

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2014
TRACK III
In Collaboration with The Center for Disease Control and Prevention's
Behavioral Risk Factor Surveillance System

Merged English/Spanish Version

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

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- Introduction and Screening Questions for Landline -

INTROQ

INTRO1 (NO SELECTED RESPONDENT)

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

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

1. CONTINUE CALL

IF (ANS = 1) SKP PRIVRES

2. DISCONTINUE CALL (WRONG NUMBER)

IF (ANS = 2) SKP WRONGNUM

INTRO2 (RESPONDENT IS SELECTED)

Can I speak to the _____ We're gathering information on the health of California residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

Puedo hablar con el/la _____ Estamos recogiendo información sobre la salud de los residentes de California. Usted ha sido elegido al azar para ser entrevistado, y me gustaría hacerle preguntas sobre la salud de usted y sus prácticas de salud.

INTERVIEWER NOTE:

ON A RESTART JUST HIT ENTER TO CONTINUE
TO SCHEDULE A CALLBACK (HIT CTRL+END)

WRONGNUM

IF WRONG NUMBER DIALED

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

Muchas gracias, pero creo que marque el numero equivocado. Es posible que su numero pueda ser marcado en el futuro.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE. THEN DIAL THE NUMBER AGAIN

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).

READ ONLY WHEN NECESSARY:

ENGLISH:

By private residence, we mean someplace like a house or apartment.

SPANISH:

Por residencia privada nos referimos aun lugar como una casa o apartamento.

1. YES

IF (ANS = 1) SKP RUADULT

2. NO, CONTINUE

IF (ANS = 2) SKP COLLEGE

3. NO, BUSINESS PHONE ONLY

IF (ANS = 3) SKP LLNotPR

LLNOTPR

IF NON-RESIDENTIAL NUMBER

Thank you very much, but we are only interviewing persons on residential phone lines at this time.

Muchas gracias, pero por el momento solo estamos haciendo la encuesta en telefonos residenciales.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4500

COLLEGE (Ask if PRIVRES not equal 1)
Is this college housing?

¿Es este una vivienda de colegio?

INTERVIEWER NOTE: 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

IF (ANS = 1) SKP COLLADUL

2. No

STOP IF (ANS = 2) SKP NONRES

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?

INTERVIEWER NOTE: IF NO ADULTS, PLEASE ASK IF THERE ARE ANY ADULTS IN THE HOUSEHOLD. IF NOT, PLEASE SCHEDULE AN INDEFINITE CALLBACK

1. Yes We're doing a study of the health practices of California residents. Your number has been chosen randomly to represent 5,000 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 5,000 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.

IF (ANS = 1) SKP INCALI

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

No Gracias por su cooperacion pero solo estamos entrevistando adultos de 18 años o mas en este momento.

STOP. IF (ANS = 2) SKP LLNOADLT

COLLADUL (ASK IF COLLEGE = 1)
Are you 18 years of age or older?

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

EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 5,000 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 5,000 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.

- 1. MALE RESPONDENT
- 2. FEMALE RESPONDENT
- 3. NO

IF (ANS <3) SKP INCALI
IF (ANS = 3) SKP LLNOADLT

NONRES

IF NON-RESIDENTIAL NUMBER

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

Gracias pero solo estamos entrevistando personas que viven en residencias privadas o viviendas del colegio.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

STOP. ENDQUEST

INCALI

CONFIRM STATE OF RESIDENCE OF RESPONDENT

Are you in California?

¿Está usted en California?

- 1. YES
- 2. NO

IF (ANS = 1) SKP IS_CELL

If lives in college housing (COLLEGE =1), go to IS_CELL, else continue

LLNotST

Thank you very much, but we are only interviewing persons who live in the state of California at this time.

Gracias pero solo estamos entrevistando a personas que viven en el estado California.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

STOP. DISPOS = 4100

Q: IS_CELL

CELL PHONE

Is this a cell phone?

¿Es este un celular?

INTERVIEWER NOTE: SEE F1 HELP FOR ADDITIONAL INFORMATION.

INTERVIEWER NOTE:

TELEPHONE SERVICE OVER THE INTERNET IS CONSIDERED LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.)

READ ONLY WHEN NECESSARY:

ENGLISH:

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.

SPANISH:

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.

1. NO

IF (ANS = 1) SKP NUMADULT1

2. YES

IF (ANS = 2) SKP FORWARD

FORWARD

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

Están remitidas sus llamadas de su línea telefónica de casa a su celular?

1. YES

IF (ANS = 1) SKP CHKPHON

2. NO

IF (ANS = 2) SKP NOTLLORPRVRES

CHKPHON

Is your landline phone number (XXX)-XXX-XXXX ?

Es su número telefónico de casa (XXX)-XXX-XXXX ?

1. YES

IF (ANS = 1) SKP NUMADULT1

2. NO

IF (ANS = 2) SKP WrongNum

NOTLLORPRVRES

NOT LANDLINE OR PRIVATE RESIDENCE

Thank you very much, but we are only interviewing land line telephones and private residences

Muchas gracias, pero solo estamos entrevistando líneas telefónicas de casa y residencias privadas.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4450

CELLYES

YES IS CELL NUMBER

1. CONTINUE CODING AS CELL PHONE

IF (ANS = 2) SKP Is_Cell

2. CHANGE RESPONSE TO PREVIOUS QUESTION IS_CELL

ENDQUEST. DISPOS = 4450

INTERVIEWER NOTE:

YOU INDICATED THIS NUMBER REACHES A CELLULAR TELEPHONE.

IF THIS NUMBER IS A LANDLINE, PRESS '2' TO RETURN TO THE PREVIOUS QUESTION.

IF THIS NUMBER IS A CELL PHONE, PLEASE READ:

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing.

Muchas gracias, pero solo estamos entrevistando por líneas telefónicas de casa y residencias privadas o viviendas del colegio.

LLNOADLT

NO ADULT USES PHONE IN COLLEGE HOUSING

Thank you very much, but we are only interviewing persons aged 18 or older at this time.

Gracias por su cooperacion pero solo estamos entrevistando adultos de 18 años o mas en este momento.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4700

NUMADULT1

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?

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?

___ ENTER THE NUMBER OF ADULTS

IF (ANS = 1) SKP ONEADULT

ELSE SKP NUMMEN1

NUMMEN1 (Ask if NUMADULT GT 1)

How many are men?

¿Cuántos son hombres?

___ ENTER THE NUMBER OF MEN (0-9)

IF (ANS > ADULTS) SKP WRONGTOT

IF (ANS = ADULTS) SKP SELECTED

NUMWOMEN1

(CALCULATE FROM NUMADULT – NUMMEN)

You said there are XX adults in your household. How many of these adults are women?

Usted dijo que hay XX adultos en su hogar. ¿Cuántas son mujeres?

___ ENTER THE NUMBER OF WOMEN (0-9)

TOTADULT = NUMMEN1 + NUMWOMEN1

IF (TOTADULT < > NUMADULT1) SKP WRONGTOT

ELSE SKP SELECTED

WRONGTOT

I'm sorry, something is not right.

TOTAL ADULTS IS INCONSISTENT

Number of Men - XX

Number of Women - + XX

Number of Adults – XX

- 1. CORRECT THE NUMBER OF MEN IF (ANS = 1) SKP NUMMEN1
- 2. CORRECT THE NUMBER OF WOMEN IF (ANS = 2) SKP NUMWOMEN1
- 3. CORRECT THE NUMBER OF ADULTS IF (ANS = 3) SKP NUMADULT1

SELECTED (Ask if NUMADULT GT 1)

INTERVIEWER NOTE: YOU CANNOT ENTER CTRL+END ON THIS SCREEN.

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 IF (ANS = 1) SKP SEX
- 2. NO IF (ANS = 2) SKP GETADULT

ONEADULT (Ask if ADULT = 1)

Are you the adult?

¿Es usted el adulto?

- 1. MALE RESPONDENT SKP SEX
- 2. FEMALE RESPONDENT SKP SEX
- 3. NO , PLEASE SCHEDULE A CALLBACK IF (ANS = 3) CTRLEND

Q: GETADULT

ASK FOR THE ADULT

May I speak with him/her?

¿Me permite hablar con el/la?

- 1. YES, SELECTED ADULT IS COMING TO THE PHONE
- 2. NO, SCHEDULE A CALLBACK (HIT CTRL+END)

NEWADULT

NEW ADULT TO SPEAK WITH

Hello, I'm _____ 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.

Hola, me llamo _____ y estoy llamando del Departamento de Salud Publica 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 practicas de salud y los habitos 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.

1. PERSON INTERESTED, CONTINUE
2. PERSON IS NOT INTERESTED CODE THE APPROPRIATE REFUSAL (HIT CTRL+END).

SEX (CDC-CORE)

INTERVIEWER NOTE: CONFIRM SEX OF SELECTED RESPONDENT.
IF NEEDED ASK: Are you male or female?

¿Es usted hombre o mujer?

1. MALE
2. FEMALE

IF (COLLADUL <= 2) SKP GENHLTH
ELSE SKP INTROSCR

- Introduction and Screening Questions for CELL -

INTROSCR INTRODUCTION SCRIPT LEADING INTO INTERVIEW

Great. You're the person I need to speak with.

Your participation in this voluntary health survey will contribute valuable information used by state and federal health policy makers. We will not collect any 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 skip it. If you have any questions, I will provide a telephone number for you to call to get more information. (1-800-311-4905).

While supervisory staff may monitor this interview for quality control purposes, all information obtained in this study will be confidential.

Su participación en esta encuesta es voluntaria y 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 podemos continuar. Si usted tiene alguna pregunta acerca de la encuesta, que yo no pueda contestar, le daré un numero de teléfono sin costo, al que usted pueda llamar para obtener mas información. 1-800-311-4905.

Mientras una supervisora pueda escuchar esta encuesta para el control de calidad, toda la información obtenida en este estudio será confidencial.

1. PERSON INTERESTED, CONTINUE **IF (ANS = 1) SKP GENHLTH**
3. PERSON IS NOT INTERESTED. PLEASE CODE APPROPRIATE REFUSAL (SOFT vs. HARD).
IF (ANS = 2) CTRLEND

NONQAL

ERROR: RESPONDENT DOES NOT QUALIFY

INTERVIEWER NOTE: Should have. Quotas are incorrect

INTERVIEWER NOTE: Please Alert Your Supervisor Immediately!!!! The quotas set for this study are incorrect.

Schedule a callback, and code this attempt as a null attempt.

CTRLEND

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/Excelente
- 2. Very good/Muy buena
- 3. Good/Buena
- 4. Fair, or/Regular, o
- 5. Poor?/Delicada

- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

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

PHYSHLTH (CDC-CORE)

TYPE VII.

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

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

___ Enter Number of days

- 88. None
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

IF (ANS > 30 & ANS <77)
REASK

MENTHLTH (CDC-CORE)

TYPE VII.

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

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

___ Enter Number of days

- 88. None
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

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

IF (ANS = 88) & (PHYSHLTH = 88) SKP HAVEPLN3

IF (ANS > 30 & ANS < 77)

REASK

POORHLTH (CDC-CORE)

TYPE VII.

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

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

___ Enter Number of days

88. None

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

IF (ANS > 30 & ans < 77)

REASK

Section 3: Health Care Access

HAVEPLN3 (CDC-CORE)

YESNO.

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

Las próximas preguntas se refieren al acceso que usted tiene al cuidado médico. Por favor no se preocupe 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/Sí

2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

TYPPLAN (CAL-CORE)

What is the PRIMARY source of your health care coverage? Is it...

¿Cuál es la fuente principal de su cobertura de atención médica?

INTERVIEWER NOTE: PRESS F1 FOR ADDITIONAL INFORMATION

INTERVIEWER NOTE: SHOULD THE RESPONDENT INDICATE THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (STATE PLAN)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), TYPE 02, IF MEDICAID TYPE 04.

