

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2015
TRACK III
In Collaboration with The Center for Disease Control and Prevention's
Behavioral Risk Factor Surveillance System

Merged English/Spanish Version

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Questions about the survey should be directed to:

Sandy Kwong, M.P.H.
Research Scientist Supervisor
California Cancer Registry
Chronic Disease Surveillance and Research Branch
California Department of Public Health
1631 Alhambra Blvd., Suite 200 | Sacramento, CA 95816
sandy.kwong@cdph.ca.gov

**Behavioral Risk Factor Surveillance System
2015 State Questionnaire
Track III**

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- Introduction and Screening Questions for Landline -

INTROQ

INTRO1 (NO SELECTED RESPONDENT)

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

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

1. CONTINUE CALL

IF (ANS = 1) SKP PRIVRES

2. DISCONTINUE CALL (WRONG NUMBER)

IF (ANS = 2) SKP WRONGNUM

INTRO2 (RESPONDENT IS SELECTED)

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

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

INTERVIEWER NOTE:

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

WRONGNUM

IF WRONG NUMBER DIALED

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

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

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

PRIVRES

Is this a private residence?

¿Es esta una residencia privada?

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

READ ONLY WHEN NECESSARY:

ENGLISH:

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

SPANISH:

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

1. YES

IF (ANS = 1) SKP RUADULT

2. NO, CONTINUE

IF (ANS = 2) SKP COLLEGE

3. NO, BUSINESS PHONE ONLY

IF (ANS = 3) SKP LLNotPR

LLNOTPR

IF NON-RESIDENTIAL NUMBER

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4500

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

¿Es este una vivienda de colegio?

INTERVIEWER NOTE: READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

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

1. Yes

IF (ANS = 1) SKP COLLADUL

2. No

STOP IF (ANS = 2) SKP NONRES

RUADULT (Ask if PRIVRES = 1)

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

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

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

1. Yes We're doing a study of the health practices of California residents. Your number has been chosen randomly to represent 5,000 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important issues facing Californians today.

Estamos haciendo un estudio especial relacionado con las prácticas de salud de los residentes en California. Su número ha sido seleccionado al azar para representar a 5,000 hogares en California. Nos gustaría hacerle algunas preguntas sobre enfermedades del corazón, cáncer, diabetes, productos de tabaco y otros temas de salud que les afectan a los habitantes del estado hoy en día.

IF (ANS = 1) SKP INCALI

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

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

STOP. IF (ANS = 2) SKP LLNOADLT

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

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

EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 5,000 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important health issues facing Californians today.

Estamos haciendo un estudio especial relacionado con las prácticas de salud de los residentes en California. Su número ha sido seleccionado al azar para representar a 5,000 hogares en California. Nos gustaría hacerle algunas preguntas sobre enfermedades del corazón, cáncer, diabetes, productos de tabaco y otros temas de salud que les afectan a los habitantes del estado hoy en día.

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

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

NONRES

IF NON-RESIDENTIAL NUMBER

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

STOP. ENDQUEST

INCALI

CONFIRM STATE OF RESIDENCE OF RESPONDENT

Are you in California?

¿Está usted en California?

- 1. YES
- 2. NO

IF (ANS = 1) SKP IS_CELL

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

LLNotST

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

STOP. DISPOS = 4100

Q: IS_CELL

CELL PHONE

Is this a cell phone?

¿Es este un celular?

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION.

INTERVIEWER NOTE:

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

READ ONLY WHEN NECESSARY:

ENGLISH:

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

SPANISH:

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

1. NO IF (ANS = 1) SKP NUMADULT1

2. YES IF (ANS = 2) SKP FORWARD

FORWARD

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

Estan remitidas sus llamadas de su linea telefonica 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 numero telefonico de casa (XXX)-XXX-XXXX ?

1. YES IF (ANS = 1) SKP NUMADULT1

2. NO IF (ANS = 2) SKP WrongNum

NOTLLORPRVRES

NOT LANDLINE OR PRIVATE RESIDENCE

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE. ENDQUEST. DISPOS = 4450

CELLYES

YES IS CELL NUMBER

1. CONTINUE CODING AS CELL PHONE IF (ANS = 2) SKP Is_Cell

2. CHANGE RESPONSE TO PREVIOUS QUESTION IS_CELL ENDQUEST. DISPOS = 4450

INTERVIEWER NOTE:

YOU INDICATED THIS NUMBER REACHES A CELLULAR TELEPHONE.

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

IF THIS NUMBER IS A CELL PHONE, PLEASE READ:

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

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

LLNOADLT

NO ADULT USES PHONE IN COLLEGE HOUSING

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4700

NUMADULT1

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

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

___ ENTER THE NUMBER OF ADULTS

IF (ANS = 1) SKP ONEADULT

ELSE SKP NUMMEN1

NUMMEN1 (Ask if NUMADULT GT 1)

How many are men?

¿Cuántos son hombres?

___ ENTER THE NUMBER OF MEN (0-9)

IF (ANS > ADULTS) SKP WRONGTOT

IF (ANS = ADULTS) SKP SELECTED

NUMWOMEN1

(CALCULATE FROM NUMADULT – NUMMEN)

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

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

___ ENTER THE NUMBER OF WOMEN (0-9)

TOTADULT = NUMMEN1 + NUMWOMEN1

IF (TOTADULT < > NUMADULT1) SKP WRONGTOT

ELSE SKP SELECTED

WRONGTOT

I'm sorry, something is not right.

TOTAL ADULTS IS INCONSISTENT

Number of Men - XX

Number of Women - + XX

Number of Adults - XX

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

SELECTED (Ask if NUMADULT GT 1)

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

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

La persona con quien necesito hablar es _____

Are you the (SELECTED)?

¿Me permite hablar con (SELECTED)?

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

ONEADULT (Ask if ADULT = 1)

Are you the adult?

¿Es usted el adulto?

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

Q: GETADULT

ASK FOR THE ADULT

May I speak with him/her?

¿Me permite hablar con el/la?

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

NEWADULT

NEW ADULT TO SPEAK WITH

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

Hola, me llamo _____ y estoy llamando del Departamento de Salud Publica de California y de los Centros para el Control y Prevención de Enfermedades. Estamos haciendo un estudio especial, de los residentes de California, relacionado con sus practicas de salud y los habitos de sus vidas cotidianas para guiar las pólizas de salud del estado y federales. Usted ha sido seleccionado(a) al azar para representar a 5,000 personas en California.

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

SEX (CDC-CORE)

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

¿Es usted hombre o mujer?

1. MALE
2. FEMALE

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

- Introduction and Screening Questions for CELL -

INTROSCR INTRODUCTION SCRIPT LEADING INTO INTERVIEW

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

Your participation in this voluntary health survey will contribute valuable information used by state and federal health policy makers. We will not collect any information that can identify you. There is no risk to you. All information you give us will be confidential. If there is a question you cannot or do not wish to answer, please tell me and we can skip it. If you have any questions, I will provide a telephone number for you to call to get more information. (1-800-311-4905).

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

Su participación en esta encuesta es voluntaria y contribuye información valiosa usada por los que hacen pólizas de salud en el estado y nación. No le haré preguntas que puedan identificarlo (la). No hay ningún riesgo para usted. Toda la información que usted nos dé, será estrictamente confidencial. Si hay alguna pregunta que usted no desee contestar, por favor dígamelo y podemos continuar. Si usted tiene alguna pregunta acerca de la encuesta, que yo no pueda contestar, le daré un numero de teléfono sin costo, al que usted pueda llamar para obtener mas información. 1-800-311-4905.

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

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

NONQAL

ERROR: RESPONDENT DOES NOT QUALIFY

INTERVIEWER NOTE: Should have. Quotas are incorrect

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

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

CTRLEND

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

Primero, quiero hacerle algunas preguntas acerca de su salud.

Section 1: Health Status

GENHLTH (CDC-CORE)

HEALTH.

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

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

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

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

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

PHYSHLTH (CDC-CORE)

TYPE VII.

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

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

___ Enter Number of days

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

IF (ANS > 30 & ANS <77)
REASK

MENTHLTH (CDC-CORE)

TYPE VII.

