

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2013
TRACK III
In Collaboration with The Center for Disease Control and Prevention's
Behavioral Risk Factor Surveillance System

FINAL

Merged English/Spanish Version

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**Behavioral Risk Factor Surveillance System
2013 State Questionnaire
Track III**

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INTROQ

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

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

PRIVRES

Is this a private residence?

¿Es esta una residencia privada?

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

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

COLLEGE (Ask if PRIVRES not equal 1)

Is this college housing?

¿Es este una vivienda de colegio?

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

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

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

RUADULT (Ask if PRIVRES = 1)

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

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

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

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

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

California Behavioral Risk Factor Survey 2013, Track III Merged English/Spanish, Version 6/21/2013

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?

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 ---> Continue

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, quiero hacerle algunas preguntas acerca de su salud.

Section 1: Health Status

GENHLTH (CDC-CORE)

HEALTH.

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

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

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

- 7. Don't know
- 9. Refused

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

PHYSHLTH (CDC-CORE)

TYPE VII.

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

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

___ Enter Number of days

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

MENTHLTH (CDC-CORE)

TYPE VII.

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

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

___ Enter Number of days

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

IF PHYSHLTH = 88 (None) and MENTHLTH = 88 then go to POORHLTH, ELSE GO TO HAVEPLN3

POORHLTH (CDC-CORE)

TYPE VII.

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

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

— Enter Number of days

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

Section 3: Health Care Access

HAVEPLN3 (CDC-CORE)

YESNO.

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

Las próximas preguntas se refieren al acceso que usted tiene al cuidado médico. Por favor este tranquilo(a) que no estoy tratando de venderle seguro médico. ¿Tiene usted alguna cobertura de salud, incluyendo seguro de salud, planes pre-pagados tales como los de HMO (organizaciones para el mantenimiento de la salud), o planes del gobierno como Medicare o el servicio de salud indio?

- 1. Yes
- 2. No

- 7. Don't know
- 9. Refused

MEDICAR2 (CDC Optional Module-NEW2013)

YESNO.

3.1.0 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-NEW2013, similar to CA-CORE question asked in 2012)

3.1.1 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 <> 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)

3.2 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 as your personal doctor or health care provider?")

¿Hay una persona quien usted considera ser su doctor (médico) personal o proveedor de su cuidado médico? PROBE: If NO, ask "¿hay más de una persona o no hay ninguna persona a quien usted considere su doctor (médico) personal o proveedor de su cuidado médico?"

1. Yes, only one/ *Sí, solo uno* (DO NOT PROBE)
2. More than one/ *Más de uno*
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 doctor (médico), pero no pudo hacerlo debido al costo?

1. Yes
2. No

77. Don't know
99. Refused

CHECKUP2 (CDC-CORE)

HOWLNGC.

3.4 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 doctor (médico), para hacerse un chequeo de rutina? Un chequeo de rutina es un examen físico general, NO un examen realizado para una lesión específica NI enfermedad o afección (enfermedad) específica.

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
8. Never

77. Don't know
99. Refused

MEDDELAY (CDC Optional Module-NEW2013)

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.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other Specify _____
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

- 1 *No pudo entrar la llamada por el teléfono*
- 2 *No pudo conseguir una cita pronto.*
- 3 *Cuando llego, usted tuvo que esperar mucho tiempo para poder ver al doctor (médico).*
- 4 *La clínica/ La oficina del doctor (medico) no estaba abierta cuando usted llego.*
- 5 *Usted no tenía transportación*
- 6 *Otra razón*
- 8 *No, demore en conseguir cuidado médico/ No necesite cuidado medico*

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

GAPPLN3 (CDC Optional Module-NEW2013)

YESNO.

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-NEW2013)

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-NEW2013)

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-NEW2013)

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 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-NEW2013)

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-NEW2013)

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 crédito, a través 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 preguntarle sobre sus hábitos de dormir.

SLEEPHR2 (CDC-CORE - formerly an optional module, asked in track 1)

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

BPHIGH2 (CDC-CORE asked in 2011)

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)

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

BLOODCHO (CDC-CORE asked in 2011)

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)

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)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

1. *En el último año (hace menos de 12 meses)*
2. *En los últimos 2 años (hace 1 año pero menos de 2)*
3. *En los últimos 5 años (hace 2 años pero menos de 5)*
4. *Hace 5 años o más*

Do not read:

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

TOLDHI (CDC-CORE asked in 2011)

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

HEART2 (CDC-CORE)

YESNO.

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 any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure.”

Has a doctor, nurse or other health professional EVER that you had a heart attack, also called a myocardial infarction (MY-o-card-ee-al in-FARK-shun)? For each, tell me “Yes,” “No,” or you’re “Not sure.”

¿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?

Para cada pregunta, responda "Sí", "No", o "No estoy seguro/a"

INTERVIEWER: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed professional.

Leer solo si es necesario: por "otros profesionales de la salud" nos referimos a una enfermera, un asistente médico, o algún otro profesional con licencia.

1. Yes
2. No

7. Don’t Know
9. Refused

ANGINA (CDC-CORE)

YESNO.

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 de pecho o una enfermedad coronaria del corazón?

1. Yes
2. No

7. Don’t Know
9. Refused

STROKE2 (CDC-CORE)

YESNO.

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 tuvo 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 you had skin cancer?***¿Alguna vez le ha dicho un doctor (médico), enfermera, u otro profesional de la salud que usted tenía cáncer en la piel?***Read only if necessary:**

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

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

- 1. Yes
- 2. No
- 7. Don't know
- 9. 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? Interviewer note: Includes basal (Bay-Sul) and squamous (Sqwa-muss) cell cancers)***(¿Alguna vez le ha dicho un doctor (médico), enfermera u otro profesional de la salud) que usted tuvo cualquier otro tipo de cáncer?(Incluye cáncer basal y cánceres de células escamosas*

- 1. Yes
- 2. No
- 7. Don't know
- 9. 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 doctor (médico), enfermera u otro profesional de la salud) que usted tiene: enfermedad pulmonar obstructiva crónica EPOC (también llamada COPD por sus siglas en inglés), de enfisema o de bronquitis crónica?

1. Yes
2. No
7. Don't know
9. 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 dijo un doctor (médico) u otro profesional de la salud, que usted tiene algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?

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

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

Los diagnósticos de artritis incluyen:

- reumatismo, polimialgia reumática
- artrosis (no osteoporosis)
- tendinitis, bursitis, juanete, codo de tenista (epicondilitis)
- síndrome del túnel carpiano, síndrome del túnel tarsiano
- infección en las articulaciones, síndrome de Reiter
- espondilitis anquilosante, espondilosis
- síndrome del manguito de los rotadores
- enfermedad del tejido conjuntivo, escleroderma, polimiositis, síndrome de Raynaud
- vasculitis (arteritis de células gigantes, púrpura de Henoch-Schonlein, granulomatosis de Wegener, poliarteritis nodosa)

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 doctor (médico), enfermera, u otro profesional de la salud) que usted tiene una enfermedad depresiva (incluyendo depresión, depresión mayor, distimia, o depresión leve)?*

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

KIDNEY (CDC-CORE)**YES/NO.****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.***Interviewer Note: Incontinence is not being able to control urine flow.**¿Alguna vez le ha dicho un doctor (médico), enfermera, u otro profesional de la salud que usted tiene una enfermedad renal (de los riñones)? NO incluya piedras en el riñón, infección en la vejiga (vesícula) ni incontinencia.*

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

BLIND (CDC-CORE) (VISION3 IN Q1 LL)**YES/NO.****7.12 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
9. Refused

DIABCOR3 (CDC-CORE)**DIABDCDC.****7.13 Next I would like to ask you about diabetes, sometimes called sugar diabetes. Has a doctor, nurse or other health professional ever told you that you have diabetes? (If Respondent says pre-diabetes or borderline diabetes, use response "pre-diabetes").**

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

*“¿Fue esto únicamente cuando estaba embarazada?”**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?*

1. Yes
2. Yes, but female told only during pregnancy
3. No
4. No, pre-diabetes or borderline diabetes
7. Don't know
9. Refused

Section 8: Exercise

EXERANY1 (CDC-CORE)

YES/NO.