1. A plan purchased through an employer or union (includes plans purchased through another person's employer) / *Su empleador (o el empleador de otra persona, como su esposo(a) o sus padres)*
2. A plan that you or another family member buys on your own / *Un plan que usted u otra persona pagan por su cuenta*
3. Medicare / *Medicare*
4. Medicaid or other state program / *Medical (Medicaid)*
5. TRICARE (formerly CHAMPUS), VA, or Military / *Las fuerzas armadas, CHAMPUS, o la administración de Veteranos*
6. Alaska Native, Indian Health Service, Tribal Health Services / *El servicio de salud indio*
7. Some other source / *Otra fuente aparte de las que mencione*
8. None (no coverage)/ *Ninguna (no cobertura)*

77. DON'T KNOW / NOT SURE

99. REFUSED

IF (ANS > 8 & ANS < 77)

SHOW "ERROR! SELECTION OUT OF RANGE" 12 1 31 RED L

PAUSE 2

REASK

PERSDOC (CDC-CORE)

PERSDOC.

3.2 Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: 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?

INTERVIEWER NOTE: 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

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

NOMED (CDC-CORE)

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/Sí
2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

CHECKUP2 (CDC-CORE)**HOWLONG.**

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.

¿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.

READ ONLY IF NECESSARY:

- | | | |
|----|---|-------------------------------------|
| 1. | Within the past year
<i>En el último año</i> | (anytime less than 12 months ago) |
| 2. | Within the past 2 years
<i>En los últimos 2 años</i> | (1 year but less than 2 years ago) |
| 3. | Within the past 5 years
<i>En los últimos 5 años</i> | (2 years but less than 5 years ago) |
| 4. | 5 or more years ago
<i>5 años o más</i> | |
| 8. | Never
<i>Nunca</i> | |

77. DON'T KNOW / NOT SURE

99. REFUSED

Section4: Exercise**EXERANY1 (CDC-CORE)****YESNO.**

The next questions are about exercise, physical and recreational activities other than your regular job.

4.1 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.

H:

INTERVIEWER NOTE:PROVIDED THE 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/Sí
2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

Section 5: 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)

5.1 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

IF (ANS >24 & ANS < 77)
REASK

Section 6: Chronic Health Conditions

HEART2 (CDC-CORE)

YESNO.

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

Has a doctor, nurse or other health professional ever told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

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

Ahora me gustaría hacerle algunas preguntas acerca de condiciones generales de salud. Para cada pregunta, responda "Sí", "No", o "No estoy seguro/a"

¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de salud que usted tuvo

(Que usted tuvo) un ataque cardíaco, también llamado infarto de miocardio (Een-far-toh de mee-o-cardio)?

INTERVIEWER NOTE: (SEE ADDITIONAL NOTES IN F1 HELP) By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed professional.

INTERVIEWER NOTE: (SEE ADDITIONAL NOTES IN F1 HELP) Por "otros profesionales de salud" nos referimos a una enfermera, un asistente médico, o algún otro profesional con licencia.

1. Yes/Sí
2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
 99. REFUSED/SE NIEGA A CONTESTAR

ANGINA (CDC-CORE)

YESNO.

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

PRONUNCIATION GUIDE

ENGLISH:

(anne - J - EYE- nah)

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

1. Yes/Sí
 2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
 99. REFUSED/SE NIEGA A CONTESTAR

STROKE2 (CDC-CORE)

YESNO.

6.3 (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 salud que tuvo una embolia?

1. Yes/Sí
 2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
 99. REFUSED/SE NIEGA A CONTESTAR

ASTHEVE3 (CDC-CORE)

YESNO.

6.4 (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 salud que usted tenia asma?

1. Yes/Sí
 2. No/No

(Go to SKCANC)

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
 99. REFUSED/SE NIEGA A CONTESTAR

(Go to SKCANC)

(Go to SKCANC)

IF (ANS > 1) SKP SKCANC

ASTHNOW (CDC-CORE)

YESNO.

6.5 Do you still have asthma?

¿Todavía tiene usted asma?

1. Yes/Sí
 2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

SKCANC (CDC-CORE)

YESNO.

6.6 (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 salud" nos referimos a una enfermera, un asistente médico, trabajador social, o algún otro profesional con licencia .

1. Yes/Sí
2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

OTHCANC (CDC-CORE)

YESNO.

6.7 (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 salud) que usted tuvo cualquier otro tipo de cáncer?

INTERVIEWER NOTE: *(Incluye cáncer basal y cánceres de células escamosas)*

1. Yes/Sí
2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

COPDEVER (CDC-CORE)

YESNO.

6.8 (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 salud) que usted tiene: enfermedad pulmonar obstructiva crónica EPOC (también llamada COPD por sus siglas en inglés), de enfisema, o de bronquitis crónica?

H:
COPD - Chronic Obstructive Pulmonary Disease

1. Yes/Sí
2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

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

6.9 (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 salud, que usted tiene algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?

INTERVIEWER NOTE: PRESS F1 FOR ADDITIONAL DIAGNOSES LIST

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

IN HELP TEXT: 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)

1. Yes/Sí

2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

DEPRESS1 (CDC-CORE)**YESNO.**

6.10 (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 salud) que usted tiene una enfermedad depresiva (incluyendo depresión, depresión mayor, distimia, o depresión leve)?

1. Yes/Sí

2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

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

6.11 (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.*

IN HELP TEXT:

ENGLISH Pronunciation Guide:

In-Con-Tin-Ants

SPANISH Pronunciation Guide:

In-Con-Tin-Ens-Iya

¿Alguna vez le ha dicho un doctor (médico), enfermera, u otro profesional de 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/Sí
2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

DIABCOR3 (CDC-CORE)

DIABCDC.

6.12 Next I would like to ask you about diabetes, sometimes called sugar diabetes. Has a doctor, or nurse or other health professional ever told you that you have diabetes? (If Respondent says pre-diabetes or borderline diabetes, use response “pre-diabetes”).

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

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

“¿Fue esto únicamente cuando estaba embarazada?”

- | | |
|---|-----------------------|
| 1. Yes | (Continue to DIABAGE) |
| 2. Yes, but female told only during pregnancy (Gestational Diabetes)
IF (ANS = 2) & (RespGend = 1) GO TO DIAFEMALE | (Go to WHENDNT3) |
| 3. No | (Go to WHENDNT3) |
| 4. No, pre-diabetes or borderline diabetes | (Go to WHENDNT3) |
| 77. Don't know | (Go to WHENDNT3) |
| 99. Refused | (Go to WHENDNT3) |

IF (ANS = 1) SKP DIABAGE

IF (ANS = 2) & (RespGend = 1) SKP DIAFEMALE

IF (ANS >= 3) SKP WHENDNT3

DIAFEMALE

**INTERVIEWER NOTE: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure ?
The respondent selected was the (SELECTED MALE ADULT)**

Is the previous answer correct?

1. YES, CORRECT AS IS (GO TO WHENDNT3)

2. NO, RE-ASK QUESTION DIABCOR3 (GO TO DIABCOR3)

DIABAGE

TYPE I.

6.13 How old were you when you were told you have diabetes?

¿A qué edad le dijeron que tenía diabetes?

— — CODE AGE IN YEARS [97 = 97 AND OLDER]

777. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

999. REFUSED/SE NIEGA A CONTESTAR

Section 7: Oral Health

WHENDNT3 (CDC-CORE)

HOWLONG.

7.0 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

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

READ ONLY IF NECESSARY:

1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
EN EL ÚLTIMO AÑO
2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
EN LOS ÚLTIMOS 2 AÑOS
3. WITHIN THE PAST 5 YEARS (2 YEARS BUT LESS THAN 5 YEARS AGO)
EN LOS ÚLTIMOS 5 AÑOS
4. 5 OR MORE YEARS AGO
5 AÑOS O MÁS
5. Never/Nunca
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

LOSTETH2 (CDC-CORE)

LOSTETH.

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

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

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

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

H:

ENGLISH: INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

SPANISH: INTERVIEWER NOTE: SI LAS MUELAS DEL JUICIO FUERON EXTRAÍDAS POR CAUSA DE CARIES O ENFERMEDAD DE LAS ENCÍAS, ESAS DEBERÍAN DE SER INCLUIDAS EN LA CUENTA DE DIENTES PERDIDOS.

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

88. Not applicable (None removed)/ NINGÚN / NO APLICA
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

Section 8: Tobacco Use

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

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

SMOKE100 (CDC-CORE)

YESNO.

8.1 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/Sí
2. No/No

(Go to **SMKCIGAR**)

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/ SE NIEGA A CONTESTAR

(Go to **SMKCIGAR**)

(Go to **SMKCIGAR**)

IF (ANS >= 2) SKP SMKCIGAR

SMKEVDA2 (CDC-CORE)

EVDAY.

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

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

1. Every day/todos los días
2. Some days/algunos días
3. Not at all/ningún día

(Go to **FLAVTOB**)

(Go to **FLAVTOB**)

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/ SE NIEGA A CONTESTAR

(Go to **SMOKREG4**)

(Go to **SMOKREG4**)

IF (ANS = 1) SKP FLAVTOB

IF (ANS = 2) SKP FLAVTOB

IF (ANS > 3) SKP SMOKREG4

LASTSMK2 (CDC-CORE)**SMOKREGB.****8.3 How long has it been since you last smoked a cigarette, even one or two puffs?**

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

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

- 1. *Dentro del mes pasado (LESS THAN 1 MONTH AGO)*
- 2. *Dentro de los pasados 3 meses (1 MONTH BUT LESS THAN 3 MONTHS AGO)*
- 3. *Dentro de los pasados 6 meses (3 MONTHS BUT LESS THAN 6 MONTHS AGO)*
- 4. *Dentro del año pasado (6 MONTHS BUT LESS THAN 1 YEAR AGO)*
- 5. *Dentro de los pasados 5 años (1 YEAR BUT LESS THAN 5 YEARS AGO)*
- 6. *Dentro de los pasados 10 años (5 YEARS BUT LESS THAN 10 YEARS AGO)*
- 7. *10 años o más*
- 8. *No ha fumado cigarrillos regularmente*
- 77. *NO SÉ/NO ESTOY SEGURA(O)*
- 99. *SE NIEGA A CONTESTAR*

USENOW3 (CDC-CORE)**EVDAY.****8.4 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?**

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

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

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

- 1. Every day/todos los días
- 2. Some days/algunos días
- 3. Not at all/ningún día
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/ SE NIEGA A CONTESTAR

SMOKREG4 (CA-TCP)**SMOKREGD.****8.5 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)

Now I am going to ask you about flavored tobacco products.

8.6 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) | Cigarrillos 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) | Cigarrillos electrónicos con sabor? | FLAVECIG |

Do not read:

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

SMKCIGAR (CA-TCP)

YESNO.

8.7 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
-
- 77. Don't know
- 99. Refused

PIPEVER (CA-TCP)

YESNO.

8.8 Have you ever smoked a tobacco pipe?

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

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

HOOKEVER (CA-TCP)**YESNO.****8.9 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

77. Don't know

99. Refused

CHEWEVER (CA-TCP)**YESNO.****8.10 Have you ever used chewing tobacco such as Red Man, Levi Garrett or Beechnut?**

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

1. Yes/Sí

2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

SNUFEVE1 (CA-TCP)**YESNO.****8.11 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/Sí

2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

SNUSEVER (CA-TCP)**YESNO.****8.12 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/Sí

2. No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

ECIG30 (CA-TCP)**TYPE I.****8.13 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 77 or 99 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 77 or 99 then ask SMK6MOS

WHYECIG (CA-TCP) NEW 2014**WHYECIG.****8.14 What best describes your reason for using e-cigarettes? (ALLOW MULTIPLE RESPONSES)***¿Lo que mejor describe su razón para el uso de cigarrillos electrónicos?*

1. Used to quit other tobacco

Para dejar el otro tabaco

2. Switched to e-cigarettes to replace other tobacco

Cambiado a cigarrillos electrónicos para sustituir otro tabaco

3. Used to cut down on other tobacco

Usado para reducir del otro tabaco

4. Used in places other tobacco is not allowed

Utilizado en lugares donde no se permite otro tabaco

5. Curiosity; just to try it

Curiosidad; solo para probar

6. Other (specify)

Otro (especifique)

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

Section 9: 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.****9.1 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

77. Don't know

99. Refused

(Go to SMK30ANY)

(Go to SMK30ANY)

(Go to SMK30ANY)

DAILYSMK (CA-TCP) (DAILYR, DAILYMO, DAILYWK, DAILYDY)**TYPE XXXI.****9.2 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

88. 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)

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

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

(INTERVIEWER NOTE: 1 PACK=20 CIGARETTES)

___ ENTER NUMBER

- 888. DON'T SMOKE REGULARLY
- 777. DON'T KNOW
- 999. REFUSED

After respondent answers SMOKENUM (not na/dk/rf 888, 777, or 999), go to SMKWHOLE.