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

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

___ Enter Number of days

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

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

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

IF (ANS > 30 & ANS < 77)

REASK

POORHLTH (CDC-CORE)

TYPE VII.

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

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

___ Enter Number of days

88. None

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

99. REFUSED/SE NIEGA A CONTESTAR

IF (ANS > 30 & ans < 77)

REASK

Section 3: Health Care Access

HAVEPLN3 (CDC-CORE)

YESNO.

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

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

1. Yes/Sí

2. No/No

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

99. REFUSED/SE NIEGA A CONTESTAR

TYPPLAN (CAL-CORE)

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 (NAME OF STATE MARKETPLACE), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (STATE PLAN)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), TYPE 02, IF MEDICAID TYPE 04.

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

77. DON'T KNOW / NOT SURE

99. REFUSED

IF (ANS > 8 & ANS < 77)

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

PAUSE 2

REASK

PERSDOC (CDC-CORE)

PERSDOC.

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

INTERVIEWER NOTE: IF NO, ASK:

"Is there more than one or is there "no" person who you think of as your personal doctor or health care provider?"

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

INTERVIEWER NOTE: IF NO, ASK:

"¿hay más de una persona o no hay ninguna persona a quien usted considere su doctor (médico) personal o proveedor de su cuidado médico?"

1. Yes, only one/ *Sí, solo uno* (DO NOT PROBE)
2. More than one/ *Más de uno*
3. (PROBE) No

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

99. REFUSED/SE NIEGA A CONTESTAR

NOMED (CDC-CORE)

YESNO.

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

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

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

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

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

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

READ ONLY IF NECESSARY:

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

Section 4: Hypertension Awareness**BPHIGH2 (CDC-CORE)****YESNO.**

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] |
| 7. | DON'T KNOW/ NOT SURE | [SKP BLOODCHO] |
| 9. | REFUSED | [SKP BLOODCHO] |

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

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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

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
 - 7. DON'T KNOW/ NOT SURE
 - 9. REFUSED
- [SKP HEART2]
[SKP HEART2]
[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)
En el último año (hace menos de 12 meses)
- 2. Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años (hace 1 año pero menos de 2)
- 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)

YESNO.

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

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.

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

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

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

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

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

INTERVIEWER NOTE: (SEE ADDITIONAL NOTES IN F5 HELP) By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed professional.

INTERVIEWER NOTE: (SEE ADDITIONAL NOTES IN F5 HELP) *Por "otros profesionales de salud" nos referimos a una enfermera, un asistente médico, o algún otro profesional con licencia.*

- 1. Yes/Sí
- 2. No/No

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

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?

PRONUNCIATION GUIDE

ENGLISH:

(anne - J - EYE- nah)

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

- 1. Yes/Sí
- 2. No/No

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

STROKE2 (CDC-CORE)**YES/NO.****6.3 (Has a doctor, nurse or other health professional) EVER told you that you had a stroke?***¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de salud que tuvo una embolia?*

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

ASTHEVE3 (CDC-CORE)**YES/NO.****6.4 (Has a doctor, nurse, or other health professional) EVER told you that you had asthma?***¿Alguna vez, le ha dicho un doctor u otro profesional de salud que usted tenia asma?*

- | | |
|--|----------------|
| 1. Yes/Sí | |
| 2. No/No | (Go to SKCANC) |
| 7. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) | (Go to SKCANC) |
| 9. REFUSED/SE NIEGA A CONTESTAR | (Go to SKCANC) |

IF (ANS > 1) SKP SKCANC

ASTHNOW (CDC-CORE)**YES/NO.****6.5 Do you still have asthma?***¿Todavía tiene usted asma?*

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

SKCANC (CDC-CORE)**YES/NO.****6.6 (Has a doctor, nurse, or other health professional) EVER told you that you had skin cancer?***¿Alguna vez le ha dicho un doctor (médico), enfermera, u otro profesional de la salud que usted tenía cáncer en la piel?***Read only if necessary:**

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

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

1. Yes/Sí
2. No/No

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

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?

INTERVIEWER NOTE: Includes basal (Bay-Sul) and squamous (Sqwa-muss) cell cancers)

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

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

- 1. Yes/Sí
- 2. No/No

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

COPDEVER (CDC-CORE)

YESNO.

6.8 (Has a doctor, nurse or other health professional) EVER told you that you have COPD chronic obstructive pulmonary disease, emphysema or chronic bronchitis?

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

H:
COPD - Chronic Obstructive Pulmonary Disease

- 1. Yes/Sí
- 2. No/No

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

ARTHRI TD (CDC-CORE)

YESNO.

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

¿Alguna vez le dijo un doctor (médico) u otro profesional de salud, que usted tiene algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?

INTERVIEWER NOTE: PRESS F5 FOR ADDITIONAL DIAGNOSES LIST

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

IN HELP TEXT: Los diagnósticos de artritis incluyen: reumatismo, polimialgia reumática, artrosis (no osteoporosis), tendinitis, bursitis, juanete, codo de tenista (epicondilitis), síndrome del túnel carpiano, síndrome del túnel tarsiano, infección en las articulaciones, síndrome de Reiter, espondilitis anquilosante, espondilosis, síndrome del manguito de los

rotadores, enfermedad del tejido conjuntivo, escleroderma, polimiositis, síndrome de Raynaud, vasculitis (arteritis de células gigantes, púrpura de Henoch-Schonlein, granulomatosis de Wegener, poliarteritis nodosa)

1. Yes/Sí
2. No/No

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

DEPRESS1 (CDC-CORE)

YES/NO.

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

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

1. Yes/Sí
2. No/No

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

KIDNEY (CDC-CORE)

YES/NO.

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

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

IN HELP TEXT:

*ENGLISH Pronunciation Guide:
In-Con-Tin-Ants*

*SPANISH Pronunciation Guide:
In-Con-Tin-Ens-lya*

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

1. Yes/Sí
2. No/No

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

DIABCOR3 (CDC-CORE)

DIABCDC.

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

Ahora, me gustaría preguntarle acerca de la diabetes, a veces llamada azúcar en la sangre. ¿Alguna vez le ha

dicho un doctor (médico) que tiene diabetes?

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

“¿Fue esto únicamente cuando estaba embarazada?”

- | | | |
|----|---|-----------------------|
| 1. | Yes | (Continue to DIABAGE) |
| 2. | Yes, but female told only during pregnancy (Gestational Diabetes) | |
| | IF (ANS = 2) & (RespGend = 1) | (GO TO DIAFEMALE) |
| 3. | No | (Go to AGEB) |
| 4. | No, pre-diabetes or borderline diabetes | (Go to AGEB) |
| 7. | Don't know | (Go to AGEB) |
| 9. | Refused | (Go to AGEB) |

IF (ANS = 1) SKP DIABAGE

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

IF (ANS >= 3) SKP AGEB

DIAFEMALE

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

Is the previous answer correct?

- | | | |
|----|------------------------------|------------------|
| 1. | YES, CORRECT AS IS | (GO TO AGEB) |
| 2. | NO, RE-ASK QUESTION DIABCOR3 | (GO TO DIABCOR3) |

DIABAGE

TYPE I.

6.13 How old were you when you were told you have diabetes?
¿A qué edad le dijeron que tenía diabetes?

__ __ CODE AGE IN YEARS [97 = 97 AND OLDER]
777. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
999. REFUSED/SE NIEGA A CONTESTAR

Section 7: 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)

YES/NO.

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 ORACE2X

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 | ORACE3A = 4 | ORACE3A = 5 | ORACE3A = 6)) SKP ORACE4A

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

IF ((ORACE3A = 3) & (ORACE3A = 6)) SKP ORACE4A

(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. ASIANHISPANIC 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 |ORACE2X =6))
SKP ORACE4A

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

IF ((ORACE2XA = 3) & (ORACE2XA = 6)) SKP ORACE4A
SKP MARITAL

If more than one response to ORACE3A then go to ORACE4A, else go to MARITAL

ORACE2AB (CDC-CORE)

ORACE2AB.

7.9 If *orace4A<>4.and.orace4A<>5and.orace4A>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)
777. DON'T KNOW/ NOT SURE
999. REFUSED

ORACE2AB_16
ORACE2AB_18
ORACE2AB_19

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

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

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

IF ((ORACE2XA = 4) & (ORACE2XA = 1 | ORACE2XA = 2 | ORACE2XA = 5 | 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 ORACE3

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)

YESNO.

