

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2015**  
**Track I**  
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 System1  
2015 State Questionnaire  
Track I**

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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 COLLADUL01

2.

3. 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?**

*¿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 F5 HELP FOR ADDITIONAL INFORMATION.0102095551

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

IF (COLLADUL = 1) & (ANS = 1) SKP INTROSCR

IF (COLLADUL = 1) & (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 cooperación 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**

**May I speak with him/her?**

*¿Me permite hablar con el/la?*

**ASK FOR THE ADULT**

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



**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

**- 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

4. 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**

### Section 1: Health Status

**GENHLTH (CDC-CORE)**

**HEALTH.**

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

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

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

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

1. Excellent/ *Excelente*
2. Very good/ *Muy buena*
3. Good/ *Buena*
4. Fair, or / *Regular*
5. Poor? / *Delicada*
7. DON'T KNOW/ NOT SURE
9. REFUSED

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

**PHYSHLTH (CDC-CORE)**

**TYPE VII.**

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

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

\_\_\_ Enter Number of days

- 88. None
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**MENTHLTH (CDC-CORE)**

**TYPE VII.**

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

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

\_\_\_ Enter Number of days

- 88. None
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

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

**POORHLTH (CDC-CORE)**

**TYPE VII.**

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

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

\_\_\_ Enter Number of days

- 88. None
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**Section 3: Health Care Access**

**HAVEPLN3 (CDC-CORE)**

**YESNO.**

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

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

- 1. Yes
- 2. No

7. DON'T KNOW/ NOT SURE  
9 REFUSED

### TYPPLAN (CAL-CORE)

#### 3.2 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 F5 FOR ADDITIONAL INFORMATION

INTERVIEWER NOTE: SHOULD THE RESPONDENT INDICATE THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (COVERED CALIFORNIA), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (MEDI-CAL)? 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

### PERSDOC (CDC-CORE)

### PERSDOC.

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

INTERVIEWER NOTE: PROBE: IF NO, ASK "Is there more than one or is there "no" person who you think of as your personal doctor or healthcare provider?"

¿Hay una persona quien usted considera ser su médico personal o proveedor de su cuidado médico?

INTERVIEWER NOTE: PROBE: IF NO, ASK: "hay más de una persona o no hay ninguna persona?"

1. Yes, only one / *Sí, solo uno (DO NOT PROBE)*
2. More than one / *Más de uno*
3. (PROBE) No
7. DON'T KNOW / NOT SURE
9. REFUSED

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

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

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

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

**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 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 (anytime less than 12 months ago)  
*En el último año*
2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
3. Within the past 5 years (2 years but less than 5 years ago)  
*En los últimos 5 años*
4. 5 or more years ago  
*5 años o más*
8. Never  
*Nunca*
7. DON'T KNOW / NOT SURE
9. REFUSED

**Section 4: Hypertension Awareness****BPHIGH2 (CDC-CORE)****YES/NO.**

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

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

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

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

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

*¿Fue esto solo cuando estaba embarazada?*

- |    |   |                |
|----|---|----------------|
| 1. | Yes   |                |
| 2. | Yes, but female told only during pregnancy                        | [SKP BLOODCHO] |
| 3. | No  | [SKP BLOODCHO] |
| 4. | Told borderline high or pre-hypertensive                          | [SKP BLOODCHO] |
|    | Le an dicho que esta al límite alto o al borde de la hipertensión |                |
| 7. | DON'T KNOW/ NOT SURE  | [SKP BLOODCHO] |
| 9. | REFUSED   | [SKP BLOODCHO] |

**BPMED (CDC-CORE)**

**YESNO.**

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

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

(94)

- |    |                      |
|----|----------------------|
| 1. | Yes                  |
| 2. | No                   |
| 7. | DON'T KNOW/ NOT SURE |
| 9. | REFUSED              |

**BPSALT (CA-CCDP)**

**YNNA.**

**4.3 (Are you) cutting down on salt (to help lower or control your high blood pressure)?**

*¿(Está) consumiendo menos sal (para ayudar a reducir, o controlar, su hipertensión arterial)?*

- |    |                                 |
|----|---------------------------------|
| 1. | Yes                             |
| 2. | No                              |
| 3. | Do not use salt / no usa la sal |
| 7. | DON'T KNOW/ NOT SURE            |
| 9. | REFUSED                         |

**Section 5: Cholesterol Awareness**

**BLOODCHO (CDC-CORE)**

**YESNO.**

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

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

- |    |                      |              |
|----|----------------------|--------------|
| 1. | Yes                  |              |
| 2. | No                   | [SKP HEART2] |
| 7. | DON'T KNOW/ NOT SURE | [SKP HEART2] |
| 9. | REFUSED              | [SKP HEART2] |

**CHOLCHK (CDC-CORE)**

**HOWLONGC.**

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

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

**Read only if necessary:**

- |    |  |
|----|--|
| 1. | Within the past year (anytime less than 12 months ago) |
|    | <i>En el último año (hace menos de 12 meses)</i>       |

2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años (hace 1 año pero menos de 2)*
3. Within the past 5 years (2 years but less than 5 years ago)  
*En los últimos 5 años (hace 2 años pero menos de 5)*
4. 5 or more years ago  
*Hace 5 años o más*

**Do not read:**

7. DON'T KNOW/ NOT SURE
9. REFUSED

**TOLDHI (CDC-CORE)**

**YES/NO.**

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

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

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

**Section 6: Chronic Health Conditions**

**HEART2 (CDC-CORE)**

**YES/NO.**

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

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

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

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

READ ONLY IF NECESSARY: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed professional.

*LEER SOLO SI ES NECESARIO: por "otros profesionales de la salud" nos referimos a una enfermera, un médico de asistente, o algún otro profesional con licencia.*

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

**ANGINA (CDC-CORE)**

**YES/NO.**

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

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

#### PRONUNCIATION GUIDE

ENGLISH:

(anne - J - EYE- nah)

1. Yes
2. No
  
7. DON'T KNOW / NOT SURE
9. REFUSED

#### 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 médico, enfermera, u otro profesional de la salud) que usted tuvo una embolia?*

1. Yes
2. No
  
7. DON'T KNOW / NOT SURE
9. REFUSED

#### 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 médico, enfermera, u otro profesional de la salud) que usted tuvo asma?*

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

(SKP SKCANC)  
(SKP SKCANC)  
(SKP SKCANC)

#### ASTHNOW (CDC-CORE)

**YESNO.**

**6.5 Do you still have asthma?**  
*¿Todavía tiene usted asma?*

1. Yes
2. No
  
7. DON'T KNOW / NOT SURE
9. REFUSED

#### SKCANC (CDC-CORE)

**YESNO.**

**6.6 Has a doctor, nurse or other health professional EVER told you that had skin cancer?**

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



1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

**OTHCA NC (CDC-CORE)**

**YESNO.**

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

*(¿Alguna vez le ha dicho un médico, enfermera u otro profesional de la salud) que usted tuvo cualquier otro tipo de cáncer?*

*INTERVIEWER NOTE: Includes basal (Bay-Sul) and squamous (Squa-muss) cell cancers.*

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

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

**COPDEVER (CDC-CORE)**

**YESNO.**

**6.8 (Has a doctor, nurse or other health professional) EVER told you that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?**

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

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

**ARTHRTD (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 ha dicho un doctor, enfermera, u otro profesional de salud que usted tuvo) que usted tiene algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?*

INTERVIEWER NOTE: PRESS F5 FOR ADDITIONAL DIAGNOSES LIST

In Help Text: This question is asked of all respondents. This question asks respondents if they have ever been told by a doctor or other health professional that they have some form arthritis. This would include any type of arthritis in any location of the body (This would include the back or neck). If they do not know what arthritis is the correct answer is DON'T KNOW.

Arthritis diagnoses include: In addition to rheumatoid arthritis, gout, lupus, and fibromyalgia, the following

should be included: 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.

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

- 1. Yes
- 2. No
  
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

**DEPRESS1 (CDC-CORE)**

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

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

**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.**

*¿Alguna vez le ha dicho un doctor, 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.*

INTERVIEWER NOTE: Incontinence is not being able to control urine flow  
*La incontinencia es no poder controlar el fluido de la orina.*

ENGLISH PRONUNCIATION GUIDE:

IN-CON-TIN-ANTS

SPANISH PRONUNCIATION GUIDE:

IN-CON-TIN-ENS-IYA

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

**DIABCOR3 (CDC-CORE)**

**DIABCDC.**

**6.12 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” CODE 4).**

*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   | IF (ANS = 1) SKP DIABAGE                    |
| 2. | Yes, but female told only during pregnancy (Gestational Diabetes) | IF (ANS = 2) & (RespGend = 1) SKP DIAFEMALE |
| 3. | No  | IF (ANS >= 3) SKP AGEB                      |
| 4. | No, pre-diabetes or borderline diabetes                           | (SKP AGEB)                                  |
| 7. | DON'T KNOW / NOT SURE   | (SKP AGEB)                                  |
| 9. | REFUSED   | (SKP AGEB)                                  |

**DIAFEMALE** **RESPGEND = 1/ MALE**  
**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           | IF (ANS = 1) SKP AGEB     |
| 2. | NO, RE-ASK QUESTION DIABCOR3 | IF (ANS = 2) SKP 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 / NOT SURE                 |
| 999. | REFUSED                               |

**Section 7: Demographics**

**AGEB (CDC-CORE)**

**7.1 What is your age?**

*¿Cuántos años tiene usted?*

- |    |                                      |
|----|--------------------------------------|
| __ | ENTER AGE IN YEARS (RANGE: 18 – 150) |
| 7. | DON'T KNOW / NOT SURE                |
| 9. | REFUSED                              |

**HISP4 (CDC-CORE)**

**YESNO.**

**7.2 Are you HISPANIC, Latino/a, or of Spanish origin ?**

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

- 1. Yes
- 2. No IF (ANS >= 2 ) SKP ORACE3
- 7. DON'T KNOW / NOT SURE IF (ANS >= 2 ) SKP ORACE3
- 9. REFUSED IF (ANS >= 2 ) SKP ORACE3

