

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2016**  
**Track II**  
In Collaboration with The Center for Disease Control and Prevention's  
Behavioral Risk Factor Surveillance System

**Merged English/Spanish Version**

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**Behavioral Risk Factor Surveillance System1  
2016 State Questionnaire  
Track II**

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**- Introduction and Screening Questions for Landline -**

**INTROQ**

INTRO1 (NO SELECTED RESPONDENT)

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

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

1. CONTINUE CALL

IF (ANS = 1) SKP PRIVRES

2. DISCONTINUE CALL (WRONG NUMBER)

IF (ANS = 2) SKP WRONGNUM

INTRO2 (RESPONDENT IS SELECTED)

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

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

INTERVIEWER NOTE:

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

**WRONGNUM**

**IF WRONG NUMBER DIALED**

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

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

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

**PRIVRES**

Is this a private residence?

*¿Es esta una residencia privada?*

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

READ ONLY WHEN NECESSARY:

ENGLISH:

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

SPANISH:

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

1. YES

IF (ANS = 1) SKP RUADULT

2. NO, CONTINUE

IF (ANS = 2) SKP COLLEGE

3. NO, BUSINESS PHONE ONLY

IF (ANS = 3) SKP LLNotPR

LLNOTPR

IF NON-RESIDENTIAL NUMBER

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4500

**COLLEGE** (Ask if PRIVRES not equal 1)

**Is this college housing?**

*¿Es este una vivienda de colegio?*

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

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

1. Yes

IF (ANS = 1) SKP COLLADUL01

2. No

STOP IF (ANS = 2) SKP NONRES

**RUADULT** (Ask if PRIVRES = 1)

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

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

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

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

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

IF (ANS = 1) SKP INCALI

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

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

STOP. IF (ANS = 2) SKP LLNOADLT

**COLLADUL** (ASK IF COLLEGE = 1)

**Are you 18 years of age or older?**

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

**EXPLAIN**

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

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

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

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

**NONRES**

**IF NON-RESIDENTIAL NUMBER**

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

STOP. ENDQUEST

**INCALI**

**CONFIRM STATE OF RESIDENCE OF RESPONDENT**

**Are you in California?**

*¿Está usted en California?*

- 1. YES
- 2. NO

IF (ANS = 1) SKP IS\_CELL

If lives in college housing (COLLEGE =1 ), go to IS\_CELL, else continue

**LLNotST**

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

STOP. DISPOS = 4100

**Q: IS\_CELL**

**CELL PHONE**

**Is this a cell phone?**

*¿Es este un celular?*

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION.0102095551

INTERVIEWER NOTE:

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

READ ONLY WHEN NECESSARY:

ENGLISH:

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

**SPANISH:**

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

1. NO IF (ANS = 1) SKP NUMADULT1

2. YES IF (ANS = 2) SKP FORWARD

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

IF (COLLADUL = 1) & (ANS = 2) SKP FORWARD

**FORWARD**

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

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

1. YES IF (ANS = 1) SKP CHKPHON

2. NO IF (ANS = 2) SKP NOTLLORPRVRES

**CHKPHON**

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

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

1. YES IF (ANS = 1) SKP NUMADULT1

2. NO IF (ANS = 2) SKP WrongNum

**NOTLLORPRVRES**

**NOT LANDLINE OR PRIVATE RESIDENCE**

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4450

**CELLYES**

**YES IS CELL NUMBER**

1. CONTINUE CODING AS CELL PHONE IF (ANS = 2) SKP Is\_Cell

2. CHANGE RESPONSE TO PREVIOUS QUESTION IS\_CELL ENDQUEST. DISPOS = 4450

INTERVIEWER NOTE:

YOU INDICATED THIS NUMBER REACHES A CELLULAR TELEPHONE.

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

IF THIS NUMBER IS A CELL PHONE, PLEASE READ:

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

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

LLNOADLT

**NO ADULT USES PHONE IN COLLEGE HOUSING**

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4700

**NUMADULTS1**

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older ?

*Necesito seleccionar al azar a un adulto que viva en su hogar para ser entrevistado. Excluyendo los adultos que viven fuera de casa, como estudiantes en la universidad, ¿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)

IF (MenAns = False)

**How many of these adults are men? / ¿Cuántos son hombres?**

IF (MenAns = True)

**You said there are** \_\_\_ **adults in your household. / Usted dijo que hay** \_\_\_ **adultos en su hogar.**

**How many of these adults 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)

IF (WomenAns = False)

**So the number of adult women in the household is** \_\_\_ .

**Is that correct?**

*Así que el número de mujeres adultas en el hogar es* \_\_\_ .

*¿Es correcto?*

IF (WomenAns = True)

**You said there are** \_\_\_ **adults in your household. / Usted dijo que hay** \_\_\_ **adultos en su hogar.**

**Including** \_\_\_ **adult men and** \_\_\_ **adult women. Incluyendo # hombre(s) adulto(s) y # mujer (es) adulta(s)**

**Is that correct? ¿Es correcto?**

1. YES, NUMBER OF ADULT WOMEN IS CORRECT

2. NO, CHANGE NUMBER OF ADULTS

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 SEX1     |
| 2. NO  | IF (ANS = 2) SKP GETADULT |

**ONEADULT** (Ask if ADULT = 1)

**Are you the adult?**

*¿Es usted el adulto?*

- |                                    |                      |
|------------------------------------|----------------------|
| 1. MALE RESPONDENT                 | SKP SEX1             |
| 2. FEMALE RESPONDENT               | SKP SEX1             |
| 3. NO , PLEASE SCHEDULE A CALLBACK | IF (ANS = 3) CTRLEND |

**Q: GETADULT**

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

*¿Me permite hablar con el/la?*

**ASK FOR THE ADULT**

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



**NEWADULT****NEW ADULT TO SPEAK WITH**

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

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

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

**SEX1 (CDC-CORE)**

INTERVIEWER NOTE: CONFIRM SEX OF SELECTED RESPONDENT.

What sex were you assigned at birth, on your original birth certificate?

¿Qué sexo le asignaron al nacer, en su certificado de nacimiento original?

1. MALE RESPONDENT
2. FEMALE REPENDENT

**- 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
2. PERSON IS NOT INTERESTED. PLEASE CODE APPROPRIATE REFUSAL (SOFT vs. HARD).

IF (ANS = 2) CTRLEND

**NONQAL**

**ERROR: RESPONDENT DOES NOT QUALIFY**

INTERVIEWER NOTE: Should have. Quotas are incorrect

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

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

CTRLEND

**Section 1: Health Status**

**GENHLTH (CDC-CORE)**

**HEALTH.**

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

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

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

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

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

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

**PHYSHLTH (CDC-CORE)**

**TYPE VII.**

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

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

\_\_\_ Enter Number of days

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

**MENTHLTH (CDC-CORE)**

**TYPE VII.**

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

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

\_\_\_ Enter Number of days

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

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

**POORHLTH (CDC-CORE)**

**TYPE VII.**

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

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

\_\_\_ Enter Number of days

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

**Section 3: Health Care Access**

**HAVEPLN3 (CDC-CORE)**

**YESNO.**

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

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

- 1. Yes
- 2. No

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

**TYPPLAN (CAL-CORE)**

**TYPPLAN.**

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

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

INTERVIEWER NOTE: PRESS F5 FOR ADDITIONAL INFORMATION

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

- 1. A plan purchased through an employer or union (includes plans purchased through another person's employer) / *Su empleador (o el empleador de otra persona, como su esposo(a) o sus padres)*
- 2. A plan that you or another family member buys on your own / *Un plan que usted u otra persona pagan por su cuenta*
- 3. Medicare / *Medicare*
- 4. Medicaid or other state program / *Medicaid o otro programa del estado (Medi-Cal)*

- 5. TRICARE (formerly CHAMPUS), VA, or Military / *Las fuerzas armadas, CHAMPUS, o la administración de Veteranos*
- 6. Alaska Native, Indian Health Service, Tribal Health Services / *El servicio de salud indio*
- 7. Some other source / *Otra fuente aparte de las que mencione*
- 8. None (no coverage)/ *Ninguna (no cobertura)*
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**PERSDOC (CDC-CORE)**

**PERSDOC.**

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

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

*¿Hay una persona quien usted considera ser su médico personal o proveedor de su cuidado médico?*  
 INTERVIEWER NOTE: PROBE: IF NO, ASK: "hay más de una persona o no hay ninguna persona?"

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

**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 médico, pero no pudo hacerlo debido al costo?*

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

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

**READ ONLY IF NECESSARY:**

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

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

**Section 4: Exercise (Physical Activity)**

**EXERANY1 (CDC-CORE)**

**YESNO.**

**4.1 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
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**Section 5: Inadequate Sleep**  
**SLEEPHR2 (CDC-CORE)**

**I.**

**5.1 I would like to ask you about your sleep pattern. On average, how many hours of sleep do you get in a 24-hour period?**

*Me gustaría preguntarle sobre sus hábitos de dormir. En promedio, ¿cuántas horas duerme en un período de 24 horas?*

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

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

**Section 6: Chronic Health Conditions**  
**HEART2 (CDC-CORE)**

**YESNO.**

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

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

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

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

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

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

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

**ANGINA (CDC-CORE)**

**YESNO.**

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

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

**PRONUNCIATION GUIDE**

**ENGLISH:**

(anne - J - EYE- nah)

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

**STROKE2 (CDC-CORE)**

**YESNO.**

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

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

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

**ASTHEVE3 (CDC-CORE)**

**YESNO.**

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

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

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

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

**ASTHNOW (CDC-CORE)**

**YESNO.**

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

- 1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

**SKCANC (CDC-CORE)**

**YESNO.**

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

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

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

**OTHCANC (CDC-CORE)**

**YESNO.**

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

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

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

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

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

**COPDEVER (CDC-CORE)**

**YESNO.**

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

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

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

**ARTHRITD (CDC-CORE)**

**YESNO.**

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

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

*INTERVIEWER NOTE: PRESS F5 FOR ADDITIONAL DIAGNOSES LIST*

In Help Text: This question is asked of all respondents. This question asks respondents if they have ever been told by a doctor or other health professional that they have some form arthritis. This would include any

type of arthritis in any location of the body (This would include the back or neck). If they do not know what arthritis is the correct answer is DON'T KNOW.

Arthritis diagnoses include: In addition to rheumatoid arthritis, gout, lupus, and fibromyalgia, the following should be included: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,, polyarteritis nodosa.

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

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

**DEPRESS1 (CDC-CORE)**

**YESNO.**

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

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

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

**KIDNEY (CDC-CORE)**

**YESNO.**

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

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

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

ENGLISH PRONUNCIATION GUIDE:  
IN-CON-TIN-ANTS  
SPANISH PRONUNCIATION GUIDE:  
IN-CON-TIN-ENS-IYA

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



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

**6.12 Has a doctor, or nurse or other health professional ever told you that you have diabetes? (IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE “PRE-DIABETES” CODE 4).**

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

**IF “YES” AND RESPONDENT IS FEMALE, ASK: “Was this only when you were pregnant?”**

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

- |     |   |   |
|-----|---|---|
| 1.  | Yes   | IF (ANS = 1) SKP DIABAGE                    |
| 2.  | Yes, but female told only during pregnancy (Gestational Diabetes) | IF (ANS = 2) & (RespGend = 1) SKP DIAFEMALE |
| 3.  | No  | IF (ANS >= 3) SKP WHENDNT3                  |
| 4.  | No, pre-diabetes or borderline diabetes                           | (SKPWHENDNT3)                               |
| 77. | DON'T KNOW / NOT SURE   | (SKP WHENDNT3)                              |
| 99. | REFUSED   | (SKP WHENDNT3)                              |

**DIAFEMALE****RESPGEN = 1/ MALE**

**INTERVIEWER NOTE: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE? THE RESPONDENT SELECTED WAS THE (SELECTED MALE ADULT)**

**IS THE PREVIOUS ANSWER CORRECT?**

- |    |                              |                             |
|----|------------------------------|-----------------------------|
| 1. | YES, CORRECT AS IS           | IF (ANS = 1) SKP - WHENDNT3 |
| 2. | NO, RE-ASK QUESTION DIABCOR3 | IF (ANS = 2) SKP DIABCOR3   |

**DIABAGE****TYPE I.**

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

- |      |                                       |
|------|---------------------------------------|
| __   | CODE AGE IN YEARS [97 = 97 AND OLDER] |
| 777. | DON'T KNOW / NOT SURE                 |
| 999. | REFUSED                               |

**Section 7: Oral Health****WHENDNT3 (CDC-CORE)****HOWLONG.**

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

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

READ ONLY IF NECESSARY:

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

#### LOSTETH2 (CDC-CORE)

#### LOSTETH.

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

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

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

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

1. 1 to 5 / *1 a 5*
2. 6 or more but not all / *6 o más, pero no todos*
3. All / *Todos*
88. NOT APPLICABLE (NONE REMOVED) / *NINGÚN / NO APLICA*
77. DON'T KNOW/ NOT SURE
99. REFUSED