8.1 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 2011)

8.2 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 2011)

8.3 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 2011) (EXERMM1 in Q1-Q2)

8.4 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 2011)

8.5 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 2011)

8.6 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 2011) (EXERMM2 in Q1-Q2)

8.7 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 2011)

8.8 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.] Cuente 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

Section 9: 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.

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

Interviewer note: 5 packs = 100 cigarettes

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

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

SMKEVDA2 (CDC-CORE)

EVDAY.

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

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

- 1. Every day (Go to **FLAVTOB**)
- 2. Some days (Go to **FLAVTOB**)
- 3. Not at all
- 7. Don't know (Go to **SMOKREG4**)
- 9. Refused (Go to **SMOKREG4**)

LASTSMK2 (CDC-CORE)**SMOKREGB.****9.15 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 (CA-TCP)**SMOKREGD.****9.20 About how long has it been since you last smoked cigarettes regularly?**

(Read only if necessary)

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

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

FLAVTOB (CA-TCP-NEW2013)

9.28 In the last 6 months, did you use the following flavored tobacco products?

En los últimos 6 meses, ¿ha usado los siguientes productos de tabaco con sabor?

Interviewer note: "Flavored tobacco product" means any tobacco product that contains an additive that creates a distinct taste or smell, such as the taste or smell of fruit, chocolate, vanilla, or honey.

- | | | | |
|----|-------------------------------|----------------------------------------|----------|
| 1. | Flavored snus? (Y/N) | Snus con sabor? | FLAVSNS |
| 2. | Flavored cigars? (Y/N) | Puros con sabor? | FLAVCGR |
| 3. | Flavored cigarillos? (Y/N) | Cigarritos con sabor? | FLAVCGL |
| 4. | Flavored little cigars? (Y/N) | Puros pequeños con sabor? | FLAVLCGR |
| 5. | Flavored hookah? (Y/N) | Pipa turca (hookah) de agua con sabor? | FLAVHKH |
| 6. | Flavored e-cigarettes? (Y/N) | Cigarillos electrónicos con sabor? | FLAVECIG |

Do not read:

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

SMKCIGAR (CA-TCP)

YESNO.

9.30 Have you ever smoked a cigar, even just a few puffs? (Cigar=large cigar, cigarillo, or small cigar)

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

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

PIPEVER (CA-TCP)

YESNO.

9.40 Have you ever smoked a tobacco pipe?

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

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

HOOKEVER (CA-TCP)**YESNO.****9.50 Have you ever smoked a hookah pipe?**

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

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

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

CHEWEVER (CA-TCP)**YESNO.****9.60 Have you ever used chewing tobacco such as Redmann, Levi Garrett or Beechnut?**

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

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

SNUFEVE1 (CA-TCP)**YESNO.****9.70 Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?**

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

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

SNUSEVER (CA-TCP)**YESNO.****9.80 Have you ever used new types of smokeless tobacco products, such as Camel Snus or Marlboro Snus? (A teabag like pouch that a user sticks between the upper lip and gum, leaves there for up to 30 minutes and discards without spitting.)**

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

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

ECIG30 (CA-TCP)**TYPE I.****9.90 During the past 30 days, how many days did you use Electronic cigarettes, such as “Smoking Everywhere” or “Njoy”?***Durante los últimos 30 días, ¿cuántos días usó usted cigarrillos electrónicos, tales como “Smoking everywhere” o “Njoy”?*

____ Enter number of days

77. Don't know

99. Refused

If SMOKE100=2 or 7 or 9 then go to SHSEXPOS

Else if SMOKE100=1 and SMKEVDA2=1 then go to SMOKENUM

Else if SMOKE100=1 and SMKEVDA2=2 or 3 or 7 or 9 then ask SMK6MOS

Section 10: Current Cigarette Use**I'd like to ask you some more questions about cigarette smoking.***Me gustaría hacerle unas preguntas más acerca de fumar cigarrillos.***SMK6MOS (CA-TCP)****YESNO.****10.0 Have you ever smoked daily for six months or more?***¿Alguna vez ha fumado todos los días por seis meses o más?*

1. Yes

2. No

7. Don't know

9. Refused

(Go to SMK30ANY)

(Go to SMK30ANY)

(Go to SMK30ANY)

DAILYSMK (CA-TCP) (DAILYR, DAILYMO, DAILYWK, DAILYDY)**TYPE XXXI.****10.05 How long has it been since you smoked on a daily basis?***¿Cuánto hace desde que fumó diariamente?*

__ YEARS DAILYR

__ MONTHS DAILYMO

__ WEEKS DAILYWK

__ DAYS DAILYDY

00. Time frame does not apply

77. Don't know for that time frame

99. Refused for that time frame (Go to SMK30ANY)

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

Ask if SMKEVDA2 =1

SMOKENUM (CA-TCP)

10.10 **On the average, about how many cigarettes a day do you now smoke?** **TYPE V.**

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

(NOTE: 1 pack=20 cigarettes)

___ Enter number

- 000. Don't smoke regularly (programmed as 888)
- 777. Don't know
- 999. Refused

After respondent answers SMOKENUM (not na/dk/rf), go to SMKWHOLE.

If SMKEVDA2≠1 then ask SMK30ANY.

SMK30ANY (CA-TCP)

10.15 **Did you smoke any cigarettes during the past 30 days?** **YESNO.**

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

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

SMK30DAY (CA-TCP)

10.20 **On how many of the past 30 days did you smoke cigarettes?** **TYPE I.**

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

__ Enter number

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

SMK30NUM (CA-TCP)

TYPE I.

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

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

(NOTE: 1 pack=20 cigarettes)

___ Enter number

- 777. Don't know
- 999. Refused

If SMOKE100=1 then ask SMKWHOLE.

SMKWHOLE (CA-TCP)

TYPE I.

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

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

-- Enter age in YEARS

77. Don't know

99. Refused

SMOKEAGE (CA-TCP)

TYPE XII.

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

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

-- Enter age in YEARS

00. Not Applicable (Never smoked regularly)

77. Don't know

99. Refused

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

SMK12AGO (CA-TCP)

YESNO.

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

¿Estaba usted fumando alrededor de esta temporada hace 12 meses?

1. Yes

2. No

(Go to PUFF)

7. Don't know

(Go to PUFF)

9. Refused

(Go to PUFF)

SMK12DL2 (CA-TCP)

EVDAY.

