asma?*

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

**CHLDCALL (CA-California Breathing)**

**YESNO.**

**32.2 Do you think you would be willing to do a follow-up to this survey sometime in the future, asking about your child's experience with asthma?**

*Cree que en algún momento en el futuro, ¿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

**ADLTNAME (CA-California Breathing) (Ask if said yes to ADLTCALL or CHLDCALL)**

**32.3 Whom should we ask for when we call back?**

*¿Por quién debemos preguntar cuando volvamos a llamar?*

Interviewer: It would be best to have a name or nickname or initials.

Enter name \_\_\_\_\_

**CHLDNAME (CA-California Breathing) (Ask if said yes to CHLDCALL)**

**32.4 What is the \*- year/month's name for when we callback?**

*¿Cuál es el nombre del niño/niña de \*- year/month's para cuando regresemos la llamada?*

Interviewer: We need the name, initials or nickname./

*Es necesario el nombre, iniciales o alias.*

Enter name \_\_\_\_\_

**CALLBACK (CA-SRG)****YESNO.**

**32.3 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

*Your answers indicate that there is at least one youth of “\_age” but younger than 17 living in this household. We would like to interview one of/the youth as part of a study on exercise and nutrition.*

*Sus respuestas indicaron que hay {if(isteen=1,"un joven","jóvenes")} viviendo en este hogar de 12 a 17 años de edad. Nos gustaría entrevistar a {if(isteen=1,"el/la joven","uno de los jóvenes")} como parte de un estudio referente al ejercicio y la nutrición.*

**YTHSAMP1 (CA-SRG)**

**32.5 Your answers indicate that there [if number of teens =1,"is one youth", else "are youths"] at least 12 years of age but younger than 18 living in this household. We would like to interview [if number of teens =1,"the youth", else "one of the youths"] as part of a study on exercise and nutrition.**

*Sus respuestas indicaron que hay [if number of teens =1,"un joven",else "jóvenes"] viviendo en este hogar de 12 a 17 años de edad. Nos gustaría entrevistar a [if number of teens =1,"el/la joven",else "uno de los jóvenes"] como parte de un estudio referente al ejercicio y la nutrición.*

**YTHSAMP2**

**32.6 All answers will be kept confidential. While participation is voluntary, your cooperation and the cooperation of the youth in this survey is very important to the success of our study. ||May we call back sometime in the future to interview the youth/one of the youths?**

*Todas las respuestas se mantendrán confidenciales. Mientras que su participación es voluntaria, su cooperación y la cooperación del joven o la joven en esta encuesta es muy importante para el éxito de nuestro estudio. <p> Podríamos llamar en el futuro para entrevistar a {if(isteen=1,"el/la joven","uno de los jóvenes}}?*

- 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**

(To Interviewer:) Was this interview completed in English or Spanish?

**SPANINB.**

1. Spanish
2. English