#### DENTPLN2 (CA- ORAL HEALTH)

#### YESNO.

- 7.3 Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance; prepaid plans such as HMOs (Health Maintenance Organizations); or government plans such as Medi-Cal (Medicaid)?**

*¿Tiene algún tipo de cobertura de seguro que paga por algunos o todos sus cuidados dentales de rutina, incluyendo seguro dental; planes prepagos, como los del HMO (Organizaciones para el Mantenimiento de la Salud); o planes de gobierno tales como Medi-Cal (Medicaid)?*

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

### Section 8: Demographics

**AGEB (CDC-CORE)**

**8.1 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.**

**8.2 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

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

IF (ANS >= 2 ) SKP ORACE3

IF (ANS >= 2 ) SKP ORACE3

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

**YESNO.**

**8.3 Are you...**

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

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

- 1. Yes
- 2. No

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

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

**YESNO.**

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

- 1. Yes
- 2. No

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

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

**YESNO.**

**8.5 Are you...Cuban?**

*¿Es usted... Cubano?*

- 1. Yes
- 2. No

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

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

**YESNO.**

**8.6 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
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

SKP ORACE2XA

If HISP4=1 SKP ORACE2XA

**ORACE3A (CDC-CORE)**

**MRACE.**

**8.7 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?*

- |                                     |  |
|-------------------------------------|--|
| 1. White (Caucasian)                | ORACE3A_1                              |
| 2. Black or African American        | ORACE3A_2                              |
| 3. American Indian or Alaska Native | ORACE3A_3                              |
| 4. Asian                            | ORACE3A_4 IF (ORACE3 = 4) SKP ORACE2AB |
| 5. Pacific Islander                 | ORACE3A_5 IF (ORACE3 = 5) SKP ORACE2AB |
| 6. Other: (specify)                 | ORACE3A_6, ORACE3ATX                   |
| 77. DON'T KNOW / NOT SURE           | IF (ANS > 6) SKP RFRACE                |
| 99. REFUSED                         |  |

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

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

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

IF (HISP4 = 2) SKP MARITAL  
SKP MARITAL

(PROBE ORACE2X IF HISP4=1 and ORACE3A = 6)  
**ORACE2XA (CDC CORE)** (ask IF HISP4=1 and ORACE3A = 6)

**8.8 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<br>HISPANO BLANCO  |                               |
| 2. BLACK OR AFRICAN AMERICAN HISPANIC<br>HISPANO NEGRO O AFRICANO AMERICANO                |                               |
| 3. AMERICAN INDIAN OR ALASKA NATIVE HISPANIC<br>HISPANO INDIO AMERICANO O NATIVO DE ALASKA |                               |
| 4. ASIAN HISPANIC<br>HISPANO ASIÁTICO  | IF (ORACE2X = 4) SKP ORACE2AB |
| 5. PACIFIC ISLANDER<br>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  
99. REFUSED

IF (ANS > 6) SKP RFRACE

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

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

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

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

**ORACE2AB (CDC-CORE)**

**ORACE2AB.**

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

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

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

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

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

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

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

SKP MARITAL

**ORACE4A (CDC-CORE)**

**ORACEB.**

**8.10** 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*

#### **MARITAL (CDC-CORE)**

**8.11 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
77. DON'T KNOW / NOT SURE
99. REFUSED

#### **MARITAL.**

#### **SXORIEN2 (CA - CORE)**

**8.12 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 / *heterosexual*
2. Homosexual, that is gay or lesbian / *homosexual* , o sea *gay o lesbiana*
3. Bisexual / *bisexual*
4. Other (Specify:) / *otra (especifique)*
77. DON'T KNOW / NOT SURE
99. REFUSED

**TRNSGNDR (CDC-OPTIONAL MODULE new 2016)**

**TRNS.**

**8.13** Do you consider yourself to be transgender?

If yes, ask “Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?”

**INTERVIEWER NOTE: Please say the number before the “yes” text response. Respondent can answer with either the number or the text/word.**

1. Yes, Transgender, male-to-female / *Si, transexual, hombre a mujer*
  2. Yes, Transgender, female to male / *Si, transexual, mujer a hombre*
  3. Yes, Transgender, gender nonconforming / *Si, transexual, sexo no declarado (definido)*
  4. No / *No*
- 77 DON'T KNOW/NOT SURE  
99 REFUSED

**INTERVIEWER NOTE: If asked about definition of transgender:**

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

**INTERVIEWER NOTE: If asked about definition of gender non-conforming:**

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

**EDUCA (CACORE)**

**EDUCAA.**

**8.14** 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
- 1. Some College  
*Un poco de Universidad*
- 2. College graduate  
*Grado de universidad*
- 3. 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)**

**8.15 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
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED



**CACOUNTY (CDC-CORE)****COUNTYA.****8.16 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)****8.17 What is the ZIP Code where you live ?***¿Cuál es su código de zona postal?*

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

777777. DON'T KNOW/ NOT SURE

999999. REFUSED

**NUMHOLD2 (CDC-CORE) (LANDLINE ONLY)****YES/NO.****8.18 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
77. DON'T KNOW/NOT SURE
99. REFUSED

IF (ANS &gt;1) SKP CELL

**NUMPHON4 (CDC-CORE) (LANDLINE ONLY)****8.19 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)**

**YESNO.**

**8.20 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
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

**MILITAR2 (CDC-CORE)**

**YESNO.**

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

**8.21 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
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**EMPLOY2 (CDC-CORE)**

**EMPLOYA.**

**8.22 Are you currently: Employed for wages, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, a Homemaker, a Student, Retired, or Unable to work?**

*¿Actualmente: Trabaja con sueldo, trabaja por cuenta propia, ha estado sin trabajo por más de 1 año, ha estado sin trabajo por menos de 1 año, es amo/a de casa, es estudiante, está jubilado/a, o no puede trabajar?*

- 1. EMPLOYED FOR WAGES / TRABAJA CON SUELDO
- 2. SELF-EMPLOYED / TRABAJA POR CUENTA PROPIA
- 3. OUT OF WORK FOR MORE THAN 1 YEAR / HA ESTADO SIN TRABAJO POR MÁS DE 1 AÑO
- 4. OUT OF WORK FOR LESS THAN 1 YEAR / HA ESTADO SIN TRABAJO POR MENOS DE 1 AÑO
- 5. HOMEMAKER / ES AMO/A DE CASA
- 6. STUDENT / ES ESTUDIANTE
- 7. RETIRED / ESTÁ JUBILADO/A
- 8. UNABLE TO WORK / NO PUEDE TRABAJAR
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**CHILD18 (CDC-CORE)****TYPE VII.****8.23 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: 0 – 9) IF (ANS = 77 | ANS = 0 | ANS = 99) SKP **INCOM02**  
 77. DON'T KNOW / NOT SURE (GO TO **INCOM02**)  
 99. REFUSED (GO TO **INCOM02**)

**CHILDAGE (CA-CORE)****TYPE VII.****8.24 (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 &lt;3 years)

**ONEMONTH (CA-CORE)****TYPE VII.****8.25 (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	

## HHADULT (CELL ONLY)

### 8.26

**How many members of your household, including yourself, are 18 years of age or older ?**

*¿Cuántos miembros de su hogar incluyéndose a usted, tienen 18 años de edad o más?*

**INTERVIEWER: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED  
ENTER THE NUMBER OF ADULTS (1-18)**

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

**8.26A** Household size.

HHSIZE = NUMADULT1 + CHILDREN (LANDLINE ONLY)

HHSIZE = HHADULT + CHILDREN (CELL ONLY)

## INCOM02 (CDC-CA-CORE )

## INCOMED.

**8.27 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 de la encuesta pueden ayudarnos aprender cómo podemos reducir las posibilidades de enfermedad.

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to less than \$100,000

- 9. \$100,000 to less than \$125,000
- 10. \$125,000 or greater
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

IF (HHSIZE = 1 & INCOM02 = 2) SKP HH1IN2  
 IF (HHSIZE = 1 & INCOM02 = 3) SKP HH1IN3  
 IF (HHSIZE = 1 & INCOM02 = 4) SKP HH1IN41  
 IF (HHSIZE = 1 & INCOM02 = 5) SKP HH1IN5  
 IF (HHSIZE = 2 & INCOM02 = 3) SKP HH2IN3  
 IF (HHSIZE = 2 & INCOM02 = 4) SKP HH2IN4  
 IF (HHSIZE = 2 & INCOM02 = 5) SKP HH2IN51  
 IF (HHSIZE = 2 & INCOM02 = 6) SKP HH2IN6  
 IF (HHSIZE = 3 & INCOM02 = 3) SKP HH3IN3  
 IF (HHSIZE = 3 & INCOM02 = 5) SKP HH3IN5  
 IF (HHSIZE = 3 & INCOM02 = 6) SKP HH3IN61  
 IF (HHSIZE = 4 & INCOM02 = 4) SKP HH4IN4  
 IF (HHSIZE = 4 & INCOM02 = 5) SKP HH4IN5  
 IF (HHSIZE = 4 & INCOM02 = 6) SKP HH4IN61  
 IF (HHSIZE = 4 & INCOM02 = 7) SKP HH4IN7  
 IF (HHSIZE = 5 & INCOM02 = 5) SKP HH5IN5  
 IF (HHSIZE = 5 & INCOM02 = 6) SKP HH5IN6  
 IF (HHSIZE = 5 & INCOM02 = 7) SKP HH5IN71  
 IF (HHSIZE = 6 & INCOM02 = 5) SKP HH6IN5  
 IF (HHSIZE = 6 & INCOM02 = 6) SKP HH6IN6  
 IF (HHSIZE = 6 & INCOM02 = 7) SKP HH6IN71  
 IF (HHSIZE = 6 & INCOM02 = 8) SKP HH6IN8  
 IF (HHSIZE = 7 & INCOM02 = 6) SKP HH7IN61  
 IF (HHSIZE = 7 & INCOM02 = 7) SKP HH7IN71  
 IF (HHSIZE = 7 & INCOM02 = 8) SKP HH7IN8  
 IF (HHSIZE = 8 & INCOM02 = 6) SKP HH8IN6  
 IF (HHSIZE = 8 & INCOM02 = 7) SKP HH8IN71  
 IF (HHSIZE = 8 & INCOM02 = 8) SKP HH8IN8  
 IF (HHSIZE = 8 & INCOM02 = 9) SKP HH8IN9  
 IF (HHSIZE = 9 & INCOM02 = 6) SKP HH9IN6  
 IF (HHSIZE = 9 & INCOM02 = 7) SKP HH9IN7  
 IF (HHSIZE = 9 & INCOM02 = 8) SKP HH9IN81  
 IF (HHSIZE = 9 & INCOM02 = 9) SKP HH9IN9  
 IF (HHSIZE = 10 & INCOM02 = 6) SKP HH10IN6  
 IF (HHSIZE = 10 & INCOM02 = 7) SKP HH10IN7  
 IF (HHSIZE = 10 & INCOM02 = 8) SKP HH10IN81  
 IF (HHSIZE = 10 & INCOM02 = 9) SKP HH10IN9  
 IF (HHSIZE = 11 & INCOM02 = 7) SKP HH11IN71  
 IF (HHSIZE = 11 & INCOM02 = 8) SKP HH11IN8  
 IF (HHSIZE = 11 & INCOM02 = 9) SKP HH11IN9  
 IF (HHSIZE = 11 & INCOM02 = 10) SKP HH11IN10  
 IF (HHSIZE = 12 & INCOM02 = 7) SKP HH12IN71  
 IF (HHSIZE = 12 & INCOM02 = 9) SKP HH12IN91  
 IF (HHSIZE = 12 & INCOM02 = 10) SKP HH12IN10  
 IF (HHSIZE = 13 & INCOM02 = 7) SKP HH13IN7  
 IF (HHSIZE = 13 & INCOM02 = 8) SKP HH13IN8  
 IF (HHSIZE = 13 & INCOM02 = 9) SKP HH13IN91  
 IF (HHSIZE = 13 & INCOM02 = 10) SKP HH13IN10

**SKP INTERNET**

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

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

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

**YES/NO.**

**8.28** 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

INCOMO 2	=	1	2	3	4	5	6	7	8	9	
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100-125k	125k+
HHSIZE =	1		\$11,770	\$15,654	\$21,745/ \$23,540	\$29,425					
(Household Size)	2			\$15,930	\$21,187	\$29,471/ \$31,860	\$39,825				
	3				\$20,090	\$26,720	\$37,167/ \$40,180	\$50,225			
	4				\$24,250	\$32,253	\$44,863/ \$48,500	\$60,625			
	5					\$28,410	\$37,785	\$52,559/ \$56,820/ \$71,025			
	6					\$32,570	\$43,318	\$60,255/ \$65,140	\$81,425		
	7						\$36,730/ \$48,851	\$67,951/ \$73,460	\$91,825		
	8						\$40,890	\$54,384	\$75,647/ \$81,780	\$102,225	
	9						\$45,050	\$59,917	\$83,343/ \$90,100	\$112,625	
	10						\$49,210	\$65,449	\$91,039/ \$98,420	\$123,025	
	11							\$53,370/ \$70,982	\$98,735	\$106,740	\$133,425
	12							\$57,530	\$76,515	\$106,431/ \$115,060	\$143,825
	13							\$61,690	\$82,048	\$114,127/ \$123,380	\$154,225

(100%, 133%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Vol. 80, No. 14, January 22, 2015, pp. 3236-3237.)