If SMKEVDA2≠1 then ask SMK30ANY.

SMK30ANY (CA-TCP)

9.4 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)
-
- 77. Don't know (Go to SMKWHOLE)
- 99. Refused (Go to SMKWHOLE)

SMK30DAY (CA-TCP)

9.5 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.

9.6 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?

(INTERVIEWER NOTE: 1 PACK=20 CIGARETTES)

___ ENTER NUMBER

- 888. DON'T SMOKE REGULARLY
- 777. DON'T KNOW
- 999. REFUSED

If SMOKE100=1 then ask SMKWHOLE.

SMKWHOLE (CA-TCP)

TYPE I.

9.7 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.

9.8 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

88. NOT APPLICABLE (NEVER SMOKED REGULARLY)

77. DON'T KNOW

99. REFUSED

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

SMK12AGO (CA-TCP)

YESNO.

9.9 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.

9.10 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.****9.11 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?*

INTERVIEWER: ENTER ZERO IF YOU DO NOT USE A FIELD

____ Hours (SMKWHR)

____ Minutes (SMKWMIN)

(Go to SHSEXPOS)

8888. 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.****9.12 When did you last smoke or have a puff on a cigarette?***¿Cuánto tiempo hace desde que fumó su último cigarrillo aunque fuera solamente un soplo?*

__ YEARS PUFFYR1

__ MONTHS PUFFMO1

__ WEEKS PUFFWK1

__ DAYS PUFFDY1

88. Time frame does not apply

77. Don't know for that time frame

99. Refused for that time frame

SHSEXPOS (CA-TCP)**YESNO.****9.13 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 AGE)

(go to AGE)

(go to AGE)

SHSWHERE (CA-TCP)**WHEREXPB.****9.14 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?

IN HELP TEXT: CLICK ON THE BOX NEXT TO THE MOST RELATED/SIMILAR OPTION
 RESPONDENT MUST PROVIDE ONLY ONE LOCATION BASED ON THE LAST EVENT OF
 SECOND HAND SMOKE.

1. HOME / CASA
2. WORKPLACE / TRABAJO
3. RESTAURANT / RESTAURANTE
4. RESTAURANT BAR / RESTAURANTE BAR
5. BAR OR TAVERN / BAR O TABERNA
6. POOL HALL / SALÓN DE BILLAR
7. SHOPPING MALL OR STORES / CENTRO COMERCIAL O EN TIENDAS
8. HOSPITAL, CLINIC, HEALTH OR DENTAL FACILITY / HOSPITAL, CLÍNICA DENTAL O DE LA SALUD
9. PARK, BEACH, PLAYGROUND, OUTDOOR RECREATION / PARQUE, PLAYA, PARQUE INFANTIL, RECREACIÓN AL AIRE LIBRE
10. COMMUNITY EVENT, FAIR, FARMER'S MARKET / EVENTO DE LA COMUNIDAD, FERIA, MERCADO DEL AGRICULTOR
11. SPORTS EVENT, STADIUM / EVENTO DEPORTIVO, ESTADIO
12. OTHER PERSON'S HOME / CASA DE OTRA PERSONA
13. AUTOMOBILE / AUTOMÓVIL
14. GAME ROOM, CASINO, BINGO HALL / SALA DE JUEGOS, CASINO, SALA DE BINGO
15. PARTY, WEDDING, SOCIAL EVENT, RENTED HALL / FIESTA, UNA BODA, UN EVENTO SOCIAL, ALQUILÓ EL SALÓN
16. SERVICE AREA(BUS/CAB STAND, ATM, TICKET LINE) / ÁREA DE SERVICIO (PARADA DE AUTOBÚS/TAXI, ATM, LÍNEA DE BOLETOS
17. SIDEWALKS / ACERAS
18. OTHER (SPECIFY) _____
77. DON'T KNOW/NOT SURE
99. REFUSED

Section 10: Demographics**AGEB (CDC-CORE)****10.1 What is your age?***¿Cuántos años tiene usted?*

- ___ ENTER AGE IN YEARS (RANGE 18-150)
7. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
 9. REFUSED/SE NIEGA A CONTESTAR

IF (ANS <= 17 & ANS <> 7 & ANS <> 9)
 REASK

HISP4 (CDC-CORE) NEW 2013**YESNO.****10.2 Are you HISPANIC, Latino/a, or Spanish origin ?**

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

- 1. Yes/Sí
- 2. No/No

(Go to ORACE3)

- 77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

(Go to ORACE3)
(Go to ORACE3)

HISPMEX (CDC-CORE) (Ask if said yes to HISP4) NEW 2013
10.3 Are you...

YESNO.

Mexican, Mexican American, or Chicano/a?

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

- 1. Yes/Sí
- 2. No/No

- 77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

HISPPR (CDC-CORE) (Ask if said yes to HISP4) NEW 2013
10.4 Puerto Rican?/ Puertorriqueño

YESNO.

- 1. Yes/Sí
- 2. No/No

- 77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

HISPCUB (CDC-CORE) (Ask if said yes to HISP4) NEW 2013
10.5 Cuban?

YESNO.

¿Cubano?

- 1. Yes/Sí
- 2. No/No

- 77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

HISPOTH (CDC-CORE) (Ask if said yes to HISP4) NEW 2013
10.6 Another Hispanic, Latino/a, or Spanish origin?

YESNO.

¿De otro origen latino, hispano, o español?

- 1. Yes/Sí
- 2. No/No

- 77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

SKP ORACE2X

ORACE3 (CDC-CORE)**ORACEB.**

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

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

- | | | |
|-----|---|---------------------------------------|
| 1. | White (Caucasian) | ORACE3_A |
| 2. | Black or African American | ORACE3_B |
| 3. | Asian | ORACE3_C IF (ORACE3 = 3) SKP ORACE2AB |
| 4. | Native Hawaiian or Other Pacific Islander | ORACE3_D IF (ORACE3 = 4) SKP ORACE2AB |
| 5. | American Indian or Alaska Native | ORACE3_E |
| 6. | Other: (specify) | ORACE3_F, ORACE3TX |
| 77. | DON'T KNOW / NOT SURE | IF (ANS > 6) SKP RFRACE |
| 99. | REFUSED | |

IF ((ORACE3 = 1) & (ORACE3 = 2 | ORACE3 = 3 | ORACE3 = 4 | ORACE3 = 5 | ORACE3 = 6)) SKP ORACE4
IF ((ORACE3 = 2) & (ORACE3 = 3 | ORACE3 = 4 | ORACE3 = 5 | ORACE3 = 6)) SKP ORACE4
IF ((ORACE3 = 5) & (ORACE3 = 6)) SKP ORACE4
IF (HISP4 = 2) SKP MILITAR2

SKP MILITAR2

(PROBE ORACE2X IF HISP3=1 and ORACE3 = 6)
ORACE2X (CDC CORE) *(ask IF HISP4=1 and ORACE3 = 6)*

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

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

- | | | |
|-----|---|-------------------------------|
| 1. | WHITE HISPANIC
HISPANO BLANCO | |
| 2. | BLACK OR AFRICAN AMERICAN HISPANIC
HISPANO NEGRO O AFRICANO AMERICANO | |
| 3. | ASIAN HISPANIC
HISPANO ASIÁTICO | IF (ORACE2X = 3) SKP ORACE2AB |
| 4. | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER HISPANIC
HISPANO NATIVO DE HAWÁI O DE OTRA ISLA DEL PACIFICO | if (ORACE2X = 4) SKP ORACE2AB |
| 5. | AMERICAN INDIAN OR ALASKA NATIVE HISPANIC
HISPANO INDIO AMERICANO O NATIVO DE ALASKA | |
| 6. | OTHER HISPANIC (specify) (Variable name: ORACE2XTX)
OTRO HISPANO (Especifique) | |
| 77. | DON'T KNOW / NOT SURE | IF (ANS > 6) SKP RFRACE |
| 99. | REFUSED | |

IF ((ORACE2X = 1) & (ORACE2X = 2 | ORACE2X =3 | ORACE2X = 4 | ORACE2X = 5 |ORACE2X =6)) SKP ORACE4

IF ((ORACE2X = 2) & (ORACE2X = 3 | ORACE2X =4 | ORACE2X = 5 | ORACE2X = 6)) SKP ORACE4

IF ((ORACE2X = 5) & (ORACE2X = 6)) SKP ORACE4

SKP MILITAR2

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

ORACE4 (CDC-CORE)

ORACEB.

You indicated that you are more than one race. Which one of these groups would you say best represents your race? Would you say...

Usted ha indicado que es más de una raza. ¿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. Other (Specify) <ORACE4TX>
77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

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

ORACE2AB (CDC-CORE)

ORACE2AB.

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

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

1. Chinese
2. Japanese
3. Korean
4. Filipino
5. Vietnamese
6. Cambodian
7. Laotian
8. East Indian
9. Indonesian
10. Hawaiian
11. Samoan
12. Pakistani
13. Saipanese
14. Fijian
15. Guamanian or Chamorro
16. Other: (specify) (variable name: ORACE2ABTXT)
777. DON'T KNOW / NOT SURE

999. REFUSED

IF ((ORACE3 = 3) & (ORACE3 = 1 | ORACE3 = 2 | ORACE3 = 4 | ORACE3 = 5 | ORACE3 = 6)) SKP ORACE4

IF ((ORACE3 = 4) & (ORACE3 = 1 | ORACE3 = 2 | ORACE3 = 5 | ORACE3 = 6)) SKP ORACE4

IF ((ORACE2X = 3) & (ORACE2X = 1 | ORACE2X = 2 | ORACE2X = 4 | ORACE2X = 5 | ORACE2X = 6)) SKP ORACE4

IF ((ORACE2X = 4) & (ORACE2X = 1 | ORACE2X = 2 | ORACE2X = 5 | ORACE2X = 6)) SKP ORACE4
SKP MILITAR2

RFRACE

RACE REFUSAL PROBE

INTERVIEWER NOTE: Cannot select '77' or '99' with other choices.

Press '1' to change the response code to an appropriate code.

INTERVIEWERS: PLEASE USE YOUR REFUSAL SCRIPTS TO TRY AND GET THEM TO GIVE YOU A RACE.

1. Change response to previous question ORACE3

IF (HISP4 =1) SKP ORACE2X
SKP ORACE3

MILITAR2 (CDC-CORE)

YESNO.

The next question relates to military service.

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

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

1. Yes/Sí
2. No/No

77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

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

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

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

- 1. Married
- 2. Divorced
- 3. Widowed
- 4. Separated
- 5. Never married
- 6. A member of an unmarried couple
- 77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

SXORIEN2 (CA –TCP)**SXORIENB.**

10. 13 Now I'm going to ask you a question about sexual orientation. Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or Other. If needed say "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay (and Lesbian) people have sex with or are primarily attracted to people of the same sex, and bisexuals have sex with or are attracted to people of both sexes.

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

Le explico que la gente heterosexual tiene sexo con, o son principalmente atraídos por personas del sexo opuesto, gays (y lesbianas) son personas que tienen sexo con o son principalmente atraídas por personas del mismo sexo, y bisexuales tienen sexo con o son atraídos por personas de ambos sexos.