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

**YESNO.**

**7.3 Are you...**

**Mexican, Mexican American, or Chicano/a?**

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

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

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

**YESNO.**

**7.4 Are you... Puerto Rican?/ ¿Es usted... Puertorriqueño**

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

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

**YESNO.**

**7.5 Are you...Cuban?**

*¿Es usted... Cubano?*

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

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

**YESNO.**

**7.6 Are you...Another Hispanic, Latino/a, or of Spanish origin?**

*¿Es usted... De otro origen latino, hispano o español?*

- 1. Yes (Specify) / Sí (Especifique)
- 2. No

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

SKP ORACE2XA

If HISP4=1 SKP ORACE2XA

**ORACE3A (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, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, 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?*

- 10. White (Caucasian) ORACE3A\_1
- 20. Black or African American ORACE3A\_2
- 30. American Indian or Alaska Native ORACE3A\_3
- 40. Asian ORACE3A\_4; IF (ORACE3 = 4) SKP ORACE2AB
- 50. Pacific Islander ORACE3A\_5; IF (ORACE3 = 5) SKP ORACE2AB
- 60. Other: (specify) ORACE3A\_6, ORACE3ATX
- 88. NO ADDITIONAL CHOICES
- 77. DON'T KNOW / NOT SURE ORACE3A\_8; IF (ANS > 6) SKP RFRACE
- 99. REFUSED ORACE3A\_9

*IF ((ORACE3A = 1) & (ORACE3A = 2 | ORACE3A =3 | ORACE3 A= 4 | ORACE3A = 5 |ORACE3A = 6)) SKP ORACE4A*

*IF ((ORACE3A = 2) & (ORACE3A = 3 | ORACE3A =4 | ORACE3A= 5 | ORACE3A = 6)) SKP ORACE4A*

*IF ((ORACE3A = 5) & (ORACE3A= 6 )) SKP ORACE4A*

*IF (HISP4 = 2) SKP MARITAL*

*SKP MARITAL*

*(PROBE ORACE2X IF HISP4=1 and ORACE3A = 6)*

**ORACE2XA (CDC CORE)** *(ask IF HISP4=1 and ORACE3A = 6)*

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

*¿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. AMERICAN INDIAN OR ALASKA NATIVE HISPANIC  
HISPANO INDIO AMERICANO O NATIVO DE ALASKA
4. ASIAN HISPANIC if (ORACE2X = 4) SKP ORACE2AB  
HISPANO ASIÁTICO
5. PACIFIC ISLANDER  
HISPANO ISLA DEL PACIFICO IF (ORACE2X = 5) SKP ORACE2AB
6. OTHER HISPANIC (specify) (Variable name: ORACE2XTX)  
OTRO HISPANO (Especifique)
77. DON'T KNOW / NOT SURE IF (ANS > 6) SKP RFRACE
99. REFUSED

IF ((ORACE2XA = 1) & (ORACE2XA = 2 | ORACE2XA =3 | ORACE2XA = 4 | ORACE2XA = 5 |ORACE2XA =6)) SKP ORACE4A

IF ((ORACE2XA= 2) & (ORACE2XA = 3 | ORACE2XA =4 | ORACE2XA = 5 | ORACE2XA = 6 )) SKP ORACE4A

IF ((ORACE2XA = 5) & (ORACE2XA = 6 )) SKP ORACE4A

SKP MARITAL

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

#### **ORACE2AB (CDC-CORE)**

#### **ORACE2AB.**

**7.9 If orace4<>4.and.orace4<>5.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                | ORACE2AB_1  |
| 2. Japanese               | ORACE2AB_2  |
| 3. Korean                 | ORACE2AB_3  |
| 4. Filipino               | ORACE2AB_4  |
| 5. Vietnamese             | ORACE2AB_5  |
| 6. Cambodian              | ORACE2AB_6  |
| 7. Laotian                | ORACE2AB_7  |
| 8. East Indian            | ORACE2AB_8  |
| 9. Indonesian             | ORACE2AB_9  |
| 10. Native Hawaiian       | ORACE2AB_10 |
| 11. Samoan                | ORACE2AB_11 |
| 12. Pakistani             | ORACE2AB_12 |
| 13. Saipanese             | ORACE2AB_13 |
| 14. Fijian                | ORACE2AB_14 |
| 15. Guamanian or Chamorro | ORACE2AB_15 |
| 16. Other: (specify)      | ORACE2AB_16 |
| 777. DON'T KNOW/ NOT SURE | ORACE2AB_18 |

IF ((ORACE3A = 4) & (ORACE3A = 1 | ORACE3A = 2 | ORACE3A = 3 | ORACE3A = 5 | ORACE3A = 6 )) SKP ORACE4A  
 IF ((ORACE3A = 5) & (ORACE3A = 1 | ORACE3A = 2 | ORACE3A = 5 | ORACE3A = 6 )) SKP ORACE4A  
 IF ((ORACE2XA = 4) & (ORACE2XA = 1 | ORACE2XA = 2 | ORACE2XA = 3 | ORACE2XA = 5 | ORACE2XA = 6 )) SKP ORACE4A  
 IF ((ORACE2XA = 5) & (ORACE2XA = 1 | ORACE2XA = 2 | ORACE2XA = 3 | ORACE2XA = 6 )) SKP ORACE4A  
 SKP MARITAL

**ORACE4A (CDC-CORE)****ORACEB.**

**7.10** 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. American Indian or Alaska Native
4. Asian
5. Pacific Islander
6. Other (Specify) <ORACE4ATX>
77. DON'T KNOW / NOT SURE
99. REFUSED

If ORACE3A= 4 or 5 then go to ORACE2AB, else go to MARITAL

**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 TO OBTAIN A RACE.**

1. Change response to previous question ORACE3A

IF (HISP4 =1) SKP ORACE2XA  
 SKP ORACE3A

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

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

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

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple
7. DON'T KNOW / NOT SURE
9. REFUSED

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

**7. 12 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?*

*IN HELP SCREEN: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 / NOT SURE
99. REFUSED

**EDUCA (CDC-CORE)****EDUCAA.**

**7.13 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(grades 9-11)*
3. Grade 12 or GED certificate (High school graduate)  
*Grado 12 o certificado GED (High school graduate)*
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  
*Grado de universidad*
8. Post graduate or professional degree  
*Título profesional o posgraduado*
88. Did not attend school (Never attended school or only kindergarten) *No atendio la escuela*
77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

**OWNHOME (CDC-CORE)**

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

**RENT.**

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

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

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

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

NOTA PARA EL ENCUESTADOR: Hacemos esta pregunta para comparar indicadores de salud entre personas con distintas situaciones de vivienda.

1. OWN / DUEÑO (A) SU CASA
2. RENT / ALQUILA (RENTA) SU CASA
3. OTHER ARRANGEMENT / OTRO ACUERDO
7. DON'T KNOW/NOT SURE
9. REFUSED

**CACOUNTY (CDC-CORE)**

**COUNTYA.**

**7.15 What county do you live in?**

*¿En qué condado vive usted?*

- |                            |                     |                                      |
|----------------------------|---------------------|--------------------------------------|
| 001. ALAMEDA               | 041. MARIN          | 081. SAN MATEO                       |
| 003. ALPINE                | 043. MARIPOSA       | 083. SANTA BARBARA                   |
| 005. AMADOR                | 045. MENDOCINO      | 085. SANTA CLARA                     |
| 007. BUTTE                 | 047. MERCED         | 087. SANTA CRUZ                      |
| 009. CALAVERAS             | 049. MODOC          | 089. SHASTA                          |
| 011. COLUSA                | 051. MONO           | 091. SIERRA                          |
| 013. CONTRA COSTA          | 053. MONTEREY       | 093. SISKIYOU                        |
| 015. DEL NORTE             | 055. NAPA           | 095. SOLANO                          |
| 017. EL DORADO             | 057. NEVADA         | 097. SONOMA                          |
| 019. FRESNO                | 059. ORANGE         | 099. STANISLAUS                      |
| 021. GLENN                 | 061. PLACER         | 101. SUTTER                          |
| 023. HUMBOLDT              | 063. PLUMAS         | 103. TEHAMA                          |
| 025. IMPERIAL              | 065. RIVERSIDE      | 105. TRINITY                         |
| 027. INYO                  | 067. SACRAMENTO     | 107. TULARE                          |
| 029. KERN                  | 069. SAN BENITO     | 109. TUOLUMNE                        |
| 031. KINGS                 | 071. SAN BERNARDINO | 111. VENTURA                         |
| 033. LAKE                  | 073. SAN DIEGO      | 113. YOLO                            |
| 035. LASSEN                | 075. SAN FRANCISCO  | 115. YUBA                            |
| 037. LOS ANGELES           | 077. SAN JOAQUIN    | 116. Other (CELL only) (888 for CDC) |
| 039. MADERA                | 079. SAN L OBISPO   |                                      |
| 777. DON'T KNOW / NOT SURE |                     |                                      |
| 999. REFUSED               |                     |                                      |

#### **ZIPCODE2 (CDC-CORE)**

##### **7.16 What is the ZIP Code where you live ?**

*¿Cuál es su código de zona postal?*

\_\_\_\_\_ ENTER THE FIVE DIGIT NUMBER

777777. DON'T KNOW/ NOT SURE

999999. REFUSED

#### **NUMHOLD2 (CDC-CORE) (LANDLINE ONLY)**

**YES/NO.**

##### **7.17 Do you have more than one telephone number in your household?**

**Do not include cell phones or numbers that are only used by a computer or fax machine.?**

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

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

**IF (ANS >1) SKP CELL**

#### **NUMPHON4 (CDC-CORE) (LANDLINE ONLY)**

##### **7.18 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)

7. DON'T KNOW/ NOT SURE

9. REFUSED

**CELL (CDC-CORE) (LANDLINE ONLY)**

**YES/NO.**

**7.19 Do you have a cell phone for personal use?**

**Please include cell phones used for both business and personal use.**

*¿Tiene usted un teléfono celular para su uso personal?*

*Por favor incluya teléfonos celulares que se usen para el trabajo y uso personal.*

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

**MILITAR2 (CDC-CORE)**

**YES/NO.**

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

**7.20 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?**

**INTERVIEWER NOTE: 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?*

**NOTA PARA EL ENCUESTADOR:** Servicio activo no incluye entrenamiento para las reservas o la Guardia Nacional, pero SI incluye activación, por ejemplo, para la Guerra de Golfo Pérsico.