**INTERNET (CDC-CORE)**

**YES/NO.**

**8.29** Have you used the internet in the past 30 days?

¿Ha usado el Internet en los últimos 30 días?

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

**WEIGHT (CDC-CORE)**

### 8.30 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)

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

### HEIGHT (CDC-CORE)

#### 8.31 About how tall are you without shoes?

*¿Cómo cuánto mide de estatura sin zapatos?*

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN FRACTIONS, ASK WHICH WHOLE NUMBER IT IS CLOSEST TO. IF RESPONDENT STILL GIVES A FRACTION, ROUND FRACTION DOWN. IF RESPONDENT ANSWERS IN METRICS, USE CONVERSION TABLE.  
(verify if less than 408 or greater than 608)

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

### Section 9: Disability

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

*Las siguientes preguntas son acerca de problemas de salud o discapacidades que usted pueda tener.*

#### RESTRIC3 (CDC DISABILITY OPTIONAL MODUAL) ASKED IN LL AND CELL Q1, IN CELL ONLY Q2-3 YESNO.

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

*¿Está usted limitado(a) de cualquier manera para realizar alguna actividad debido a problemas físicos, mentales, o emocionales?*

- 1. Yes
- 2. No

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

#### EQUIP (CDC DISABILITY OPTIONAL MODUAL) ASKED IN LL AND CELL Q1, IN CELL ONLY Q2-3 YESNO.

##### 9.2 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
  
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

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

**YESNO.**

**Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.**

*Algunas personas sordas o que tienen dificultades para oír pueden utilizar o no pueden el equipo para comunicarse por teléfono.*

**9.3 Are you deaf or do you have serious difficulty hearing?**

*Es usted sordo/a o tiene seria dificultad para oír?*

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

**BLIND (CDC-CORE)**

**YESNO.**

**9.4 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
  
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**REMEM2 (CDC-CORE)**

**YESNO.**

**9.5 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
  
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**DIFFWALK (CDC-CORE)**

**YESNO.**

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

*¿Tiene seria dificultad para caminar o subir escaleras?*

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

**DIFDRES2 (CDC-CORE)**

**YESNO.**



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

*¿Tiene dificultad para vestirse o bañarse?*

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

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

**YESNO.**

**9.8 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
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**Section 10: Tobacco Use**

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

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

**SMOKE100 (CDC-CORE)**

**YESNO.**

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

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

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. Yes
  - 2. No
  - 77. DON'T KNOW/ NOT SURE
  - 99. REFUSED
- (GO TO USENOW3)  
(GO TO USENOW3)  
(GO TO USENOW3)

**SMKEVDA2 (CDC-CORE)**

**EVDAY.**

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

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

- 1. Every day / todos los días
  - 2. Some days / algunos días
  - 3. Not at all / ningún día
  - 77. DON'T KNOW/ NOT SURE
- (GO TO USENOW3)  
(GO TO USENOW3)  
(GO TO USENOW3)

99. REFUSED

(GO TO USENOW3)

**LASTSMK2 (CDC-CORE)**

**SMOKREGB.**

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

**USENOW3 (CDC-CORE)**

**EVDAY.**

**10.4 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
2. Some days
3. Not at all
77. DON'T KNOW
99. REFUSED

IF SMOKE100 > 1 SKP USESNUS

IF SMKEVDA2 = 2 SKP SMK30DAY

IF (SMKEVDA2 >= 3) & (LASTSMK2 <= 4) SKP SMK30DAY

IF (SMKEVDA2 >= 3) & (LASTSMK2 > 4) SKP SMKWHOLE

**Section 11: Current Cigarette Use**

ASK IF SMKEVDA2 = 1

**SMOKENUM (CA-TCP)**

**TYPE V.**

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

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

**(1 PACK = 20 CIGARETTES)**

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

smoke regularly".

\_\_\_\_ Enter number of cigarettes (verify if GT 70) (GO TO SMKWHOLE)  
888. Not Applicable (Never smoked regularly)/ NO FUMA REGULARMENTE (GO TO SMK30DAY)  
777. DON'T KNOW/ NOT SURE (GO TO SMK30DAY)  
999. REFUSED (GO TO SMK30DAY)

ASK IF (SMKEVDA2 = 1 AND SMOKENUM >=777) OR (SMKEVDA2 =2) OR (SMKEVDA2 = 3 AND LASTSMK2 <= 4)

**SMK30DAY (CA-TCP)**

**TYPE I.**

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

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

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

\_\_\_\_ ENTER NUMBER OF DAYS  
30. EVERY DAY  
88. NOT APPLICABLE (NONE) / NO APLICABLE (NINGUNO) SKP SMKWHOLE  
77. DON'T KNOW / NOT SURE  
99. REFUSED

**SMK30NUM (CA-TCP)**

**TYPE I.**

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

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

(INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES)

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

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

**SMKWHOLE (CA-TCP - NEW)**

**TYPE XI.**

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

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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

In Help: Some respondents may have smoked 100 cigarettes in their lifetime but never considered themselves "regular smokers". These people should be given the code for "888=never smoked regularly".

\_\_\_\_ ENTER AGE IN YEARS  
888. NOT APPLICABLE (NEVER SMOKED REGULARLY) / NO APLICABLE (NUNCA FUMÓ CON REGULARIDAD)

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

ASK IF (SMKEVDA2 <=2 OR LASTSMK2 <=4)

**SMK12AGO (CA-TCP)**

**YESNO.**

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

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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

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

**Section 12: Quitting**

ASK IF SMKEVDA2 <=2

**QUIT1DY3 (CDC-CORE)**

**YESNO.**

**12.1 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?*

INTERVIEWER NOTE: SEE F5 HELP FOR PROBES AND ADDITIONAL INFORMATION

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

ENGLISH PROBE:

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

SPANISH PROBE:

Diria usted que ha parado de fumar por un día o más durante los últimos 12 meses, porque estaba tratando de dejar de fumar?

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

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

ASK IF QUIT1DY3=1, otherwise SKP QUITTIME

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

**TYPE V.**

**12.2 I'd like you to ask you about the last attempt you made to quit smoking. During that attempt,**

**how long did you go without smoking a cigarette?**

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

INTERVIEWER NOTE: ONE YEAR = 12 MONTHS

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

- \_\_\_ MONTHS NOSMKMO
- \_\_\_ WEEKS NOSMKWK
- \_\_\_ DAYS NOSMKDY

- 000. TIME FRAME DOES NOT APPLY
- 777. DON'T KNOW / NOT SURE FOR THAT TIME FRAME
- 999. REFUSED FOR THAT TIME FRAME
- 888. NEVER MADE A QUIT ATTEMPT

ASK IF (SMKEVDA2 <=2)

**QUITTIME (CA-TCP)**

**QUIT.**

**12.3 Do you plan to quit smoking cigarettes for good...?**

*¿Planea usted dejar de fumar cigarrillos para siempre?*

- 1. In the next 30 days/ *En los próximos 30 días*
- 2. In the next 3 months/ *En los próximos 3 meses*
- 3. In the next 6 months / *En los próximos 6 meses*
- 4. In the next year / *En el próximo año*
- 5. Do not have a plan to quit / *No tiene planeado (pensado) dejar de fumar*
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**Section 13: Other Tobacco Use**

ASK EVERYONE

**USESNU (CA-TCP new 2016)**

**TYPE VII.**

**13.1 During the past 30 days, how many days did you use chewing tobacco, snuff, or snus?**

*Durante los últimos 30 días, cuántos días ¿ha usado tabaco de mascar, rapé o snus?*

- \_\_\_ ENTER NUMBER OF DAYS [0 - 30]
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**CIGAR30 (CA-TCP new 2016)**

**TYPE VII.**

**13.2 During the past 30 days, how many days did you smoke big cigars?**

*Durante los últimos 30 días, ¿cuántos días fumó usted puros grandes?*

- \_\_\_ ENTER NUMBER OF DAYS [0 - 30]
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**CIGRILLO (CA-TCP new 2016)**

**TYPE VII.**

**13.3 During the past 30 days, how many days did you smoke cigarillos, and little cigar?**  
*Durante los últimos 30 días, ¿cuántos días fumó usted cigarillos, o puros pequeños?*

- \_\_\_\_\_ ENTER NUMBER OF DAYS [0 - 30]
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**PIPE30 (CA-TCP)**

**TYPE I.**

**13.4 During the past 30 days, how many days did you smoke a tobacco pipe?**  
*Durante los últimos 30 días ¿cuántos días usted fumó una pipa de tabaco?*

- \_\_\_\_\_ ENTER NUMBER OF DAYS [0 - 30]
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**HOOKAH2 (CA-TCP)(used in 2013)**

**TYPE VII.**

**13.5 During the past 30 days, how many days did you use a hookah water pipe?**  
*Durante los últimos 30 días, ¿Cuántos días ha utilizado usted una pipa de agua narguilo?*

**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).*

**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, suena como en go ), hubble-bubble (hah-bol bah-bol), y goza (Go-zah).*

- \_\_\_\_\_ ENTER NUMBER OF DAYS [0 - 30]
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**FLAVTOB (CA-TCP- used in Track III 2013, modified wording in 2016)**

**13.6 Now I am going to ask you about flavored tobacco products.**  
**IN THE PAST 30 DAYS, WHICH OF THE FOLLOWING TOBACCO PRODUCTS HAVE YOU USED IN FLAVORS SUCH AS MINT, FRUIT, CANDY, OR WINE (choose all that apply)?**

*Ahora le voy a preguntar acerca de los productos de tabaco con sabor.*  
*En los últimos 30 días, cuáles de los siguientes productos de tabaco ha utilizado usted con sabor como menta, frutas, caramelo, o vino (choose all that apply)?*

- |    |   |     |           |
|----|---|-----|-----------|
| 1. | Chew / Tabaco de Mascar                                     | Y/N | FLAVCHW3  |
| 2. | Cigars / Puros  | Y/N | FLAVCGR3  |
| 3. | Cigarillos / Cigarritos                                     | Y/N | FLAVCGL3  |
| 4. | Flavored hookah / Pipa turca (hookah) de agua con sabor?    | Y/N | FLAVHKK3  |
| 5. | Flavored e-cigarettes / Cigarrillos electrónicos con sabor? | Y/N | FLAVECIG3 |

77 DON'T KNOW / NOT SURE  
99 REFUSED

### **Section 14: E-Cigarettes**

**Read if necessary:** Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**Read if necessary:** *Los cigarrillos electrónicos (e-cigarettes) y otros productos electrónicos de 'vapor' incluyen hookahs (pipas de agua) electrónicas (narguiles- electrónicas), plumas (bolígrafos) de vapor, cigarros- electrónicos y otros. Estos productos son con pilas y por lo general contienen nicotina y sabores como fruta, menta o caramelos.*

#### **ECIGUSE (CDC-CORE new 2016)**

**YESNO.**

**14.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?**

*¿Alguna vez ha utilizado un cigarrillo electrónico u otros productos de 'vapor' electrónicos, aunque haiga sido sólo una vez, en toda su vida?*

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

(GO TO HHRULES5A)  
(GO TO HHRULES5A)  
(GO TO HHRULES5A)

#### **ECIGEVDA (CDC-CORE new 2016)**

**EVDA.**

**14.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?**

*¿Usa ahora usted los cigarrillos electrónicos u otros productos de 'vapor' electrónicos todos los días, algunos días, o nunca?*

1. Everyday
2. Some days
3. Not at all

77 DON'T KNOW  
99 REFUSED

#### **ECIG30A (CA-TCP) modified wording 2016**

**TYPEI.**

**14.3 During the past 30 days, on how many days did you use any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?**

*Durante los últimos 30 días, ¿cuántos días utilizó cualquier tipo de cigarrillo electrónico, pluma de vapor o hookah- electrónica (pipa de agua o narguiles- electrónica), como Blu, NJOY, o Vuse, o algún dispositivo más grande para vapear, a veces llamado vapes, tanques o mods?*

#### **INTERVIEWER READ ONLY IF NECESSARY:**

Read when necessary: Electronic cigarettes (e-cigarettes) and electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others.