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

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

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

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

10.14 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: 0 – 9

___ Enter number of children

77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

(GO TO EDUCA)

99. REFUSED/SE NIEGA A CONTESTAR

(GO TO EDUCA)

IF (ANS = 77 |ANS = 0 | ANS = 99) SKP EDUCA

CHILDAGE (CA-CORE)

TYPE VII.

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

¿Qué edad tiene el niño (a)?

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

¿Qué edad tienen los niños? Empezando con el más pequeño...

INTERVIEWER NOTE: ROUND UP TO WHOLE YEARS. FOR EXAMPLE, RECORD LESS THAN 1 YEAR OLD AS 1 YEAR.

RANGE: 1 – 17

PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS IN THE ORDER OF THEIR BIRTH

- ___ 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/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

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

ONEMONTH (CA-CORE)

TYPE VII.

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

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

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

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

INTERVIEWER NOTE: LIST THE NUMBER OF MONTHS OF ALL CHILDREN YOUNGER THAN 2 YEARS IN THE HOUSEHOLD FROM YOUNGEST TO OLDEST. ROUND UP TO WHOLE MONTHS. FOR EXAMPLE, RECORD 2.5 MONTHS AS 3 MONTHS.

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

77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

EDUCA (CDC-CORE)**EDUCA.****10.17 What is the highest grade or year of school you completed?**

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

Read only if necessary

1. Eighth grade or less
Octavo grado o menos
2. Some high school (grades 9-11)
Un poco de escuela secundaria
3. Grade 12 or GED certificate (High school graduate)
Grado 12 o certificado GED
4. Some technical school
Un poco de escuela técnica
5. Technical School Graduate
Graduado de escuela técnica
6. Some College
Un poco de Universidad
7. College graduate
Graduado de universidad
8. Post graduate or professional degree
Título profesional o posgraduado
88. Not Applicable (Never attended school or only kindergarten)
77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

EMPLOY2 (CDC-CORE)**EMPLOYA.****10.18 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/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

HHSIZE (CA) *** Calculated variable do not ask *** (not formatted)
10.19 Household size. ((NUMADULT(NUMADULC IN CELL) +CHILD18)

INCOM02 (CDC-CORE)

INCOMED.

10.20 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?

H: INCOME INFORMATION IS VERY IMPORTANT BECAUSE SOME OF THE PROGRAMS WE PLAN FROM THE DATA WE COLLECT WILL BE FOR PEOPLE IN CERTAIN INCOME LEVEL GROUPS. FURTHERMORE, PEOPLE'S CHANCES OF ILLNESS OR INJURY MAY VARY ACCORDING TO THEIR INCOME AND THEIR ABILITY TO ACCESS HEALTH SERVICES. YOUR ANSWER MAY HELP US LEARN HOW WE CAN LOWER PEOPLE'S CHANCES OF BECOMING ILL.

LA INFORMACIÓN DE INGRESOS ES MUY IMPORTANTE DEBIDO A QUE ALGUNOS DE LOS PROGRAMAS QUE PLANEAMOS SON DE LOS DATOS QUE COLECCIONAMOS, Y SERÁ PARA LA GENTE EN CIERTOS GRUPOS DE NIVEL DE INGRESOS. POR OTRA PARTE, LAS POSIBILIDADES DE LESIÓN O ENFERMEDAD PUEDE VARIAR DE ACUERDO A SUS INGRESOS Y SU CAPACIDAD PARA ACCEDER A LOS SERVICIOS DE SALUD. LAS RESPUESTAS DELA ENCUESTA PUEDEN AYUDARNOS APRENDER CÓMO PODEMOS REDUCIR LAS POSIBILIDADES DE ENFERMEDAD.

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to less than \$100,000
9. \$100,000 to less than \$125,000
10. \$125,000 or greater
77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

IF (HHSIZE = 1 & INCOM02 = 2) SKP HH1IN21
IF (HHSIZE = 1 & INCOM02 = 4) SKP HH1IN41
IF (HHSIZE = 1 & INCOM02 = 5) SKP HH1IN5
IF (HHSIZE = 2 & INCOM02 = 3) SKP HH2IN31
IF (HHSIZE = 2 & INCOM02 = 5) SKP HH2IN51
IF (HHSIZE = 2 & INCOM02 = 6) SKP HH2IN6
IF (HHSIZE = 3 & INCOM02 = 3) SKP HH3IN3
IF (HHSIZE = 3 & INCOM02 = 4) SKP HH3IN4
IF (HHSIZE = 3 & INCOM02 = 6) SKP HH3IN61
IF (HHSIZE = 4 & INCOM02 = 4) SKP HH4IN4
IF (HHSIZE = 4 & INCOM02 = 5) SKP HH4IN5
IF (HHSIZE = 4 & INCOM02 = 6) SKP HH4IN61
IF (HHSIZE = 4 & INCOM02 = 7) SKP HH4IN7
IF (HHSIZE = 5 & INCOM02 = 5) SKP HH5IN5
IF (HHSIZE = 5 & INCOM02 = 6) SKP HH5IN61

IF (HHSIZE = 5 & INCOM02 = 7) SKP HH5IN71
 IF (HHSIZE = 6 & INCOM02 = 5) SKP HH6IN5
 IF (HHSIZE = 6 & INCOM02 = 6) SKP HH6IN6
 IF (HHSIZE = 6 & INCOM02 = 7) SKP HH6IN71
 IF (HHSIZE = 6 & INCOM02 = 8) SKP HH6IN8
 IF (HHSIZE = 7 & INCOM02 = 5) SKP HH7IN5
 IF (HHSIZE = 7 & INCOM02 = 6) SKP HH7IN6
 IF (HHSIZE = 7 & INCOM02 = 7) SKP HH7IN71
 IF (HHSIZE = 7 & INCOM02 = 8) SKP HH7IN8
 IF (HHSIZE = 8 & INCOM02 = 6) SKP HH8IN6
 IF (HHSIZE = 8 & INCOM02 = 7) SKP HH8IN71
 IF (HHSIZE = 8 & INCOM02 = 8) SKP HH8IN81
 IF (HHSIZE = 9 & INCOM02 = 6) SKP HH9IN6
 IF (HHSIZE = 9 & INCOM02 = 7) SKP HH9IN7
 IF (HHSIZE = 9 & INCOM02 = 8) SKP HH9IN81
 IF (HHSIZE = 9 & INCOM02 = 9) SKP HH9IN9
 IF (HHSIZE = 10 & INCOM02 = 6) SKP HH10IN6
 IF (HHSIZE = 10 & INCOM02 = 7) SKP HH10IN7
 IF (HHSIZE = 10 & INCOM02 = 8) SKP HH10IN81
 IF (HHSIZE = 10 & INCOM02 = 9) SKP HH10IN9
 IF (HHSIZE = 11 & INCOM02 = 7) SKP HH11IN71
 IF (HHSIZE = 11 & INCOM02 = 8) SKP HH11IN8
 IF (HHSIZE = 11 & INCOM02 = 9) SKP HH11IN9
 IF (HHSIZE = 11 & INCOM02 = 10) SKP HH11IN10
 IF (HHSIZE = 12 & INCOM02 = 7) SKP HH12IN71
 IF (HHSIZE = 12 & INCOM02 = 9) SKP HH12IN91
 IF (HHSIZE = 12 & INCOM02 = 10) SKP HH12IN10
 IF (HHSIZE = 13 & INCOM02 = 7) SKP HH13IN7
 IF (HHSIZE = 13 & INCOM02 = 8) SKP HH13IN8
 IF (HHSIZE = 13 & INCOM02 = 9) SKP HH13IN91
 IF (HHSIZE = 13 & INCOM02 = 10) SKP HH13IN10
 SKP WEIGHT

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.

10.21 Is your annual household income less than _____ ? (Table look up for income and household size) (This is an income threshold used for statistical purposes.) ¿Es su ingreso familiar anual menos de _____ \$?

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

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

10.22 About how much do you weigh without shoes?

¿Cómo cuánto pesa usted sin zapatos?

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

Range: 50 - 650____ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

7777. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

9999. REFUSED/SE NIEGA A CONTESTAR

IF (ANS = 7777 | ANS = 9999) SKP HEIGHT

WEIGHv

INTERVIEWER NOTE: YOU INDICATED THE RESPONDENT WEIGHS XXX POUNDS

IS THIS CORRECT ?

NOTA PARA EL ENTREVISTADOR: INDICO QUE LA PERSONA PESA ES CORRECTO

1. YES, CORRECT AS IS

2. NO, RE-ASK QUESTION WEIGHT

IF (ANS = 2) SKP WEIGHT

HEIGHT (CDC-CORE)

10.23 About how tall are you without shoes?

¿Cómo cuánto mide de estatura sin zapatos?

ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509)

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

777. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

999. REFUSED/SE NIEGA A CONTESTAR

HEIGHv

INTERVIEWER NOTE: YOU INDICATED THE RESPONDENT IS FEET AND INCHES (XX FEET XX INCHES) TALL.

IS THIS CORRECT ?

1. YES, CORRECT AS IS

2. NO, RE-ASK QUESTION HEIGHT

IF (ANS = 2) SKP HEIGHT

COUNTY1 (CDC-CORE)**COUNTYA.****10.24 What county do you live in? ANSI County Code (formerly FIPS county code)***¿En qué condado vive usted?*

001.	ALAMEDA	041.	MARIN	081.	SAN MATEO
003.	ALPINE	043.	MARIPOSA	083.	SANTA BARBARA
005.	AMADOR	045.	MENDOCINO	085.	SANTA CLARA
007.	BUTTE	047.	MERCED	087.	SANTA CRUZ
009.	CALAVERAS	049.	MODOC	089.	SHASTA
011.	COLUSA	051.	MONO	091.	SIERRA
013.	CONTRA COSTA	053.	MONTEREY	093.	SISKIYOU
015.	DEL NORTE	055.	NAPA	095.	SOLANO
017.	EL DORADO	057.	NEVADA	097.	SONOMA
019.	FRESNO	059.	ORANGE	099.	STANISLAUS
021.	GLENN	061.	PLACER	101.	SUTTER
023.	HUMBOLDT	063.	PLUMAS	103.	TEHAMA
025.	IMPERIAL	065.	RIVERSIDE	105.	TRINITY
027.	INYO	067.	SACRAMENTO	107.	TULARE
029.	KERN	069.	SAN BENITO	109.	TUOLUMNE
031.	KINGS	071.	SAN BERNARDINO	111.	VENTURA
033.	LAKE	073.	SAN DIEGO	113.	YOLO
035.	LASSEN	075.	SAN FRANCISCO	115.	YUBA
037.	LOS ANGELES	077.	SAN JOAQUIN	116.	Other (CELL only) (888 for CDC)
039.	MADERA	079.	SAN L OBISPO		

777. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

999. REFUSED/SE NIEGA A CONTESTAR

ZIPCODE2 (CDC-CORE)**10.25 What is your zip code where you live?***¿Cuál es su código de zona postal?*

_____ Enter the five digit number

777777. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

999999. REFUSED/SE NIEGA A CONTESTAR

NUMHOLD2 (CDC-CORE- LANDLINE ONLY)**YES/NO.****10.26 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.***¿Tiene usted más de un número de teléfono en el hogar? No incluya los teléfonos celulares ni los números que sólo sean usados por una computadora o un fax.*

1. Yes/Sí

2. No/No

(GO TO CELL)

777. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

(GO TO CELL)

999. REFUSED/SE NIEGA A CONTESTAR

(GO TO CELL)

IF (ANS > 1) SKP CELL

NUMPHON4 (CDC-CORE – LANDLINE ONLY)

TYPE I.

10.27 How many of these phone numbers are residential numbers?

¿Cuántos de estos números de teléfono son números residenciales?

_____ ENTER NUMBER OF RESIDENTIAL NUMBERS (6=6 OR MORE)

88. NOT APPLICABLE (NONE OR 0)

77. DON'T KNOW/DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. REFUSED/SE NIEGA A CONTESTAR

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

CELL (CDC-CORE – LANDLINE ONLY)

YESNO.