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, eres 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 / ERES 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

(EMPLOY = ANS) (HHSIZE = NUMADULT1 + CHILD18)**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) *** Calculated variable do not ask *** (not formatted)
7.25 Household size.
HHSIZE = NUMADULT1 + CHILD18

INCOM02 (CDC-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)

YESNO.

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) YES/NO.

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.
(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)

YES/NO.

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)

YESNO.

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)

YESNO.

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)

YESNO.

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: Alcohol Consumption

DRNKALC2 (CDC CORE)

TYPE II.

9.1 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
777. DON'T KNOW / NOT SURE
999. REFUSED

(GO TO JUICE11)
(GO TO JUICE11)
(GO TO JUICE11)

NALCOCC3 (CDC CORE)**TYPE I.**

9.2 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.**

9.3 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.**

9.4 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 10: 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.

10.1 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.

10.2 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? Incluya 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.

10.3 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 incluye 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.

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

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

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.

10.5 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 Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

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

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.

10.6 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 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 11: Exercise (Physical Activity)

EXERANY1 (CDC-CORE)

YES/NO.

11.1 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 FISICAS 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)

11.2 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.

11.3 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.

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

Quando 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)

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

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

(229-230)

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

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

EXEROFT2 (CDC-CORE)

TYPE III.

11.6 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
9 9 9 REFUSED

EXERHMM2 (CDC-CORE)

TYPE XI.

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

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

-- HOURS (EHOURS2)
-- 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.

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

Durante el mes pasado, ¿cuántas veces a la semana o al mes realizó actividades físicas o ejercicios para FORTALECER sus músculos? [NO cuente los ejercicios aeróbicos como caminar, correr o andar

en bicicleta.] Cuento las actividades en las que usó su propio peso corporal, como yoga, abdominales o lagartijas y aquellas en las que usó máquinas de pesas, pesas sueltas o bandas elásticas.

- 1__ TIMES PER WEEK (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 12: Arthritis Burden

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

Next, I will ask you about your arthritis.

Ahora le voy a hacer preguntas sobre la artritis.

LIMITJN2 (CDC-CORE)

YESNO.

12.1 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 entrevistador debe decir: "Por favor conteste a la pregunta basándose en su experiencia actual, sin importar si está tomando algún medicamento o si sigue un tratamiento".

ARTHWRK2 (CDC-CORE) (Ask all respondents regardless of employment status) YESNO.

12.2 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.”

Si le preguntan sobre medicamentos o tratamientos, el entrevistador debe decir: “Por favor conteste a la pregunta basándose en su experiencia actual, sin importar si está tomando algún medicamento o si sigue un tratamiento”.

ARTHPLAY (CDC-CORE)

HOWMUCH.

12.3 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.

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

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

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

__ __ Enter number (0-10)

7 7 Don't know / Not sure

9 9 Refused

Section 13: Seat Belt Use

SEATBELT (CDC-CORE)

SEATBELT.

13.1 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 14: Immunizations

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

YESNO.

14.1 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
99. REFUSED

(GO TO PNEUMVC3)
(GO TO PNEUMVC3)

FLSHTWH3 (CDC-CORE)

California Behavioral Risk Factor Survey 2015, Track III Merged English/Spanish, Version 3/9/2015

14.2 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.

14.3 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)

YESNO.

14.4 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 15: HIV/AIDS

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

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

AIDSTST8 (CDC CORE)

YES/NO.

15.1 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. Incluya las pruebas de fluidos (saliva) de su boca.

- | | | |
|----|-----------------------|----------------|
| 1. | Yes | |
| 2. | No | (SKP SMOKE100) |
| 7. | DON'T KNOW / NOT SURE | (SKP SMOKE100) |
| 9. | REFUSED | (SKP SMOKE100) |

TSTDATE (CDC-CORE)

15.2 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? (Incluyendo prueba saliva de su boca)

__/____ ENTER MONTH AND YEAR

TSTDT_M/TSTD_Y

- | | |
|---------|-----------------------|
| 777777. | DON'T KNOW / NOT SURE |
| 999999. | REFUSED |

TSTWHERE (CDC-CORE)

15.3 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 16: 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)

YES/NO.

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

Interviewer note: 5 packs = 100 cigarettes

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

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarrillos, 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".

1. Yes/Sí
 2. No/No (Go to USENOW3)
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O) (Go to USENOW3)
 99. REFUSED/ SE NIEGA A CONTESTAR (Go to USENOW3)

SMKEVDA2 (CDC-CORE)

EVDAY.

16.2 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 (Go to USENOW3)
 2. Some days/algunos días (Go to USENOW3)
 3. Not at all/ningún día
77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
 99. REFUSED/ SE NIEGA A CONTESTAR

LASTSMK2 (CDC-CORE)

SMOKREGB.

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

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

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

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

USENOW3 (CDC-CORE)

EVDAY.

16.4 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

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

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

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

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

IF (SMKEVDA2 >=77) SKP FLAVTOB

IF (SMKEVDA2 <= 2) SKP FLAVTOB

IF (SMOKE100 > 1) SKP FLAVTOB

Ask if SMKEVDA2=3

SMOKREG4 (CA-TCP)

SMOKREGD.

**16.5 About how long has it been since you last smoked cigarettes regularly?
(Read only if necessary)**

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

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

FLAVTOB (CA-TCP-NEW2013) Ask of all California Residents

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

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

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

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

Interviewer note: *Producto de tabaco con sabor" significa cualquier producto del tabaco que contiene un aditivo que crea un sabor u olor distinto, como el sabor o el olor de la fruta, chocolate, vainilla o miel.*

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

Do not read:

- 77 Don't know / Not sure
99 Refused

SMKCIGAR (CA-TCP)

YESNO.

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

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

1. Yes
2. No

77. Don't know
99. Refused

PIPEVER (CA-TCP)

16.8 Have you ever smoked a tobacco pipe?

YESNO.

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

1. Yes
2. No

77. Don't know
99. Refused

HOOKEVER (CA-TCP)

YESNO.

16.9 Have you ever smoked a hookah pipe?

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

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

1. Yes
2. No

77. Don't know
99. Refused

CHEWEVER (CA-TCP)

YESNO.

16.10 Have you ever used chewing tobacco such as Red Man, Levi Garrett or Beechnut?

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

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

SNUFEVE2 (CA-TCP)

YESNO.

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

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

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

SNUSEVER (CA-TCP)

YESNO.

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

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

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

ECIG30 (CA-TCP)

TYPE I.

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

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

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

WHYECIG (CA-TCP) NEW 2014

WHYECIG.

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

¿Lo que mejor describe su razón para el uso de cigarrillos electrónicos?

- 1. Used to quit other tobacco
Para dejar el otro tabaco
- 2. Switched to e-cigarettes to replace other tobacco
Cambiado a cigarrillos electrónicos para sustituir otro tabaco

- 3. Used to cut down on other tobacco
Usado para reducir del otro tabaco
- 4. Used in places other tobacco is not allowed
Utilizado en lugares donde no se permite otro tabaco
- 5. Curiosity; just to try it
Curiosidad; solo para probar
- 6. Other (specify)
Otro (especifique)
- 77. DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
- 99. REFUSED/SE NIEGA A CONTESTAR

If SMOKE100=2 or 77 or 99 then go to SHSEXPOS
 Else if SMOKE100=1 and SMKEVDA2=1 then go to SMOKENUM
 Else if SMOKE100=1 and SMKEVDA2=2 or 3 or 77 or 99 then ask SMK6MOS

Section 17: Current Cigarette Use

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

Me gustaría hacerle unas preguntas más acerca de fumar cigarrillos.

SMK6MOS (CA-TCP)

YESNO.

17.1 Have you ever smoked daily for six months or more?

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

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

(Go to SMK30ANY)

(Go to SMK30ANY)
(Go to SMK30ANY)

DAILYSMK (CA-TCP) (DAILYR, DAILYMO, DAILYWK, DAILYDY)

TYPE XXXI.