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

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

1. Every day

2. Some days

7. Don't know

9. Refused

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

SMKWAKE (CA-TCP)**TYPE XXV.****10.50 How soon after you awake in the morning do you usually smoke your first cigarette?***¿Al despertarse por la mañana, cuánto tiempo pasa usualmente, antes de que fume su primer cigarrillo?*

_ _ _ _ Enter response

(Go to SHSEXPOS)

0000. Immediately

(Go to SHSEXPOS)

7777. Don't know

(Go to SHSEXPOS)

9999. Refused

(Go to SHSEXPOS)

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

PUFF (CA-TCP) (PUFFYR1, PUFFMO1, PUFFWK1, PUFFDY1)**TYPE XXXI.****10.55 When did you last smoke or have a puff on a cigarette?***¿Cuánto tiempo hace desde que fumó su último cigarrillo aunque fuera solamente un sopló?*

_ _ YEARS PUFFYR1

_ _ MONTHS PUFFMO1

_ _ WEEKS PUFFWK1

_ _ DAYS PUFFDY1

00. Time frame does not apply

77. Don't know for that time frame

99. Refused for that time frame

SHSEXPOS (CA-TCP)**YESNO.****10.60 In the last two weeks, have you ever been exposed to secondhand smoke in California?***En las últimas dos semanas, ¿alguna vez ha estado expuesto al humo de segunda mano en California?*

1. Yes

2. No

77. Don't know

99. Refused

(go to AGEb)

(go to AGEb)

(go to AGEb)

SHSWHERE (CA-TCP)**WHEREXPB.****10.65 Where were you in California the last time this happened?**

Interviewer note: Do not read

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

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

Section 11: Demographics**AGEB (CDC-CORE)****11.0 What is your age?**

Range: 18 – 150

¿Cuántos años tiene usted?

___ Enter age in years

77. Don't know

99. Refused

HISP4 (CDC-CORE)**11.05 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)

11.06 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)

11.07 Puerto Rican?/ ¿Puertorriqueño?

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

HISPCUB (CDC-CORE) (Ask if said yes to HISP4)

11.08 Cuban? / ¿Cubano?

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

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

11.09 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.**

11.10 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 Hawaii 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)

11.15 Would you say your race is ...

¿Diría que su raza es...

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

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

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

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

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

1. White
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.

11.25 If orace4<>3.and.orace4<>4.and.orace4>0, ask “Even though you indicated that the group that **BEST** represents your race is not Asian or Pacific Islander, we need to know if you are Chinese, Japanese, Korean, Filipino or Other?”, else ask “Are you Chinese, Japanese, Korean, Filipino or Other?”

If orace4<>3.and.orace4<>4.and.orace4>0, ask “*Aunque usted indico que el grupo que MEJOR representa su raza no es asiático o de las islas del Pacifico, ¿necesitamos saber si usted es chino(a), japonés(a), coreano(a), filipino(a), u otra? , else ask “¿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.

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

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

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

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

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

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

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

SXORIEN2 (CA-TCP)**SXORIENB.**

11.40 Now I'm going to ask you a question about sexual orientation. Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or Other.

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

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

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

For all Spanish Speaking Respondents: Gente Heterosexual tiene sexo con, o son principalmente atraídos por personas del sexo opuesto, gays (y lesbianas) son personas que tienen sexo con o son principalmente atraídas por personas del mismo sexo, y bisexuales tienen sexo con o son atraídos por personas de ambos sexos.

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

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.**

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

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

Range: 1 – 9

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

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

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

¿Qué edad tiene el(la) joven?

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

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

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

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

- 77. Don't know
- 99. Refused

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

ONEMONTH (CA-CORE)

TYPE VII.

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

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

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

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

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

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

- 77. Don't know
- 99. Refused

EDUCA (CDC-CORE)**EDUCA.****11.60 What is the highest grade or year of school you completed?**

Read Only if Necessary

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

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

EMPLOY2 (CDC-CORE)**EMPLOYA.****11.65 Are you currently: Employed for wages, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?***¿Actualmente: Trabaja con sueldo, trabaja por cuenta propia, ha estado sin trabajo por más de 1 año, ha estado sin trabajo por menos de 1 año, es amo/a de casa, es estudiante, está jubilado/a, o no puede trabajar?*

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year
4. Out of work for less than 1 year
5. Homemaker
6. Student
7. Retired
8. Unable to work
77. Don't know
99. Refused

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

INCOM02 (CDC-CORE)

INCOMED.

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

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

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

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

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

THRESH00, THRESH01, THRESH02 (CA-CORE)

YES/NO.

11.75 Is your annual household income above _____? (Table look up for income and household size) (This is an income threshold used for statistical purposes.)

¿Es su ingreso anual más de \$

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

INCOM02	=	1	2	3	4	5	6	7	8	9	
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	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)

(not formatted)

11.80 About how much do you weigh without shoes? Round fractions up.

¿Cómo cuánto pesa usted sin zapatos?

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

7777. Don't know

9999. Refused

HEIGHT (CDC-CORE)

(not formatted)

11.85 About how tall are you without shoes?

¿Cómo cuánto mide de estatura sin zapatos?

Round fractions down

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

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

7777. Don't know

9999. Refused

COUNTY1 (CDC-CORE) ANSI County Code (formerly FIPS county code)

COUNTYA.

11.90 What county do you live in?

¿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)

11.95 What is the zip code where you live?

¿Cuál es el código de zona postal donde usted vive?

_____ Enter the five digit number

777777. Don't know

999999. Refused

NUMHOLD2 (CDC-CORE)

YES/NO.

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

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

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

NUMPHON4 (CDC-CORE)

TYPE I.

11.105 How many of these phone numbers are residential numbers?

¿Cuántos de estos números de teléfono son números residenciales?

Range: 1 - 6

_____ Enter Residential Phone Numbers (6 = 6 or more)

- 8. Not Applicable (None or 0)*
- 7. Unknown
- 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.

11.110 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.****11.135 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)**YESNO.****11.140 Have you used the internet in the past 30 days?***¿Ha usado la Internet en los últimos 30 días?*

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

OWNHOME (CDC-CORE)**RENT.****11.145 Do you own or rent your home?***¿Es usted dueño(a) o alquila (renta) su casa?*

Interviewer note: Home is defined as the place where you live most of the time/the majority of the year. "Other arrangement" may include group home, staying with friends or family without paying rent.

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

REMEM2 (CDC-CORE asked in 2009 Track 1 as CA-ODH)**YESNO.****8.26 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 asked in 2009 Track 1 as CA-ODH)**YESNO.****8.27 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 asked in 2009 Track 1 as CA-ODH)

YESNO.

8.28 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.

8.29 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 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 11: Quitting

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

Anteriormente usted respondió a algunas preguntas acerca del fumar. Nos gustaría dar seguimiento a algunas de estas preguntas.

If SMOKE100 <>1 skip to OFTCIGRB
 If SMKEVDA2 <= 2 or SMOKREG4 <=4 continue, else skip to RETURN12

QUIT1DY3 (CDC-CORE)

YESNO.

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

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

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

NOSMK (CA-TCP) (NOSMKDY, NOSMKWK, NOSMKMO)**TYPE V.**

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

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

(INTERVIEWER NOTE: ONE YEAR=12 MONTHS)

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

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

QUITMED2 (CA-TCP)**YESNO.**

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

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

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

QUITADV2 (CA-TCP)**YESNO.**

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

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

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

QUITMAT (CA-TCP)**YESNO.**

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

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

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

RETSITUA (CA-TCP)**RETSITUA.**

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

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

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

1. A stressful situation
2. A death or tragedy
3. Where alcohol was served
4. Because of marital problems
5. In a social situation
6. The aroma of cigarette smoke
7. Because you were irritable due to smoking withdrawal
8. While driving
9. For enjoyment
10. OTHER ____ (specify) ----->RETURTXT

77. Don't know
99. Refused

After respondent answers RETSITUA, go to RETURYR, RETURNMO, RETURNWK, RETURNDY.

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

QUITLIFE (CA-TCP)**YESNO.**

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

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

1. Yes
2. No (Go to NOCIG)

7. Don't know (Go to NOCIG)
9. Refused (Go to NOCIG)

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

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

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

- | | | |
|-----|--------|----------|
| --- | YEARS | RETURYR |
| --- | MONTHS | RETURNMO |
| --- | WEEKS | RETURNWK |
| --- | DAYS | RETURNDY |
000. Time frame does not apply
 777. Don't know for that time frame
 999. Refused for that time frame
 888. Never smoked again after last quit attempt

_If SMOKENUM=888 (never smoke regularly) go to QUIT30. Otherwise, continue.