10.28 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/Sí

2. No/No

(GO TO INTERNET)

7. DON'T KNOW/DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

(GO TO INTERNET)

9. REFUSED/SE NIEGA A CONTESTAR

(GO TO INTERNET)

INTERNET (CDC-CORE)

YESNO.

10.29 Have you used the internet in the past 30 days?

¿Ha usado el Internet en los últimos 30 días?

1. Yes/Sí

2. No/No

7. DON'T KNOW/DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

9. REFUSED/SE NIEGA A CONTESTAR

OWNHOME (CDC-CORE)

10.30 Do you own or rent your home?

RENT.

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

INTERVIEWER NOTE: 'Other arrangement' may include group home or staying with friends or family without paying rent.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

NOTA PARA EL ENTREVISTADOR:

Otro acuerdo puede incluir hogar de grupo, quedándose con amigos o familiares sin pagar alquiler

NOTA PARA EL ENTREVISTADOR:

Hogar es definido como la residencia principal que usted ocupa la mayoría del tiempo.

NOTA PARA EL ENTREVISTADOR:

Hacemos esta pregunta para comparar indicadores de salud entre personas con distintas situaciones de vivienda.

1. Own
2. Rent
3. Other arrangement
7. DON'T KNOW/DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
9. REFUSED/SE NIEGA A CONTESTAR

SEXCHECK

INTERVIEWER NOTE: INDICATE SEX OF RESPONDENT.

INTERVIEWER NOTE: ASK ONLY IF NECESSARY

1. MALE
2. FEMALE

RESTRIC3 (CDC-CORE)

YESNO.

10.31 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/Sí
2. No/No
77. DON'T KNOW/DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

EQUIP (CDC-CORE)

YESNO.

10.32 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone?

INTERVIEWER NOTE: (Include occasional use or use in certain circumstances)

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

1. Yes/Sí
2. No/No
77. DON'T KNOW/DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

BLIND (CDC-CORE)

YESNO.

10.33 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/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

REMEM2 (CDC-CORE)

YESNO.

10.34 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/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

DIFFWALK (CDC-CORE)

YESNO.

10.35 Do you have serious difficulty walking or climbing stairs?

¿ Tiene seria dificultad para caminar o subir escaleras?

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

DIFDRES2 (CDC-CORE)

YESNO.

10.36 Do you have difficulty dressing or bathing?

¿ Tiene dificultad para vestirse o bañarse?

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

DIFFERND (CDC-CORE)

YESNO.

10.37 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/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

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)

YES/NO.

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/Sí | (Go to NOSMK) |
| 2. | No/No | (Go to QUITLIFE) |
| ----- | | |
| 77. | DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) | (Go to QUITLIFE) |
| 99. | REFUSED/SE NIEGA A CONTESTAR | (Go to QUITLIFE) |

IF (ANS > 1) SKP 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 | |
| 888. | 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)

YES/NO.

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

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

- | | |
|-------|-----|
| 1. | Yes |
| 2. | No |
| ----- | |

- 77. Don't know
- 99. 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
-
- 77. Don't know
- 99. 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
- 77. Don't know
- 99. 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, RETURMO, RETURWK, RETURDY.

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)
-
- 77. Don't know (Go to NOCIG)
- 99. Refused (Go to NOCIG)

QRETURN (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

- 888. 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

- 888. 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

77. Don't know
99. 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) |
| ----- | | |
| 77. | Don't know | (Go to FRNDWANT) |
| 99. | 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 | |
| ----- | | |
| 77. | Don't know | |
| 99. | 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) |
| ----- | | |
| 77. | Don't know | (Go to OFTCIGRB) |
| 99.. | 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
Mucho |
| 2. | Somewhat
Algo |
| 3. | A little, or |

4. *Un poco*
Not at all
Nada

- 77. Don't know
99. 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

77. Don't know
99. Refused

(Go to OFTCIGRB)

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 el Internet?

1. California
2. Out of state
3. Over the Internet

77. Don't know
88. Does not buy own cigarettes
99. Refused

(Go to SMKTYPE)

(Go to SMKTYPE)

(Go to SMKTYPE)

(Go to SMKTYPE)

(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, ligeros ("lights" o bajo en nicotina), o ultra suaves?

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

77. DON'T KNOW
99. 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
77. REFUSED
99. 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> ----->SMKTXT | |

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

77. DON'T KNOW

99. REFUSED

Section 13: Last Tobacco Use

If SMK CIGAR=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 SMK CIGAR=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 mes pasado, fumó puros pequeños o cigarrillos todos los días, varias veces por semana, una vez por semana, o menos de una vez por semana?

1. Every day / *TODOS LOS DÍAS*

2. Several times per week / *VARIAS VECES POR SEMANA*

3. Once per week / *UNA VEZ POR SEMANA*

4. Less than once per week / *MENOS DE UNA VEZ POR SEMANA (NINGUNO)*

77. DON'T KNOW

99. 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 / Todos los días
- 2. Some Days / Algunos días
- 3. Not at all / Ningún día

77. DON'T KNOW
99. 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 / Todos los días
- 2. Some Days / Algunos días
- 3. Not at all / Ningún día

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

IF (CHEWEVER <> 1) SKP SNUFNOW
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 / Todos los días
- 2. Some Days / Algunos días
- 3. Not at all / Ningún día

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

IF (SNUFEVE1 <> 1) SKP SNUSNOW
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 / Todos los días
 2. Some Days / Algunos días
 3. Not at all / Ningún día
-
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
 99. REFUSED/SE NIEGA A CONTESTAR

IF (SNUSEVER <> 1) SKP HOOKAH

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 (1-30)
88. NONE
 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, barco, u otro
-
77. DON'T KNOW
 99. 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)

77. Don't know

(Go to OUTWORK)

99. 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)

77. Don't know

(Go to OUTWORK)

99. 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

77. Don't know

99. 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

77. Don't know

99. 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
-
- 77. Don't know
- 99. 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
-
- 77. DON'T KNOW
- 99. 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)
-
- 77. DON'T KNOW (GO TO SMKELSEN)
- 99. REFUSED (Go to SMKELSEN)

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

IF (EMPLOY2 <> 1) SKP SMKELSEN

IF (EMPLOY2 <> 2) & (OUTWORK <> 1) SKP 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
- 77. DON'T KNOW
- 99. 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

-
- 77. DON'T KNOW
 - 99. 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* IF (ANS = 7) SKP BLDFREE
 - 8. Outdoors *Al aire libre* IF (ANS = 8) SKP POLICY
 - 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
-
- 77. DON'T KNOW
 - 99. 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
-
- 77. Don't know
- 99. Refused

IF (WKAREA1 = 77 | WKAREA1 = 99) SKP POLICY

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

YESNO.

IF (WKAREA1 = 7) | (WKAREA1 = 8) SKP BLDFREE

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

IF (ANS = 1) SKP OUTALLOW
(Go to INALLOW)

(Go to INALLOW)
(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	77	99	INWKAREA
B. Special smoking room or lounge	1	2	77	99	INLOUNGE
C. Break room or cafeteria	1	2	77	79	INCAFE
D. Hallways or lobby	1	2	77	99	INHALLS

¿Se permite fumar afuera de su edificio...

- A. Áreas de trabajo bajo techo
- B. Cuartos o salón especial para fumadores
- C. Sala de descanso o cafetería
- D. 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 | 77 | 99 | OUTENTR |
| B. In a special area on the property | 1 | 2 | 77 | 99 | 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.

IF (EMPLOY2 <> 1) SKP WORK7DAY

IF (EMPLOY2 <> 2) & (OUTWORK <> 1) SKP WORK7DAY

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) |
| 77. | Don't know | (GO TO WORK7DAY) |
| 99. | 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) |
| | ----- | |
| 77. | Don't know | (Go to SMKWORK) |
| 99. | 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 / Más restringida |
| 2. | Less restrictive / Menos restringida |
| | ----- |
| 77. | DON'T KNOW |
| 99. | 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
-
- 77. DON'T KNOW
- 99. 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
-
- 77. DON'T KNOW
- 99. 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
- 77. DON'T KNOW
- 99. REFUSED

WORKSMK2 (CA-TCP)**YES/NO.****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)

- 77. Don't know
- 99. Refused

(Go to PLCYSMK)**(Go to PLCYSMK)****WHATAREA (CA-TCP)****WHATAREA.****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)} then ask PLCYSMK. Otherwise go to SMKELSEN.

PLCYSMK (CA-TCP)

IF (PLCYCHG > 1) & (SMKEVDA2 > 2) SKP SMKELSEN

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
-
- 77. DON'T KNOW
- 99. 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).

IF (NUMADULT1 = 1 & CHILD18 = 0) SKP HHRULES2

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)

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 / *el fumar está totalmente prohibido* (Go to HHEVER)
- 2. Smoking is generally prohibited with few exceptions/ *está generalmente prohibido con algunas excepciones*
- 3. Smoking is allowed in some rooms only/ *se permite fumar únicamente en ciertos cuartos* (Go to HHEVER)
- 4. There are no restrictions on smoking/ *no hay restricciones contra el fumar*

5. OTHER ____ (specify) _____>HHTXT (Go to HHEVER)

77. DON'T KNOW (GO TO HHEVER)

99. REFUSED (Go to HHEVER)

IF (ANS =1) SKP HHEVER

IF (ANS =3) SKP HHEVER

IF (ANS =5) SKP HHEVER

IF (ANS =77) SKP HHEVER

IF (ANS =99) SKP 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

77. DON'T KNOW

99. REFUSED

HHEVER (CA-TCP)

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

YESNO.

¿Hay alguien que fuma alguna vez adentro de su hogar?

1. Yes

2. No

77. DON'T KNOW

99. 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 1-100

888. NONE AT ALL

777. DON'T KNOW

999. 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 MM/YYY 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)

77. DON'T KNOW (GO TO EXPHRS)

99. 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 9 HOURS AND 30 MINUTES ENTER 0930

____ ENTER RESPONSE

- 8888. NONE AT ALL
- 7777. DON'T KNOW
- 9999. REFUSED

EXPEHRS (CA-TCP) NEW 2014**TYPE XXVI.****17.40 In the past week, about how many minutes or hours were you exposed to other people's e-cigarette smoke or vapor in all environments?***¿Durante la semana pasada, por aproximadamente cuántas horas o minutos se expuso al humo o vapor de cigarrillos electrónicos de otra gente, en todos ambientes?*

EXAMPLE: FOR 30 MINUTES ENTER 30
 FOR 10 HOURS AND 30 MINUTES ENTER 1030

____ ENTER RESPONSE

- 8888. NONE AT ALL
- 7777. DON'T KNOW
- 9999. REFUSED

Section 18: College Campuses

ENROLLED (CA-TCP)

YESNO.

18.0 **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)

77. DON'T KNOW

(GO TO BARVISIT)

99. REFUSED

(Go to BARVISIT)

CAMPEXP (CA-TCP)

YESNO.

18.10 **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 77 99

CAMPIN

B. Outdoors 1 2 77 99

CAMPOUT

TOBSPON (CA-TCP)

YESNO.

18.20 **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

77. DON'T KNOW

99. REFUSED

Section 19: Bars

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

YESNO.

19.0 **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)

77. DON'T KNOW

(GO TO CASINO)

99. REFUSED

(Go to CASINO)

SMKFREE (CA-TCP)

YESNO.

19.10 **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
-
- 77. Don't know
- 99. Refused

Section 20: Casinos

CASINO (CA-TCP)

YESNO.

20.0 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
-
- 77. DON'T KNOW
- 99. REFUSED

CASNOSMK (CA-TCP)

CASNOSMK.

20.10 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 / *más probable*
- 2. Less likely / *menos probable*
- 3. No difference / *no haría ninguna diferencia*
- 4. No opinion / *no opinion*
- 77. DON'T KNOW
- 99. REFUSED

Section 21: Tobacco Advertising

ADVTOB (CA-TCP-NEW2013)

21.1 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.

21.2 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 22: Other's Smoking

SMKANNNOY (CA-TCP)

SMKANNNOY.