17.2 How long has it been since you smoked on a daily basis?

¿Cuánto hace desde que fumó diariamente?

- YEARS DAILYR
- MONTHS DAILYMO
- WEEKS DAILYWK
- DAYS DAILYDY
- 00. Time frame does not apply
- 77. Don't know for that time frame
- 99. Refused for that time frame

(Go to SMK30ANY)

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

Ask if SMKEVDA2 =1
SMOKENUM (CA-TCP)

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

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

(INTERVIEWER NOTE: 1 PACK=20 CIGARETTES)

___ ENTER NUMBER

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

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

If SMKEVDA2≠1 or SMKEVDA2 = 1 & SMOKENUM = 888/777/999 then ask SMK30ANY

SMK30ANY (CA-TCP)

17.4 Did you smoke any cigarettes during the past 30 days? YES/NO.

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

- 1. Yes
- 2. No

(Go to SMKWHOLE)

- 77. Don't know
99. Refused

(Go to SMKWHOLE)
(Go to SMKWHOLE)

SMK30DAY (CA-TCP)

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

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

__ ENTER NUMBER

- 30. EVERYDAY
- 77. DON'T KNOW
- 99. REFUSED

SMK30NUM (CA-TCP)

TYPE I.

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

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

(INTERVIEWER NOTE: 1 PACK=20 CIGARETTES)

___ ENTER NUMBER

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

If SMOKE100=1 then ask SMKWHOLE.

SMKWHOLE (CA-TCP)

TYPE I.

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

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

-- ENTER AGE IN YEARS

77. DON'T KNOW

99. REFUSED

SMOKEAGE (CA-TCP)

TYPE XII.

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

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

-- ENTER AGE IN YEARS

888. NOT APPLICABLE (NEVER SMOKED REGULARLY)

777. DON'T KNOW

999. REFUSED

Ask if SMKEVDA2 <= 2 or SMOKREG4 <=4
IF (SMKEVDA2 >2 OR SMOKREG4 >4) SKP PUFF

SMK12AGO (CA-TCP)

YESNO.

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

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

1. Yes

2. No

(Go to SMKWAKE)

7. Don't know

(Go to SMKWAKE)

9. Refused

(Go to SMKWAKE)

SMK12DL2 (CA-TCP)

EVDAY.

17.10 Were you smoking cigarettes every day or some days?

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

1. Every day

2. Some days

7. Don't know

9. Refused

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

SMKWAKE (CA-TCP)

TYPE XXV.

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

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

INTERVIEWER: ENTER ZERO IF YOU DO NOT USE A FIELD

____ Hours (SMKWHR)
____ Minutes (SMKWMIN)

(Go to SHSEXPOS)

8888. Immediately
7777. Don't know
9999. Refused

(Go to SHSEXPOS)
(Go to SHSEXPOS)
(Go to SHSEXPOS)

If SMKEVDA2=3 or 7 or 9 OR SMOKREG4 > 4 then ask PUFF. Else go to SHSEXPOS.

PUFF (CA-TCP) (PUFFYR1, PUFFMO1, PUFFWK1, PUFFDY1)
17.12 When did you last smoke or have a puff on a cigarette?

TYPE XXXI.

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

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

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

SHSEXPOS (CA-TCP)

YESNO.

17.13 In the last two weeks, have you ever been exposed to secondhand smoke in California?

En las últimas dos semanas, ¿alguna vez ha estado expuesto al humo de segunda mano en California?

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

If **SHSEXPOS** <> 1 AND SMOKE100 <>1 skip to OFTCIGRB ELSE SKP QUITDY3

If **SHSEXPOS** <> 1 AND SMKEVDA2 <= 2 or SMOKREG4 <=4 skp **QUIT1DY3**

SHSWHERE (CA-TCP)

WHEREXPB.

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

INTERVIEWER NOTE: DO NOT READ

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

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

1. HOME / CASA
2. WORKPLACE / TRABAJO
3. RESTAURANT / RESTAURANTE
4. RESTAURANT BAR / RESTAURANTE BAR
5. BAR OR TAVERN / BAR O TABERNA
6. POOL HALL / SALÓN DE BILLAR
7. SHOPPING MALL OR STORES / CENTRO COMERCIAL O EN TIENDAS

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

Section 18: Quitting

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

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

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

QUIT1DY3 (CDC-CORE)

YES/NO.

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

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

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

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

TYPE V.

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

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

(INTERVIEWER NOTE: ONE YEAR=12 MONTHS)

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

IF NOSMK >=777 SKP QUITLIFE ELSE CONTINUE

If (SMK30ANY=1 and QUIT1DY3 = 1) OR (SMKEVDA2=1 and QUIT1DY3=1) then ask QUITMED2.

QUITMED2 (CA-TCP)

YESNO.

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

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

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

QUITADV2 (CA-TCP)

YESNO.

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

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

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

QUITMAT (CA-TCP)

YESNO.

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

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

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

RETSITUA (CA-TCP)

RETSITUA.

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

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

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

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

77. Don't know
99. Refused

After respondent answers RETSITUA, go to QRETURN.

Ask if QUIT1DY3=2, 77, OR 99

QUITLIFE (CA-TCP)

YESNO.

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

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

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

QRETURN (CA-TCP) (RETURYR, RETURNMO, RETURNWK, RETURNDY) (Ask if QUITLIFE=1 or IF RETSITUA IS ANSWERED or IF QUIT1DY3=1 - do not ask if SMOKREG4 asked)

TYPE XXXI.

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

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

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

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

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

Ask if SMEVDA2 = 1 or 2

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

TYPE V.

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

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

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

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

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

QUIT30 (CA-TCP)

YESNO.

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

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

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

QUIT6 (CA-TCP)

YESNO.

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

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

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

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

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

RETURN12 (CA-TCP)

RETURN.

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

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

- 1. Likely (Go to OFTCIGRB)
- 2. Unlikely
- 3. Never a regular smoker

- 77. Don't know
- 99. Refused

SMKAGAIN (CA-TCP)**YESNO.**18.65 **Do you think that there is any possible situation in which you might start smoking again?***¿Cree usted que hay alguna situación posible por la cual usted pudiera volver a fumar?*

- | | | |
|-------|------------------------|------------------|
| 1. | Yes | (Go to OFTCIGRB) |
| 2. | No | (Go to OFTCIGRB) |
| 3. | Never a regular smoker | (Go to OFTCIGRB) |
| ----- | | |
| 77. | Don't know | (Go to OFTCIGRB) |
| 99.. | Refused | (Go to OFTCIGRB) |

FRNDWANT (CA-TCP) (ask of current smoker, SMKEVDA2 = 1 or 2)**CONCERNB.**18.70 **How much do your friends and family want you to quit smoking? Would you say...***¿Cuánto quieren sus amigos y familia que usted deje de fumar? ¿Diría usted que ...*

- | | |
|-------|--------------------------------|
| 1. | Very Much <i>Mucho</i> |
| 2. | Somewhat <i>Algo</i> |
| 3. | A little, or <i>Un poco</i> |
| 4. | Not at all <i>Nada</i> |
| ----- | |
| 77. | Don't know |
| 99. | Refused |

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

Section 19: Cigarette Purchases**Now I'd like to ask you some questions about your cigarette purchases.***Ahora, me gustaría preguntarle acerca de sus compras de cigarrillos.***CIGMONEY (CA-TCP)****CIGMONEY.**19.0 **Are you worried about how much money you spend on cigarettes?***¿Está usted preocupado (a) por cuánto gasta en la compra de cigarrillos?*

- | | | |
|-------|---------------------------|------------------|
| 1. | Yes | |
| 2. | No | |
| 3. | Never purchase cigarettes | (Go to OFTCIGRB) |
| ----- | | |
| 77. | Don't know | |
| 99. | Refused | |

CABUY (CA-TCP)**CABUY.**19.10 **Do you usually buy your cigarettes in California, out of state, or over the Internet?***¿Usualmente, compra sus cigarrillos en California, fuera del estado, o por el Internet?*

- | | | |
|-----|-----------------------------|-----------------|
| 1. | California | |
| 2. | Out of state | (Go to SMKTYPE) |
| 3. | Over the Internet | (Go to SMKTYPE) |
| | ----- | |
| 77. | Don't know | (Go to SMKTYPE) |
| 88. | Does not buy own cigarettes | (Go to SMKTYPE) |
| 99. | Refused | (Go to SMKTYPE) |

WHEREBUY (CA-TCP)

WHEREBUY.