Ask if SMEVDA2 = 1 or 2

NOCIG (CA-TCP) (NOCIGDY, NOCIGWK, NOCIGMO, NOCIGYR)

TYPE V.

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

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

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

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

If SMKEVDA2=1 or 2 then continue. Else skip to RETURN12. (Note: this trigger differs from the trigger in Tracks 1 & 2)

QUIT30 (CA-TCP)

YESNO.

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

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

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

QUIT6 (CA-TCP)

YESNO.

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

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

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

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

RETURN12 (CA-TCP)

RETURN.

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

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

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

SMKAGAIN (CA-TCP)

YESNO.

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

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

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

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

CONCERNB.

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

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

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

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

Section 12: Cigarette Purchases

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

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

CIGMONEY (CA-TCP)

CIGMONEY.

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

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

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

7. Don't know
9. Refused

CABUY (CA-TCP)

CABUY.

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

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

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

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

WHEREBUY (CA-TCP)

WHEREBUY.

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

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

1. At convenience stores or gas stations
Tiendas de conveniencia o gasolineras
2. At supermarkets
En supermercados
3. At liquor stores or drug stores
Tiendas que venden licor o farmacias
4. At tobacco discount stores
Tiendas de rebajas de cigarrillos
5. At other discount stores such as Wal-Mart or Costco
Otras tiendas de rebajas, tal como Wal-Mart o Costco
6. On Indian reservations
En reservas de indios
7. In military commissaries
En economatos militares
8. OTHER ____ (specify) ----->BUYTXT

77. Don't know
99. Refused

SMKTYPE (CA-TCP)**SMKTYPE.****12.30 Do you usually smoke regular, light, or ultra-light cigarettes?***¿Usualmente, fuma usted cigarrillos regulares, suaves ("lights" o bajo en nicotina), o ultra suaves?*

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

- 7. Don't know
- 9. Refused

SMO30MEN (CA-TCP)**YESNO.****12.40 During the past 30 days were the cigarettes that you usually smoked menthol?***Durante los últimos 30 días, ¿fueron los cigarrillos que usted usualmente fumo de mentol?*

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

SMKBRAN2 (CA-TCP)**SMKBRAND.****12.50 What brand do you usually smoke?***¿Qué marca fuma usted usualmente?*

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

PRICE (CA-TCP)**TYPE VII.****12.60 How much do you usually pay for a pack of cigarettes?***¿Cuánto paga usualmente por una cajetilla de cigarrillos?*

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

__ _ _ Enter response

- 777. Don't know
- 999. Refused

BUYDOWN (CA-TCP)**YESNO.**

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

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

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

Section 13: Last Tobacco Use

If SMKCIGAR=1 then ask OFTCIGRB.

OFTCIGRB (CA-TCP)**TYPE I.**

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

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

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

If SMKCIGAR=1 then ask CIGARSML

CIGARSML (CA-TCP)**OFTCIGAR.**

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

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

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

IF PIPEVER=1 then ask PIPENOW.

PIPENOW (CA-TCP)

EVDAY.

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

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

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

If CHEWEVER=1 then ask CHEWNOW.

CHEWNOW (CA-TCP)

EVDAY.

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

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

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

If SNUFEVE1=1 then ask SNUFNOW.

SNUFNOW (CA-TCP)

EVDAY.

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

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

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

If SNUSEVER=1 then ask SNUSNOW.

SNUSNOW (CA-TCP)

EVDAY.

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

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

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

HOOKAH (CA-TCP) ask if HOOKEVER = 1

TYPE VII.

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

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

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

Enter number of days

- 77. Don't know
- 99. Refused

HOUSTYPE (CA-TCP) asked of all respondents

HOUSTYPE.

13.80 Which best describes the building you live in?

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

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

- 7. Don't know
- 9. Refused

Section 14: Quitting with Medical Assistance

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

MDSEE2 (CA-TCP)

YESNO.

14.0 **Did you see your doctor or other health provider in the past 12 months?**

¿Ha visitado a su doctor (médico) u otro profesional de la salud en los últimos 12 meses?

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

MDSTOP2 (CA-TCP)

YESNO.

14.10 **In the last 12 months did your doctor or other health care provider advise you to stop smoking?**

¿En los últimos 12 meses, le aconsejó su doctor (médico) u otro profesional de la salud que debe dejar de fumar?

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

MDDATE2 (CA-TCP)

YESNO.

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

En los últimos 12 meses, ¿le sugirió su doctor (médico) u otro profesional de la salud que fijara una fecha específica para dejar de fumar?

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

MDRX (CA-TCP)

YESNO.

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

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

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

MDASSIST (CA-TCP)**YESNO.**14.40 **In the last 12 months, did your doctor suggest that you receive any other assistance in quitting?***En los últimos 12 meses, ¿le sugirió su doctor (médico) que usted recibiera cualquier otra clase de asistencia para dejar de fumar?*

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

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

TRYQUIT (CA-TCP)**YESNO.**14.0 **Did you try to quit when your doctor advised you to stop smoking?***¿Hizo el intento de dejar de fumar cuando su doctor le aconsejó que lo hiciera?*

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

Section 15: Workplace

If EMPLOY2=1 or EMPLOY2=2 then ask OUTWORK. Else go to SMKELSEN

OUTWORK (CA-TCP)**YESNO.**15.0 **Do you currently work outside your home?***¿Actualmente, trabaja usted fuera de casa?*

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

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

HRSWORK (CA-TCP)**HRSWORK.**15.05 **How many hours per week, on average, do you work at your job?***¿En promedio, cuántas horas por semana trabaja usted en su empleo?*

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

INDOORS (CA-TCP)**INDOORS.**15.10 **Do you work primarily indoors or outdoors?***¿Trabaja usted principalmente bajo techo o al aire libre?*

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

WKAREA1 (CA-TCP)**WKAREAC.**15.15 **What best describes where you currently work outside your home for money?***¿Cuál de las siguientes opciones mejor describe donde usted trabaja fuera de casa para ganar dinero?*

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

WORK50 (CA-TCP) (Ask if WKAREA1 <> 7 or <> 8)**YESNO.**15.20 **Altogether, do more than 50 people work at your WORKSITE?**

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

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

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

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

TOTEMPL2 (CA-TCP) (Ask if WKAREA1 <> 7 or <> 8)

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

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

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

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

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

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

YESNO.

15.30 Is the building where you work completely smoke free indoors?

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

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

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

YESNO.

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

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

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

¿Se permite fumar afuera de su edificio...

Áreas de trabajo interior

Cuartos o salón especial para fumadores

Sala de descanso o cafetería

Pasillos o lobi

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

YESNO.

15.40 Is smoking allowed outside the building.....

¿Se permite fumar afuera de su edificio...

NOT
ALLOWED ALLOWED DK/NS REF

- | | | | | | |
|---------------------------------------------|---|---|---|---|---------|
| A. Close to entrances (e.g. within 20 feet) | 1 | 2 | 7 | 9 | OUTENTR |
| B. In a special area on the property | 1 | 2 | 7 | 9 | OUTSPEC |

¿Cerca de las entradas?

¿En una área especial de la propiedad?

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

YESNO.

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

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

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

PLCYCHG (CA-TCP)

YESNO.

15.50 Has the official smoking policy changed in the last 12 months?

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

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

HOWCHG (CA-TCP)

HOWCHG.