22.0 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 / <i>no es molesto en absoluto</i> |
| 2. | A little annoying / <i>un poco molesto</i> |
| 3. | Moderately annoying / <i>moderadamente molesto</i> |
| 4. | Very annoying / <i>muy molesto</i> |
| 5. | Extremely annoying / <i>sumamente molesto</i> |
| | ----- |
| 77. | DON'T KNOW |
| 99. | REFUSED |

ASKNOSMK (CA-TCP)**YESNO.**22.10 **In the past 12 months, have you ever asked someone not to smoke?***En los últimos 12 meses, ¿alguna vez, le ha pedido usted a alguien que no fumara?*

- 1. Yes
- 2. No

(Go to ASKTIMES)

- 77. DON'T KNOW
- 99. REFUSED

(GO TO ASKTIMES)

(Go to ASKTIMES)

ASKWHO (CA-TCP)**ASKWHO.**22.20 **On the most recent occasion you asked someone not to smoke, who was that person?***¿En la última ocasión en que le pidió a alguien que no fumara, quién fue esa persona?*

- 1. SPOUSE OR PARTNER
- 2. PARENT
- 3. CHILD
- 4. OTHER RELATIVE
- 5. FRIEND
- 6. CO-WORKER
- 7. OTHER KNOWN PERSON
- 8. STRANGER
- 77. DON'T KNOW
- 99. REFUSED

ASKRSN2 (CA-TCP)**ASKRSNB.**22.30 **On that same occasion, what was the primary reason you asked that person not to smoke?***En esa misma ocasión, ¿Cuál fue la razón más importante que usted le pidió a esa persona que no fumara?*

- 1. SMOKE WAS ANNOYING TO YOU
- 2. CONCERNED ABOUT LONG-TERM HEALTH EFFECTS OF SECONDHAND SMOKE
- 3. SMOKING WAS ILLEGAL OR AGAINST THE RULES
- 4. CONCERNED ABOUT THE SMOKER'S HEALTH
- 5. CONCERNED ABOUT YOUR OWN HEALTH (RESPONDENT'S HEALTH)
- 6. OTHER: (SPECIFY) ----->ASKTXT (TEXT)
- 77. DON'T KNOW
- 99. REFUSED

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

ASKTIMES (CA-TCP)

ASKTIMES.

IF (SMKEVDA2 > 2) SKP ANTITOB

22.40 **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
-
- 77. Don't know
- 99. Refused

Section 23: Anti-Tobacco Messages

ANTITOB (CA-TCP) asked of all respondents

YESNO.

23.0 **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)
-
- 77. Don't know (Go to MORETAX)
- 99. Refused (Go to MORETAX)

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

23.10 **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 / La tele		1	2	77	99
2. RADIO / La radio		1	2	77	99
3. BILLBOARD / La cartelera			1 2	77	99
4. NEWSPAPER / El periódico (diario)		1	2	77	99
5. MAGAZINES / La revista		1	2	77	99
6. OTHER (specify other source) / Algún otro lugar 1----->HOTHTXT					(Go to MORETAX)

Section 24: Taxes

MORETAX (CA-TCP) asked of all respondents

MORETAXB.

24.0 **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 / \$.25 por cajetilla
- 2. \$.50 a pack / \$.50 por cajetilla
- 3. \$.75 a pack / \$.75 por cajetilla
- 4. \$1.00 a pack / 1.00 por cajetilla
- 5. \$1.50 a pack / \$1.50 por cajetilla
- 6. \$2.00 a pack / \$2.00 por cajetilla
- 7. \$3.00 a pack / \$3.00 por cajetilla
- 8. More than \$3.00 / Más de \$3.00 por cajetilla
- 9. No tax increase, or / No aumento de impuestos
- 10. Some other amount / Alguna otra cantidad (specify) ----->MORETXOT

- 77. DON'T KNOW
- 99. REFUSED

Section 25: Attitudes

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

AGREE.

IF (SMKEVDA2 <=2) SKP ATITUD6

CMDI ATTRAND "ATTRAND" 1

IF (SMKEVDA2 > 2 & ATTRAND =1) SKP ATITUD10

IF (SMKEVDA2 > 2 & ATTRAND =2) SKP ATITUD71

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,& 29 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				
25.1 I rarely smoke when I am the only smoker in a group. <i>- Rara vez fumo cuando soy el único que fuma en un grupo.....</i>	1	2	77	99
ATITUD69				
25.2 If the tobacco industry promoted a new type of cigarette as safer, I would try it. <i>- Si la industria de tabaco promoviera un tipo nuevo de cigarrillo como más seguro (menos peligroso), yo lo probaría.....</i>	1	2	77	99

IF (ATTRAND =1) SKP ATITUD10

IF (ATTRAND =2) SKP ATITUD71

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
ATITUD77				
25.3 Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.	1	2	77	99
<i>- El inhalar el humo del cigarrillo de otra persona causa cáncer de los pulmones en una persona que no fuma.....</i>				
ATITUD8				
25.4 Inhaling smoke from someone else's cigarette harms the health of babies and children.	1	2	77	99
<i>- El inhalar humo del cigarrillo de otra persona hace daño a la salud de los niños y bebés.....</i>				
ATITUD33				
25.5 If a woman smokes when pregnant, it will harm the health of her baby.	1	2	77	99
<i>- Si una mujer fuma cuando está embarazada, dañará la salud de su bebe.....</i>				
ATITUD17				
25.6 I prefer to eat in restaurants that are smoke free.	1	2	77	99
<i>- Prefiero comer en restaurantes que son libres del humo de tabaco.....</i>				
ATITUD10				
25.7 Tobacco advertising encourages young people to start smoking.	1	2	77	99
<i>- La publicidad de tabaco anima a los jóvenes que empiecen a fumar.....</i>				
ATITUD27				
25.8 Tobacco companies can lower the nicotine content of tobacco products.	1	2	77	99
<i>- Las compañías de tabaco pueden rebajar el contenido de nicotina en los productos de tabaco....</i>				
ATITUD11				
25.9 Tobacco is NOT as addictive as other drugs such as heroin or cocaine.	1	2	77	99
<i>- El tabaco NO produce tanta adicción como otras drogas tales como la heroína o la cocaína....</i>				
ATITUD35				
25.10 All indoor worksites, including restaurants and cafeterias, should be smoke free.	1	2	77	99
<i>- Todos los sitios del trabajo que son bajo techo deben ser libres del humo de tabaco, incluyendo restaurantes y cafeterías.....</i>				
ATITUD15				
25.11 Local communities should strongly enforce laws that prevent people from selling cigarettes to minors.	1	2	77	99
<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				
25.13 Store owners should need a license to sell cigarettes (just like alcoholic beverages).	1	2	77	99
<i>- Los dueños de tiendas deben necesitar una licencia para vender cigarrillos (así como para vender bebidas alcohólicas).....</i>				
ATITUD20				
25.15 The ban on cigarette advertising should be extended to all print and electronic media.	1	2	77	99
<i>- La prohibición de la publicidad de cigarrillos se debe extender a todos los medios impresos y electrónicos.....</i>				
ATITUD18				
25.16 Advertising tobacco products at sports and athletic events should be banned.	1	2	77	99
<i>- Se debe prohibir la publicidad de productos de tabaco en los eventos deportivos y atléticos.....</i>				
ATITUD23				
25.17 The tobacco industry should be forced to put stronger warnings on all their potentially harmful products.	1	2	77	99
<i>- Se le debe exigir a la industria de tabaco que incluyan advertencias más fuertes en todos sus productos potencialmente dañinos.....</i>				
ATITUD24				
25.18 Tobacco products should be treated like other foods and drugs, with each package having full disclosure of potentially harmful contents.	1	2	77	99
<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				
25.19 Tobacco products should be regulated as a drug by a government agency such as the Food and Drug Administration.	1	2	77	99
<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				
25.20 The distribution of free tobacco samples or coupons to obtain free samples by <u>mail</u>, should not be permitted.	1	2	77	99
<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				
25.21 The production and sale of cigarettes should not be a legitimate business in the United States.		2	77	99
<i>- No debe ser lícito (legal) producir y vender cigarrillos en los Estados Unidos....</i>				
ATITUD34				
25.22 The tobacco industry spokespersons mislead the public when they say tobacco is not addictive.		2	77	99
<i>- Los representantes de la industria de tabaco engañan al público cuando dicen que el tabaco no causa adicción.....</i>				
ATITUD67				
25.23 Nicotine is a cause of cancer.	1	2	77	99
<i>- La nicotina causa cáncer.....</i>				
ATITUD70				
25.24 Smoking light cigarettes is safer than smoking regular cigarettes.	1	2	7	9
<i>- Fumando los cigarrillos tipos ligeros ("lights" o bajo en nicotina) es menos peligroso que fumando los cigarrillos regulares.....</i>				
ATITUD71				
25.25 Smoking should not be allowed in outdoor dining areas at restaurants.	1	2	77	99
<i>- No se debe permitir fumar en los comedores de restaurantes que son al aire libre.....</i>				
ATITUD72				
25.26 Smoking should not be allowed at a public beach.	1	2	77	99
<i>- No se debe permitir fumar en una playa pública.....</i>				
ATITUD73				
25.27 Smoking should not be allowed in outdoor entertainment areas, such as amusement parks, zoos, and fairgrounds.	1	2	77	99
<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				
25.28 Apartment complexes should require at least half of the rental units to be smoke-free.	1	2	77	99
<i>-Las unidades de apartamentos, deben requerir que por lo menos la mitad de la unidad sea libre del humo de tabaco.....</i>				
ATITUD75				
25.29 Outdoor common areas within apartment or condominium complexes, such as pools, common area patios, and walkways, should have designated areas for smoking.	1	2	77	99
<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>				

ATITUD76

25.30 **Indian casinos in California should be smoke-free.**

1 2 77 99

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

ATITUD77

25.31 **Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups.**

1 2 77 99

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

ATITUD78

25.32 **Pharmacies/drug stores should not sell tobacco products**

1 2 77 99

-Farmacias no deberían vender productos de tabaco...

ATITUD79 25.33 All tobacco advertising should be removed from stores.

1 2 77 99

-Debe eliminarse toda publicidad de tabaco de las tiendas.

ATITUD80

25.34 **Tobacco waste damages the environment and is poisonous to children, pets, and wildlife.**

1 2 77 99

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

HELP TEXT:Tobacco waste is any tobacco material discarded after use such as cigarette butts and packaging.

ATITUD81

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

1 2 77 99

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

ATITUD82

25.36 **Tobacco advertising on the outside of a store should not be allowed.**

1 2 77 99

-No debe ser permitido la publicidad de tabaco en las afueras de la tienda.

ATITUD83

25.37 **Tobacco products should not be allowed to be sold at a deep discount.**

1 2 77 99

-No se debe permitir vender los productos de tabaco a un gran descuento,

ATITUD84

25.38 **Tobacco products should have a minimum price.**

1 2 77 99

-Los productos de tabaco deben tener un precio mínimo.

ATITUD85

25.39 **The number of tobacco stores should be reduced.**

1 2 77 99

-El número de tiendas de tabaco deben ser reducidas.

ATITUD86

25.40 **Flavored tobacco products should not be allowed.** 1 2 77 99
 -Productos de tabaco con sabor no se deben permitir.

ATITUD87

25.41 **Flavored tobacco products appeal to youth.** 1 2 77 99
 -Productos de tabaco con sabor atraen a los jóvenes.

ATITUD88

25.42 **Stores that sell tobacco products should not be within 1000 feet of schools.** 1 2 77 99

-Tiendas que venden productos de tabaco no deben de estar dentro de 1000 pies de las escuelas.

ATITUD89

25.43 **Tobacco products like cigarillos or little cigars should be sold in packages of 10 instead of individually.** 1 2 77 99

-Productos de tabaco como los cigarrillos o cigarros pequeños deben ser vendidos en paquetes de 10 en lugar de individualmente.

ATITUD90 (NEW2014)

25.44 **The use of e-cigarettes should be restricted wherever smoking restrictions are in place.** 1 2 77 99

-El uso de cigarrillos electrónicos debe estar restringido donde existen restricciones de fumar.