These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Los cigarrillos electrónicos (e-cigarettes) y otros productos electrónicos de 'vapor' incluyen hookahs (pipas de agua) electrónicas (narguiles- electrónicas), plumas (bolígrafos) de vapor, cigarros- electrónicos y otros. Estos productos son con pilas y por lo general contienen nicotina y sabores como fruta, menta o caramelos.

- \_\_\_\_ ENTER NUMBER OF DAYS [0 - 30]  
77 DON'T KNOW / NOT SURE  
99 REFUSED

**ASK WHYECIG IF ECIG30 >=1 AND <=30, else continue to HHRULES5A**

**WHYECIGA (CA-TCP) modified wording 2016**

**YN.**

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

*¿Que mejor describe su razón de usar cigarrillos electrónicos?*

1. No lingering odor/ *Ningún olor persistente*
2. Helps me concentrate/stay alert/ *Le ayuda a concentrarse / permanecer alerta*
3. Used to quit cigarettes (or other tobacco products)/ *Lo utiliza para dejar de fumar cigarrillos (u otros productos de tabaco)*
4. Used to cut down on cigarettes/ *Lo utiliza para reducir los cigarrillos*
5. E-cigarettes come in many flavors/ *Los Cigarrillos electrónicos vienen en muchos sabores*
6. Used in places where cigarettes are not allowed/ *Lo utiliza en lugares donde no se permiten cigarrillos*
7. E-cigarettes are cheaper than cigarettes/ *Los Cigarrillos electrónicos son más baratos que los cigarrillos*
8. E-cigarettes are healthier than cigarettes/ *Los Cigarrillos electrónicos son más saludables que los cigarrillos*
9. Curiosity; just to try it/ *Por curiosidad; sólo para probarlo*
10. Other (specify) / *Otro (Especifiqué)*

77. DON'T KNOW/NOT SURE

99. REFUSED

### **Section 15: Secondhand Smoke**

**HHRULES4 (CA-TCP) ASKED IN Q1 OF THIS VERSION THEN CHANGED TO HHRULES5A/ HHRULES5B  
HHRULESC.**

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

*¿Cuáles son los reglamentos o restricciones de fumar, en su hogar, si hay alguno?*

*¿Diría usted que fumar y vapear (usar cigarrillos electrónicos) está totalmente prohibido, el fumar está generalmente prohibido con algunas excepciones, vapear (usar cigarrillos electrónicos) está generalmente prohibido con algunas excepciones, se permite fumar únicamente en ciertos cuartos, se permite vapear (usar cigarrillos electrónicos) únicamente en ciertos cuartos, no hay restricciones en fumar o vapear (usar cigarrillos*



electrónicos)

1. SMOKING AND VAPING ARE COMPLETELY PROHIBITED/ *FUMAR Y VAPEAR (USAR CIGARRILLOS ELECTRÓNICOS) ESTÁ TOTALMENTE PROHIBIDO*
2. SMOKING IS GENERALLY PROHIBITED WITH FEW EXCEPTIONS/ *ESTÁ GENERALMENTE PROHIBIDO CON ALGUNAS EXCEPCIONES*
3. VAPING IS GENERALLY PROHIBITED WITH FEW EXCEPTIONS/VAPEAR (USAR CIGARRILLOS ELECTRÓNICOS) *ESTÁ GENERALMENTE PROHIBIDO CON ALGUNAS EXCEPCIONES*
4. SMOKING IS ALLOWED IN SOME ROOMS ONLY/ *SE PERMITE FUMAR ÚNICAMENTE EN CIERTOS CUARTOS*
5. VAPING IS ALLOWED IN SOME ROOMS ONLY/ *SE PERMITE VAPEAR (USAR CIGARRILLOS ELECTRÓNICOS) ÚNICAMENTE EN CIERTOS CUARTOS*
6. THERE ARE NO RESTRICTIONS ON SMOKING AND VAPING / *NO HAY RESTRICCIONES EN FUMAR O VAPEAR (USAR CIGARRILLOS ELECTRÓNICOS)*
7. OTHER (SPECIFY) / *OTRO (ESPECIFIQUE)* (VARIABLE NAME: HHTXT)
77. DON'T KNOW/ NOT SURE
99. REFUSED

**HHRULES5A (CA-TCP) -ONLY ASKED Q2-Q4**

**HHRULES5.**

**15.1 For tobacco products that are burned, such as cigarettes, cigars, pipes or hookah, which statement best describes the rules about smoking a tobacco product inside your home?**

*¿Para los productos de tabaco que se queman, como los cigarrillos, puros, pipas o hookahs, qué declaración mejor describe las reglas sobre fumar un producto de tabaco dentro de su casa?*

- 1 It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
- 2 It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
- 3 It is allowed anywhere and at any time inside my home/ *Es permitido en todas partes y en cualquier momento dentro de mi casa*
- 4 OTHER / *OTRO (ESPECIFIQUE)* (SPECIFY-HHTXT\_5A) \_\_\_\_\_
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

**HHRULES5B (CA-TCP) -ONLY ASKED Q2-Q4**

**HHRULES5.**

**15.2 Which statement best describes the rules about vaping inside your home?**

*¿Qué declaración mejor describe las reglas sobre vapear dentro de su casa?*

1. It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
3. It is allowed anywhere and at any time inside my home/ *Es permitido en todas partes y en cualquier momento dentro de mi casa*

OTHER / *OTRO (ESPECIFIQUE)* (SPECIFY-HHTXT\_5B) \_\_\_\_\_

77 DON'T KNOW/ NOT SURE

99 REFUSED

**HOUSTYPE (CA-TCP)**

**HOUSTYPE.**

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

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

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

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

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

**SHSEXPOS (CA-TCP)**

**YESNO.**

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

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

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

(GO TO WORK7DAY)  
(GO TO WORK7DAY)  
(GO TO WORK7DAY)

**SHSWHERE (CA-TCP)**

**WHEREXPB.**

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

INTERVIEWER NOTE: DO NOT READ

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

1. HOME / CASA
2. WORKPLACE / TRABAJO
3. RESTAURANT / RESTAURANTE
4. RESTAURANT BAR / RESTAURANTE BAR
5. BAR OR TAVERN / BAR O TABERNA
6. POOL HALL / SALÓN DE BILLAR
7. SHOPPING MALL OR STORES / CENTRO COMERCIAL O EN TIENDAS
8. HOSPITAL, CLINIC, HEALTH OR DENTAL FACILITY / HOSPITAL, CLÍNICA DENTAL O DE LA SALUD
9. PARK, BEACH, PLAYGROUND, OUTDOOR RECREATION / PARQUE, PLAYA, PARQUE INFANTIL, RECREACIÓN AL AIRE LIBRE

10. COMMUNITY EVENT, FAIR, FARMER'S MARKET / *EVENTO DE LA COMUNIDAD, FERIA, MERCADO DEL AGRICULTOR*
11. SPORTS EVENT, STADIUM / *EVENTO DEPORTIVO, ESTADIO*
12. OTHER PERSON'S HOME / *CASA DE OTRA PERSONA*
13. AUTOMOBILE / *AUTOMÓVIL*
14. GAME ROOM, CASINO, BINGO HALL / *SALA DE JUEGOS, CASINO, SALA DE BINGO*
15. PARTY, WEDDING, SOCIAL EVENT, RENTED HALL / *FIESTA, UNA BODA, UN EVENTO SOCIAL, ALQUILÓ EL SALÓN*
16. SERVICE AREA(BUS/CAB STAND, ATM, TICKET LINE) / *ÁREA DE SERVICIO (PARADA DE AUTOBÚS/TAXI, ATM, LÍNEA DE BOLETOS*
17. SIDEWALKS / *ACERAS*
18. OTHER (SPECIFY) \_\_\_\_\_
77. DON'T KNOW/NOT SURE
99. REFUSED

IF (EMPLOY2 > 2) SKP DRNKALC2

**WORK7DAY (CA-TCP)**

**YESNO.**

**15.6 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

**WHATAREA (CA-TCP- CATS)**

**WHATAREA.**

**15.7 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)---> WORKEPTEXT

**Section 16: Alcohol Consumption**

**DRNKALC2 (CDC CORE)**

**TYPE II.**

**16.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage, such as beer, wine, a malt beverage, or liquor?**

*En los últimos 30 días, ¿en cuántos días por semana o por mes bebió usted por lo menos un trago de cualquier bebida alcohólica, tales como cerveza, vino, una bebida de malta o licor?*

101-107 = DAYS PER WEEK  
 201-231 = DAYS IN PAST 30

\_\_\_\_ ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS

- 888. NONE / NINGUNA BEBIDA EN LOS ÚLTIMOS 30 DÍAS (GO TO FLUSHOT6)
- 777. DON'T KNOW / NOT SURE (GO TO FLUSHOT6)
- 999. REFUSED (GO TO FLUSHOT6)

**NALCOCC3 (CDC CORE)**

**TYPE I.**

**16.2 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.**

**16.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if SEX1=1 "5 or more" If SEX1=2 "4 or more") drinks on one occasion?**

*Considerando todo tipo de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días, bebió {if (SEX1=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.**

**16.4 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

**Section 17: Immunizations**

**FLUSHOT6 (CDC-CORE)**

**YESNO.**

**17.1 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)**

**TYPE1.**

**17.2 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- OPTIONAL MODULE- CA IMMUN)**

**FLUPLACF.**

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

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

**Please read only if necessary:**

Léale solo si es necesario:

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)/Un consultorio médico o una organización para el mantenimiento de la salud (HMO, por sus siglas en inglés)
  2. A health department/El Departamento de salud pública
  3. Another type of clinic or health center (Example: community health center)/ Otro tipo de clínica o centro médico (Ejemplo: centro médico de la comunidad)
  4. A senior center, recreation, or community center/Un centro de la tercera edad, recreación, o centro comunitario
  5. A store (Examples: supermarket, drugstore)/Una tienda (Ejemplos: supermercado, farmacia)
  6. A hospital (Example: inpatient)/Un hospital (Ejemplo: pacientes hospitalizados)
  7. An emergency room/Una sala de emergencias
  8. Workplace/Lugar de trabajo
  9. Some other kind of place (specify)/ Algún otro tipo de lugar (especifique)
  10. (Do not read) Received vaccination in Canada/Mexico/(NO LEER) HAN RECIBIDO VACUNAS EN CANADÁ/MÉXICO
  11. A school/Una escuela
777. DON’T KNOW / NOT SURE/NO SÉ/NO ESTOY SEGURA(O)
999. REFUSED/SE NIEGA A CONTESTAR

**PNEUMVC3 (CDC-CORE)**

**YES/NO.**

**17.4 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

**Next I will ask about the tetanus diphtheria vaccine.**

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

**TETNUS14 (CDC-CORE)**

**TDAP.**

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

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

**If yes, ask: “Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?”**

*Si la respuesta es sí, pregunte: "¿Fue la Tdap, la vacuna contra el tétano que también incluye la vacuna contra la tosferina (pertussis)?"*

1. Yes, received Tdap / *Sí, recibió la Tdap*
2. Yes, received tetanus shot, but not Tdap / *Sí, recibió la vacuna contra el tétano, pero no la Tdap*
3. Yes, received tetanus shot but not sure what type / *Sí, recibió la vacuna contra el tétano, pero no está seguro(a) qué tipo*
4. No, did not receive any tetanus since 2005 / *No, no ha recibido ninguna vacuna del tétano desde el 2005*
77. DON'T KNOW / NOT SURE
99. REFUSED

IF (AGEB =< 49) SKP HPVADVC2

**The next question is about the Shingles vaccine.**

*La siguiente pregunta es acerca de la vacuna contra shingles (la culebrilla).*

**SHINGLES (CDC OPTIONAL MODULE – IMMUN BRANCH) ASK IF AGE >=50**

**YES/NO.**

**17.6 Have you ever had the shingles or zoster vaccine?**

*¿Alguna vez ha tenido usted la vacuna contra Shingles (la culebrilla) o herpes zóster?*

**INTERVIEWER NOTE (READ IF NECESSARY):** Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax<sup>®</sup>, the zoster vaccine, or the shingles vaccine.