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

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

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

SMKWORK (CA-TCP)**SMKWORK.**

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

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

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

SMKAREA (CA-TCP)**SMKAREA.**

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

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

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

WORK7DAY (CA-TCP)**YESNO.**

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

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

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

WORKSMK2 (CA-TCP)**YESNO.****15.75 During the past two weeks has anyone smoked in the area in which you work?***Durante las últimas dos semanas, ¿ha fumado alguien en el área donde usted trabaja?*

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

WHATAREA (CA-TCP)**15.80 The last time this happened, what work area were you in? (Don't read the answers just code it)***La última vez que pasó esto, ¿en qué área de trabajo estaba usted?*

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

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

PLCYSMK (CA-TCP)

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

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

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

Section 16: Household Rules

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

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

Ahora me gustaría hacerle algunas preguntas acerca de su hogar.

SMKELSEN (CA-TCP)

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

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

INTERVIEWER: Do not include the respondent.

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

HHRULES2 (CA-TCP)

HHRULES.

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

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

- 1. Smoking is completely prohibited (Go to HHEVER)
- 2. Smoking is generally prohibited with few exceptions (Go to HHEVER)
- 3. Smoking is allowed in some rooms only (Go to HHEVER)
- 4. There are no restrictions on smoking (Go to HHEVER)
- 5. OTHER (specify) ----->HHTXT (Go to HHEVER)

- 7. Don't know (Go to HHEVER)
- 9. Refused (Go to HHEVER)

HHALLOW (CA-TCP)**YESNO.**16.20 **Is any smoking ever allowed inside your home?***¿Hay alguna ocasión donde se permite fumar adentro de su hogar?*

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

HHEVER (CA-TCP)16.30 **Does anyone ever smoke inside your home?****YESNO.***¿Alguna vez hay alguien que fume adentro de su hogar?*

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

Section 17: Exposure to Smoke**PERCENT (CA-TCP)** asked of all adults**TYPE II.**17.0 **Now, think about 100 Californian adults. How many of them do you think currently smoke cigarettes?***Ahora piense en más o menos 100 adultos Californianos. ¿Cuántos de ellos piensa usted que fuman cigarrillos actualmente?*

____ Enter response 0-100

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

EXPOTH1 (CA-TCP)**YESNO.**17.10 **In California, in the past 6 months, which is since (MONTH/YEAR), have you had to put up with someone smoking near you at any other place besides your home or your workplace?***En California, en los últimos 6 meses, que es desde {cMONTH(Today())}, ha tenido que aguantar a alguien fumando cerca de usted en cualquier otro lugar, aparte de su hogar o su lugar de trabajo?*

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

EXPTXT1 (CA-TCP)**WHEREXP.**

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

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

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

EXPHRS (CA-TCP)**TYPE XXVI.**

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

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

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

___ Enter response

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

Section 19: College Campuses

ENROLLED (CA-TCP)

YESNO.

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

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

- 1. Yes
- 2. No

(Go to BARVISIT)

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

(Go to BARVISIT)
(Go to BARVISIT)

CAMPEXP (CA-TCP)

YESNO.

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

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

YES NO DK/NS REF

- | | | | | | |
|-------------|---|---|---|---|---------|
| A. Indoors | 1 | 2 | 7 | 9 | CAMPIN |
| B. Outdoors | 1 | 2 | 7 | 9 | CAMPOUT |

TOBSPON (CA-TCP)

YESNO.

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

¿Se ha dado cuenta de cualquier actividad apoyada por la industria de tabaco en el campus de la universidad en los últimos 12 meses?

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

Section 20: Bars

BARVISIT (CA-TCP) (asked of all respondents)

YESNO.

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

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

- 1. Yes
- 2. No

(Go to CASINO)

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

(Go to CASINO)
(Go to CASINO)

SMKFREE (CA-TCP)**YESNO.**

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

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

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

Section 21: Casinos**CASINO (CA-TCP)****YESNO.**

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

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

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

CASNOSMK (CA-TCP)**CASNOSMK.**

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

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

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

Section 22: Tobacco Advertising

ADVTOB (CA-TCP-NEW2013)

22.1 In the last 6 months, have you noticed any of the following types of tobacco advertisements in stores?

En los últimos 6 meses, ¿se ha dado cuenta de los siguientes tipos de anuncios de tabaco en las tiendas?

- | | | | |
|----|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|
| a. | Free samples of tobacco? Y/N | Muestras gratuitas de tabaco? | ADVTOBA |
| b. | Tobacco at sale prices? Y/N | Tabaco en precios de oferta? | ADVTOBB |
| c. | Coupons for tobacco? Y/N | Cupones para tabaco? | ADVDOBC |
| d. | Special promotions for tobacco products, such as Buy One Get One Free offers? Y/N | Promociones especiales para los productos de tabaco, tales como ofertas de compre uno y llévase otro gratis? | ADVTOBD |

ADVATRCT (CA-TCP) (ask of all respondents)

SMKBRAND.

22.2 Of all the cigarette advertisements you have seen, what is the name of the cigarette brand featured in the advertisement that attracts your attention the most? *¿De todos los anuncios para cigarrillos que usted ha visto, cuál es la marca presentada en el anuncio que más le llama la atención?*

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

Section 23: Other's Smoking

SMKANNNOY (CA-TCP)

SMKANNNOY.

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

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

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

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

ASKTIMES (CA-TCP)

ASKTIMES.

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

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

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

Section 24: Anti-Tobacco Messages

ANTITOB (CA-TCP) asked of all respondents

YESNO.

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

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

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

HTV, HRADIO, HBBOARD, HNEWSPAP, HMAG, HOTHER (CA-TCP)

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

YESNO.

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

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

Section 25: Taxes

MORETAX (CA-TCP) asked of all respondents

MORETAXB.

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

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

- 1. \$.25 a pack
- 2. \$.50 a pack
- 3. \$.75 a pack
- 4. \$1.00 a pack
- 5. \$1.50 a pack
- 6. \$2.00 a pack
- 7. \$3.00 a pack
- 8. More than \$3.00
- 9. No tax increase, or
- 10. Some other amount (specify) ----->MORETXOT

- 77. Don't know
- 99. Refused

Section 26: Attitudes

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

AGREE.

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

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

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

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
ATITUD6				
26.1 I rarely smoke when I am the only smoker in a group.	1	2	7	9
<i>- Rara vez fumo cuando soy el único que fuma en un grupo.....</i>				
ATITUD69				
26.2 If the tobacco industry promoted a new type of cigarette as safer, I would try it.	1	2	7	9
<i>- Si la industria de tabaco promoviera un tipo nuevo de cigarrillo como más seguro (menos peligroso), yo lo probaría.....</i>				