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

**EMPLOY2 (CDC-CORE)**

**EMPLOYA.**

**7.21 Are you currently: Employed for wages, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, a Homemaker, a 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 / TRABAJA CON SUELDO
2. SELF-EMPLOYED / TRABAJA POR CUENTA PROPIA
3. OUT OF WORK FOR MORE THAN 1 YEAR / HA ESTADO SIN TRABAJO POR MÁS DE 1 AÑO
4. OUT OF WORK FOR LESS THAN 1 YEAR / HA ESTADO SIN TRABAJO POR MENOS DE 1 AÑO
5. HOMEMAKER / ES AMO/A DE CASA
6. STUDENT / ES ESTUDIANTE
7. RETIRED / ESTÁ JUBILADO/A
8. UNABLE TO WORK / NO PUEDE TRABAJAR
77. DON'T KNOW / NOT SURE
99. REFUSED

**CHILD18 (CDC-CORE)**

**TYPE VII.**

**7.22 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?

HHSIZE = (NUMADULT1 + NUMCHILD)

- \_\_\_ ENTER NUMBER OF CHILDREN (RANGE: 1 – 9) IF (ANS = 77 | ANS = 88 | ANS = 99) SKP INCOM02  
77. DON'T KNOW / NOT SURE (GO TO INCOM02)  
88. NONE (GO TO INCOM02)  
99. REFUSED (GO TO INCOM02)

**CHILDAGE (CA-CORE)**

**TYPE VII.**

- 7.23 (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 / NOT SURE  
99. REFUSED

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

**ONEMONTH (CA-CORE)**

**TYPE VII.**

- 7.24 (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 con el más pequeño...*

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 / NOT SURE	
99.	REFUSED	

**HHSIZE** (CA-CORE)\*\*\* Calculated variable do not ask \*\*\* (not formatted)

**7.25** Household size.

HHSIZE = NUMADULT1 + NUMCHILD

**INCOM02 (CDC-CA-CORE )**

**INCOMED.**

**7.26** 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?*

INTERVIEWER NOTE: 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 / NOT SURE
99. REFUSED

IF (HHSIZE = 1 & INCOM02 = 2) SKP HH1IN2

IF (HHSIZE = 1 & INCOM02 = 3) SKP HH1IN3

IF (HHSIZE = 1 & INCOM02 = 4) SKP HH1IN41

IF (HHSIZE = 1 & INCOM02 = 5) SKP HH1IN5

IF (HHSIZE = 2 & INCOM02 = 3) SKP HH2IN3  
 IF (HHSIZE = 2 & INCOM02 = 4) SKP HH2IN4  
 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 = 5) SKP HH3IN5  
 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 HH5IN6  
 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 = 6) SKP HH7IN61  
 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 HH8IN8  
 IF (HHSIZE = 8 & INCOM02 = 9) SKP HH8IN9  
 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 INTERNET**

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.**

**7.27** Is your annual household income from all sources 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 / NOT SURE
- 99. REFUSED

INCOM 02	=	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+
HHSIZ E=	1		\$11,670/	\$15,521	\$21,590/ \$23,340	\$29,175					
(House hold Size)	2			\$15,730	\$20,921	\$20,101/ \$31,460	\$39,325				
	3			\$19,790		\$26,320	\$36,612/ \$39,580/ \$49,475				
	4				\$23,850	\$31,721	\$44,123/ \$47,700	\$59,625			
	5					\$27,910	\$37,120	\$51,634/ \$55,820/ \$69,775			
	6					\$31,970	\$42,520	\$59,145/ \$63,940	\$79,925		
	7						\$36,030/ \$47,920	\$66,656/ \$72060	\$90,075		
	8						\$40,090	\$53,320/ \$74,167	\$80,180	\$100,225	
	9						\$44,150	\$58,720	\$81,678/ \$88,300	\$110,375	
	10						\$48,210	\$64,119	\$89,189/ \$96,420	\$120,525	
	11							\$52,270/ \$69,519	\$96,700	\$104,540	\$130,675
	12							\$56,330/ \$74,919		\$104,211/ \$112,660	\$140,825
	13							\$60,390	\$80,319	\$111,722/ \$120,780	\$150,975

(100%, 133%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Vol. 79, No. 14, January 22, 2014, pp. 3593-3594.)



**INTERNET (CDC-CORE)****YESNO.****7.28 Have you used the internet in the past 30 days?***¿Ha usado el Internet en los últimos 30 días?*

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

**WEIGHT (CDC-CORE)****7.29 About how much do you weigh without shoes?***¿Cómo cuánto pesa usted sin zapatos?*

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN FRACTIONS, ASK WHICH WHOLE NUMBER IT IS CLOSEST TO. IF RESPONDENT STILL GIVES A FRACTION, ROUND FRACTIONS UP. IF RESPONDENT ANSWERS IN METRICS, USE CONVERSION TABLE.

Range: 50 - 650\_\_\_ ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220)

(verify if Less Than 80 or Greater Than 350)

7777. DON'T KNOW / NOT SURE

9999. REFUSED

**HEIGHT (CDC-CORE)****7.30 About how tall are you without shoes?***¿Cómo cuánto mide de estatura sin zapatos?*

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN FRACTIONS, ASK WHICH WHOLE NUMBER IT IS CLOSEST TO. IF RESPONDENT STILL GIVES A FRACTION, ROUND FRACTION DOWN. IF RESPONDENT ANSWERS IN METRICS, USE CONVERSION TABLE.

(verify if less than 408 or greater than 608)

7777. DON'T KNOW / NOT SURE

9999. REFUSED

Ask if RESPGEND=2 AND AGE<45; IF (AGE => 45) SKP RESTRIC3

**PREGNANT (CDC-CORE)****YESNO.****7.31 To your knowledge, are you now pregnant?***¿Que usted sepa, está embarazada?*

1. Yes
2. No
77. DON'T KNOW / NOT SURE
99. REFUSED

**SEXCHECK**

INTERVIEWER NOTE: INDICATE SEX OF RESPONDENT.

INTERVIEWER NOTE: ASK ONLY IF NECESSARY

1. MALE
2. FEMALE

**Section 8: Disability**

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

**RESTRIC3 (CDC-CORE)**

**YES/NO.**

**8.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?**

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

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

**EQUIP (CDC-CORE)**

**YES/NO.**

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

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

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

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

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

**YES/NO.**

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

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

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

**REMEM2 (CDC-CORE)**

**YES/NO.**

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

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

1. Yes

- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

**DIFFWALK (CDC-CORE)**

**YES/NO.**

**8.5 Do you have serious difficulty walking or climbing stairs?**  
*¿Tiene seria dificultad para caminar o subir escaleras?*

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

**DIFDRES2 (CDC-CORE)**

**YES/NO.**

**8.6 Do you have difficulty dressing or bathing?**  
*¿Tiene dificultad para vestirse o bañarse?*

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

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

**YES/NO.**

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

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

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

**Section 9: Tobacco Use**

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

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

**SMOKE100 (CDC-CORE)**

**YESNO.**

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

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

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."

NOTA PARA EL ENTREVISTADOR: "Por cigarrillos, no incluya cigarrillos electrónicos (e-cigarettes, NJOY, Bluetip), cigarrillos de hierbas, cigarros, puros, puritos, pipas, bidis, kreteks, pipas de agua (narguiles) ni marihuana".

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. Yes
- 2. No (GO TO HOUSTYPE)
- 77. DON'T KNOW/ NOT SURE (GO TO HOUSTYPE)
- 99. REFUSED (GO TO HOUSTYPE)

**SMKEVDA2 (CDC-CORE)**

**EVDAY.**

**9.2 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 LASTSMK2)
- 77. DON'T KNOW/ NOT SURE (GO TO LASTSMK2)
- 99. REFUSED (GO TO LASTSMK2)

**QUIT1DY3 (CDC-CORE)**

**YESNO.**

**9.3**

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

INTERVIEWER NOTE: SEE F5 HELP FOR PROBES AND ADDITIONAL INFORMATION

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

In Help text: Asks whether the respondent has stopped smoking in the past 12 months because they were trying to quit. It is asked only of persons who indicate that they smoke every day or some days. If respondents say that they went without smoking for more than 1 day, but indicate that this is part of their normal smoking pattern, probe by asking:

ENGLISH PROBE:

'So, would you say that you have stopped smoking for one day or longer during the past 12 months, because you were trying to quit smoking?'

SPANISH PROBE:

Diria usted que ha parado de fumar por undía o más durante los ultimos 12 meses, porque estaba

tratando de dejar de fumar?

Emphasize 'quit' so that the respondent understands that we are asking about intentional quitting, not just failure to light up.

- |     |                       |                  |
|-----|-----------------------|------------------|
| 1.  | Yes                   | (GO TO SMK12AGO) |
| 2.  | No                    | (GO TO SMK12AGO) |
| 77. | DON'T KNOW / NOT SURE | (GO TO SMK12AGO) |
| 99. | REFUSED               | (GO TO SMK12AGO) |

**LASTSMK2 (CDC-CORE)**

**SMOKREGB.**

**9.4 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 / <i>Dentro del mes pasado</i> (less than 1 month ago)                          |                  |
| 2  | Within the past 3 months / <i>Dentro de los pasados 3 meses</i> (1 month but less than 3 months ago)  |                  |
| 3  | Within the past 6 months / <i>Dentro de los pasados 6 meses</i> (3 months but less than 6 months ago) |                  |
| 4  | Within the past year / <i>Dentro del año pasado</i> (6 months but less than 1 year ago)               |                  |
| 5  | Within the past 5 years / <i>Dentro de los pasados 5 años</i> (1 year but less than 5 years ago)      |                  |
| 6  | Within the past 10 years / <i>Dentro de los pasados 10 años</i> (5 years but less than 10 years ago)  | (GO TO SMOKEAGE) |
| 7  | 10 years or more / <i>10 años o más</i>   | (GO TO SMOKEAGE) |
| 8  | Never smoked regularly / <i>No ha fumado cigarrillos regularmente</i>                                 | (GO TO SMOKEAGE) |
| 77 | DON'T KNOW / NOT SURE   | (GO TO SMOKEAGE) |
| 99 | REFUSED   | (GO TO SMOKEAGE) |

IF (SMKEVDA2 > 2) SKP SMK30ANY

**SMK12AGO (CA-TCP)** (Ask if SMKEVDA2 <= 2 or LASTSMK2 <=4)

**YESNO.**

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

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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

In Help text: Asks respondents to report whether they were smoking around this time 12 months ago. Any smoking should be given a "yes" code, even if the smoking was irregular or the person had cut back on the number of cigarettes smoked. This question is asked only of persons who report being current smokers or who have smoked at all in the past 30 days.