LUNGCAN (CA-TCP) asked of all respondents

LUNGCAN.

25.45 **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 / Más alto
- 2. Lower / más bajo
- 3. About the same / que tiene el mismo riesgo
-
- 77. DON'T KNOW
- 99. REFUSED

Section 26: Alcohol Consumption

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

TYPE II.

26.0 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 FLUSHOT6)

777. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

(Go to FLUSHOT6)

999. SE NIEGA A CONTESTAR

(Go to FLUSHOT6)

IF (ANS = 777 | ANS = 888 | ANS = 999) SKP FLUSHOT6

IF (ANS < 101)

REASK

ENDIF

IF (ANS > 230 & ANS < 777)

REASK

IF (ANS > 107 & ANS < 201)

REASK

NALCOCC3 (CDC-CORE)

TYPE I.

26.10 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), o una copa de vino de 5 onzas (150 cl) o 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/NO SÉ/NO ESTOY SEGURA(O)

99. SE NIEGA A CONTESTAR

IF (ANS >= 77) SKP DRNKGE5B

NALCOCC3v

INTERVIEWER NOTE: You indicated XX DRINKS per day

IS THIS CORRECT ?

1. CORRECT AS IS

2. RE-ASK QUESTION NALCOCC3

IF (ANS = 2) SKP NALCOCC3

DRNKGE5B (CDC-CORE)**TYPE I.****26.20 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if RespGend=1 "5 or more" If RespGend=2 "4 or more") drinks on one occasion?***Considerando todo tipo de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días, bebió {if(RespGend=1,"5 o mas","4 o mas")} en una sola ocasión?*

____ ENTER NUMBER OF TIMES (VERIFY IF GT 15)

88. NONE/NUNCA

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) IF (ANS >= 77) SKP DRINKNUM

99. SE NIEGA A CONTESTAR

DRNKGE5Bv**Interviewer you indicated XX OCCASIONS when the respondent had or more drinks.****IS THIS CORRECT ?**

1. CORRECT AS IS

2. RE-ASK QUESTION DRNKGE5B IF (ANS = 2) SKP DRNKGE5B

DRINKNUM (CDC-CORE)**TYPE VII.****26.30 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/NO SÉ/NO ESTOY SEGURA(O)

99. SE NIEGA A CONTESTAR

DRKNUMv**INTERVIEWER NOTE: you indicated XX DRINKS as the largest number the respondent had on any occasion.**

Is this correct ?

1. CORRECT AS IS IF (ANS = 1) SKP ASBIDRNK

2. RE-ASK QUESTION DRINKNUM IF (ANS = 2) SKP DRINKNUM

Section 27: Alcohol Screening and Brief Intervention (ASBI)**If CHECKUP2 = 1, or 2 (had a checkup within the past 2 years) ask ASBIDRNK, else go to FLUSHOT6.****IF (CHECKUP2 > 2) SKP FLUSHOT6**

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

Durante los chequeos de rutina, los proveedores de atención médica pueden preguntarle acerca de comportamientos como el consumo de alcohol: si usted toma o no. Queremos conocer las preguntas que le hicieron.

ASBIDRNK (CDC OPTIONAL MODULE – NEW 2014)**YESNO.**

27.1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

Anteriormente, usted me dijo que su último chequeo de rutina fue [dentro del último año/dentro de los 2 últimos años]. En ese chequeo, ¿se le preguntó personalmente o en un formulario si usted bebe alcohol?

- 1 Yes/Sí
- 2 No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

ASBIMUCH (CDC OPTIONAL MODULE – NEW 2014)**YESNO.**

27.2 Did the health care provider ask you in person or on a form how much you drink?

¿El proveedor de atención médica le preguntó personalmente o en un formulario qué cantidad de alcohol bebe?

- 1 Yes/Sí
- 2 No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

ASBIOCCA (CDC OPTIONAL MODULE – NEW 2014)**YESNO.**

27.3 Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

¿El proveedor de atención médica le preguntó específicamente si toma [5 EN EL CASO DE LOS HOMBRES/4 EN EL CASO DE LAS MUJERES] bebidas alcohólicas o más en una ocasión?

- 1 Yes/Sí
- 2 No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

IF (ASBIDRNK <> 1) & (ASBIMUCH <> 1) & (ANS <> 1) SKP FLUSHOT6

CATI: If ASBIDRNK, ASBIMUCH, or ASBIOCCA = 1 (Yes) continue to ASBIADVC AND ASBILESS. ELSE SKIP TO FLUSHOT6

ASBIADVC (CDC OPTIONAL MODULE – NEW 2014)

YESNO.

27.4 Were you offered advice about what level of drinking is harmful or risky for your health?

¿Le dieron consejos acerca de qué cantidad de bebidas alcohólicas es perjudicial o riesgosa para su salud?

- 1 Yes/Sí
- 2 No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

ASBILESS (CDC OPTIONAL MODULE – NEW 2014)

YESNO.

27.5 Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

Los proveedores de atención médica también pueden aconsejarles a los pacientes que tomen menos por varias razones. En su último chequeo de rutina, ¿se le aconsejó reducir la cantidad de alcohol que toma o que deje de tomar?

- 1 Yes/Sí
- 2 No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

Section 28: Immunization

FLUSHOT6 (CDC CORE)

YESNO.

28.0 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/Sí
- 2 . No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

(Go to PNEUMVC3)
(Go to PNEUMVC3)
(Go to PNEUMVC3)

FLSHTWH3 (CDC CORE)

28.10 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?

INTERVIEWER NOTE: ENTER MONTH AND YEAR (MMYYYY)
(FOR EXAMPLE: SEPTEMBER OF 2013 = 092013)

DATE CANNOT BE BEFORE 072013. IF IT IS,
HIT PREVIOUS AND REASK FLUSHOT6

__ / ___ MONTH / YEAR

77/7777. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99/9999. SE NIEGA A CONTESTAR

IF (ANS=777777|ANS =999999) SKP PNEUMVC3

PNEUMVC3 (CDC-CORE)

YESNO.

28.30 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/Sí
2 No/No
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. SE NIEGA A CONTESTAR

SHINGLES (CDC-CORE) ask if age >=49

YESNO.

IF (AGEB < 45) SKP SEATBELT
ELSE IF (AGEB >= 49) SKP SHINGLES
ELSE IF (AGEB >= 45) & (AGEB < 49)
SKP FALL4MNB ENDIF

28.40 The next question is about the Singles vaccine. Have you ever had the singles or zoster vaccine?

Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

La siguiente pregunta es acerca de la vacuna contra Shingles (la culebrilla). Alguna vez ha tenido usted la vacuna Shingles (culebrilla) o zoster?

NOTA PARA EL ENCUESTADOR (léala si es necesario): Shingles (La culebrilla) es causada por el virus de la varicela. Es un brote de sarpullido o ampollas en la piel que puede acompañarse de dolor intenso. Desde mayo del 2006 existe una vacuna contra shingles (la culebrilla): se llama Zostavax®, vacuna contra el herpes zóster o vacuna contra Shingles (la culebrilla).

1 Yes/Sí
2 No/No

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. SE NIEGA A CONTESTAR

Section 29: Falls

If AGEB >= 45 continue, otherwise go to SEATBELT.

IF (AGEB < 45) SKP SEATBELT ENDIF

IF (AGEB >= 45 & AGEB < 49) SKP FALL4MNB ENDIF

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

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

FALL4MNB (CDC-CORE)

TYPE II.

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

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

-- NUMBER OF TIMES [76 = 76 OR MORE]

88 NONE

77 DON'T KNOW/NOT SURE/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99 REFUSED/ SE NIEGA A CONTESTAR

(Go to SEATBELT)

(Go to SEATBELT)

(Go to SEATBELT)

IF (ANS = 888 | ANS = 777 | ANS = 999) SKP SEATBELT

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

TYPE I.

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

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

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

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

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

-- NUMBER OF FALLS [76 = 76 OR MORE]

88 NONE

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. SE NIEGA A CONTESTAR

Section 30: Seat Belt Use

SEATBELT (CDC-CORE)

YESNO.

**30.1 How often do you use seat belts when you drive or ride in a car? Would you say—
PLEASE READ:**

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

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

DO NOT READ:

- 88 NEVER DRIVE OR RIDE IN A CAR/NUNCA CONDUCE O PASEA EN UN COCHE
 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
 99. SE NIEGA A CONTESTAR

Section 31: Drinking and Driving

If DRNKALC2 = Not Applicable, go to HADMAM2
 IF (DRNKALC2 = 888) SKP HADMAM2

The next question is about drinking and driving.

La siguiente pregunta es acerca de beber y conducir.

DRINKDRI (CDC-CORE)

TYPE I.

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

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

__ NUMBER OF TIMES (RANGE: 1 – 30)

88 NONE

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. SE NIEGA A CONTESTAR

IF (RespGend = 1) SKP PSADRADV

Section 32: Breast and Cervical Cancer Screening

If RESPGEN = 1, go to PSADRADV

The next questions are about breast and cervical cancer screening.

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

HADMAM2 (CDC-CORE)

YESNO.

IF (RespGend = 1) SKP PSADRADV

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

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

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

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

INTERVIEWER NOTE: 'Un mamograma' is also known as 'una mamografía'

H:

SPANISH: 'UN MAMOGRAMA' IS ALSO KNOWN AS 'UNA MAMOGRAFIA'.

1. Yes/Sí

2. No/No

(Go to HADCBE2)

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

(Go to HADCBE2)

99. SE NIEGA A CONTESTAR

(Go to HADCBE2)

IF (ANS > 1) SKP HADCBE2

HOWLONG2 (CDC-CORE)

HOWLNGC.

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

(Read only if necessary)

¿Cuánto tiempo hace desde que tuvo su último mamograma?

INTERVIEWER NOTE: 'Un mamograma' is also known as 'una mamografía'

1. Within the past year (anytime less than 12 months ago)

En el último año

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

En los últimos 2 años

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

En los últimos 3 años

4. Within the past 5 years (3 years but less than 5 years ago)

En los últimos 5 años

5. 5 or more years ago

5 años o más

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. SE NIEGA A CONTESTAR

HADCBE2 (CDC-CORE)

YESNO.

32.20 A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

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

1. Yes/Sí

2. No/No

(Go to HADPAP2)

77. DON'T KNOW/ DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

(Go to HADPAP2)

99. REFUSED/SE NIEGA A CONTESTAR

(Go to HADPAP2)

WHENCBE (CDC-CORE)

HOWLNGC.

32.30 How long has it been since your last breast exam?

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

(Read only if necessary)

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

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

99. SE NIEGA A CONTESTAR

HADPAP2 (CDC-CORE)

YESNO.

32.40 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

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

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

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

- 1. Yes
- 2. No

(Go to PREGNANT)

77. DON'T KNOW/ DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)

(Go to PREGNANT)

99. REFUSED/SE NIEGA A CONTESTAR

(Go to PREGNANT)

IF (ANS > 1) SKP PREGNANT

WHENPAP2 (CDC-CORE)

HOWLNGC.

32.50 How long has it been since you had your last Pap test?

(READ ONLY IF NECESSARY)

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

- 1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
En el último año
- 2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
En los últimos 2 años
- 3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
En los últimos 3 años
- 4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)

5. *En los últimos 5 años*
5 or more years ago
5 años o más

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. SE NIEGA A CONTESTAR

Ask if AGEB < 45

IF (AGEB > 45) SKP HYSTER2

PREGNANT (CDC-CORE)

YESNO.

32.60 To your knowledge, are you now pregnant?

¿Que usted sepa, está embarazada?

1. Yes/Sí
2. No/No
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. SE NIEGA A CONTESTAR

IF PREGNANT=1 go to HADSTLHM

IF (PREGNANT = 1) SKP PSADRADV

HYSTER2 (CDC-CORE)

YESNO.

32.70 Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?

¿Ha tenido una histerectomía (es decir, una operación para eliminar el útero/matriz)?