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

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

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

SMKTYPE (CA-TCP)

SMKTYPE.

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

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

- | | | |
|-----|---|--|
| 1. | Regular | |
| 2. | Light | |
| 3. | Ultra-Light | |
| 4. | OTHER <u> (specify) </u> ----->TYPETEXT | |
| | ----- | |
| 77. | DON'T KNOW | |
| 99. | REFUSED | |

SMO30MEN (CA-TCP)

YESNO.

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

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

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

- 77. REFUSED
- 99. DON'T KNOW

SMKBRAN2 (CA-TCP)

SMKBRAND.

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

¿Qué marca fuma usted usualmente?

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

PRICE (CA-TCP)

TYPE VII.

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

¿Cuánto paga usualmente por una cajetilla de cigarrillos?

EXAMPLE: FOR \$2.00 ENTER 200
 FOR \$1.75 ENTER 175
 FOR \$0.95 ENTER 95

__ _ _ ENTER RESPONSE

- 777. DON'T KNOW
- 999. REFUSED

BUYDOWN (CA-TCP)

YESNO.

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

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

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

Section 20: Last Tobacco Use

If SMK CIGAR=1 then ask OFTCIGRB.

OFTCIGRB (CA-TCP)

TYPE I.

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

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

- _____ ENTER NUMBER OF DAYS
 77. DON'T KNOW
 99. REFUSED

If SMKCIGAR=1 then ask CIGARSML

CIGARSML (CA-TCP)

OFTCIGAR.

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

¿En el mes pasado, fumó puros pequeños o cigarrillos todos los días, varias veces por semana, una vez por semana, o menos de una vez por semana?

1. Every day / *TODOS LOS DÍAS*
2. Several times per week / *VARIAS VECES POR SEMANA*
3. Once per week / *UNA VEZ POR SEMANA*
4. Less than once per week / *MENOS DE UNA VEZ POR SEMANA (NINGUNO)*

- 77. DON'T KNOW
 99. REFUSED

If PIPEVER=1 then ask PIPENOW.

PIPENOW (CA-TCP)

EVDAY.

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

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

1. Every day / *Todos los días*
2. Some Days / *Algunos días*
3. Not at all / *Ningún día*

- 77. DON'T KNOW
 99. REFUSED

If CHEWEVER=1 then ask CHEWNOW.

CHEWNOW (CA-TCP)

EVDAY.

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

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

1. Every day / *Todos los días*
2. Some Days / *Algunos días*
3. Not at all / *Ningún día*

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

IF (CHEWEVER <> 1) SKP SNUFNOW2

If SNUFEVE2=1 then ask SNUFNOW2.

SNUFNOW2 (CA-TCP)

EVDAY.

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

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

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

IF (SNUFEVE2 <> 1) SKP SNUSNOW
If SNUSEVER=1 then ask SNUSNOW.

SNUSNOW (CA-TCP)

EVDAY.

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

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

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

IF (SNUSEVER <> 1) SKP HOOKAH

HOOKAH (CA-TCP) ask if HOOKEVER = 1

TYPE VII.

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

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

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

INTERVIEWER NOTE:

una hookah (narguila) es una pipa de agua con una cámara de humo, un tazón, un tubo y una manguera que se utiliza para fumar tabaco. Algunos de los otros nombres se conoce como shisha (see-shaw), narguila (nawr-gee-leh, "g" suena como en "go"), argileh (are-gee-leh, "g: suena como en "go"), hubble-bubble (hah-bol bah-bol), y goza (go-zah).

- _____ ENTER NUMBER OF DAYS (1-30)
 88. NONE
 77. DON'T KNOW
 99. REFUSED

HOUSTYPE (CA-TCP) asked of all respondents

HOUSTYPE.

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

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

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

77. DON'T KNOW
 99. REFUSED

IF (SMOKE100 > 1) SKP OUTWORK
 IF (SMKEVDA2 > 2) SKP OUTWORK
 IF (SMKEVDA2 = 2) & (SMK30ANY > 1) SKP OUTWORK
 IF (SMKEVDA2 > 2) & (SMK30ANY > 1) SKP OUTWORK

Section 21: Quitting with Medical Assistance

Ask if (SMKEVDA2=2 and SMK30ANY=1) or (SMKEVDA2=1)

MDSEE2 (CA-TCP)

YESNO.

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

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

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

MDSTOP2 (CA-TCP)

YESNO.

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

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

1. Yes
2. No (Go to OUTWORK)

- 77. Don't know
99. Refused

(Go to OUTWORK)
(Go to OUTWORK)

MDDATE2 (CA-TCP)

YESNO.

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

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

1. Yes
2. No

- 77. Don't know
99. Refused

MDRX (CA-TCP)

YESNO.

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

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

1. Yes
2. No

- 77. Don't know
99. Refused

MDASSIST (CA-TCP)

YESNO.

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

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

1. Yes
2. No

- 77. Don't know
99. Refused

If QUIT1DY3=1 and MDSTOP2=1, ask TRYQUIT. Otherwise, go to OUTWORK.

TRYQUIT (CA-TCP)

YESNO.

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

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

1. Yes
2. No

- 77. DON'T KNOW
99. REFUSED

(Go to OUTWORK)

Section 22: Workplace

If EMPLOY2=1 or EMPLOY2=2 then ask OUTWORK.

OUTWORK (CA-TCP)

YES/NO.

22.0 Do you currently work outside your home?

¿Actualmente, trabaja usted fuera de casa?

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

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

HRSWORK (CA-TCP)

HRSWORK.

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

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

- 1. 35 or more hours per week
- 2. 20 to 34 hours per week
- 3. Less than 20 hours per week
- 77. DON'T KNOW
- 99. REFUSED

INDOORS (CA-TCP)

INDOORS.

22.10 Do you work primarily indoors or outdoors?

¿Trabaja usted principalmente bajo techo o al aire libre?

- 1. Indoors
- 2. Outdoors
-
- 77. DON'T KNOW
- 99. REFUSED

WKAREA1 (CA-TCP)

WKAREA1.

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

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

- 1. An office *Una oficina*
- 2. A plant/factory *Una fabrica*
- 3. A store *Una tienda*
- 4. Warehouse *Un deposito/bodega*
- 5. A classroom *Una sala de clase (salón de escuela)*
- 6. A restaurant/bar *Un restaurante/bar*
- 7. Vehicle *Un vehículo* IF (ANS = 7) SKP BLDFREE
- 8. Outdoors *Al aire libre* IF (ANS = 8) SKP POLICY
- 9. A home (e.g., private residences that are used as childcare) *En casa*
- 10. A hospital *Un hospital*
- 91. OTHER INDOOR SETTING (specify) ---->WAREATXT

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

WORK50 (CA-TCP) (Ask if WKAREA1 <> 7 or <> 8) **YESNO.**

22.20 **Altogether, do more than 50 people work at your WORKSITE?**
 Interviewer note: Emphasize "worksites", which may include multiple buildings.

En total, ¿hay más de 50 personas trabajando en el SITIO de su trabajo?
 INTERVIEWER NOTE: EMPHASIZE "SITIO", WHICH MAY INCLUDE MULTIPLE BUILDINGS.

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

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

22.25 **What is the total number of employees at the BUILDING where you work?**
 Interviewer note: Emphasize "building", which is the specific building where the respondent works.

En total, ¿cuántos empleados hay en el EDIFICIO donde usted trabaja?
 Interviewer note: Emphasize "edificio", which is the specific building where the respondent works.