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

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

ASK IF AGE <=49

**HPVADVC2 (CDC OPTIONAL MODULE – STD BRANCH) new 2016**

**YES/NO.**

**17.7 A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female "GARDASIL or CERVARIX"; if male "or GARDASIL"]. Have you EVER had an HPV vaccination?**

*Una vacuna para prevenir el virus del papiloma humano o infección del HPV está disponible y es llamada vacuna del cáncer cervical o verrugas genitales, o vacuna del HPV [Fill: si es mujer "GARDASIL o Cervarix"; si es hombre 'o GARDASIL']. ¿Ha tenido ALGUNA VEZ una vacuna contra el HPV?*

**INTERVIEWER NOTE:** Human Papillomavirus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh- seel); Cervarix (Sir-var- icks)

1. Yes
  2. No
- [SKP FALL4MNB]

- |    |  |                |
|----|--|----------------|
| 3. | Doctor refused when asked<br><i>Médico se negó cuando se le preguntó</i> | [SKP FALL4MNB] |
| 77 | DON'T KNOW / NOT SURE  | [SKP FALL4MNB] |
| 99 | REFUSED  | [SKP FALL4MNB] |

**HPVADSHT (CDC OPTIONAL MODULE – STD BRANCH) new 2016**

**TYPE XXXII.**

**17.8 How many HPV shots did you receive?**

*¿Cuántas vacunas del HPV recibió?*

- |    |                       |
|----|-----------------------|
| __ | Number of shots       |
| 88 | ALL SHOTS             |
| 77 | DON'T KNOW / NOT SURE |
| 99 | REFUSED               |

**Section 18: Falls**

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

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

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

**FALL4MNB (CDC-CORE)**

**TYPE II.**

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

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

- |      |                                   |                  |
|------|-----------------------------------|------------------|
| __   | NUMBER OF TIMES [76 = 76 OR MORE] |                  |
| 888. | NONE                              | (Go to SEATBELT) |
| 777. | DON'T KNOW / NOT SURE             | (Go to SEATBELT) |
| 999. | REFUSED                           | (Go to SEATBELT) |

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

**TYPE I.**

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

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

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

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

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

INTERVIEWER NOTE: IF RESPONSE IS 'YES'(CAUSED AN INJURY), CODE '01'  
IF RESPONSE IS 'NO', CODE '888'.

- |      |                       |                   |
|------|-----------------------|-------------------|
| __   | NUMBER OF FALLS       | [76 = 76 OR MORE] |
| 777. | DON'T KNOW / NOT SURE |                   |
| 999. | REFUSED               |                   |



## **Section 19: Seat Belt Use**

### **SEATBELT (CDC-CORE)**

### **SEATBELT.**

#### **19.1 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 20: Drinking and Driving**

If DRNKALC2 = 2, and RESPGEN2 = 2 go to HADMAM2  
IF DRNKALC2 = 2 and RESPGEN2 = 1 go to PSADRADV  
IF SEATBELT = 88 SKP HADMAM2

**The next question is about drinking and driving.**  
*La siguiente pregunta es acerca de beber y conducir.*

### **DRINKDRI (CDC-CORE)**

### **TYPE I.**

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

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

\_\_ NUMBER OF TIMES (RANGE 1 - 30)

77 DON'T KNOW / NOT SURE  
99 REFUSED

## **Section 21: Breast and Cervical Cancer Screening**

If SEX1 = 1, go to PSADRADV IF (RespGend = 1) SKP PSADRADV

**The next questions are about breast and cervical cancer screening.**

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

**HADMAM2 (CDC-CORE)****YESNO.****21.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

INTERVIEWER NOTE : A mammogram involves pressing the breast between 2 plastic plates.

*Un mamograma es una radiografía del seno para buscar el cáncer. ¿Alguna vez le han hecho un mamograma?**NOTA AL ENTREVISTADOR: Un mamograma consiste en presionar el seno entre 2 placas de plástico.**'Un mamograma' is also known as 'una mamografía'.*

1. Yes

2. No

(Go to HADPAP2)

77. DON'T KNOW / NOT SURE

(Go to HADPAP2)

99. REFUSED

(Go to HADPAP2)

**HOWLONG2 (CDC-CORE)****HOWLNGC.****21.2 How long has it been since you had your last mammogram?**

(READ ONLY IF NECESSARY)

*¿Cuánto tiempo hace desde que tuvo su último mamograma?*

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

*En el último año*

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

*En los últimos 2 años*

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

*En los últimos 3 años*

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

*En los últimos 5 años*

5. 5 or more years ago

*5 años o más*

77. DON'T KNOW / NOT SURE

99. REFUSED

**If HOWLONG2 >5 SKP EWC3****EWC1 (CA- EWC) new 2016****WHYCBE.****21.3 Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?***Fue su última mamografía como parte de un chequeo de rutina, debido a un problema de los senos, o porque usted ya ha tenido cáncer de seno?*

INTERVIEWER NOTE: This question is asked only of respondents who reported that they have had a mammogram at some point in their lives. This question should be asked even if the respondent has had a breast removed. If the respondent does not understand answer #1, the interviewer may describe a "routine checkup" as "you had no problems with your breasts, but had your last mammogram done as part of a regular, customary, or usually scheduled mammogram." If the respondent does not understand answer #2, the interviewer may describe a "breast problem" as "you had your last mammogram done because you had some type of problem with your breasts." The following list of symptoms may be read as an example of breast

problems if the respondent still does not understand the answer:

- a lump or mass
- a swelling of part of the breast
- skin irritation or dimpling
- nipple pain or the nipple turning inward
- redness or scaliness of the nipple or breast skin
- a nipple discharge other than breast milk
- a lump in the underarm area

*INTERVIEWER NOTE: This question is asked only of respondents who reported that they have had a mammogram at some point in their lives. This question should be asked even if the respondent has had a breast removed. Si el individuo no entiende la respuesta #1, el entrevistador puede describir un "chequeo de rutina" significa que "no tuvo problemas con sus senos, pero había hecho su última mamografía como parte de una mamografía normal, habitual o generalmente programada".*

*Si el individuo no entiende la respuesta #2, el entrevistador puede describir un "problema de seno", significa que "tuvo su última mamografía porque usted tenía algún tipo de problema con sus senos". La siguiente lista de síntomas se puede leer como un ejemplo de los problemas de seno, si la persona todavía no entiende la respuesta:*

- un bulto o masa (piel más gruesa en el seno)
- una inflamación de una parte del seno
- irritación o formación de hoyuelos
- dolor en el pezón o hundimiento del pezón (pezón invertido)
- enrojecimiento o descamación del pezón o la piel del seno
- Una secreción del pezón que no sea leche materna
- un bulto en el área de la axila

1. Routine checkup / *Chequeo Rutinario*
2. Breast problem / *Problema De Senos*
3. Had breast cancer / *Tenía cáncer de seno*
77. DON'T KNOW/NOT SURE
99. REFUSED

Ask if HOWLONG2 >=3 & <= 5 and AGE2 >= 40, otherwise SKP EWC3.

**EWC2 (CA-EWC) new 2016**

**EWC2.**

**21.4 What was the MAIN reason you did not have a mammogram within the past two years?**

*¿Cuál fue la razón PRINCIPAL por la cual no tuvo una mamografía en los últimos dos años?*

**INTERVIEWER NOTE: This question is asked of respondents who did not have their last mammogram within the past two years, AND who are 40 years or older. Please read the answers to respondents. When reading answer 8 ("other"), please say "some other reason, please specify." If a respondent does not understand that this question asks the MAIN reason she did not have a mammogram within the past year, the interviewer can ask "what was the most important, or major, reason you did not have a mammogram within the past year?"**

*INTERVIEWER NOTE: This question is asked of respondents who did not have their last mammogram within the past two years, AND who are 40 years or older. Please read the answers to respondents. When reading answer 8 ("other"), please say "some other reason, please specify." El entrevistador puede preguntar "¿cuál fue la razón, más importante, o principal que no tuvo una mamografía en los últimos dos años?"*

1. Doctor did not recommend it / *El doctor no lo recomendó*
2. I had no reason to have a mammogram / *No tenía ninguna razón para tener una mamografía*

3. No insurance to pay for it / *No tenía ningún seguro para pagar por ella*
4. Too painful / DEMASIADO DOLOROSO
5. Other (specify-ECW2\_O1) / *Alguna otra razón, por favor especifique (especificar)*
77. DON'T KNOW/NOT SURE
99. REFUSED

**EWC3 (CA-EWC) new 2016**

**TYPE I.**

**21.5 In general, at what age do you think a woman should start getting mammograms?**

*¿En general, a qué edad cree que una mujer debería comenzar a hacerse mamografías?*

Instructions: This question should be asked of all respondents. If the respondent does not know what a mammogram is, please say “a mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.” If a respondent comments that her answer depends on the woman’s family history or other breast cancer risk factors, explain that this question pertains to the average woman who is at low risk for breast cancer and has no breast problems or symptoms. If a respondent answers “X age, but she should not have any more mammograms,” record the age and ask Question 11. Please do not provide an example number or probe for an answer.

*Instructions: This question should be asked of all respondents. If the respondent does not know what a mammogram is, please say "Una mamografía es una radiografía de los senos para detectar cáncer y consiste en presionar el pecho entre 2 placas de plástico." Si la persona comenta que su respuesta depende de la historia de la familia de la mujer o de otros factores de riesgo del cáncer del seno, explica que esta pregunta se refiere a la mujer promedio que es de bajo riesgo para el cáncer de seno y no tiene problemas en los senos o síntomas. Si el encuestado responde "X años, pero ella no debe tener más mamografías," a nota la edad y continua a la Pregunta 11.*

Age \_\_\_\_\_

777. DON'T KNOW/NOT SURE

999. REFUSED

**EWC4 (CA- EWC) new 2016**

**EWC4.**

**21.6 In general, how often do you think a woman should have a mammogram after she’s had her first mammogram?**

*En general, ¿con qué frecuencia cree que una mujer debe tener una mamografía después de que ella ha tenido su primera mamografía?*

INTERVIEWER NOTE: This question should be asked of all respondents. If a respondent comments that her answer depends on the woman’s family history or other breast cancer risk factors, explain that this question pertains to the average woman who is at low risk for breast cancer and has no breast problems or symptoms. Please do not provide an example number; read the answers only if necessary. Please do not probe for an answer.

*INTERVIEWER NOTE: This question should be asked of all respondents. Si un entrevistado comenta que su respuesta depende de los antecedentes familiares de la mujer u otros factores de riesgo de cáncer de mama, explica que esta pregunta se refiere a la mujer promedio que es de bajo riesgo para cáncer de mama y no tiene problemas de pecho o síntomas.*

1. More than once every year / *Más de una vez al año*
2. Once every year / *Una vez al año*
3. Once every 2 years / *Una vez cada 2 años*
4. Once every 3 or more years / *Una vez cada 3 años o más*
5. Never again after the initial mammogram/Once in her lifetime / *Nunca más después de la primera*

mamografía/una vez en su vida

6. Other (specify-ECW4\_O1) \_\_\_\_\_

77. DON'T KNOW/NOT SURE

99. REFUSED

**EWC5 (CA-EWC) new 2016**

**YESNO.**

**21.7 Has your doctor assessed and/or consulted you about your breast cancer risk?**

*¿Le ha evaluado su médico y / o consulto sobre su riesgo del cáncer de seno?*

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

SKP HADPAP2

SKP HADPAP2

SKP HADPAP2

**EWC6 (CA-EWC) new 2016**

**YESNO.**

**21.8 Did your doctor determine you to be at higher than normal risk for breast cancer?**

*¿Le determinó su doctor que su riesgo es más alto de lo normal para cáncer del seno?*

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

SKP HADPAP2

SKP HADPAP2

SKP HADPAP2

**EWC7 (CA-EWC) new 2016**

**YESNO.**

**21.9 If your doctor determined you to be at higher risk for breast cancer (greater than 20% lifetime risk), were you offered or given a MRI?**

*Si su médico determinó que usted esta en mayor riesgo de cáncer de seno (más de 20% de riesgo de por vida), le ofreció o le dio un MRI?*

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

SKP HADPAP2

SKP HADPAP2

SKP HADPAP2

**EWC8 (CA-EWC) new 2016**

**HOWLNGC.**

**21.10 If you are at increased risk for breast cancer (greater than 20% lifetime risk), how long has it been since you had your last MRI?**

*Si usted está en mayor riesgo de desarrollar cáncer de seno (más de 20% de riesgo de por vida), ¿cuánto tiempo ha pasado desde que tuvo su último MRI*

1. Within the past year (anytime less than 12 months ago) / *En el último año*

2. Within the past 2 years (1 year but less than 2 years ago) / *En los últimos 2 años*

3. Within the past 3 years (2 years but less than 3 years ago) / *En los últimos 3 años*

4. Within the past 5 years (3 years but less than 5 years ago) / *En los últimos 5 años*

- 5. 5 or more years ago / 5 años o más
- 77. DON'T KNOW / NOT SURE
- 88. NOT APPLICABLE/ ONLY OFFERED MRI NEVER HAD IT
- 99. REFUSED

**HADPAP2 (CDC-CORE)**

**YES/NO.**

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

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

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

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

- 1. Yes
- 2. No (Go to HPVTEST)
- 77. DON'T KNOW/ NOT SURE (Go to HPVTEST)
- 99. REFUSED (Go to HPVTEST)

**WHENPAP2 (CDC-CORE)**

**HOW/LONG.**

**21.12 How long has it been since you had your last Pap test?  
(READ ONLY IF NECESSARY)**

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

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
- 4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
- 5. 5 or more years ago  
*5 años o más*
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**EWC9 (CA-EWC) new 2016**

**EWC9.**

**21.13 When you had your last Pap test when were you recommended to have another cervical cancer screening test?**

*¿Cuando tuvo su última prueba de Papanicolaou cuándo le recomendaron tener otra prueba de detección de cáncer cervical?*

- 1. In 1 year/ *En 1 año*
- 2. In 2 years / *En 2 años*

- 3. In 3 years / *En 3 años*
- 4. In 5 years/ *En 5 años*
- 5. In 6 or more years / *En 6 o más años*
- 6. It was not recommended when I should have another cervical screening exam  
*No se recomendó cuando debería tener otro examen la detección del cáncer cervical*
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Now, I would like to ask you about the Human Papillomavirus (**Pap-uh-loh-muh virus**) or HPV test.