1. Yes/Sí
2. No/No
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. SE NIEGA A CONTESTAR

IF (RespGend = 2) SKP HADSTLHM

if (AGEB <= 40) SKP HADSTLHM

Section 33: Prostate Cancer Screening

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

PSADRADV(CDC-CORE) (NEW)

YESNO.

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

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

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

PSADRDIS (CDC-CORE) (NEW)

YESNO.

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

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

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

PSADRREC (CDC-CORE) (NEW)

YESNO.

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

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

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

PSAHAD2 (CDC-CORE)

YESNO.

33.3 Have you EVER HAD a PSA test?

¿Alguna vez ha tenido usted una prueba de PSA (Análisis del antígeno prostático específico)?

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

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

IF (ANS >1) SKP HADSTLHM

PSAWHEN2 (CDC-CORE)

HOWLNGC.

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

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

(Read Only if Necessary)

- 1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
En el último año
- 2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
En los últimos 2 años

- 3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
En los últimos 3 años
- 4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
En los últimos 5 años
- 5. 5 or more years ago
5 años o más

- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

PSAMAIN1 –MODIFIED (CDC-CORE)

PSAREAS1.

33.5 What was the MAIN reason you had this PSA test – was it ...

¿Cuál fue la razón principal por la que usted tuvo esta prueba PSA? Fue...

- 1. Part of a routine exam
Parte de un examen de rutina
- 2. Because of a prostate problem
Debido a un problema de la próstata
- 3. Because of a family history of prostate cancer
Debido a una historia familiar de cáncer de próstata
- 4. Because you were told you had prostate cancer
Porque le dijeron que tenía cáncer de próstata
- 5. Some other reason
Otra razón
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

Section 34: Colorectal Cancer Screening - Revised order, 12/15/11

If respondent is ≤ 49years of age, go to AIDSTST8.

HADSTLHM (CDC-CORE)

YESNO.

34.00 The next questions are about colorectal cancer screening.

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

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

- 1. Yes/Sí
- 2. No/No (Go to HADSIG3)
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) (Go to HADSIG3)
- 99. SE NIEGA A CONTESTAR (Go to HADSIG3)

IF (ANS > 1) SKP HADSIG3

WHENSTO3 (CDC-CORE)**WHENE.****34.05 How long has it been since you had your last blood stool test using a home kit?**

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

(Read only if necessary)

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

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

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

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. SE NIEGA A CONTESTAR

HADSIG3 (CDC-CORE)**YESNO.**

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

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

- | | | |
|-----|-------------------------------------|-----------------|
| 1. | Yes/Sí | |
| 2. | No/No | (Go to HADSTL1) |
| 77. | DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) | (Go to HADSTL1) |
| 99. | SE NIEGA A CONTESTAR | (Go to HADSTL1) |

IF (ANS > 1) SKP AIDSTST8

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

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

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

H:
WHEN NEEDED, SAY:

ENGLISH:

* SIGMOIDOSCOPY, A FLEXIBLE TUBE IS INSERTED INTO THE RECTUM TO FIND PROBLEMS.
* A COLONOSCOPY IS SIMILAR, BUT USES A LONGER TUBE, AND YOU ARE USUALLY GIVEN MEDICATION THROUGH A NEEDLE IN YOUR ARM TO MAKE YOU SLEEPY AND TOLD TO HAVE SOMEONE ELSE DRIVE YOU HOME AFTER THE TEST.

SPANISH:

* PARA UNA SIGMOIDOSCOPIA SE INSERTA UN TUBO FLEXIBLE EN EL RECTO PARA BUSCAR PROBLEMAS.
* UNA COLONOSCOPIA ES SIMILAR, PERO UTILIZA UN TUBO LARGO Y NORMALMENTE ES DADO MEDICAMENTOS A TRAVÉS DE UNA AGUJA EN EL BRAZO PARA HACERLE DURMIENTE Y LES DICEN QUE OTRA PERSONA LO TIENE QUE MANEJAR A SU CASA DESPUÉS DE LA PRUEBA.

1. Sigmoidoscopy
2. Colonoscopy

77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. SE NIEGA A CONTESTAR

WHENSIG4 (CDC-CORE)

WHEND.

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

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

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

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

1. Within the past year (anytime less than 12 months ago)
En el último año
2. Within the past 2 years (1 year but less than 2 years ago)

3. *En los últimos 2 años*
Within the past 3 years (2 years but less than 3 years ago)
4. *En los últimos 3 años*
Within the past 5 years (3 years but less than 5 years ago)
5. *En los últimos 5 años*
Within the past 10 years (5 years but less than 10 years ago)
6. *En los últimos 10 años*
10 or more years ago
10 años o más
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. SE NIEGA A CONTESTAR

Section 35: 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/Sí
2. No/No (Go to Random Child Selection section)
7. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) (Go to Random Child Selection section)
9. SE NIEGA A CONTESTAR (Go to Random Child Selection section)

IF (ANS > 1) SKP LOGCHLDSEL

TSTDATE (CDC-CORE)

35.10 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/NO SÉ/NO ESTOY SEGURA(O)
- 99/9999. SE NIEGA A CONTESTAR

TSTWHERE (CDC-CORE)

35.3 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/NO SÉ/NO ESTOY SEGURA(O)
- 9 9. SE NIEGA A CONTESTAR

Section 36: Random Child Selection

*If CHILD18 = 0 or CHILD18 = RF, Go to Section 29: Childhood Asthma; Else continue
IF CHILD18 > 1, one child is randomly selected*

Previously you indicated there are children in the household. I have some additional questions about one specific child. The child I will be referring to is the XX youngest child. 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 refiero es el XX el niño menor de edad. Todas las preguntas acerca de los niños serán acerca del XX el niño menor.

CH_SEL (CDC OPTIONAL MODULE)

BOYGIRL.

36.1 Is the child a boy or a girl?

¿Es el niño un niño o una niña?

1. Boy
2. Girl
99. REFUSED/SE NIEGA A CONTESTAR

CH_HISP2 (CDC OPTIONAL MODULE)

YESNO.

36.2 Is the child Hispanic or Latino?

¿Es el niño(a) Hispano(a) o Latino(a)?

1. Yes
 2. No
 77. Don't know
 99. REFUSED/SE NIEGA A CONTESTAR
- (GO TO CH_RACE3)
(GO TO CH_RACE3)
(GO TO CH_RACE3)

IF (ANS> 1) SKP CH_RACE3

CH_HMEX (CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)

36.3 Are they...

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

1. Yes/Sí
2. No/No
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. SE NIEGA A CONTESTAR

IF (ANS> 1) SKP CH_RACE3

CH_HPR (CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)

36.4 Puerto Rican?/ Puertorriqueño

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

IF (ANS> 1) SKP CH_RACE3

CH_HCUB (CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)

36.5 Cuban?/Cubano

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

IF (ANS> 1) SKP CH_RACE3

CH_HOTH (CDC OPTIONAL MODULE) (Ask if said yes to CH_HISP2)

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

- 1. Yes/Sí
- 2. No/No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

IF (ANS> 1) SKP CH_RACE3

CH_RACE3 (CDC OPTIONAL MODULE)

YESNO.

36.7 Which one or more of the following would you say is the race of the child?

¿Cuál o cuáles de las siguientes diría usted que mejor representa la raza del niño(a)? ¿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/NO SÉ/NO ESTOY SEGURA(O)
 - 99. SE NIEGA A CONTESTAR

If more than one response to CH_RACE3, continue. Otherwise, go to CH_BORN.

IF (ANS > 6) SKP CH_BORN
 IF (CH_RACE3 = 3 | CH_RACE3 = 4) SKP CH_RA2AB
 IF ((CH_RACE3 = 1) & (CH_RACE3 = 2 | CH_RACE3 = 3 | CH_RACE3 = 4 | CH_RACE3 = 5 | CH_RACE3 = 6)) SKP CH_RACE4
 IF ((CH_RACE3 = 2) & (CH_RACE3 = 3 | CH_RACE3 = 4 | CH_RACE3 = 5 | CH_RACE3 = 6)) SKP CH_RACE4
 IF ((CH_RACE3 = 5) & (CH_RACE3 = 6)) SKP CH_RACE4
 IF (CH_RACE3 = 1 | CH_RACE3 = 2 | CH_RACE3 = 5 | CH_RACE3 = 6) SKP CH_BORN

CH_RACE4 (CDC OPTIONAL MODULE)

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

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

Interviewer note: Read all responses before marking answer.

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian, Alaska Native
- 6. Other
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. SE NIEGA A CONTESTAR

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

CH_RA2AB (CA)

ORACE2AB.

36.9 Is the child Chinese, Japanese, Korean, Filipino or Other?

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

- 1. Chinese
- 2. Japanese
- 3. Korean
- 4. Filipino
- 5. Vietnamese
- 6. Cambodian
- 7. Laotian
- 8. East Indian
- 9. Indonesian
- 10. Hawaiian
- 11. Samoan
- 12. Pakistani
- 13. Saipanese
- 14. Fijian
- 15. Guamanian or Chamorro
- 16. Other: (specify)
- 777. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 999. SE NIEGA A CONTESTAR

IF ((CH_RACE3 = 3) & (CH_RACE3 = 1 | CH_RACE3 = 2 | CH_RACE3 = 4 | CH_RACE3 = 5 | CH_RACE3 = 6)) SKP CH_RACE4

IF ((CH_RACE3 = 4) & (CH_RACE3 = 1 | CH_RACE3 = 2 | CH_RACE3 = 3 | CH_RACE3 = 5 | CH_RACE3 = 6)) SKP CH_RACE4
SKP CH_BORN

CH_BORN (EHIB/CDC OPTIONAL MODULE)

TYPE I.

36.10 In what month and year was old child born?

¿En qué mes y año nació el niño(a)?

___/___ Enter month/year

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

99. Refused

CH_REL (CDC OPTIONAL MODULE)

CH_REL.

36.11 How are you related to the child?

¿Cómo está usted relacionado (a) (parentesco) con el niño(a)? Diría usted...

Please read:

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

1. *Padre (incluye biológico, padrastro o padre adoptivo)*
2. *Abuelo*
3. *Padre de crianza o tutor*
4. *Hermano/a (incluye biológico, hermanastro o hermano adoptivo)*
5. *Otra relación*
6. *Ninguna relación*
77. **NO SÉ/NO ESTOY SEGURA(O)**
99. **SE NIEGA A CONTESTAR**

Section 37: Childhood Asthma Prevalence

This module will only be implemented in households with children (<18 years old).

CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE)

YES/NO.

37.1 Has a doctor, nurse or other health professional EVER said that the child has asthma?

¿En alguna ocasión, algún médico u otro profesional de la salud le informaron que el niño(a) tenía asma?

1. Yes
2. No (GO TO Closing Statement)
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) (GO TO Closing Statement)
99. REFUSED/SE NIEGA A CONTESTAR (GO TO Closing Statement)

CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

37.2 Does the child still have asthma?

¿Tiene todavía el niño(a) asma?

- 1. Yes
- 2. No
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

Section 38: Closing

If ASTHEVE3=1 or CHLDAST2 =1 continue

ADLTCALL (CA-California Breathing)

YESNO.

38.1 Do you think you would be willing to do a follow-up to this survey in the next two weeks, asking about your (your child's) experience with asthma?

Cree que en algún momento en el futuro, ¿estaría usted dispuesto(a) en hacer una encuesta que sigue a esta y le preguntaremos sobre la experiencia de (el asma de su niño(a) su asma?

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

CHLDCALL (CA-California Breathing)

YESNO.

38.2 Do you think you would be willing to do a follow-up to this survey in the next two weeks, asking about your child's experience with asthma?

Cree que en 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)

38.3 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)

38.4 What is the child's name for when we callback?

¿Cuál es el nombre de el niño/niña para cuando regresemos la llamada?

Interviewer: We need the name, initials or nickname./

Es necesario el nombre, iniciales o alias.

Enter name_____

Closing statement:

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

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

SPANIN2

(To Interviewer:) Was this interview completed in English or Spanish?

1. Spanish
2. English

SPANINB.