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

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

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

IF (WKAREA1 = 8) SKP POLICY

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

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

- IF (
- 1. Yes IF (ANS = 1) SKP OUTALLOW
 - 2. No (Go to INALLOW)
-
- 77. Don't know (Go to INALLOW)
 - 99. Refused (Go to INALLOW)

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

22.35 **FOR EACH OF THE FOLLOWING INDOOR AREAS AT YOUR WORKPLACE, PLEASE INDICATE WHETHER SMOKING IS ALLOWED.**

PARA CADA UNA DE LAS SIGUIENTES ÁREAS BAJO TECHO EN SU SITIO DE TRABAJO, POR FAVOR DÍGAME SI SE PERMITE FUMAR.

| | NOT ALLOWED | ALLOWED | ALLOWED | DK/NS | REF |
|-----------------------------------|-------------|---------|---------|-------|----------|
| A. Indoor work areas | 1 | 2 | 77 | 99 | INWKAREA |
| B. Special smoking room or lounge | 1 | 2 | 77 | 99 | INLOUNGE |
| C. Break room or cafeteria | 1 | 2 | 77 | 79 | INCAFE |
| D. Hallways or lobby | 1 | 2 | 77 | 99 | INHALLS |

¿Se permite fumar afuera de su edificio...

- A. Áreas de trabajo bajo techo
- B. Cuartos o salón especial para fumadores
- C. Sala de descanso o cafetería
- D. Pasillos o lobi

OUTALLOW (CA-TCP) (Ask if WKAREA1 <> 8, <> DK, or <> RF) **YES/NO.**
 22.40 **IS SMOKING ALLOWED OUTSIDE THE BUILDING.....**

¿SE PERMITE FUMAR AFUERA DE SU EDIFICIO...

| | NOT ALLOWED | ALLOWED | DK/NS | REF | |
|---|-------------|---------|-------|-----|---------|
| A. Close to entrances (e.g. within 20 feet) | 1 | 2 | 77 | 99 | OUTENTR |
| B. In a special area on the property | 1 | 2 | 77 | 99 | OUTSPEC |

¿Cerca de las entradas?

¿En una área especial de la propiedad?

POLICY (CA-TCP) (Ask if EMPLOY2 = 1 or (EMPLOY2 = 2 and OUTWORK = 1)) **YES/NO.**

IF (EMPLOY2 <> 1) SKP WORK7DAY

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

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

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

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

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

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

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

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

HOWCHG (CA-TCP)**HOWCHG.**22.55 **How did the policy change? Would you say it is...***¿Cómo ha cambiado la regla? ¿Diría que es más restringida o menos restringida?*

1. More restrictive / *Más restringida*
2. Less restrictive / *Menos restringida*

77. DON'T KNOW
99. REFUSED

Ask if POLICY=1

SMKWORK (CA-TCP)**SMKWORK.**22.60 **Which of the following best describes the smoking policy for areas in which employees work? Would you say that smoking is not allowed in any work areas, allowed in some work areas, or allowed in all work areas?***¿Cuál de las siguientes opciones mejor describe la regla del fumar en las áreas donde los empleados trabajan? ¿Diría usted que no es permitido en ninguna área de trabajo, es permitido en algunas áreas de trabajo, es permitido en todas las áreas de trabajo.*

1. Not allowed in any work areas
No se permite en las áreas de trabajo
2. Allowed in some work areas
Es permitido en algunas áreas de trabajo
3. Allowed in all work areas
Es permitido en todas las áreas de trabajo

77. DON'T KNOW
99. REFUSED

Ask if POLICY=1

SMKAREA (CA-TCP)**SMKAREA.**22.65 **Which of the following best describes the smoking policy for indoor public or common areas, such as lobbies, restrooms, and lunch rooms? Would you say that smoking is not allowed in any public areas, allowed in some public areas, or allowed in all public areas?***¿Cuál de las siguientes opciones describe mejor la regla del fumar en los lugares públicos o áreas comunes así como las salas de espera, sanitarios, o comedores? ¿Diría usted que el fumar...*

1. Not allowed in any public areas
No es permitido en ningunas áreas públicas
2. Allowed in some public areas
Es permitido en algunas áreas públicas
3. Allowed in all public areas
Es permitido en todas las áreas públicas
4. Do not use public areas
No uso las áreas públicas

77. DON'T KNOW
99. REFUSED

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

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

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

- 1. Yes (GO TO WHATAREA)
- 2. No
- 77. DON'T KNOW
- 99. REFUSED

Ask if WORK7DAY <>1

WORKSMK2 (CA-TCP)

YESNO.

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

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

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

Ask if WORK7DAY=1 or WORKSMK2=1

WHATAREA (CA-TCP)

WHATAREA.

22.80 The last time this happened, what work area were you in?

(DON'T READ THE ANSWERS JUST CODE IT)

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

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

PLCYSMK (CA-TCP)

IF (PLCYCHG > 1) SKP

IF (POLICY >1) SKP

Ask if (SMKEVDA2=1 and POLICY=1 and PLCYCHG=1)

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

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

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

Section 23: Household Rules

SMKELSEN is asked of all respondents who have more than 1 adult in household or have at least one child younger than 18 in household.

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

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

Ahora me gustaría hacerle algunas preguntas acerca de su hogar.

SMKELSEN (CA-TCP)

23.0 How many household members currently smoke?

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

INTERVIEWER: Do not include the respondent.

- __ ENTER NUMBER
- 88. NONE
- 77. DON'T KNOW
- 99. REFUSED

HHRULES2 (CA-TCP)

HHRULES.

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

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

- 1. Smoking is completely prohibited / *el fumar está totalmente prohibido*
- 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/ *no hay restricciones contra el fumar*

5. OTHER ____ (specify) _____>HHTXT

77. DON'T KNOW

99. REFUSED

IF (ANS =1) SKP HHEVER

IF (ANS =3) SKP HHEVER

IF (ANS =5) SKP HHEVER

IF (ANS =77) SKP HHEVER

IF (ANS =99) SKP HHEVER

HHALLOW (CA-TCP)

YESNO.

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

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

1. Yes

2. No

77. DON'T KNOW

99. REFUSED

HHEVER (CA-TCP)

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

YESNO.

¿Fuma alguna vez alguien dentro de su casa?

?

1. Yes

2. No

77. DON'T KNOW

99. REFUSED

Section 24: Exposure to Smoke

PERCENT (CA-TCP) asked of all adults

TYPE II.

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

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

___ ENTER RESPONSE 1-100

888. NONE AT ALL

777. DON'T KNOW

999. REFUSED

EXPOTH1 (CA-TCP)

YESNO.

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

En California, en los últimos 6 meses, que es desde MM/YYY ha tenido que aguantar a alguien fumando cerca de usted en cualquier otro lugar, aparte de su hogar o su lugar de trabajo?

- | | | |
|-------|------------|----------------|
| 1. | Yes | |
| 2. | No | (Go to EXPHRS) |
| ----- | | |
| 77. | DON'T KNOW | (GO TO EXPHRS) |
| 99. | REFUSED | (Go to EXPHRS) |

EXPTXT1 (CA-TCP)

WHEREXP.

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

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

- | | | |
|-----|---|----------|
| 1. | RESTAURANT | |
| 2. | RESTAURANT BAR | |
| 3. | BAR OR TAVERN | |
| 4. | POOL HALL | |
| 5. | SHOPPING MALL/STORES | |
| 6. | PUBLIC PARK/BEACHES/PLAYGROUNDS/OUTDOOR RECREATION AREAS | |
| 7. | COMMUNITY EVENT/FAIR/FARMER'S MARKET | |
| 8. | SPORTS EVENTS/STADIUMS | |
| 9. | OTHER PERSON'S HOME | |
| 10. | OTHER PERSON'S AUTOMOBILE | |
| 11. | GAME ROOM/CASINO/BINGO HALL | |
| 12. | WHERE SMOKING SHOULD NOT EVER BE ALLOWED | |
| 13. | PARTY/WEDDING RECEPTIONS/SOCIAL EVENT/RENTED HALL | |
| 14. | OTHER SERVICE AREAS SUCH AS BUS/CAB STANDS, ATM LINES, TICKET LINES | |
| 15. | SIDEWALKS | |
| 91. | OTHER (SPECIFY) | EXPTXT10 |
| 77. | DON'T KNOW | |
| 99. | REFUSED | |

EXPHRS (CA-TCP)

TYPE XXVI.

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

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

EXAMPLE: FOR 30 MINUTES ENTER 30
FOR 9 HOURS AND 30 MINUTES ENTER 0930

____ ENTER RESPONSE

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

EXPEHRS (CA-TCP) NEW 2014

TYPE XXVI.