- |     |                       |
|-----|-----------------------|
| 1.  | Yes                   |
| 2.  | No                    |
| 77. | DON'T KNOW / NOT SURE |
| 99. | REFUSED               |

IF (SMKEVDA2 > 2) SKP SMOKEAGE

02

ASK IF QUIT1DY3=1

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

TYPE V.

9.6 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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

--- MONTHS NOSMKMO  
--- WEEKS NOSMKWK  
--- DAYS NOSMKDY

000. TIME FRAME DOES NOT APPLY

777. DON'T KNOW / NOT SURE FOR THAT TIME FRAME

999. REFUSED FOR THAT TIME FRAME

888. NEVER MADE A QUIT ATTEMPT

QUIT30 (CA-TCP) Ask if SMKEVDA2<=2 YESNO.

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

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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

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

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

IF (SMKEVDA2 = 1) & (ANS = 1) SKP SMOKENUM

IF (SMKEVDA2 = 2) & (ANS = 1) SKP SMK30ANY

ELSE SKP QUIT6

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

**QUIT6 (CA-TCP)**

**YES/NO.**

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

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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

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

- 1. Yes
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

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

**SMOKENUM (CA-TCP)**

**TYPE V.**

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

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

**(1 PACK = 20 CIGARETTES)**

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

- |       |  |                   |                  |
|-------|--|-------------------|------------------|
| _____ | Enter number of cigarettes   | (verify if GT 70) | (GO TO SMOKEAGE) |
| 888.  | Not Applicable (Never smoked regularly)/ <i>NO FUMA REGULARMENTE</i> |                   | (GO TO SMK30ANY) |
| 777.  | DON'T KNOW/ NOT SURE   |                   | (GO TO SMK30ANY) |
| 999.  | REFUSED  |                   | (GO TO SMK30ANY) |

ASK IF SMKEVDA2 = 2 OR SMOKENUM = 777, 888, 999

**SMK30ANY (CA-TCP)**

**YES/NO.**

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

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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

- 1. Yes
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

(GO TO SMOKEAGE)  
(GO TO SMOKEAGE)  
(GO TO SMOKEAGE)

**SMK30DAY (CA-TCP)**

**TYPE I.**

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

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

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

- \_\_\_ ENTER NUMBER OF DAYS
- 30. EVERY DAY
  - 888. NOT APPLICABLE (NONE) / NO APLICABLE (NINGUNO)
  - 777. DON'T KNOW / NOT SURE
  - 999. REFUSED

**SMK30NUM (CA-TCP)**

**TYPE I.**

**9.12 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)*

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

- \_\_\_ ENTER NUMBER OF CIGARETTES (VERIFY IF GT 70)
- 888. DON'T SMOKE REGULARLY
  - 777. DON'T KNOW / NOT SURE
  - 999. REFUSED

**SMOKEAGE (CA-TCP)**

**TYPE XI.**

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

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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION



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

\_\_\_\_\_ ENTER AGE IN YEARS

888. NOT APPLICABLE (NEVER SMOKED REGULARLY) / NO APLICABLE (NUNCA FUMÓ CON REGULARIDAD)

777. DON'T KNOW / NOT SURE

999. REFUSED

**HOUSTYPE (CA-TCP)**

**HOUSTYPE.**

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

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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

1. A mobile home  
*Una casa móvil*
2. A house that is not attached to any other house  
*Una casa que no está conectada a ninguna otra vivienda.*
3. A house that is attached to one or more houses  
*Una casa conectada a otra, o a varias más.*
4. An apartment or condominium in a complex with 15 or fewer units  
*Un apartamento o unidad en condominio en una unidad de apartamentos de 15 unidades, o menos*
5. An apartment or condominium in a complex with 16 or more units  
*Un apartamento o unidad en condominio en una unidad de apartamentos de 16 unidades, o más*
6. An RV, Boat, or other (includes dormitory)  
*Un vehículo recreativo, barco, u otro (incluye dormitorio)*  
-----
77. DON'T KNOW / NOT SURE
99. REFUSED

**HHRULES2 (CA-TCP)**

**HHRULES.**

**9.15 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/ FUMAR ESTÁ TOTALMENTE PROHIBIDO
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
4. THERE ARE NO RESTRICTIONS ON SMOKING/ QUE NO HAY RESTRICCIONES CONTRA EL

FUMAR

- 5. OTHER (SPECIFY) / OTRO (ESPECIFIQUE) (VARIABLE NAME: HHTXT)
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

USENOW3 (CDC-CORE)

EVDAY.

9.16 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 rapé 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 / nunca
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

OFTCIGRB (CA-TCP)

9.17 On how many of the past 30 days did you smoke cigars? TYPEI.

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

- \_\_\_\_ ENTER NUMBER OF DAYS (0 - 30)
- 88. NOT APPLICABLE (NONE)
  - 77. DON'T KNOW / NOT SURE
  - 99. REFUSED

SHSEXPOS (CA-TCP)

YESNO.

9.18 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/ NOT SURE
- 99. REFUSED

(GO TO ECIG30)  
(GO TO ECIG30)  
(GO TO ECIG30)

SHSWHERE (CA-TCP)

WHEREXPB.

9.19 Where were you in California the last time this happened?

INTERVIEWER NOTE: DO NOT READ

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

- 1. HOME / 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

**ECIG30 (CA-TCP) NEW 2014**

**TYPE I.**

**9.20 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 [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

IF (ANS = 0) SKP DRNKALC2

IF (ANS >= 77) SKP DRNKALC2

**ASK WHYECIG IF ECIG30 >=1 AND <=30, else continue to DRNKALC2.**

**WHYECIG (CA-TCP) NEW 2014**

**WHYECIG.**

**9.21 What best describes your reason for using e-cigarettes? (ALLOW MULTIPLE RESPONSES)**

*¿Que describe su razón para el uso de cigarrillos electrónicos?*

1. Used to quit other tobacco

*Usado para dejar el otro tabaco*

2. Switched to e-cigarettes to replace other tobacco

*Cambio a cigarrillos electrónicos para sustituir otro tabaco*

3. Used to cut down on other tobacco

*Usado para reducir el otro tabaco*

4. Used in places other tobacco is not allowed

*Utilizado en lugares donde no se permite el otro tabaco*

5. Curiosity; just to try it

*Curiosidad; solo para probar*

6. Other (specify)

Otro (especifica)

77. DON'T KNOW/NOT SURE

99. REFUSED

**Section 10: Alcohol Consumption**

**DRNKALC2 (CDC CORE)**

**TYPE II.**

**10.1 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 DAYS IN PAST 30 DAYS

888. NONE / NINGUNA BEBIDA EN LOS ÚLTIMOS 30 DÍAS

(GO TO JUICE11)

777. DON'T KNOW/ NOT SURE

(GO TO JUICE11)

999. REFUSED

(GO TO JUICE11)

**NALCOCC3 (CDC CORE)**

**TYPE I.**

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

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

INTERVIEWER NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail 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 / NOT SURE

99. REFUSED

**DRNKGE5B (CDC CORE)**

**TYPE I.**

**10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if sex=1 "5 or more" If sex=2 "4 or more") drinks on one occasion?**

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

\_\_\_\_ ENTER NUMBER OF TIMES (VERIFY IF GT 15)

88. NONE

77. DON'T KNOW / NOT SURE

99. REFUSED

**DRINKNUM (CDC- CORE)**

**TYPE VII.**

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

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

\_\_\_\_ ENTER NUMBER OF DRINKS (VERIFY IF GT 15 OR VERIFY IF 0)

77. DON'T KNOW / NOT SURE  
99. REFUSED

IF (ANS >= 77) SKP JUICE11

### **Section 11: Fruits and Veggies**

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

**I will be asking how often you ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.**

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

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

### **JUICE11 (CDC- CORE)**

### **TYPE XIX.**

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

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

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

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

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

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

1 \_\_ PER DAY (JUCDY)

2 \_\_ PER WEEK (JUCWK)

3 \_\_ PER MONTH (JUCMO)

555. NOT APPLICABLE (NEVER)

777. DON'T KNOW / NOT SURE

999. REFUSED

**FRUIT11 (CDC-CORE)**

**TYPE XIX.**

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

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

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

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

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

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

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

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

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

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

1 \_\_ PER DAY (FRUDY)

2 \_\_ PER WEEK (FRUWK)

3 \_\_ PER MONTH (FRUMO)

555. NOT APPLICABLE (NEVER)

777. DON'T KNOW / NOT SURE

999. REFUSED

**BEANS11 (CDC-CORE)**

**TYPE XIX.**

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

READ ONLY IF NECESSARY: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

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

*READ ONLY IF NECESSARY: "Incluya frijoles redondos como frijoles blancos, frijoles pintos, lentejas, frijoles de soja (soya), puré de garbanzos (hummus), y tofu. No incluya ejotes largos o habas.*

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

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

1 \_\_ PER DAY (BEANDY)

2 \_\_ PER WEEK (BEANWK)

3 \_\_ PER MONTH (BEANMO)

555. NOT APPLICABLE (NEVER)

777. DON'T KNOW / NOT SURE

999.REFUSED

**VEGGRE11 (CDC-CORE)**

**TYPE XIX.**

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

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

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

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

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

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

(97-99)

1 \_\_ PER DAY (VEGGRDY)

2 \_\_ PER WEEK (VEGGRWK)

3 \_\_ PER MONTH (VEGGRMO)

555. NOT APPLICABLE (NEVER)

777. DON'T KNOW / NOT SURE

999. REFUSED

**VEGORA11 (CDC-CORE)**

**TYPE XIX.**

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

READ ONLY IF NEEDED: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

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

*READ ONLY IF NEEDED: "Calabazas de invierno tienen cascaras duras y por dentro, son de color*

*fuerte amarillo o anaranjado. Estas incluyen calabaza de bellota y calabaza cabello de angel.*

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

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

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

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

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

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

1 \_\_ PER DAY (VEGORDY)

2 \_\_ PER WEEK (VEGORWK)

3 \_\_ PER MONTH (VEGORMO)

555. NOT APPLICABLE (NEVER)

777. DON'T KNOW / NOT SURE

999. REFUSED

#### **OTHRVE11 (CDC-CORE)**

#### **TYPE XIX.**

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

READ ONLY IF NEEDED: "Do not count vegetables you have already counted and do not include fried potatoes."

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

READ ONLY IF NEEDED: "No cuente las verduras que ya mencionó y no incluya las papas fritas."

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

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

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



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

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

Do not include rice or other grains.