*Ahora, me gustaría preguntarle sobre el Virus del Papiloma Humano (Pap-uh-loh-muh virus) o prueba de HPV.*

**HPVTEST (CDC-CORE) new 2016**

**YESNO.**

**21.14 An HPV test is sometimes given with the Pap test for cervical cancer screening.**

**Have you ever had an HPV test?**

*Una prueba de HPV se da a veces con la prueba de Papanicolaou para la detección del cáncer cervical.*

*¿Alguna vez ha tenido una prueba de HPV?*

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

IF (HADPAP2 = 1) & (ANS > 1) SKP EWC10  
 IF (HADPAP2 > 1) & (ANS > 1) SKP PREGNANT  
 IF (HADPAP2 >= 1) & (ANS = 1) SKP HPLSTTST

**ASK IF HPVTEST=1**

**HPLSTTST (CDC-CORE) new 2016**

**HOWLNGC.**

**21.15 How long has it been since you had your last HPV test?**

*¿Cuánto tiempo tiene desde que tuvo su última prueba del HPV?*

- 1. Within the past year (anytime less than 12 months ago) / *En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago) / *En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago) / *En los últimos 3 años*
- 4. Within the past 5 years (3 years but less than 5 years ago) / *En los últimos 5 años*
- 5. 5 or more years ago / *5 años o más*
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**EWC10 (CA-EWC) new 2016**

**YESNO.**

**21.16 Have you ever been offered to be screened for Cervical Cancer with HPV and Pap tests done at the same time?**

*¿Le han ofrecido alguna vez para ser examinada para el Cáncer Cervical con HPV y Papanicolaou al mismo tiempo?*

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

SKP EWC12  
 SKP EWC12

**EWC11 (CA-EWC) new 2016****YESNO.****21.17 Have you been told that these two test need to be repeated every 5 years if results are normal?***¿Le han dicho que estas dos pruebas deben repetirse cada 5 años si los resultados son normales?*

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

*Ask if AGE<sub>B</sub> >= 30, else SKP PREGNANT***EWC12 (CA-EWC) new 2016****YESNO.****21.18 Have you ever had HPV and Pap tests done at the same time for cervical cancer screening?***¿Ha tenido pruebas de HPV y Pap al mismo tiempo para la detección del cáncer cervical?*

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

*Ask if AGE<sub>B</sub> < 45, else SKP HYSTER2***PREGNANT (CDC-CORE)****YESNO.****21.19 To your knowledge, are you now pregnant?***¿Que usted sepa, está embarazada?*

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

*IF PREGNANT=1 SKP HADSTLHM***HYSTER2 (CDC-CORE)****YESNO.****21.20 Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?***¿Ha tenido una histerectomía (es decir, una operación para eliminar el útero/matriz)?*

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

*IF (AGE<sub>B</sub> > 49) SKP HADSTLHM***[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]****PFPPRVN1 (CDC-OPTIONAL MODULE) –ASKED IN 4TH QRT ONLY****BCNTRL.****The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.**



Las siguientes preguntas son sobre sus pensamientos y experiencias con la planificación familiar. Por favor, recuerde que todas sus respuestas serán confidenciales.

**21.21 Did you or your partner do anything the last time you had vaginal sex to keep you from getting pregnant?**

*¿La última vez que tuvieron relaciones sexuales, usted o su esposo/pareja hicieron algo para evitar un embarazo?*

- |   |                |
|---|----------------|
| 1. Yes/ Sí  |                |
| 2. No   | GO TO NOBCUSE6 |
| 3. No partner/not sexually active/No tiene pareja/no tiene actividad sexual | GO TO PSADRADV |
| 4. Same sex partner/No sabe/No está segura                                  | GO TO PSADRADV |
| 7. DON'T KNOW / NOT SURE  | GO TO NOBCUSE6 |
| 9. REFUSED  | GO TO NOBCUSE6 |

**TYPCNTR7 (CDC-OPTIONAL MODULE) –ASKED IN 4TH QRT ONLY**                      **TYPCNTR7.**

**21.22 What did you or your partner do the last time you had sex to keep you from getting pregnant?**

*¿La última vez que tuvieron relaciones sexuales, ¿qué hicieron usted o su esposo/pareja para evitar un embarazo?*

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.**

*Si la encuesta indica MÁS DE UN método anticonceptivo, anote el que aparezca primero en la lista.*

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING “CONDOMS,” PROBE TO DETERMINE IF “FEMALE CONDOMS” OR MALE CONDOMS.”**

*Si la encuesta indica usar “condones”, pregúntele si son “condones de mujer” o “condones de hombre”.*

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”**

*Si la encuesta indica usar “DIU” (dispositivo intrauterino), pregunte para saber si es “DIU de levonorgestrel” o “DIU de alambre de cobre”.*

**INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

*Si la encuesta responde “otro método”, pídale que especifique y asegúrese de que la respuesta no corresponda a alguna otra categoría. Si la respuesta corresponde a otra categoría, márkelo adecuadamente.*

Read only if necessary:

- |    |   |                |
|----|---|----------------|
| 01 | Female sterilization (ex. Tubal ligation, Essure, Adiana) | GO TO PSADRADV |
| 02 | Male sterilization (vasectomy)                            | GO TO PSADRADV |
| 03 | Contraceptive implant (ex. Implanon)                      | GO TO PSADRADV |
| 04 | Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)         | GO TO PSADRADV |
| 05 | Copper-bearing IUD (ex. ParaGard)                         | GO TO PSADRADV |
| 06 | IUD, type unknown   | GO TO PSADRADV |
| 07 | Shots (ex. Depo-Provera)                                  | GO TO PSADRADV |

08	Birth control pills, any kind	GO TO PSADRADV
09	Contraceptive patch (ex. Ortho Evra)	GO TO PSADRADV
10	Contraceptive ring (ex. NuvaRing)	GO TO PSADRADV
11	Male condoms	GO TO PSADRADV
12	Diaphragm, cervical cap, sponge	GO TO PSADRADV
13	Female condoms	GO TO PSADRADV
14	Not having sex at certain times (rhythm or natural family planning)	GO TO PSADRADV
15	Withdrawal (or pulling out)	GO TO PSADRADV
16	Foam, jelly, film, or cream	GO TO PSADRADV
17	Emergency contraception (morning after pill)	GO TO PSADRADV
18	Other method	GO TO PSADRADV

77 DON'T KNOW / NOT SURE  
99 REFUSED

01. Esterilización femenina (p. ej., ligadura de trompas, Essure, Adiana)
  02. Esterilización masculina (vasectomía)
  03. Implante anticonceptivo (p. ej., Implanon)
  04. DIU de Levonorgestrel (LNG) u hormonal (como Mirena)
  05. DIU de cobre (como ParaGard)
  06. DIU, de tipo desconocido
  07. Inyecciones (como Depo-Provera)
  08. Pastillas anticonceptivas de cualquier tipo
  09. Parche anticonceptivo (como Ortho Evra)
  10. Anillo anticonceptivo (como NuvaRing)
  11. Condones de hombre
  12. Diafragma, capuchón cervical, esponja
  13. Condones de mujer
  14. No tiene relaciones sexuales en ciertos días (método de ritmo o método anticonceptivo natural)
  15. Retiro antes de la eyaculación (eyacula afuera)
  16. Espuma, gel, película o crema anticonceptiva
  17. Anticonceptivos de emergencia (pastilla de la "mañana siguiente")
  18. Otro método
77. NO SABE/NO ESTÁ SEGURA  
99. SE NIEGA A CONTESTAR

**NOBCUSE6 (CDC-OPTIONAL MODULE) –ASKED IN 4TH QRT ONLY**

**BCWHYNTD.**

**Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.**

*Algunos de los motivos que puede haber tenido usted para no hacer nada para evitar un embarazo la última vez que tuvieron relaciones sexuales pueden ser: desear un embarazo, no tener dinero para comprar un método anticonceptivo o pensar que no puede quedar embarazada.*

**21.23 What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?**

*¿La última vez que tuvieron relaciones sexuales, ¿cuál fue el motivo principal de que usted no hiciera nada para evitar un embarazo?*

**INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

***Si la encuestada responde “otro motivo”, pídale que especifique y asegúrese de que la respuesta no corresponda a alguna otra categoría. Si la respuesta corresponde a otra categoría, márkelo adecuadamente.***

Read only if necessary:

- |    |   |                |
|----|---|----------------|
| 01 | You didn't think you were going to have sex/no regular partner          | GO TO PSADRADV |
| 02 | You just didn't think about it  | GO TO PSADRADV |
| 03 | Don't care if you get pregnant  | GO TO PSADRADV |
| 04 | You want a pregnancy  | GO TO PSADRADV |
| 05 | You or your partner don't want to use birth control                     | GO TO PSADRADV |
| 06 | You or your partner don't like birth control/side effects               | GO TO PSADRADV |
| 07 | You couldn't pay for birth control                                      | GO TO PSADRADV |
| 08 | You had a problem getting birth control when you needed it              | GO TO PSADRADV |
| 09 | Religious reasons   | GO TO PSADRADV |
| 10 | Lapse in use of a method  | GO TO PSADRADV |
| 11 | Don't think you or your partner can get pregnant (infertile or too old) | GO TO PSADRADV |
| 12 | You had tubes tied (sterilization)                                      | GO TO PSADRADV |
| 13 | You had a hysterectomy  | GO TO PSADRADV |
| 14 | Your partner had a vasectomy (sterilization)                            | GO TO PSADRADV |
| 15 | You are currently breast-feeding  | GO TO PSADRADV |
| 16 | You just had a baby/postpartum  | GO TO PSADRADV |
| 17 | You are pregnant now  | GO TO PSADRADV |
| 18 | Same sex partner  | GO TO PSADRADV |
| 19 | Other reasons   | GO TO PSADRADV |

77 DON'T KNOW / NOT SURE

99 REFUSED

- |    |  |
|----|--|
| 01 | <i>No pensaba que iba a tener una relación sexual/no tiene una pareja fija</i>                   |
| 02 | <i>Simplemente no pensó que podía quedar embarazada</i>  |
| 03 | <i>No le importaba quedar embarazada</i>   |
| 04 | <i>Quería quedar embarazada</i>  |
| 05 | <i>Usted o su pareja no quieren usar métodos anticonceptivos</i>                                 |
| 06 | <i>A usted o a su pareja no les gustan los métodos anticonceptivos o sus efectos secundarios</i> |
| 07 | <i>No tuvo dinero para comprar un método anticonceptivo [</i>                                    |
| 08 | <i>Tuvo problemas para conseguir un método anticonceptivo cuando lo necesitó</i>                 |
| 09 | <i>Motivos religiosos</i>  |
| 10 | <i>Interrumpió brevemente el uso de un método anticonceptivo</i>                                 |
| 11 | <i>No cree que usted o su pareja puedan tener hijos (infértil o edad avanzada)</i>               |
| 12 | <i>Le ligaron las trompas (esterilización)</i>   |
| 13 | <i>Le hicieron una histerectomía</i>   |
| 14 | <i>Su pareja tuvo una vasectomía (esterilización)</i>  |
| 15 | <i>Está amamantando actualmente</i>  |
| 16 | <i>Acababa de tener un bebé/posparto</i>   |
| 17 | <i>Está embarazada actualmente</i>   |
| 18 | <i>Pareja del mismo sexo</i>   |
| 19 | <i>Otro motivo</i>   |

77 NO SABE/NO ESTÁ SEGURA

**Section 22: Prostate Cancer Screening**

Ask if SEX1=1 and AGE8 >= 40, else SKP HADSTLHM

**PSADRADV(CDC-CORE) (NEW)**

**YESNO.**

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

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

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

**PSADRDIS (CDC-CORE) (NEW)**

**YESNO.**

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

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

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

**PSADRREC (CDC-CORE) (NEW)**

**YESNO.**

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

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

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

**EWC13 (CA-EWC) new 2016**

**YESNO.**

**22.4** Has your doctor, nurse, or other health professional EVER provided information to you about a PSA test?

*¿ALGUNA VEZ Su médico, enfermera u otro profesional de la salud le proporcionó información a usted acerca de una prueba de PSA?*

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

**PSAHAD2 (CDC-CORE)**

**YESNO.**

**22.5 Have you EVER HAD a PSA test?**

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

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

(Go to HADSTLHM)

(Go to HADSTLHM)

(Go to HADSTLHM)

**PSAWHEN2 (CDC-CORE)**

**HOWLNGC.**

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

*¿Cuánto tiempo hace desde que tuvo su última prueba PSA?*  
(READ ONLY IF NECESSARY)

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

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

**PSAMAIN1 –MODIFIED (CDC-CORE)**

**PSAREAS1.**

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

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

- 1. Part of a routine exam  
*Parte de un examen de rutina*
- 2. Because of a prostate problem  
*Debido a un problema de la próstata*
- 3. Because of a family history of prostate cancer  
*Debido a una historia familiar de cáncer de próstata*
- 4. Because you were told you had prostate cancer  
*Porque le dijeron que tenía cáncer de próstata*
- 5. Some other reason  
*Otra razón*

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

**Section 23: Colorectal Cancer Screening**

*IF (AGEB <= 49) SKP AIDSTST8*

**HADSTLHM (CDC-CORE)**

**YESNO.**

**23.1 The next questions are about colorectal cancer screening.**

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

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

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

*IF (ANS > 1) SKP HADSIG3*  
*IF (ANS > 1) SKP HADSIG3*  
*IF (ANS > 1) SKP HADSIG3*

**WHENSTO3 (CDC-CORE)**

**HOWLNGC.**

**23.2 How long has it been since you had your last blood stool test using a home kit?**

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

(READ ONLY IF NECESSARY)

IN HELP TEXT: IF NEEDED, SAY: "For a blood stool test, you use a stick or a brush to obtain a small amount of stool at home and send it back to the doctor or lab."