24.40 **In the past week, about how many minutes or hours were you exposed to other people's e-cigarette smoke or vapor in all environments?**

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

EXAMPLE: FOR 30 MINUTES ENTER 30

_____ ENTER RESPONSE

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

Section 25: College Campuses

ENROLLED (CA-TCP)

YESNO.

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

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

- 1. Yes
- 2. No

(Go to BARVISIT)

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

(GO TO BARVISIT)
(Go to BARVISIT)

CAMPEXP (CA-TCP)

YESNO.

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

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

YES NO DK/NS REF

| | | | | | |
|-------------|---|---|----|----|---------|
| A. Indoors | 1 | 2 | 77 | 99 | CAMPIN |
| B. Outdoors | 1 | 2 | 77 | 99 | CAMPOUT |

TOBSPON (CA-TCP)

YESNO.

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

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

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

Section 26: Bars

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

YESNO.

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

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

- 1. Yes
- 2. No

(Go to CASINO)

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

(GO TO CASINO)

(Go to CASINO)

SMKFREE (CA-TCP)

YESNO.

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

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

- 1. Yes
- 2. No

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

Section 27: Casinos

CASINO (CA-TCP)

YESNO.

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

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

- 1. Yes
- 2. No

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

CASNOSMK (CA-TCP)

CASNOSMK.

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

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

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

Section 28: Tobacco Advertising

ADVTOB (CA-TCP-NEW2013)

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

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

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

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

SMKBRAND.

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

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

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

Section 29: Other's Smoking

SMKANNNOY (CA-TCP)

SMKANNNOY.

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

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

- | | |
|-----|--|
| 1. | Not annoying at all / <i>no es molesto en absoluto</i> |
| 2. | A little annoying / <i>un poco molesto</i> |
| 3. | Moderately annoying / <i>moderadamente molesto</i> |
| 4. | Very annoying / <i>muy molesto</i> |
| 5. | Extremely annoying / <i>sumamente molesto</i> |
| | ----- |
| 77. | DON'T KNOW |
| 99. | REFUSED |

ASKNOSMK (CA-TCP)**YES/NO.**29.10 **In the past 12 months, have you ever asked someone not to smoke?***En los últimos 12 meses, ¿alguna vez, le ha pedido usted a alguien que no fumara?*

- 1. Yes
- 2. No

(Go to ASKTIMES)

- 77. DON'T KNOW
- 99. REFUSED

(GO TO ASKTIMES)**(Go to ASKTIMES)****ASKWHO (CA-TCP)****ASKWHO.**29.20 **On the most recent occasion you asked someone not to smoke, who was that person?***¿En la última ocasión en que le pidió a alguien que no fumara, quién fue esa persona?*

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

ASKRSN2 (CA-TCP)**ASKRSNB.**29.30 **On that same occasion, what was the primary reason you asked that person not to smoke?***En esa misma ocasión, ¿Cuál fue la razón más importante que usted le pidió a esa persona que no fumara?*

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

ASKTIMES (CA-TCP)**ASKTIMES.**

IF (SMKEVDA2 > 2 | SMOKE100 > 1) SKP ANTITOB

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

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

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

Section 30: Anti-Tobacco Messages**ANTITOB (CA-TCP)** asked of all respondents**YESNO.**

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

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

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

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

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

YESNO.

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

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|-----------------|
| 1. TV / <i>La tele</i> | 1 | 2 | 77 | 99 |
| 2. RADIO / <i>La radio</i> | 1 | 2 | 77 | 99 |
| 3. BILLBOARD / <i>La cartelera</i> | 1 | 2 | 77 | 99 |
| 4. NEWSPAPER / <i>El periódico (diario)</i> | 1 | 2 | 77 | 99 |
| 5. MAGAZINES / <i>La revista</i> | 1 | 2 | 77 | 99 |
| 6. OTHER (<u>specify other source</u>) / <i>Algún otro lugar</i> 1----->HOTHTXT | | | | (Go to MORETAX) |

Section 31: Taxes

MORETAX (CA-TCP) asked of all respondents

MORETAXB.

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

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

- 1. \$.25 a pack / \$.25 por cajetilla
- 2. \$.50 a pack / \$.50 por cajetilla
- 3. \$.75 a pack / \$.75 por cajetilla
- 4. \$1.00 a pack / 1.00 por cajetilla
- 5. \$1.50 a pack / \$1.50 por cajetilla
- 6. \$2.00 a pack / \$2.00 por cajetilla
- 7. \$3.00 a pack / \$3.00 por cajetilla
- 8. More than \$3.00 / Más de \$3.00 por cajetilla
- 9. No tax increase, or / No aumento de impuestos
- 10. Some other amount / Alguna otra cantidad (specify) _____ ----->MORETXOT

- 77. DON'T KNOW
- 99. REFUSED

Section 32: Attitudes

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

AGREE.

IF (SMKEVDA2 <=2) SKP ATITUD69
 IF (SMKEVDA2 > 2) & ATTRAND =1) SKP ATITUD10
 IF (SMKEVDA2 > 2) & ATTRAND =2) SKP ATITUD71
 IF (SMOKE100>1) & ATTRAND =1) SKP ATITUD10
 IF (SMOKE100>1) & ATTRAND =2) SKP ATITUD71

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

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

ATITUD69 is only asked if SMKEVDA2=1 or 2. ATITUD 10 AND 11ASKED OF 50% OF RESPONDENTS, ATITUD71, 72, 73, 74, 75 ASKED OF THE OTHER 50% OF RESPONDENTS. REST OF ATTITUDE QUESTIONS ARE ASKED OF ALL RESPONDENTS AND THEIR ORDER IS RANDOMIZED.

AGREE DISAGREE DK RF

ATITUD69

32.1 **If the tobacco industry promoted a new type of cigarette as safer, I would try it.**

1 2 77 99

- Si la industria de tabaco promoviera un tipo nuevo de cigarrillo como más seguro (menos peligroso), yo lo probaría.....

AGREE DISAGREE DK RF

ATITUD7

32.2 **Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.** 1 2 77 99

- *El inhalar el humo del cigarrillo de otra persona causa cáncer de los pulmones en una persona que no fuma.....*

ATITUD10

32.3 **Tobacco advertising encourages young people to start smoking.** 1 2 77 99

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

ATITUD27

32.4 **Tobacco companies can lower the nicotine content of tobacco products.** 1 2 77 99

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

ATITUD11

32.5 **Tobacco is NOT as addictive as other drugs such as heroin or cocaine.** 1 2 77 99

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

ATITUD35

32.6 **All indoor worksites, including restaurants and cafeterias, should be smoke free.** 1 2 77 99

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

ATITUD15

32.7 **Local communities should strongly enforce laws that prevent people from selling cigarettes to minors.** 1 2 77 99

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

| | <u>AGREE</u> | <u>DISAGREE</u> | <u>DK</u> | <u>RF</u> |
|--|--------------|-----------------|-----------|-----------|
| ATITUD19 | | | | |
| 32.8 Store owners should need a license to sell cigarettes (just like alcoholic beverages). | 1 | 2 | 77 | 99 |

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

| | | | | |
|--|---|---|----|----|
| ATITUD18 | | | | |
| 32.9 Advertising tobacco products at sports and athletic events should be banned. | 1 | 2 | 77 | 99 |

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

| | | | | |
|--|---|---|----|----|
| ATITUD23 | | | | |
| 32.10 The tobacco industry should be forced to put stronger warnings on all their potentially harmful products. | 1 | 2 | 77 | 99 |

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

| | | | | |
|---|---|---|----|----|
| ATITUD24 | | | | |
| 32.11 Tobacco products should be treated like other foods and drugs, with each package having full disclosure of potentially harmful contents. | 1 | 2 | 77 | 99 |

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

| | | | | |
|--|---|---|----|----|
| ATITUD31 | | | | |
| 32.12 The distribution of free tobacco samples or coupons to obtain free samples by <u>mail</u>, should not be permitted. | 1 | 2 | 77 | 99 |