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY  
INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

- 1 \_\_ PER DAY (OTHRVDY)
- 2 \_\_ PER WEEK (OTHRVWK)
- 3 \_\_ PER MONTH (OTHRVMO)
- 555. NOT APPLICABLE (NEVER)
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

**Section 12: Exercise (Physical Activity)**

**EXERANY1 (CDC-CORE)**

**YES/NO.**

**12.1 The next questions are about exercise, physical and recreational activities OTHER THAN your REGULAR JOB. During the past MONTH, other than your regular job, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?**

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND THE MOST TIME DOING IN A REGULAR MONTH.

*Las próximas preguntas son acerca del ejercicio, actividades recreativas y físicas APARTE de su trabajo usual.*

*Durante los últimos 30 días, aparte de su trabajo usual, ¿participó usted en algunas ACTIVIDADES FÍSICAS o EJERCICIOS tales como correr, calistenia, golf, jardinería, o camino para hacer ejercicio?*

- 1. Yes
- 2. No (GO TO STRENGTH)
- 77. DON'T KNOW / NOT SURE (GO TO STRENGTH)
- 99. REFUSED (GO TO STRENGTH)

**EXERACT3 (CDC-CORE)**

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

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

- \_\_ (Specify) [See Physical Activity Coding List] EXER30TH
- 7 7 DON'T KNOW / NOT SURE (GO TO STRENGTH)
- 9 9 REFUSED (GO TO STRENGTH)

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".

**EXEROFT1 (CDC-CORE)**

**TYPE III.**

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

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

- 1\_\_ TIMES PER WEEK (EWKS1)
- 2\_\_ TIMES PER MONTH (EMONS1)
- 0 0 0 TIME FRAME DOES NOT APPLY
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**EXERHMM1 (CDC-CORE)**

**TYPE XI.**

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

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

- HOURS (EHOURS1)
- MINUTES (EMIUNTS1)
- 0 0 0 TIME FRAME DOES NOT APPLY
- 7 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 9 REFUSED

**EXERACT4 (CDC-CORE)**

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

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

- |     |                       |  |                  |
|-----|-----------------------|--|------------------|
| --  | (SPECIFY)             | <b>[SEE PHYSICAL ACTIVITY CODING LIST]</b> | <b>EXER40TH</b>  |
| 8 8 | NO OTHER ACTIVITY     |  | (GO TO STRENGTH) |
| 7 7 | DON'T KNOW / NOT SURE |  | (GO TO STRENGTH) |
| 9 9 | REFUSED               |  | (GO TO STRENGTH) |

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

**EXEROFT2 (CDC-CORE)**

**TYPE III.**

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

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

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

- 1\_\_ TIMES PER WEEK (EWKS2)
- 2\_\_ TIMES PER MONTH (EMONS2)
- 7 7 7 DON'T KNOW / NOT SURE

**EXERHMM2 (CDC-CORE)**

**TYPE XI.**

**12.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?**  
*Cuando tomó parte en esta actividad, ¿cuántos minutos u horas se mantuvo haciéndolo usualmente?*

- HOURS (EHOURLS2)
- MINUTES (EMIUNTS2)
- 0 0 0 TIME FRAME DOES NOT APPLY
- 7 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 9 REFUSED

**STRENGTH (CDC-CORE)**

**TYPE II.**

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

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

- 1\_\_ TIMES PER WEEK (STRWKS)
- 2\_\_ TIMES PER MONTH (STRMONS)
- 0 0 0 TIME FRAME DOES NOT APPLY
- 8 8 8 NOT APPLICABLE (NEVER)
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**Section 13: Arthritis Burden/ Arthritis Management**

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

Next, I will ask you about your arthritis.  
*Ahora le voy a hacer preguntas sobre la artritis.*

**LIMITJN2 (CDC-CORE)**

**YESNO.**

**13.1 Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.**  
*La artritis puede causar síntomas como dolor o como rigidez en o alrededor de las coyunturas.*

**Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?**  
*¿Actualmente está usted limitado/a en cualquier manera en alguna de sus actividades usuales a causa de la artritis o síntomas de las coyunturas?*

- 1. Yes
- 2. No
- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer**

should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

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

**ARTHWRK2 (CDC-CORE) (Ask all respondents regardless of employment status) YES/NO.**

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

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

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

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

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

**ARTHPLAY (CDC-CORE)**

**HOWMUCH.**

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

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

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

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

**Do not read:**

7. DON'T KNOW/ NOT SURE
9. REFUSED

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

**ARTHPAIN (CDC-CORE)**

**TYPE I.**

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

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

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

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

**ARTHTDY2 (CA-CAPP)**

**ARTHTDY.**

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

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

(READ RESPONSES 1- 4)

- 1 I can do everything I would like to do;  
*Puedo hacer todo lo que quiero hacer*
- 2 I can do most things I would like to do;  
*Puedo hacer la mayoría de las cosas que quiero hacer*
- 3 I can do some things I would like to do;  
*Puedo hacer algunas cosas que quiero hacer*
- 4 I can hardly do anything I would like to do.  
*Apenas puedo hacer las cosas que quiero hacer*
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ARTHWGHT (CA-CAPP)**

**YESNO.**

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

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

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

**ARTHPA (CA-CAPP)**

**YESNO.**

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

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

INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS AN INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

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

**ARTHED (CA-CAPP)**

**YESNO.**

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

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

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

**Section 14: Seat Belt Use**

**SEATBELT (CDC-CORE)**

**SEATBELT.**

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

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

- 1. Always  
*Siempre*
- 2. Nearly always  
*Casi siempre*
- 3. Sometimes  
*A veces*
- 4. Seldom  
*Rara vez*
- 5. Never  
*Nunca*
- 88 NOT APPLICABLE (Never drive or ride in a car)
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

**Section 15: Immunizations**

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

**YES/NO.**

**15.1 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?*

*NOTA AL ENTREVISTADOR: LEER SÓLO SI ES NECESARIO: Una nueva vacuna antigripal salió en el 2011 se inyecta la vacuna en la piel con una aguja muy pequeña. Se llama Fluzone intradérmica. Vacuna. También se considera una vacuna antigripal.*

- 1. Yes
- 2 . No

(GO TO PNEUMVC3)

77. DON'T KNOW / NOT SURE

(GO TO PNEUMVC3)

99. REFUSED

(GO TO PNEUMVC3)

**FLSHTWH3 (CDC-CORE)**

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

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

\_\_ / \_\_ \_\_ Month / Year

7 7 / 7 7 7 7 DON'T KNOW / NOT SURE

9 9 / 9 9 9 9 REFUSED

**FLUPLAC5 (CDC-CORE)**

**FLUPLACF.**

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

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

Do not read. .

Interviewer Note: Read only if necessary.

Interviewer Note: Probe “don’t know” with “How would you describe the place where you went to get your most recent flu vaccine?”

*Nota del entrevistador: Si responden "no sabe" preguntar "¿Cómo describiría el lugar donde fue usted a conseguir su vacuna contra la gripe más reciente?"*

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

**PNEUMVC3 (CDC-CORE)**

**YES/NO.**

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

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

1. Yes
2. No
77. DON'T KNOW / NOT SURE
99. REFUSED

**Section 16: 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 respuestas 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.**

**16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid (saliva) from your mouth.**

*¿Alguna vez se ha hecho la prueba de VIH? No cuenta las pruebas que le hayan realizado al donar sangre. Incluye las pruebas de fluidos (saliva) de su boca.*



- |    |                       |             |
|----|-----------------------|-------------|
| 1. | Yes                   |             |
| 2. | No                    | (SKP LEAD1) |
| 7. | DON'T KNOW / NOT SURE | (SKP LEAD1) |
| 9. | REFUSED               | (SKP LEAD1) |

**TSTDATE (CDC-CORE)**

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

*INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985 CODE "DON'T KNOW." CODE 4 DIGIT YEAR.*

*ENTER MONTH AND YEAR (MMYYYY)*

*(FOR EXAMPLE: JUNE OF 2013 = 062013)*

*INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY, 1985*

*CODE '777777' = DON'T KNOW/NOT SURE*

*INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS '77' AND THE LAST FOUR DIGITS FOR THE YEAR. - EX. 772000.*

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

\_\_\_/\_\_\_ ENTER MONTH AND YEAR TSTDT\_M/TSTD\_Y

777777. DON'T KNOW / NOT SURE

999999. REFUSED

**TSTWHERE (CDC-CORE)**

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

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

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital inpatient (4 in programming)
- 0 4 Clinic (5 in programming)
- 0 5 Jail or prison (or other correctional facility) (6 in programming)
- 0 6 Drug treatment facility (7 in programming)
- 0 7 At home (8 in programming)
- 0 8 Somewhere else (9 in programming)
- 0 9 Emergency room (3 in programming)
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

- 1. PRIVATE DOCTOR OR HMO OFFICE/ A UN MÉDICO PARTICULAR O DE UNA HMO
- 2. COUNSELING AND TESTING SITE / EN UN CENTRO DE ASESORAMIENTO Y LABORATORIO
- 3. EMERGENCY ROOM / EN UNA SALA DE EMERGENCIA
- 4. HOSPITAL INPATIENT / COMO UN PACIENTE INTERNADO EN UN HOSPITAL

- 5. CLINIC / EN UNA CLÍNICA
  - 6. JAIL OR PRISON (OR OTHER CORRECTIONAL FACILITY) / EN UNA CÁRCEL O PRISIÓN
  - 7. DRUG TREATMENT FACILITY / EN UNA INSTALACIÓN DE TRATAMIENTO DE DROGAS
  - 8. AT HOME / EN EL HOGAR
  - 9. SOMEWHERE ELSE / EN ALGÚN OTRO LUGAR
- 
- 77. DON'T KNOW/NOT SURE
  - 99. REFUSED

**Section 17: Childhood Lead Poisoning Prevention**

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

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

**LEAD1 (CA-LEAD PROGRAM)**—Ask all respondents.

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

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

- 1. Yes (GO TO LEADCHP1)
- 2. No (GO TO LEADWB)
- 77. DON'T KNOW/NOT SURE (GO TO LEADWB)
- 99. REFUSED (GO TO LEADWB)

**LEADCHP1 (CA-LEAD PROGRAM) - Ask if said "Yes" to LEAD1**  
**17.2 Does the place you live in have peeling or chipped paint?** **YESNO.**

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

- 1. Yes
- 2. No
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

**LEADREN4 (CA-LEAD PROGRAM)-- Ask if said "Yes" to LEAD1**  
**17.3 Has the place you live in been remodeled, renovated, repaired, painted, or had work done on it in the last 12 months?** **YESNO.**

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

- 1. Yes (GO TO LEAD3D)
- 2. No (GO TO LEADWB)
- 77. DON'T KNOW/ NOT SURE (GO TO LEADWB)
- 99. REFUSED (GO TO LEADWB)

**LEAD3D (CA-LEAD PROGRAM)**-- Ask if said "Yes" to LEAD1 and LEADREN4

**17.4 Who remodeled, renovated, repaired, painted, or did most of the work on the place you live in?**  
**LEADWKC.**

¿Quién remodeló, renovó, pintó, o hizo la mayoría del trabajo en el lugar donde vive?