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

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
- 4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
- 5. 5 or more years ago  
*5 años o más*
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**HADSIG4 (CDC-CORE)**

**YESNO.**

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

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

- |     |                      |                  |
|-----|----------------------|------------------|
| 1.  | Yes                  |                  |
| 2.  | No                   | (Go to AIDSTST8) |
| 77. | DON'T KNOW/ NOT SURE | (Go to AIDSTST8) |
| 99. | REFUSED              | (Go to AIDSTST8) |

**SIGORCOL (CDC-CORE)**

**SIGORCOL.**

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

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

1. Sigmoidoscopy / Sigmoidoscopia
2. Colonoscopy / Colonoscopia
77. DON'T KNOW / NOT SURE
99. REFUSED

**WHENSIG4 (CDC-CORE)**

**WHEND.**

**23.5 How long has it been since you had your last {IF SIGORCOL = 1 (sigmoidoscopy) OR SIGORCOL = 2 (colonoscopy)}?**

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

IN HELP TEXT: IF NEEDED, SAY: "For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test."

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

(READ ONLY IF NECESSARY)

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

- 4. *En los últimos 3 años*  
Within the past 5 years (3 years but less than 5 years ago)
- 5. *En los últimos 5 años*  
Within the past 10 years (5 years but less than 10 years ago)
- 6. *En los últimos 10 años*  
10 or more years ago  
*10 años o más*
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**Section 24: HIV/AIDS**

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

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

**AIDSTST8 (CDC-CORE)**

**YES/NO.**

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

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

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

**TSTDATE (CDC-CORE)**

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

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

*ENTER MONTH AND YEAR (MMYYYY)*

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

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

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

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

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

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

777777. DON'T KNOW / NOT SURE



**TSTWHERE (CDC-CORE)**

**TSTWHERE.**

(Incorrectly collected for Cell phones in Q1 – should not have been collected at all)

**24.3 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

**EXPWHERE (CDC-CORE)**

**YESNO.**

**24.4** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

*Voy a leerle una lista. Cuando termine, por favor dígame si alguna de estas situaciones le aplica a usted. No me tiene que decir cuál.*

You have used intravenous drugs in the past year.  
*Se inyectó drogas intravenosamente en el último año.*

You have been treated for a sexually transmitted or venereal disease in the past year.  
*Ha recibido tratamiento contra una enfermedad de transmisión sexual o enfermedad venérea en el último año.*

You have given or received money or drugs in exchange for sex in the past year.  
*Ha dado o recibió dinero o drogas a cambio de sexo en el último año.*

You had anal sex without a condom in the past year.  
*Tuvo sexo anal sin condón en el último año.*

You had four or more sex partners in the past year.  
*Tuvo cuatro o más parejas sexuales en el último año.*

Do any of these situations apply to you?  
*¿Alguna de estas situaciones le aplica a usted?*

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

## **Section 25: Caregiver**

### **CAREGIV5 (Alzheimer's Association – Caregiver Optional Module) new responses 2016 CAREGIV5.**

#### **25.1 People may provide regular care or assistance to a friend or family member who has a health problem or disability.**

**During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?**

*Algunas personas cuidan o ayudan regularmente a una amistad o pariente que tiene un problema de salud o discapacidad.*

*¿Durante los últimos 30 días, ha cuidado o ayudado usted a una amistad o pariente que tiene un problema de salud o discapacidad?*

**INTERVIEWER NOTE:** If caregiving recipient has died in the past 30 days, say "I'm sorry to hear of your loss."  
/ "Lo siento oír sobre su pérdida"

- |    |  |                  |
|----|--|------------------|
| 1. | Yes  |                  |
| 2. | No   | (Go to MARIJNUM) |
| 3. | Caregiving recipient died in past 30 days/ <i>La persona que recibía el cuidado ha muerto en los últimos 30 días</i> | (Go to CRGVEXPT) |
| 77 | DON'T KNOW/ NOT SURE   | (Go to MARIJNUM) |
| 99 | REFUSED  | (Go to MARIJNUM) |

### **CARERELA (Alzheimer's Association – Caregiver Optional Module) new responses 2016 WHOHELIC.**

#### **25.2 What is his or her relationship to you? For example, is he or she your mother or daughter, or father or son?**

*¿Cuál es la relación de él/ella con usted? Por ejemplo, ¿es él o ella su madre o hija, o padre o hijo?*

**INTERVIEWER NOTE:** If more than one person, say: "Please refer to the person to whom you are giving the most care."

- |    |                            |
|----|----------------------------|
| 01 | MOTHER                     |
| 02 | FATHER                     |
| 03 | MOTHER-IN-LAW              |
| 04 | FATHER-IN-LAW              |
| 05 | CHILD                      |
| 06 | HUSBAND                    |
| 07 | WIFE                       |
| 08 | LIVE IN PARTNER            |
| 09 | BROTHER OR BROTHER-IN-LAW  |
| 10 | SISTER OR SISTER-IN-LAW    |
| 11 | GRANDMOTHER                |
| 12 | GRANDFATHER                |
| 13 | GRANDCHILD                 |
| 14 | OTHER RELATIVE             |
| 15 | NON-RELATIVE/FAMILY FRIEND |

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

**CARELONG (Alzheimer's Association – Caregiver Optional Module) new responses 2016 CARELONG.**  
**25.3 For how long have you provided care for that person? Would you say?**

*¿Por cuánto tiempo le ha proveído cuidado usted a esta persona? Diría?*

- 1. Less than 30 days / *Menos de 30 días*
- 2. 1 month to less than 6 months / *1 mes a menos de 6 meses*
- 3. 6 months to less than 2 years / *6 meses a menos de 2 años*
- 4. 2 years to less than 5 years / *2 años a menos de 5 años*
- 5. More than 5 years / *Más de 5 años*

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

**CAREHOUR1 (Alzheimer's Association – Caregiver Optional Module) new responses 2016 CAREHOUR.**

**25.4 In an average week, how many hours do you provide care or assistance? Would you say?**

*En una semana normal, ¿cuántas horas usted proporciona atención o asistencia? Diría?*

- 1. Up to 8 hours per week / *Hasta 8 horas por semana*
- 2. 9 to 19 hours per week / *9 a 19 horas por semana*
- 3. 20 to 39 hours per week / *20 a 39 horas por semana*
- 4. 40 hours or more / *40 horas o más*

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

**CAREPROB1 (Alzheimer's Association – Caregiver Module) new responses 2016 CONCERND.**

**25.5 What is the main health problem, long-term illness, or disability that the person you care for has?**

*¿Cuál es el problema principal de salud, enfermedad crónica o discapacidad que tiene la persona que usted cuida?*

**IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?**

*IF NECESSARY: ¿Por favor dígame cuál de estas condiciones es el problema principal?*

**[DO NOT READ: RECORD ONE RESPONSE]**

- 1 ARTHRITIS/RHEUMATISM
- 2 ASTHMA
- 3 CANCER
- 4 CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD
- 5 DEMENTIA OR OTHER COGNITIVE IMPAIRMENT DISORDERS
- 6 DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN'S SYNDROME, AND SPINA BIFIDA
- 7 DIABETES

- 8 HEART DISEASE, HYPERTENSION, STROKE
- 9 HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)
- 10 MENTAL ILLNESSES, SUCH AS ANXIETY, DEPRESSION, OR SCHIZOPHRENIA
- 11 OTHER ORGAN FAILURE OR DISEASES SUCH AS KIDNEY OR LIVER PROBLEMS
- 12 SUBSTANCE ABUSE OR ADDICTION DISORDERS
- 13 INJURIES, INCLUDING BROKEN BONES
- 14 OLD AGE/INFIRMITY/FRAILITY
- 15 OTHER (SPECIFY) \_\_\_\_\_ CAREPROBTXT
  
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

**CRGVPERs (Alzheimer's Association – Caregiver Optional Module) YES/NO.**

**25.6 In the past 30 days, did you provide care for this person by...**

**Managing personal care such as giving medications, feeding, dressing, or bathing?**

*En los últimos 30 días, ¿le proporcionó cuidado a esta persona como... cuidado personal tales como la administración de medicamentos, alimentación, vestirse o bañarse?*

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

**CRGVHOUS (Alzheimer's Association – Caregiver Optional Module) YES/NO.**

**25.7 In the past 30 days, did you provide care for this person by...**

**Managing household tasks such as cleaning, managing money, or preparing meals?**

*En los últimos 30 días, ¿le proporcionó cuidado a esta persona como... Tareas domésticas, tales como limpieza, manejo de dinero, preparación de comidas?*

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

**CRGVMST2 (Alzheimer's Association – Caregiver Optional Module) CRGVMST2.**

**25.8. Of the following support services, which one do YOU most need, that you are not currently getting?**

*De los siguientes servicios de apoyo, cuál es el que más necesita, que no está recibiendo actualmente?*

**[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]: Respite care means short-term or long-term breaks for people who provide care.**

*[INTERVIEWER NOTE: El cuidado de asistencia temporal significa descansos a corto plazo o a largo plazo para las personas que brindan el cuidado.]*

**[READ OPTIONS 1 – 6]**

1. Classes about giving care, such as giving medications / *Clases sobre dar cuidado, como dar medicamentos*
  2. Help in getting access to services / *Ayuda para obtener acceso a los servicios*
  3. Support groups / *Grupos de apoyo*
  4. Individual counseling to help cope with giving care / *Consejería individual para ayudar a enfrentarse a dar cuidado*
  5. Respite care / *Asistencia temporal*
  6. You don't need any of these support services / *Usted no necesita ninguno de estos servicios de apoyo*
- 77 DON'T KNOW /NOT SURE  
99 REFUSED

*If CAREGIV5 = 1 or 3, otherwise SKP MARIJNUM*

**CRGVEXPT (Alzheimer's Association – Caregiver Optional Module)**

**YES/NO.**

**25.9 In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?**

*¿ En los próximos dos años, espera proporcionar asistencia o cuidado a un amigo o miembro de la familia que tiene un problema de salud o discapacidad?*

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

**Section 26: Marijuana Use**

Now I would like to ask you a few questions about **marijuana use**.

*Ahora me gustaría hacerle algunas preguntas sobre el uso de la marihuana.*

**MARIJNUM (CDC OPTIONAL MODULE CA-TCP) NEW 2016**

**TYPE I.**

**26.1 During the past 30 days, on how many days did you use marijuana or hashish?**

*¿Durante los últimos 30 días, cuántos días ¿ha usado marihuana o hashish?*

\_\_\_\_\_ 0-30 Number of Days

77. DON'T KNOW / NOT SURE  
88. NONE (ZERO DAYS)  
99. REFUSED

**ASK IF ANSWER=1-30 OR 77; OTHERWISE SKIP TO TOUROUT  
USEMRJNA (CDC OPTIONAL MODULE CA-TCP) NEW 2016**

**MUSE.**

**26.2 During the past 30 days, how did you use marijuana? Please tell me all that apply. Did you....**

*¿Durante los últimos 30 días, ¿cómo uso la marihuana? Por favor dígame todo lo que apliqué. Lo...*

[INTERVIEWER NOTE: Use clarification in parentheses if needed.]