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
ATITUD7				
26.3 Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.	1	2	7	9
<i>- El inhalar el humo del cigarrillo de otra persona causa cáncer de los pulmones en una persona que no fuma.....</i>				
ATITUD8				
26.4 Inhaling smoke from someone else's cigarette harms the health of babies and children.	1	2	7	9
<i>- El inhalar humo del cigarrillo de otra persona hace daño a la salud de los niños y bebés.....</i>				
ATITUD33				
26.5 If a woman smokes when pregnant, it will harm the health of her baby.	1	2	7	9
<i>- Si una mujer fuma cuando está embarazada, dañará la salud de su bebé.....</i>				
ATITUD17				
26.6 I prefer to eat in restaurants that are smoke free.	1	2	7	9
<i>- Prefiero comer en restaurantes que son libres del humo de tabaco.....</i>				
ATITUD10				
26.7 Tobacco advertising encourages young people to start smoking.	1	2	7	9
<i>- La publicidad de tabaco anima a los jóvenes que empiecen a fumar.....</i>				
ATITUD27				
26.8 Tobacco companies can lower the nicotine content of tobacco products.	1	2	7	9
<i>- Las compañías de tabaco pueden rebajar el contenido de nicotina en los productos de tabaco....</i>				
ATITUD11				
26.9 Tobacco is NOT as addictive as other drugs such as heroin or cocaine.	1	2	7	9
<i>- El tabaco NO produce tanta adicción como otras drogas tales como la heroína o la cocaína....</i>				
ATITUD35				
26.10 All indoor worksites, including restaurants and cafeterias, should be smoke free.	1	2	7	9
<i>- Todos los sitios del trabajo que son bajo techo deben ser libres del humo de tabaco, incluyendo restaurantes y cafeterías.....</i>				
ATITUD15				
26.11 Local communities should strongly enforce laws that prevent people from selling cigarettes to minors.	1	2	7	9
<i>- Las comunidades locales deben reforzar fuertemente las leyes que previenen a la gente vender cigarrillos a los menores de edad.....</i>				

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
ATITUD19				
26.13 Store owners should need a license to sell cigarettes (just like alcoholic beverages).	1	2	7	9
<i>- Los dueños de tiendas deben necesitar una licencia para vender cigarrillos (así como para vender bebidas alcohólicas).....</i>				
ATITUD20				
26.15 The ban on cigarette advertising should be extended to all print and electronic media.	1	2	7	9
<i>- La prohibición de la publicidad de cigarrillos se debe extender a todos los medios impresos y electrónicos.....</i>				
ATITUD18				
26.16 Advertising tobacco products at sports and athletic events should be banned.	1	2	7	9
<i>- Se debe prohibir la publicidad de productos de tabaco en los eventos deportivos y atléticos.....</i>				
ATITUD23				
26.17 The tobacco industry should be forced to put stronger warnings on all their potentially harmful products.	1	2	7	9
<i>- Se le debe exigir a la industria de tabaco que incluyan advertencias más fuertes en todos sus productos potencialmente dañinos.....</i>				
ATITUD24				
26.18 Tobacco products should be treated like other foods and drugs, with each package having full disclosure of potentially harmful contents.	1	2	7	9
<i>- Los productos de tabaco se deben tratar como otros alimentos y drogas llevando una declaración completa en cada cajetilla del contenido que sea potencialmente dañino.....</i>				
ATITUD29				
26.19 Tobacco products should be regulated as a drug by a government agency such as the Food and Drug Administration.	1	2	7	9
<i>- Los productos de tabaco se deberían regular como una droga por una agencia del gobierno tal como la Administración de Drogas y Alimentos.....</i>				
ATITUD31				
26.21 The distribution of free tobacco samples or coupons to obtain free samples by <u>mail</u>, should not be permitted.	1	2	7	9
<i>- No se debería permitir la distribución de muestras gratis de tabaco, o de los cupones para obtener muestras gratis por correo.....</i>				

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
ATITUD42				
26.22 The production and sale of cigarettes should not be a legitimate business in the United States.		2	7	9
<i>- No debe ser lícito (legal) producir y vender cigarrillos en los Estados Unidos....</i>				
ATITUD34				
26.23 The tobacco industry spokespersons mislead the public when they say tobacco is not addictive.		2	7	9
<i>- Los representantes de la industria de tabaco engañan al público cuando dicen que el tabaco no causa adicción.....</i>				
ATITUD67				
26.25 Nicotine is a cause of cancer.	1	2	7	9
<i>- La nicotina causa cáncer.....</i>				
ATITUD70				
26.27 Smoking light cigarettes is safer than smoking regular cigarettes.	1	2	7	9
<i>- Fumando los cigarrillos tipos suaves ("lights" o bajo en nicotina) es menos peligroso que fumando los cigarrillos regulares.....</i>				
ATITUD71				
26.28 Smoking should not be allowed in outdoor dining areas at restaurants.	1	2	7	9
<i>- No se debe permitir fumar en los comedores de restaurantes que son al aire libre.....</i>				
ATITUD72				
26.29 Smoking should not be allowed at a public beach.	1	2	7	9
<i>- No se debe permitir fumar en una playa pública.....</i>				
ATITUD73				
26.30 Smoking should not be allowed in outdoor entertainment areas, such as amusement parks, zoos, and fairgrounds.	1	2	7	9
<i>- No se debe permitir fumar en áreas de entretenimiento que son al aire libre, tales como parques de diversiones, zoológicos, o en los campos de ferias.....</i>				
ATITUD74				
26.31 Apartment complexes should require at least half of the rental units to be smoke-free.	1	2	7	9
<i>-Las unidades de apartamentos, deben requerir que por lo menos la mitad de la unidad sea libre del humo de tabaco.....</i>				
ATITUD75				
26.32 Outdoor common areas within apartment or condominium complexes, such as pools, common area patios, and walkways, should have designated areas for smoking.	1	2	7	9
<i>- Afuera, en las áreas comunes de los apartamentos o unidades de condominios tales como albercas, patios en común y caminitos, deben de tener áreas designadas para fumar.....</i>				

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>		
ATITUD76 26.33 Indian casinos in California should be smoke-free. <i>- Los Casinos de Indios en California deben ser libres del humo del tabaco.....</i>	1	2	7	9		
ATITUD77 26.34 Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnicity groups. <i>- Los anuncios de tabaco son dirigidos a ciertos grupos tales como a adultos jóvenes, grupos de bajos recursos y a grupos étnicos específicos.....</i>	1	2	7	9		
ATITUD78 26.35 Pharmacies/drug stores should not sell tobacco products <i>-Farmacias no deberían vender productos de tabaco...</i>	1	2	7	9		
ATITUD79 26.36 All tobacco advertising should be removed from stores. <i>-Debe eliminarse toda publicidad de tabaco de las tiendas.</i>			1	2	7	9
ATITUD80 26.37 Tobacco waste damages the environment and is poisonous to children, pets, and wildlife. <i>-Desperdicio del tabaco daña el medio ambiente y es venenoso para los niños, las mascotas, y la fauna.</i>	1	2	7	9		
Help text: Tobacco waste is any tobacco material discarded after use such as cigarette butts and packaging.						
ATITUD81 26.38 Coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for cigarette purchases should be banned. <i>-Cupones, reembolsos, compra 1 agarre 1 gratis, 2 por 1, o cualquier otra oferta de promoción especial para comprar cigarrillos deben ser prohibidos.</i>	1	2	7	9		
ATITUD82 (NEW2013) 26.38 Tobacco advertising on the outside of a store should not be allowed. <i>-No debe ser permitido la publicidad de tabaco en las afueras de la tienda.</i>	1	2	7	9		
ATITUD83 (NEW2013) 26.38 Tobacco products should not be allowed to be sold at a deep discount. <i>-No se debe permitir vender los productos de tabaco a un gran descuento,</i>	1	2	7	9		
ATITUD84 (NEW2013) 26.38 Tobacco products should have a minimum price. <i>-Los productos de tabaco deben tener un precio mínimo.</i>		1	2	7	9	
ATITUD85 (NEW2013) 26.38 The number of tobacco stores should be reduced. <i>-El número de tiendas de tabaco deben ser reducidas.</i>	1	2	7	9		

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
ATITUD86 (NEW2013) 26.38 Flavored tobacco products should not be allowed. -Productos de tabaco con sabor no se deben permitir.	1	2	7	9
ATITUD87 (NEW2013) 26.38 Flavored tobacco products appeal to youth. -Productos de tabaco con sabor atraen a los jóvenes.	1	2	7	9
ATITUD88 (NEW2013) 26.38 Stores that sell tobacco products should not be within 1000 feet of schools. -Tiendas que venden productos de tabaco no deben de estar dentro de 1000 pies de las escuelas.	1	2	7	9
ATITUD89 (NEW2013) 26.38 Tobacco products like cigarillos or little cigars should be sold in packages of 10 instead of individually. -Productos de tabaco como los cigarrillos o cigarros pequeños deben ser vendidos en paquetes de 10 en lugar de individualmente.	1	2	7	9

LUNGCAN (CA-TCP) asked of all respondents **LUNGCAN.**
26.39 Do you think your risk of lung cancer is higher, lower, or about the same as other men or women your age?