INTERVIEWER NOTE: PLEASE INCLUDE ANY WORK DONE ON THE HOUSE INCLUDING PAINTING, RENOVATING, REPAIRS, OR ANY WORK DONE IN THE LAST 12 MONTHS.

1. Owner/Landlord / *El dueño / Propietario*
2. Self –(if not owner/landlord) / *Yo mismo (Si no es dueño / propietario )*
3. Family/Friends / *Familia / Amigos*
4. Contractor or Painting Contractor / *Contratista o contratista de pintura*
5. Temporary or Occasional Workers / *Trabajadores temporales u Ocasionales*
6. Other / *Otro*
77. DON'T KNOW/NOT SURE
99. REFUSED

The following questions should be asked of all respondents.

**LEADWB (CA-LEAD PROGRAM)**--Ask all respondents

**17.5 In the last 12 months, was there ever a time that you or anyone in your household burned painted or stained scrap wood in the fireplace, stove or in any other location inside or around the place that you live?**  
**YESNO.**

¿En los últimos 12 meses, ha habido alguna vez en que usted o alguien en su hogar quemó, madera pintada o manchada en la chimenea, estufa o en cualquier otro lugar dentro o alrededor del lugar donde vive?

1. Yes
2. No
77. DON'T KNOW/NOT SURE
99. REFUSED

**LEADSMK (CA-LEAD PROGRAM)**—Ask all respondents

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

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

1. True / Cierta
2. False/ Falsa
77. DON'T KNOW/ NOT SURE
99. REFUSED

**LEADLL1 (CA LEAD PROGRAM)**—Ask all respondents

**LEADLL1.**

**17.7 We need to prevent even low levels of lead in a child's blood because:**

Tenemos que evitar incluso bajos niveles de plomo en la sangre de un niño porque

**INTERVIEWER NOTE: Ask the respondent to pick the one they think is the best reason.**

1. Lead causes a child to put on too much weight

*El plomo hace que un niño gane demasiado peso*

2. Lead makes it hard for a child to learn

*El plomo hace que sea difícil para que un niño aprenda*

3. Lead may cause allergies

*El plomo puede causar alergias*

4. Lead makes a child mature (reach puberty) too early.

*El plomo hace ha un niño madurar (llegar a la pubertad) demasiado pronto.*

77. DON'T KNOW/ NOT SURE

99. REFUSED

**LPPS (CA-LEAD PROGRAM)—Ask If CHILD18 >0**

**17.8 Has your child's childcare, pre-school or school given you information or talked to you about preventing childhood lead poisoning? YES/NO.**

*Alguna vez le han dado información o han hablado con usted acerca de la prevención de envenenamiento por plomo en los niños en la guardería, el preescolar o la escuela de su hijo/a?*

1. Yes

2. No

77. DON'T KNOW/NOT SURE

99. REFUSED

**LEADETH (CA LEAD PROGRAM)—Ask all respondents**

**17.9 Lead in a child's blood can come from:**

El plomo en la sangre de un niño puede venir de:

**LEADETH.**

1. Some brightly colored spices like turmeric or chili

*Algunas especies de colores brillantes como la cúrcuma o chile*

2. Some traditional or herbal remedies

*Algunos remedios tradicionales o hierbas medicinales*

3. Some foods like chapulines

*Algunos alimentos como "chapulines"*

4. Some powders or cosmetics like kohl or sindoor

*Algunos polvos o cosméticos como kohl o sindoor*

5. All of the above

*Todas las opciones*

6. None of the above

*Ninguna de las opciones*

77. DON'T KNOW/ NOT SURE  
99. REFUSED

*(Ask this about the children in the household in this order: 2 year-old, 1 year-old, 3 year-old, 4 year-old, 5 year-old, but only ask once.) If NO children under age 6 years, GO TO PGPBSCR.*

**CAREKIDD (CA-LEAD PROGRAM)**

**17.10 Did you personally take the \*\*-year-old to a regular medical checkup during the past twelve months? YESNO.**

**¿Usted personalmente llevo al niño/a de \*\* - años de edad, para un chequeo médico regular durante los últimos doce meses?**

- |     |                     |                  |
|-----|---------------------|------------------|
| 1.  | Yes                 | (GO TO LEAD8)    |
| 2.  | No                  | (GO TO LEADTST3) |
| 77. | Don't Know/Not sure | (GO TO LEADTST3) |
| 99. | Refused             | (GO TO LEADTST3) |

*(The next two questions LEAD8 and LEADTST3 are to be asked only of respondents with a child living in the household < 6 years of age AND only if the respondent reported that they personally took the child to their checkup.)*

**LEAD8 (CA-LEAD PROGRAM)**

ASK IF CAREKIDD=1

**17.11 Thinking about that medical appointment, did the doctor or other health care workers give you information or materials about preventing childhood lead poisoning? YESNO.**

**En esa misma cita médica, el médico u otros trabajadores de salud le dieron información o materiales acerca de la prevención contra el envenenamiento con plomo?**

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

**LEADTST3 (CA-LEAD PROGRAM)**

**YESNO.**

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

**¿Alguna vez ha tenido su hijo(a) de \*\*\* años una prueba de plomo en la sangre?**

- |     |                       |
|-----|-----------------------|
| 1.  | Yes                   |
| 2.  | No                    |
| 77. | DON'T KNOW / NOT SURE |
| 99. | REFUSED               |

**PGPBSCR—(CA LEAD PROGRAM)—Ask only of those answering PREGNANT = "YES"**

**17.13 In the last 12 months, have you been blood tested for lead exposure? YESNO.**

**¿En los últimos 12 meses, se ha echo un análisis (Prueba) en su sangre para la exposición al plomo?**

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

**PGDCSCR—(CA LEAD PROGRAM)—**Ask only of those answering PREGNANT='YES'.

**17.14 Now that you are pregnant, have you discussed with your health care provider getting blood tested for lead exposure?** YES/NO.

**Ahora que está embarazada, ¿ha hablado con su proveedor de salud sobre una prueba de sangre para exposición al plomo?**

- 1. Yes
- 2. No
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

**Section 18: Cancer Survivorship**

**Ask if OTHCANC or SKCANC = 1; else go to ACEDEPRS**

**IF (OTHCANC <> 1) & (SKCANC <> 1) SKP ACEDEPRS**

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

*Usted nos dijo que había tenido cáncer. Me gustaría hacerle algunas preguntas más sobre esta enfermedad.*

**CANCDIFF (CA-CCCP)**

**VEGB.**

**18.1 How many different types of cancer have you had?**

*¿Cuántos distintos tipos de cáncer ha tenido?*

READ ONLY IF NECESSARY

- 1. Only one / Solo uno
- 2. Two / Dos
- 3. Three or more / Tres o más
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**CANCAGE (CA-CCCP)**

**TYPE VIII.**

**18.2 At what age were you told that you had cancer?**

*¿A qué edad le dijeron que tenía cáncer?*

\_\_\_ AGE IN YEARS (97 = 97 AND OLDER)

- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

*INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.*

*If CANCDIFF = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"*

*¿A qué edad fue diagnosticado/a por primera vez con el cáncer?*

**CANCTYPE (CA-CCCP)**

**CANCER.**

If SKCANC = 1 (Yes) and CANCDIFF = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"?"

INTERVIEWER NOTE: CODE 21 IF "MELANOMA" OR 22 IF "OTHER SKIN CANCER".

**18.3 What type of cancer was it?**

**If two or three types ask: "With you most recent diagnoses**

**of cancer, what type of cancer was it?**

*¿Qué tipo de cáncer era?*

*Con su más reciente diagnóstico de cáncer, ¿qué tipo de cáncer era?*

INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E., NAME OF CANCER) [1-28]:

**Breast**

0 1 Breast cancer

**Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx (30 in programming)

**Gastrointestinal**

1 0 Colon (intestine) cancer (09 in programming)

1 1 Esophageal (esophagus) (10 in programming)

1 2 Liver cancer (11 in programming)

1 3 Pancreatic (pancreas) cancer (12 in programming)

1 4 Rectal (rectum) cancer (13 in programming)

1 5 Stomach (14 in programming)

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

1 6 Hodgkin's Lymphoma (Hodgkin's disease) (15 in programming)

1 7 Leukemia (blood) cancer (16 in programming)

1 8 Non-Hodgkin's Lymphoma (17 in programming)

**Male reproductive**

1 9 Prostate cancer (18 in programming)

2 0 Testicular cancer (19 in programming)

**Skin**

2 1 Melanoma (20 in programming)

2 2 Other skin cancer (21 in programming)

**Thoracic**

2 3 Heart (22 in programming)

2 4 Lung (23 in programming)

**Urinary cancer:**

2 5 Bladder cancer (24 in programming)

2 6 Renal (kidney) cancer (25 in programming)

**Others**

2 7 Bone (26 in programming)

2 8 Brain (27 in programming)

2 9 Neuroblastoma (28 in programming)

3 0 Other (Specify) (29 in programming)

IF (ANS = 29) SKP CANCTYPOTH

**Do not read:**

77 DON'T KNOW / NOT SURE

99 REFUSED

ELSE SKP SURVIVE1

**CANCTYPOTH (CA-CCCP)**

**TYPE OPEN.**

**What type of cancer was it?**

¿Qué tipo de cáncer era?