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

| | <u>AGREE</u> | <u>DISAGREE</u> | <u>DK</u> | <u>RF</u> |
|---|--------------|-----------------|-----------|-----------|
| ATITUD42 | | | | |
| 32.13 The production and sale of cigarettes should not be a legitimate business in the United States. | | 2 | 77 | 99 |
| <i>- No debe ser lícito (legal) producir y vender cigarrillos en los Estados Unidos....</i> | | | | |
| ATITUD34 | | | | |
| 32.14 The tobacco industry spokespersons mislead the public when they say tobacco is not addictive. | | 2 | 77 | 99 |
| <i>- Los representantes de la industria de tabaco engañan al público cuando dicen que el tabaco no causa adicción.....</i> | | | | |
| ATITUD67 | | | | |
| 32.15 Nicotine is a cause of cancer. | 1 | 2 | 77 | 99 |
| <i>- La nicotina causa cáncer.....</i> | | | | |
| ATITUD70 | | | | |
| 32.16 Usinge-cigarettes is safer than smoking regular cigarettes. | 1 | 2 | 7 | 99 |
| <i>- Fumando los cigarrillos tipos ligeros ("lights" o bajo en nicotina) es menos peligroso que fumando los cigarrillos regulares.....</i> | | | | |
| ATITUD71 | | | | |
| 32.17 Smoking should not be allowed in outdoor dining areas at restaurants. | 1 | 2 | 77 | 99 |
| <i>- No se debe permitir fumar en los comedores de restaurantes que son al aire libre.....</i> | | | | |
| ATITUD72 | | | | |
| 32.18 Smoking should not be allowed at a public beach. | 1 | 2 | 77 | 99 |
| <i>- No se debe permitir fumar en una playa pública.....</i> | | | | |
| ATITUD73 | | | | |
| 32.19 Smoking should not be allowed in outdoor entertainment areas, such as amusement parks, zoos, and fairgrounds. | 1 | 2 | 77 | 99 |
| <i>- No se debe permitir fumar en áreas de entretenimiento que son al aire libre, tales como parques de diversiones, zoológicos, o en los campos de ferias.....</i> | | | | |
| ATITUD74 | | | | |
| 32.20 Apartment complexes should require at least half of the rental units to be smoke-free. | 1 | 2 | 77 | 99 |
| <i>-Las unidades de apartamentos, deben requerir que por lo menos la mitad de la unidad sea libre del humo de tabaco.....</i> | | | | |
| ATITUD75 | | | | |
| 32.21 Outdoor common areas within apartment or condominium complexes, such as pools, common area patios, and walkways, should have designated areas for smoking. | 1 | 2 | 77 | 99 |
| <i>- Afuera, en las áreas comunes de los apartamentos o unidades de condominios tales como albercas, patios en común y caminitos, deben de tener áreas designadas para fumar.....</i> | | | | |

| | <u>AGREE</u> | | <u>DISAGREE</u> | <u>DK</u> | <u>RF</u> |
|--|--------------|---|-----------------|-----------|-----------|
| ATITUD76 | | | | | |
| 32.22 Indian casinos in California should be smoke-free. | 1 | 2 | 77 | 99 | |
| <i>- Los Casinos de Indios en California deben ser libres del humo del tabaco.....</i> | | | | | |
| ATITUD77 | | | | | |
| 32.23 Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups. | 1 | 2 | 77 | 99 | |
| <i>- Los anuncios de tabaco son dirigidos a ciertos grupos tales como a adultos jóvenes, grupos de bajos recursos y a grupos étnicos específicos.....</i> | | | | | |
| ATITUD78 | | | | | |
| 32.24 Pharmacies/drug stores should not sell tobacco products | 1 | 2 | 77 | 99 | |
| <i>-Farmacias no deberían vender productos de tabaco...</i> | | | | | |
| ATITUD79 | | | | | |
| 32.25 All tobacco advertising should be removed from stores. | 1 | 2 | 77 | 99 | |
| <i>-Debe eliminarse toda publicidad de tabaco de las tiendas.</i> | | | | | |
| ATITUD80 | | | | | |
| 32.26 Tobacco waste damages the environment and is poisonous to children, pets, and wildlife. | 1 | 2 | 77 | 99 | |
| <i>-Desperdicio del tabaco daña el medio ambiente y es venenoso para los niños, las mascotas, y la fauna.</i> | | | | | |
| HELP TEXT:Tobacco waste is any tobacco material discarded after use such as cigarette butts and packaging. | | | | | |
| ATITUD81 | | | | | |
| 32.27 Coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for cigarette purchases should be banned. | 1 | 2 | 77 | 99 | |
| <i>-Cupones, reembolsos, compra 1 agarre 1 gratis, 2 por 1, o cualquier otra oferta de promoción especial para comprar cigarrillos deben ser prohibidos.</i> | | | | | |
| ATITUD82 | | | | | |
| 32.28 Tobacco advertising on the outside of a store should not be allowed. | 1 | 2 | 77 | 99 | |
| <i>-No debe ser permitido la publicidad de tabaco en las afueras de la tienda.</i> | | | | | |
| ATITUD83 | | | | | |
| 32.29 Tobacco products should not be allowed to be sold at a deep discount. | 1 | 2 | 77 | 99 | |
| <i>-No se debe permitir vender los productos de tabaco a un gran descuento,</i> | | | | | |
| ATITUD84 | | | | | |
| 32.30 Tobacco products should have a minimum price. | 1 | 2 | 77 | 99 | |
| <i>-Los productos de tabaco deben tener un precio mínimo.</i> | | | | | |
| ATITUD85 | | | | | |
| 32.31 The number of tobacco stores should be reduced. | 1 | 2 | 77 | 99 | |

-El número de tiendas de tabaco deben ser reducidas.

AGREE DISAGREE DK RF

ATITUD86

32.32 **Flavored tobacco products should not be allowed.** 1 2 77 99

-Productos de tabaco con sabor no se deben permitir.

ATITUD87

32.33 **Flavored tobacco products appeal to youth.** 1 2 77 99

-Productos de tabaco con sabor atraen a los jóvenes.

ATITUD88

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

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

ATITUD89

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

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

ATITUD90

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

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

ATITUD91 (NEW2015)

32.37 **The sale of menthol cigarettes should not be allowed** 1 2 77 99

No se debe permitir la venta de cigarrillos mentolados

ATITUD92 (NEW2015)

32.38 **Tobacco products should not be seen inside a store** 1 2 77 99

Los productos de tabaco no deberían ser vistos dentro de una tienda

Section 33: Random Child Selection

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

Previously you indicated there are children in the household. I have some additional questions about one specific child. The child I will be referring to is the XX youngest child. All the questions about children will be about that child.

Anteriormente usted indico que hay niños viviendo en el hogar. Tengo unas preguntas adicionales sobre uno de los niños en particular. El niño al que me refiero es el XX el niño menor de edad. Todas las preguntas acerca de los niños serán acerca del XX el niño menor.

CH_SEL (CDC OPTIONAL MODULE)

BOYGIRL.

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 = 3) & (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)

ORACE2AB.

24.9 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 = 4) & (CH_RACE3A = 1 | CH_RACE3A =2 | CH_RACE3A = 3 | CH_RACE3A = 5 | CH_RACE3A = 6)) SKP CH_RACE4A
IF ((CH_RACE3A = 5) & (CH_RACE3A = 1 | CH_RACE3A =2 | CH_RACE3A = 3 | CH_RACE3A = 4 | CH_RACE3A = 6)) SKP CH_RACE4A
SKP CH_BORN

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

CH_RACE4 (CDC OPTIONAL MODULE)

24.8 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.

33.10 In what month and year was old child born?

¿En qué mes y año nació el niño(a)?

___/___ Enter month/year

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

CH_REL (CDC OPTIONAL MODULE)
33.11 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)
- 2. Grandparent
- 3. Foster parent or guardian
- 4. Sibling (include biologic, step, and adoptive sibling)
- 5. Other relative
- 6. Not related in any way
- 77. Don't know/Not sure
- 99. Refused

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

Section 34: Childhood Asthma Prevalence

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

CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

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

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

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

CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

34.2 Does the child still have asthma?

¿Tiene todavía el niño(a) asma?

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

Section 35: Closing

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 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 thehousehold who knows the most about (CHLDNAME)'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 regresemos 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 dias 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

SPANINB.

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

- 1. Spanish
- 2. English