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

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

Section 27: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

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

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.

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.

INTERVIEWER NOTE: If respondent responds less than once per month, put “0” times per month. If respondent gives a number without a time frame, ask: “Was that per day, week, or month?”

JUICE11 (CDC-CORE, asked in 2011)

TYPE XIX.

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

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

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: 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 27.6.

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.

NOTA PARA EL ENCUESTADOR: No incluya las bebidas de frutas endulzadas con azúcar o con otros edulcorantes como Kool-aid, Hi-C, limonada, bebida mezclada de *cranberry* (arándanos agrios), Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade o bebidas de yogur.

No incluya los jugos de fruta que proporcionan el 100% de la dosis recomendada diaria de vitamina C pero que contienen azúcar adicional.

No incluya los jugos de verduras, como jugo de tomate y jugo V8, si el encuestado los menciona, pero anótelos en la pregunta 27.6 sobre “otras verduras”.

INCLUYA jugos 100% puros, como jugo de naranja, mango, papaya, piña, manzana, uva (roja o blanca) o toronja. Solo incluya el jugo de *cranberry* (arándanos agrios) si la percepción del encuestado es que es jugo al 100% sin azúcar ni edulcorantes. Las combinaciones de jugos puros al 100% como naranja-piña, naranja-mandarina, *cranberry*-uva también son aceptables como mezclas de frutas-verduras al 100%. También cuenta el jugo 100% puro hecho a base de concentrado (es decir, reconstituido).

FRUIT11 (CDC-CORE, asked in 2011)

TYPE XIX.

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

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

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

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

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

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

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

Está bien si dice un aproximado. Incluya manzanas, bananos, salsa de manzana, naranjas, toronja, ensalada de frutas, sandía, melón, papaya, lichis, carambolo, granada, mango, uvas y arándanos como moras o blueberries y fresas”.

NOTA PARA EL ENCUESTADOR: *No incluya mermeladas, jaleas o conservas de frutas.*

No incluya frutos secos en cereales listos para servir.

Anote uvas pasas secas y arándanos con uvas pasas en lata si el encuestado las menciona, pero debido a que vienen en porciones pequeñas no se incluyen en la pregunta.

Incluya las frutas frescas en trozos, congeladas o enlatadas que se añaden al yogur, el cereal, la gelatina u otros platillos.

Incluya frutas de relevancia cultural y geográfica que no estén mencionadas (p. ej., genip o limoncillo, guanábana, anona o anón, higos, tamarindo, árbol del pan o frutipan, papaturro o uva caleta, carambola, longan, lichis, blighia, rambután, etc.)

BEANS11 (CDC-CORE asked in 2011)

TYPE XIX.

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

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

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

"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.

Incluya las semillas de soya llamadas también edamame, TOFU (QUESO DE SOYA), porotos, frijoles pintos, hummus, lentejas, frijoles negros, frijoles de cabecita negra, guisantes pintos, judías de lima y frijoles blancos. Incluya las hamburguesas de frijoles y hamburguesas vegetarianas.

Incluya falafel y tempeh.

VEGGRE11 (CDC-CORE asked in 2011)

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

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

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

Cada vez que coma una verdura cuenta como "una vez".

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

Incluya todas las ensaladas crudas de hojas verdes como espinaca, mesclun, lechuga romana, lechuga de hoja verde oscura, bok choy, dientes de león, komatsuna, berro y rúcula.

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.

No incluya la lechuga iceberg (de cabeza) si le mencionan este tipo de lechuga. Incluya todas las verduras verdes cocinadas como col rizada, berza, verdura china (choy), hojas de nabo, mostaza salvaje.

VEGORA11 (CDC-CORE asked in 2011)

TYPE XIX.

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

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

La calabaza (winter squash) tiene corteza gruesa y dura y su carne es de color amarillo fuerte o naranja. Incluyen boneteras, ranúnculos y calabaza espagueti".

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Incluya todos los tipos de zanahorias, como las largas y las de corte pequeño.

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

Incluya ensalada de zanahoria (p. ej., zanahorias rayadas acompañadas o no de otras frutas o verduras).

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

Incluya las batatas (camotes) en todas sus presentaciones, como al horno, en puré, en guisado, en tarta o fritas.

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.

Incluya todas las variedades de calabazas de invierno de corteza dura como bonetera, cayote, zapallo, moscada, ranúnculo, delicata, ahuyama, kabocha (también conocida como Ebisu, Delica, Hoka, Hokkaido o calabaza japonesa) y calabaza espagueti. Indique todas las presentaciones, incluida la sopa.

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).

Incluya calabaza, como en sopa y en tarta. No incluya las barritas de calabaza, pasteles, panes u otro tipo de postres con cereales que contengan calabaza (es decir, similares a las barritas de zapallo y barritas de calabacín que no incluimos).

OTHRVE11 (CDC-CORE asked in 2011)

TYPE XIX.

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

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

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

"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.

: Incluya maíz, guisantes, tomates, okra, betabel o remolacha, coliflor, germinados de alfalfa, aguacates, pepinos, cebollas, pimientos (rojo, verde, amarillo, naranja); todas las coles, incluida la ensalada de repollo estilo americano; champiñones, arveja china, guisante, habas, habichuelas verdes de enrame.

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

Incluya todas las verduras en todas sus presentaciones (crudas, cocidas, enlatadas o congeladas).

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

Incluya el jugo de tomate si el encuestado no lo mencionó en los jugos de frutas.

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

Incluya verduras de relevancia geográfica y cultural que no estén mencionadas (p. ej., daikón, jícama, pepino oriental, etc.).

Do not include rice or other grains.

No incluya el arroz ni otros granos.

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

No incluya productos consumidos habitualmente como condimentos como salsa de tomate (ketchup), salsa mexicana, conserva agrídulce y salsa relish.

Section 27: Immunization

FLUSHOT6 (CDC CORE) (FLUSHOT5 in Q1 Landline)

YES/NO.

27.0 Now I will ask you questions about the flu vaccine. There are two ways to get the 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 flu shot or a flu vaccine that was sprayed in your nose? **READ ONLY IF NECESSARY:**A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

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

Read only if necessary: Una nueva vacuna antigripal salió en 2011 que inyecta la vacuna en la piel con una aguja muy pequeña. Se llama Fluzone intradérmica vacuna. También se considera una antigripal.

- 1. Yes
- 2 . No (Go to TETNUS06)

- 7. Don't know (Go to TETNUS06)
- 9. Refused (Go to TETNUS06)

FLSHTWH3 (CDC CORE)

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

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

__ / ____ Month / Year

7 7 / 7 7 7 7 Don't know

9 9 / 9 9 9 9 Refused

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

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

Please read only if necessary:

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

Do not read:

77. Don't know (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
99. Refused

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

27.25 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)

27.28 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)

YES/NO.

27.30 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

Una inyección contra la pulmonía o vacuna neumocócica es usualmente administrada solamente una o dos veces en la vida de una persona y es diferente a la inyección contra la influenza (gripe). ¿Alguna vez le han puesto la inyección contra la pulmonía?