\_\_\_ OPEN ENDED ANSWER

**SURVIVE1 (CA-CCCP) (new modified response categories 2014)**

**YESNO.**

**18.4 Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.**

*En la actualidad, ¿está recibiendo tratamiento para el cáncer? Por tratamiento, queremos decir cirugía, terapia mediante radiación, quimioterapia inyectada, o pastillas de quimioterapia?*

1. Yes / Sí
2. No, I've completed treatment / No, ya he completado tratamiento
3. No, I've refused treatment / No, he negado tratamiento
4. No, I haven't started treatment / No, he empesado tratamiento
77. DON'T KNOW / NOT SURE
99. REFUSED

**SURVIVE2 (CA-CCCP)**

**TYPEDOC.**

**18.5 What type of doctor provides the majority of your health care?**

*¿Qué tipo de médico se encarga mayormente de atender su salud?*

*INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."*

1. Cancer Surgeon / Cirujano de cáncer
2. Family Practitioner / Médico familiar
3. General Surgeon / Cirujano general
4. Gynecologic Oncologist / Ginecólogo oncólogo
5. General Practitioner, Internist / Médico general, Internista
6. Plastic Surgeon, Reconstructive Surgeon / Cirujano plástico, Cirujano reconstructivo
7. Medical Oncologist / Médico oncólogo
8. Radiation Oncologist / Oncólogo de radiación
9. Urologist / Urólogo
10. Other (specify) / Otro (especifique)

**Do not read:**

77. DON'T KNOW/ NOT SURE
99. REFUSED

**SURVIVE8 (CA-CCCP)**

**YESNO.**

**18.6 Did you participate in a clinical trial as part of your cancer treatment?**

*¿Participó en algún estudio clínico como parte de su tratamiento para el cáncer?*

1. Yes
2. No
77. DON'T KNOW/ NOT SURE
99. REFUSED

**SURVPLN1 (CA-CCCP)**

**YESNO.**

**18.7 Was a survivorship care plan ever created for you?**

*¿Fue un plan de cuidados de supervivencia creado para usted?*



INTERVIEWER NOTE: PLEASE EXPLAIN EXACTLY WHAT A SURVIVORSHIP CARE PLAN IS : A survivorship care plan is a written document that often, but not always, includes the following information regarding care after cancer treatment is complete: treatment summary; surveillance plan; preventive care; and symptoms to report.

*Un plan de cuidados de supervivencia es un documento escrito que frecuentemente, pero no siempre, contiene la siguiente informacion de cuidado despues, de tratamiento de cancer: resumen de tratamiento, plan de vigilancia, cuidado preventivo, y sintomas reportables.*

- 1. Yes
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

(Go to SURVIVE9)  
(Go to SURVIVE9)  
(Go to SURVIVE9)

**SURVPLN2 (CA-CCCP)**

**YESNO.**

**18.8 Did any healthcare professional ever discuss your survivorship care plan with you?**

*¿Alguna vez algún profesional de la salud ha hablado con usted de su plan de cuidados de supervivencia?*

- 1. Yes
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**SURVPLN3 (CA-CCCP)**

**YESNO.**

**18.9 Did you ever receive a copy of your survivorship care plan?**

*¿Alguna vez recibió una copia de su plan de cuidados de supervivencia?*

INTERVIEWER NOTE: PLEASE EXPLAIN EXACTLY WHAT A "COPY" OF THE SURVIVORSHIP CARE PLAN CAN BE: a hardcopy written document, a survivorship plan sent by postal service, fax or email, or directions to a website containing the survivorship care plan.

*Una copia escrita, un plan de cuidados de supervivencia enviado por el correo postal, fax o correo electronico, o direcciones a un sitio de internet contiendo el plan de cuidados de supervivencia.*

- 1. Yes
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**SURVPLN4 (CA-CCCP)**

**YESNO.**

**18.10 Did your Family Practitioner/Primary Care Provider ever receive a copy of your survivorship care plan?**

*¿Recibió alguna vez su médico de familia/proveedor de atención médica una copia de su plan de cuidados de supervivencia?*

- 1. Yes
- 2. No
- 77. DON'T KNOW / NOT SURE

(Go to SURVIVE9)  
(Go to SURVIVE9)

99. REFUSED

(Go to SURVIVE9)

**SURVPLN5 (CA-CCCP)**

**YESNO.**

**18.11 Did your Family Practitioner/Primary Care Provider ever discuss your survivorship care plan with you?**

*¿Alguna vez su médico de familia/proveedor de atención médica ha hablado con usted de su plan de cuidados de supervivencia?*

- 1. Yes
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**SURVIVE9 (CA-CCCP)**

**YESNO.**

**18.12 Do you currently have physical pain caused by your cancer or cancer treatment?**

*¿En la actualidad padece algún dolor físico causado por el cáncer o el tratamiento?*

- 1. Yes
- 2. No
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

(Go to SURVIVE6)  
(Go to SURVIVE6)  
(Go to SURVIVE6)

*Ask if SURVIVE9=1*

**SURVIV10A (CA-CCCP)**

**SURVIV10.**

**18.13 Is your pain currently under control?**

*¿Está su dolor controlado en la actualidad?*

PLEASE READ:

- 1. Yes, with medication (or treatment) / *Sí, con medicamento (o tratamiento)*
- 2. Yes, without medication (or treatment) / *Sí, sin medicamento (o tratamiento)*
- 3. No, with medication (or treatment) / *No, con medicamento (o tratamiento)*
- 4. No, without medication (or treatment) / *No, sin medicamento (o tratamiento)*
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**SURVIVE6 (CA-CCCP)**

**YESNO.**

**18.14 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of you cancer treatment?**

*Quando le dieron su diagnóstico de cáncer más reciente, ¿tenía algún seguro de salud que le pagaba todos o parte de sus gastos del tratamiento para el cáncer?*

*INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.*

*NOTA PARA ENTREVISTADOR: "seguro de salud" también incluye Medicare, Medicaid, u otros tipos de programas de salud estatales.*

- 1. Yes

- 2. No
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**SURVIVE7 (CA-CCCP)**

**YES/NO.**

**18.15 Were you EVER denied health insurance or life insurance coverage because of your cancer?**

*¿Alguna vez le han negado seguro médico o seguro de vida debido a su cáncer?*

- 1. Yes
- 2. No
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**Section 19: Adverse Childhood Experience**

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section, if you would like, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer.

*Me gustaría hacerle algunas preguntas acerca de eventos que sucedieron durante su niñez. Esta información nos permitirá comprender mejor problemas que pueden ocurrir temprano en la vida, y pueden ayudar a otros en el futuro. Esto es un tema sensible. Algunas personas pueden sentirse incómodos con estas preguntas. Recuerde que su número de teléfono ha sido escogido al azar y sus respuestas son estrictamente confidenciales. Al terminar esta sección, si usted quiere, le daré números telefónicos de organizaciones que le pueden dar información y referencia para estos asuntos. Por favor tenga en mente que me puede pedir que pasemos alguna pregunta que usted no quiera contestar. Todas las preguntas se refieren al período de tiempo ANTES de cumplir 18 años de la edad.*

**ACEDEPRS (SACB)**

**YES/NO.**

**19.1 Looking back at your childhood, before age 18, did you live with anyone who was depressed, mentally ill, or suicidal?**

*En sus años de infancia, antes de cumplir los 18 ¿Vivió con alguna persona que padeciera de depresión, enfermedad mental, o que quería suicidarse?*

- 1. Yes
- 2. No
- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

**ACEALC (SACB)**

**YES/NO.**

**19.2 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) did you live with anyone who was a problem drinker or alcoholic?**

*(En sus años de infancia, antes de cumplir los 18), ¿vivió con alguna persona que bebía mucho, o que era alcohólica?*

- 1. Yes

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

**ACEDRGS (SACB)**

**YES/NO.**

**19.3 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) did you live with anyone who used street drugs or who abused prescription medications?**

*(EN SUS AÑOS DE INFANCIA, ANTES DE CUMPLIR LOS 18), ¿Vivió con alguna persona que usaba drogas ilegales o que abusaba de los medicamentos recetados?*

- 1. Yes
- 2. No
- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

**ACEJAIL2 (SACB)**

**YES/NO.**

**19.4 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility?**

*(En sus años de infancia, antes de cumplir los 18,) ¿Vivió con alguna persona que paso tiempo o fue sentenciado/a a cumplir condena en una cárcel, prisión u otra institución correccional?*

- 1. Yes
- 2. No
- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

**ACEDVRCE (SACB)**

**YES/NO.**

**19.5 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) were your parents ever separated or divorced?**

*(En sus años de infancia, antes de cumplir los 18,) se separaron alguna vez o se divorciaron sus padres?*

- 1. Yes
- 2. No
- 3. Parents not married
- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

**ACEADLHT (SACB)**

**OFTENC.**

**19.6 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) how often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Would you say...**

*(En sus años de infancia, antes de cumplir los 18,) ¿Con que frecuencia sus padres o los adultos en su casa se dieron una bofetada (cachetada), golpes, patadas, puñetazos o palizas el uno al otro? Diría usted...*

1. Never
2. Once
3. More than once
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**ACEHTKDS (SACB)**

**OFTENC.**

**19.7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say...**

*Antes de cumplir los 18, ¿con que frecuencia ¿le dieron algún golpe, paliza, patada o le hicieron algún daño físico su padre, madre o alguno de los adultos de su hogar? Sin incluir alguna nalgada que le dieran alguna vez. Diría usted...*

1. Never
2. Once
3. More than once
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**ACEINSLT(SACB)**

**OFTENC.**

**19.8 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) how often did a parent or adult in your home ever swear at you, insult you, or put you down? Would you say...**

*(En sus años de infancia, antes de cumplir los 18,)¿con que frecuencia alguno de sus padres o de los adultos de su hogar le dijo a usted alguna vez una palabrota, le insultó, o le menospreció? Diría usted...*

1. Never
2. Once
3. More than once
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**ACETCHU (SACB)**

**OFTENC.**

**19.9 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) how often did anyone at least 5 years older than you or an adult, ever touch you sexually, OR ever try to make you touch them sexually OR force you to have sex? Would you say...**

*(En sus años de infancia, antes de cumplir los 18,)¿Con que frecuencia alguien por lo menos cinco años mayor que usted o un adulto le tocó en forma sexual o intentaron de hacerle tocarlos sexualmente o la forzaron a tener relaciones sexuales? Diría usted...*

1. Never
2. Once
3. More than once
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

## **Section 20: 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 \*\*-year/month old. All the questions about children will be about that child.

Anteriormente usted indico que hay niños niño menor 17 años viviendo en el hogar. Tengo unas preguntas adicionales sobre uno de los niños en particular. El niño al que me refiero es el de \*\*-año(s)/mes(es) de edad. Todas las preguntas acerca de los niños serán acerca del \*\* - años de edad

### **CH\_SEL (CDC OPTIONAL MODULE)**

**BOYGIRL.**

#### **20.1 Is the \*\*- year/month old child a boy or a girl?**

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

1. Boy / UN NIÑO
2. Girl / UNA NIÑA?
7. DON'T KNOW/ NOT SURE
9. REFUSED

### **CH\_HISP2 (CDC OPTIONAL MODULE)**

**YESNO.**

#### **20.2 Is this child Hispanic, Latino/a or of Spanish origin?**

*¿Es el niño(a) Hispano(a), Latino(a)o de origen español?*

1. Yes
2. No
77. DON'T KNOW/ NOT SURE
99. REFUSED

(GO TO CH\_RACE3A)  
(GO TO CH\_RACE3A)  
(GO TO CH\_RACE3A)

### **CH\_HMEX (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

#### **20.3 Are they...**

**Mexican, Mexican American, or Chicano/a?**

*¿Es el niño(a) Mexicano, mexicanoamericano, chicano?*

1. Yes
2. No
77. DON'T KNOW/ NOT SURE
99. REFUSED

### **CH\_HPR (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

#### **20.4 Puerto Rican?**

*¿Es el niño(a) Puertorriqueño?*

1. Yes
2. No
77. DON'T KNOW/ NOT SURE

99. REFUSED

**CH\_HCUB (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

**20.5 Cuban?**

*¿Es el niño(a) Cubano?*

- 1. Yes
- 2. No
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**CH\_HOTH (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

**20.6 Another Hispanic, Latino/a, or Spanish origin?**

*¿Es el niño(a) De otro origen latino, hispano o español?"*

- 1. Yes
- 2. No
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**CH\_RACE3A (CDC OPTIONAL MODULE)**

**YESNO.**

**20.7 Which one or more of the following would you say is the race of this child? Would you say ...**

*¿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?*

- |                                      |             |
|--------------------------------------|-------------|
| 10. White                            | CH_RACE3A_1 |
| 20. Black or African American        | CH_RACE3A_2 |
| 30. American Indian or Alaska Native | CH_RACE3A_3 |
| 40. Asian                            | CH_RACE3A_4 |
| 50. Pacific Islander                 | CH_RACE3A_5 |
| 60. Other (Specify)                  | CH_RACE3A_6 |
| 88. NO ADDITIONAL CHOICES            |             |
| 77. DON'T KNOW/ NOT SURE             | CH_RACE3A_8 |
| 99. REFUSED                          | CH_RACE3A_9 |

IF (ANS > 6) SKP CH\_BORN

IF (CH\_RACE3A = 4 | CH\_RACE3A = 5) SKP CH\_RA2AB

IF ((CH\_RACE3A = 1) & (CH\_RACE3A = 2 | CH\_RACE3A = 3 | CH\_RACE3A = 4 | CH\_RACE3A = 5 | CH\_RACE3A = 6)) SKP CH\_RACE4A

IF ((CH\_RACE3A = 2) & (CH\_RACE3A = 3 | CH\_RACE3A = 4 | CH\_RACE3A = 5 | CH\_RACE3A = 6 )) SKP CH\_RACE4A

IF ((CH\_RACE3A = 5) & (CH\_RACE3A = 6 )) SKP CH\_RACE4A

IF (CH\_RACE3A = 1 | CH\_RACE3A = 2 | CH\_RACE3A = 3 | CH\_RACE3A = 6 ) SKP CH\_BORN

*If CH\_RACE3A= 4 or 5 then ask CH\_RA2AB, else go to CH\_BORN*

**CH\_RA2AB (CA-CORE)**

**ORACE2AB.**

**20.9 Is the \*- year/month old child Chinese, Japanese, Korean, Filipino or Other?**

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

1.	Chinese	CH_RA2AB_1
2.	Japanese	CH_RA2AB_2
3.	Korean	CH_RA2AB_3
4.	Filipino	CH_RA2AB_4
5.	Vietnamese	CH_RA2AB_5
6.	Cambodian	CH_RA2AB_6
7.	Laotian	CH_RA2AB_7
8.	East Indian	CH_RA2AB_8
9.	Indonesian	CH_RA2AB_9
10.	Native Hawaiian	CH_RA2AB_10
11.	Samoan	CH_RA2AB_11
12.	Pakistani	CH_RA2AB_12
13.	Saipanese	CH_RA2AB_13
14.	Fijian	CH_RA2AB_14
15.	Guamanian or Chamorro	CH_RA2AB_15
16.	Other: (specify)	CH_RA2AB_16
777.	DON'T KNOW/ NOT SURE	CH_RA2AB_18
999.	REFUSED	CH_RA2AB_19

IF ((CH\_RACE3A = 3) & (CH\_RACE3A = 1 | CH\_RACE3A = 2 | CH\_RACE3A = 4 | CH\_RACE3A = 5 | CH\_RACE3A = 6)) SKP CH\_RACE4A  
 IF ((CH\_RACE3A = 4) & (CH\_RACE3A = 1 | CH\_RACE3A = 2 | CH\_RACE3A = 3 | CH\_RACE3A = 5 | CH\_RACE3A = 6)) SKP CH\_RACE4A  
 SKP CH\_BORN

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

**CH\_RACE4A (CDC OPTIONAL MODULE)**

**20.8 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. American Indian or Alaska Native
4. Asian
5. Pacific Islander
6. Other
77. DON'T KNOW / NOT SURE
99. REFUSED

**CH\_BORN (EHIB/CDC OPTIONAL MODULE)**

**TYPE I.**

**20.10 In what month and year was this child born?**

*¿En qué mes y año nació el niño(a)?*

INTERVIEWER: IF DON'T KNOW ENTER 77 FOR MONTH 7777 FOR YEAR  
 IF REFUSED ENTER 99 FOR MONTH AND 9999 FOR YEAR

\_\_\_/\_\_\_ ENTER MONTH/YEAR

CH\_BO\_MO/CH\_BO\_YR



- 77. DON'T KNOW/ NOT SURE (Probe by repeating the question)
- 99. REFUSED

**CH\_REL (CDC OPTIONAL MODULE)**  
**20.11 How are you related to the child?**

**CH\_REL.**

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

PLEASE READ:

- 1. Parent (include biologic, step, or adoptive parent) / *Padre (incluye biológico, padrastro o padre adoptivo)*
- 2. Grandparent / *Abuelo*
- 3. Foster parent or guardian / *Padre de crianza o tutor*
- 4. Sibling (include biologic, step, and adoptive sibling) / *Hermano/a (incluye biológico, hermanastro o hermano adoptivo)*
- 5. Other relative / *Otra relación*
- 6. Not related in any way / *Ninguna relación*
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**Section 21: Childhood Asthma Prevalence**

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

**CHLDAST2 (EHIB/CDC OPTIONAL MODULE)**

**YESNO.**

**21.1 Has a doctor, nurse or other health professional EVER said that the child had asthma?**

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

- 1. Yes
- 2. No

IF (ANS > 1) SKP ASTHLOGIC

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

IF (ANS > 1) SKP ASTHLOGIC

IF (ANS > 1) SKP ASTHLOGIC

**CHLDASTB (EHIB/CDC OPTIONAL MODULE)**

**YESNO.**

**21.2 Does the child still have asthma?**

*¿Tiene todavía el niño(a) asma?*

- 1. Yes
- 2. No
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**ASTHLOGIC**

ASTHCB = 0

IF (ASTHEVE3 = 1 & CHLDAST2 <> 1) ASTHCB =1

IF (ASTHEVE3 <> 1 & CHLDAST2 =1 ) ASTHCB =2

IF (ASTHEVE3 = 1 & CHLDAST2 = 1)

ASTHCB = RANDNUM 1 2

ENDIF

IF (ASTHCB = 1) SKP ADLTCALL

IF (ASTHCB =2) SKP CHLDCALL  
IF (ASTHCB=0) SKP PANEL  
CMDO ASTHCB "ASTHCB" 1  
noback

## **Section 22: Closing**

*If ASTHEVE3=1 or CHLDAST2 =1 continue*

### **ADLTCALL (CDC-ASTHMA CALL BACK)**

**YESNO.**

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

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

- |     |                       |                           |
|-----|-----------------------|---------------------------|
| 1.  | Yes                   | IF (ANS = 1) SKP ADLTNAME |
| 2.  | No                    | IF (ANS>1) SKP PANEL      |
| 77. | DON'T KNOW / NOT SURE |                           |
| 99. | REFUSED               |                           |

### **CHLDCALL (CDC-ASTHMA CALL BACK)**

**YESNO.**

**22.2 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 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                   | IF (ANS = 1) SKP CHLDNAME |
| 2.  | No                    | IF (ANS>1) SKP PANEL      |
| 77. | DON'T KNOW / NOT SURE |                           |
| 99. | REFUSED               |                           |

### **ADLTNAME (CDC-ASTHMA CALL BACK)** (Ask if said yes to ADLTCALL or CHLDCALL)

**22.3 Whom should we ask for when we call back?**

*¿Por quién debemos preguntar cuando volvamos a llamar?*

Interviewer: It would be best to have a name or nickname or initials.

Enter name \_\_\_\_\_ **SKP CBTIME**

### **CHLDNAME (CDC-ASTHMA CALL BACK)** (Ask if said yes to CHLDCALL)

**22.4 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\_\_\_\_\_

SKP MostKnow

**MOSTKNOW**

**Are you the parent or guardian in the household who knows the most about (CHILDNAME)'s asthma?  
¿Es usted el padre o guardian en este hogar que sabe lo mas sobre el asma de (CHILDNAME)**

- 1. Yes IF (ANS = 1) SKP CBTime
- 2. No IF (ANS>1) SKP OthName

77. DON'T KNOW / NOT SURE

99. REFUSED

**OTHNAME**

Openend

**You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.**

**Dijo que alguien mas esta mas informado sobre el asma del niño/a. Podria, por favor, darme el primer nombre, iniciales o apodo de este adulto para saber con quien hablar cuando regrese esta llamada con respeto a este niño/a.**

ENTER FIRST NAME, INITIALS OR NICKNAME:

**CBTIME (CDC-ASTHMA CALL BACK)**

**22.4 What is a good time to call you back? For example, evenings, days or weekends?**

*"¿Cual hora seria mejor para regresar esta llamada? Tal como, durante las noches, durante los días o durante los fines de semana?"*

Enter time\_\_\_\_\_

**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.*

**SPANEN2**

**SPANINTB.**

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

- 1. Spanish
- 2. English