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

Section 28: Alcohol Consumption

DRNKALC2 (CDC-CORE) (DRNKALC4 in Q1-Q2)

TYPE II.

28.0 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage, such as beer, wine, a 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 RESTRIC3)
- 777. Don't know (Go to RESTRIC3)
- 999. Refused (Go to RESTRIC3)

NALCOCC3 (CDC-CORE)

TYPE I.

28.10 One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Un trago es equivalente a una cerveza de 12 onzas (350 cl), a una copa de vino de 5 onzas (150 cl) o a una medida de licor. Durante los últimos 30 días, en los días en que bebió, aproximadamente cuántos tragos bebió en promedio?

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

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

- 77. Don't know
- 99. Refused

DRNKGE5B (CDC-CORE)**TYPE I.****28.20 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if sex=1 "5 or more" If sex=2 "4 or more") drinks on one occasion?***Considerando todo tipo de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días, bebió {if(sex=1,"5 o mas","4 o mas")} en una sola ocasión?*

____ Enter Number of times (verify if GT 15)

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

DRINKNUM (CDC-CORE)**TYPE VII.****28.30 During the past 30 days, what is the largest number of drinks you had on any occasion?***Durante los últimos 30 días, ¿Cuál fue la mayor cantidad de tragos (bebidas alcohólicas) que usted bebió en cualquier ocasión?*

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

- 77. Don't know
- 99. Refused

Section 29: Disability**RESTRIC3 (CDC-CORE)****YESNO.****29.0 The following questions are about health problems or impairments you may have. Are you limited in any way in any activities because of physical, mental, or emotional problems?***Las siguientes preguntas son acerca de problemas de salud o discapacidades que usted pueda tener. ¿Está usted limitado(a) de cualquier manera para realizar alguna actividad debido a problemas físicos, mentales o emocionales?*

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

EQUIP (CDC-CORE)

YES/NO.

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

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

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

Section 30: Arthritis Burden

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)

YES/NO.

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

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

13.1 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) YES/NO.

30.2 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.

30.3 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?

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.

30.4 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

Section 31: Seat Belt Use

SEATBELT (CDC-CORE)

YES/NO.

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

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

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

Do not read:

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

Section 33: Women's Health

Ask if AGE<45 and (SEX=2)

PREGNANT (CDC-CORE)

YES/NO.

33.60 To your knowledge, are you now pregnant?

¿Que usted sepa, está embarazada?

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

(Go to HADSTLHM)

Section 36: HIV/AIDS

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

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

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

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

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code month as DK and enter the four digits for the year.

__/__ Enter month and year

77/7777. Don't know

99/9999. Refused

TSTWHERE (CDC-CORE-NEW2013)**36.3 Where did you have your last HIV test — at a private doctor or HMO office, at a 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 37: Child Selection

CH_SKIP (CDC OPTIONAL MODULE)

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

Previously you indicated there are children in the household. I have some additional questions about one specific child. The child I will be referring to is the **-year/month old. All the questions about children will be about that child.

*Anteriormente usted indico que hay niños viviendo en el hogar. Tengo unas preguntas adicionales sobre uno de los niños en particular. El niño al que me referiré es el de **-año(s)/mes(es) de edad. Todas las preguntas acerca de los niños serán acerca de ese niño.*

CH_SEL (CA-IMMUN/EHIB-CDC OPTIONAL MODULE)

BOYGIRL.

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

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

1. Boy
2. Girl
99. Refused

CH_HISP2 (CA- IMMUN/EHIB –CDC OPTIONAL MODULE)

37.10 Is the **- year/month old child Hispanic, Latino/a, or Spanish origin?

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

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

CH_HMEX (CA- IMMUN/CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)

37.12 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) (Ask if said yes to CH_HISP2)

37.13 Puerto Rican?/ Puertorriqueño

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

CH_HCUB (CA- IMMUN/CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)

37.14 Cuban?/Cubano

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CH_HOTH (CA- IMMUN/CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)

37.14 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.

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

*¿Cuál o cuáles de las siguientes diría usted que mejor representa la raza del niño(a) de **- año(s)/mes(es)? ¿Diría: Blanco(a), Negro(a), Asiático(a), nativo de Hawaii o de las Islas del Pacífico, Indio(a) Americano(a), nativo de Alaska (Aleut), u Otra?*

- 1. White 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_RA2AB.

CH_RACE4 (CA–CDC OPTIONAL MODULE)

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

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

Interviewer note: Read all responses before marking answer.

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

If CH_RACE3= 3 or 4 then ask CH_RA2A, else go to CH_BORN

CH_RA2AB (CA-CDC OPTIONAL MODULE)

ORACE2AB.

37.25 If ch_race4<>3 and ch_race4<>4 and ch_race4>0, ask "Even though you indicated that the group that BEST represents the *- year/month old child's race is not Asian or Pacific Islander, we need to know if the child is Chinese, Japanese, Korean, Filipino or Other?", else ask "Is the *- year/month old child Chinese, Japanese, Korean, Filipino or Other?"

If ch_race4<>3 and ch_race4<>4 and ch_race4>0, ask "*Aunque usted indico que el grupo que MEJOR representa la raza del niño/niña de *- year/month old no es asiático o de las islas del Pacífico, ¿necesitamos saber si el niño/ la niña es chino(a), japonés(a), coreano(a), filipino(a), u otra?*", else ask "*¿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.****37.40 In what month and year was **- year/month old child born?***¿En qué mes y año nació el niño(a) de **-año(s)/mes(es)?*

__/_ Enter month/year

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

99. Refused

CH_REL (CDC OPTIONAL MODULE)**CH_REL.****37.50 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

Do not read:

77. Don't know/Not sure

99. Refused

Section 38: Childhood Asthma Prevalence**CHLDAST2 (CA-EHIB)****YESNO.****38.00 Has a doctor, nurse or other health professional EVER said that the **- year/month old child has asthma?***¿En alguna ocasión, algún médico u otro profesional de la salud le informaron que el niño(a) de **- año(s)/mes(es) tenía asma?*

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

CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)**YESNO.****38.10 Does the **- year/month old child still have asthma?***¿Tiene todavía el niño(a) de **-año(s)/mes(es) asma?*

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

If CH_BORN less than 6-months ago, go to ADLTCALL; Else continue

Section 39: Closing

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

Randomize to ask ADLTCALL (asked if said yes to ASTHEVE3) or CHLDCALL (asked if said yes to CHLDAST2)

ADLTCALL (CA-California Breathing)

YESNO.

40.0 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 que pregunta sobre la experiencia de su asma?

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CHLDCALL (CA-California Breathing)

YESNO.

40.02 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)

40.03 Whom should we ask for when we call back?

¿Por quien 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)

40.04 What is the *- year/month's name for when we callback?

*¿Cuál es el nombre de el 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 _____

YTHSAMP1 (CA-SRG)

40.05 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 (CA-SRG)

YESNO.

40.06 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 in the future to interview [if number of teens =1, "the youth", else "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.

Podríamos llamar en el futuro para entrevistar a [if number of teens =1, "el/la joven",else "uno de los jóvenes"]?

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CALLBACK (CA-SRG)

YESNO.

40.10 Do you think you would be willing to do a follow-up to this survey sometime in the future?

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

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

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

Closing statement:

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Esa fue mi última pregunta. Las repuestas de todos, serán combinadas para obtener información sobre las prácticas de salud de la gente en este estado. Muchísimas gracias por su tiempo y cooperación.

SPANIN2

SPANINB.

(TO INTERVIEWER:) Was this interview completed in English or Spanish?

1. Spanish
2. English