[Select all that apply]

1. Smoke it? (for example: in a joint, bong, pipe, or blunt)  
*Fumó? (por ejemplo: en cigarro, bong (pipa de agua), pipa, o en un puro)*
2. Eat it? (for example, in brownies, cakes, cookies, or candy)  
*Comió? (por ejemplo, en brownies, pasteles, galletas o dulces)*
3. Drink it? (for example, in tea, cola, alcohol)  
*Bebió? (por ejemplo, en el té, bebidas de cola, o alcohol)*
4. Vaporize it? (for example in an e-cigarette-like vaporizer)  
*Vaporizó? (por ejemplo en un cigarillo-electrónico como vaporizador)*
5. Dab it? (for example using butane hash oil, wax or concentrates)  
*Unto? (Por ejemplo, utilizando aceite hash de gas butano, cera o concentrados)*
6. Was it used in some other way? (Specify—MARUSETX)  
*Fue utilizada de algún otro modo?*
  
77. DON'T KNOW / NOT SURE
99. REFUSED

**Section 27: Medical Tourism**

**TOUROUT (Traveler's Health Branch) new 2016**

**YES/NO.**

**27.1 During the past 12 months, did you travel outside of the United States to receive pre-planned medical, dental, or surgical procedures or treatments?**

*¿Durante los últimos 12 meses, ha viajado fuera de los Estados Unidos para recibir tratamientos o procedimientos médicos, dentales o quirúrgicos previamente planificados?*

**INTERVIEWER NOTE: This is referring to pre-planned care and not care that may have occurred during the trip due to an illness or injury.**

*INTERVIEWER NOTE: Esto se refiere a cuidado preplaneado y no cuidado que puede haber ocurrido durante el viaje debido a una enfermedad o herida.*

- |    |                     |                  |
|----|---------------------|------------------|
| 1  | Yes                 |                  |
| 2  | No                  | [SKIP TO CH_SEL] |
| 77 | DON'T KNOW/NOT SURE | [SKIP TO CH_SEL] |
| 99 | REFUSED             | [SKIP TO CH_SEL] |

**TOURCTRYA (Traveler's Health Branch) new 2016**

**ISO.**

**27.2A What specific countries outside of the United States did you travel to during the past 12 months for your pre-planned medical, dental, or surgical procedures or treatments? Please list up to 3. What was the first country that you visited?**

*¿Qué países específicos fuera de los Estados Unidos ha viajado durante los últimos 12 meses para sus tratamientos o procedimientos médicos, dentales o quirúrgicos previamente planificados? Por favor incluya hasta 3.*

**INTERVIEWER NOTE: RESPONDENT MAY LIST UP TO 3. ONLY 1 PER PAGE**

- ISO Country Code (See APPENDIX I)
- 1 NONE (verify if EQUALS 1 and change TOUROUT)
  - 840 UNITED STATES OF AMERICA (verify if EQUALS 840 and change TOUROUT)
  - 7777 DON'T KNOW / NOT SURE (SKP TOURTXT)
  - 9999 REFUSED (SKP TOURTXT)

**TOURCTRYB**

**ISO.**

**27.2B What was the second country that you visited?**

*¿Cuál es el segundo país que ha visitado?*

**INTERVIEWER NOTE: RESPONDENT MAY LIST UP TO 3. ONLY 1 PER PAGE**

- ISO Country Code (See APPENDIX I)
- 1 NONE (SKP TOURTXT)
  - 840 UNITED STATES OF AMERICA (REASK IF NONE ENTER 1)
  - 7777 DON'T KNOW / NOT SURE (SKP TOURTXT)
  - 9999 REFUSED (SKP TOURTXT)

**TOURCTRYC**

**ISO.**

**27.2C What was the third country that you visited?**

*¿Cuál fue el tercer país que ha visitado?*

**INTERVIEWER NOTE: RESPONDENT MAY LIST UP TO 3. ONLY 1 PER PAGE**

- ISO Country Code (See APPENDIX I)
- 1 NONE (SKP TOURTXT)
  - 840 UNITED STATES OF AMERICA (REASK IF NONE ENTER 1)
  - 7777 DON'T KNOW / NOT SURE (SKP TOURTXT)
  - 9999 REFUSED (SKP TOURTXT)

**TOURTXT (Traveler's Health Branch) new 2016**

**TOURTXT.**

**27.3 What types of procedures or treatments did you receive on your trips outside of the United States for your pre-planned medical, dental or surgical procedures or treatments?**

*Qué tipos de procedimientos o tratamientos ha recibido en sus viajes fuera de los Estados Unidos para sus tratamientos médicos o procedimientos, dentales o quirúrgicos previamente planificados?*

**INTERVIEWER NOTE: DO NOT read response options.**

**INTERVIEWER NOTE: Respondent may choose more than one option.**

- Organ transplant
  - 11 Kidney
  - 12 Liver
  - 13 Heart
  - 14 Lung
  - 15 Corneal (eye)
- Cosmetic surgery
  - 21 Facial
  - 22 Liposuction
  - 23 Breast (implant, lift, or reduction)

- 24 Abdominoplasty (tummy tuck)
- 25 Hair transplant
- Dental surgery
  - 30 Dental Surgery
- Cardiac/Heart Surgery
  - 40 Cardiac/Heart Surgery
- Orthopedic surgery
  - 51 Hip replacement
  - 52 Knee replacement
  - 53 Other (specify) TOURTXT\_O1
- Medical treatment for illness
  - 61 Cancer treatment
  - 62 Drug and alcohol rehabilitation
  - 63 Fertility/infertility
  - 64 Other (specify) TOURTXT\_O2
- Other Procedures
  - 81 CT and MRI Scans
  - 82 Stem cell transplant
  - 83 Bariatric/Obesity Surgery
  - 84 Other (specify) TOURTXT\_O3
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

**TOURWHY (Traveler's Health Branch) new 2016**

**TOURWHY.**

**27.4 Why did you travel outside of the United States for your pre-planned medical, dental, or surgical procedures or treatments? Please select all that apply.**

**Por qué viajó fuera de los Estados Unidos para sus procedimientos o tratamientos médicos, dentales, o quirúrgicos planeados? Por favor seleccione todo lo que aplique.**

**INTERVIEWER NOTE: Read only if necessary**

**INTERVIEWER NOTE: Respondent may choose more than one answer**

1. The treatment or procedure was not available in the United States  
*El tratamiento o procedimiento no estaba disponible en los Estados Unidos*
2. The treatment or procedure was not covered by your health insurance  
*El tratamiento o procedimiento no estaba cubierto por su seguro de salud*
3. The treatment or procedure was too expensive in the United States  
*El tratamiento o procedimiento era demasiado caro en los Estados Unidos*
4. Felt the quality of care or success of procedure or treatment would be better in another country  
*Sintió que la calidad de la atención o el éxito del procedimiento o tratamiento sería mejor en otro país*
5. Felt more familiar or comfortable receiving the procedure or treatment in another country/Went back to home country  
*Se sintió más familiar y cómodo (a) recibir el procedimiento o tratamiento en otro país/ o Volvió a su país de origen*
6. Other (specify)  
*Otro (especifique) TOURWHY\_O1*
77. DON'T KNOW/ NOT SURE
99. REFUSED

**TOURPROB (Traveler's Health Branch) new 2016**

**YESNO.**

**27.5 Did you have any unexpected problems, complications, or undesirable health outcomes as a result of the procedures or treatments you received outside of the United States?**



¿Tuvo problemas inesperados, complicaciones, o resultados indeseables de salud como resultado de los procedimientos o tratamientos recibidos fuera de los Estados Unidos?

- 1. Yes
- 2. No [SKIP TO CH\_SEL]
- 77 DON'T KNOW/NOT SURE [SKIP TO CH\_SEL]
- 99 REFUSED [SKIP TO CH\_SEL]

**TOURDOC (Traveler's Health Branch) new 2016 YESNO.**  
**27.6 Did you see a doctor, nurse or other health care professional for these unexpected problems, complications, or undesirable health outcomes after returning to the United States?**

¿Ha visto un médico, enfermera u otro profesional de la salud para estos problemas inesperados, complicaciones o resultados indeseables de salud después de regresar a los Estados Unidos?

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

**Section 28: Random Child Selection**

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

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

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

**CH\_SEL (CDC OPTIONAL MODULE) BOYGIRL.**

**28.1 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?
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

**CH\_HISP2 (CDC OPTIONAL MODULE) YESNO.**

**28.2 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)**  
**Are they...**

**YESNO.**

**28.3 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)**  
**28.4 Puerto Rican?**

**YESNO.**

*¿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)**  
**28.5 Cuban?**

**YESNO.**

*¿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)**  
**28.6 Another Hispanic, Latino/a, or Spanish origin?**

**YESNO.**

*¿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)****YES/NO.****28.7 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?*

- |     |                                  |          |
|-----|----------------------------------|----------|
| 1.  | White                            | CH_RAC_A |
| 2.  | Black or African American        | CH_RAC_B |
| 3.  | American Indian or Alaska Native | CH_RAC_E |
| 4.  | Asian                            | CH_RAC_C |
| 5.  | Pacific Islander                 | CH_RAC_D |
| 6.  | Other (Specify)                  | CH_RAC_F |
| 77. | DON'T KNOW/ NOT SURE             |          |
| 99. | REFUSED                          |          |

IF (ANS &gt; 6) SKP CH\_BORN

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

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

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

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

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

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

**CH\_RA2AB (CA-CORE)****ORACE2AB.****28.8 Is the \*\*- year/month old child Chinese, Japanese, Korean, Filipino or Other?**

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

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

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

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

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

**28.9 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.**

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

*¿En qué mes y año nació el niño(a)?*

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

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

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

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

**CH\_REL.**

**28.11 How are you related to the child?**

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

PLEASE READ:

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

99. REFUSED

### Section 29: Childhood Asthma Prevalence

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

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

**YESNO.**

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

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

- 1. Yes
- 2. No

IF (ANS > 1) SKP ASTHLOGIC

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

IF (ANS > 1) SKP ASTHLOGIC  
IF (ANS > 1) SKP ASTHLOGIC

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

**YESNO.**

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

*¿Tiene todavía el niño(a) asma?*

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

#### **ASTHLOGIC**

ASTHCB = 0

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

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

IF (ASTHEVE3 = 1 & CHLDAST2 = 1)

ASTHCB = RANDNUM 1 2

ENDIF

IF (ASTHCB = 1) SKP ADLTCALL

IF (ASTHCB =2) SKP CHLDCALL

IF (ASTHCB=0) SKP PANEL

CMDO ASTHCB "ASTHCB" 1

noback

### Section 30: Closing

*If ASTHEVE3=1 or CHLDAST2 =1 continue*

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

**YESNO.**

**30.1 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
- 2. No
- 77. DON'T KNOW / NOT SURE

IF (ANS = 1) SKP ADLTNAME

IF (ANS>1) SKP PANEL

99. REFUSED

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

**YESNO.**

**30.2 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 ADLTNAME
- 2. No IF (ANS>1) SKP PANEL

77. DON'T KNOW / NOT SURE

99. REFUSED

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

**30.3 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 \_\_\_\_\_ (IF ASTHCB = 1 SKP CBTIME)

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

**30.4 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**

**30.5 Are you the parent or guardian in the household 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 (CHLDNAME)*

- 1. Yes IF (ANS = 1) SKP CBTIME
- 2. No IF (ANS>1) SKP OTHNAME

77. DON'T KNOW / NOT SURE

99. REFUSED

**OTHNAME**

**30.6 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)**

**30.7 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.*

**SPANIN2**

**SPANINB.**

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

- 1. Spanish
- 2. English

**APPENDIX I**

Country or Area Name	ISO Numeric Code UN M49 Numerical Code
Afghanistan	004
Aland Islands	248
Albania	008
Algeria	012
American Samoa	016
Andorra	020
Angola	024
Anguilla	660
Antarctica	010
Antigua and Barbuda	028
Argentina	032

Armenia	051
<i>Aruba</i>	533
Australia	036
Austria	040
Azerbaijan	031
Bahamas	044
Bahrain	048
Bangladesh	050
Barbados	052
Belarus	112
Belgium	056
Belize	084
Benin	204
<i>Bermuda</i>	060
Bhutan	064
Bolivia	068
Bosnia and Herzegovina	070
Botswana	072
<i>Bouvet Island</i>	074
Brazil	076
<i>British Virgin Islands</i>	092
<i>British Indian Ocean Territory</i>	086
Brunei Darussalam	096
Bulgaria	100
Burkina Faso	854
Burundi	108
Cambodia	116
Cameroon	120
Canada	124
Cape Verde	132
<i>Cayman Islands</i>	136
Central African Republic	140
Chad	148
Chile	152
China	156
<i>Hong Kong, Special Administrative Region of China</i>	344



<i>Macao, Special Administrative Region of China</i>	446
<i>Christmas Island</i>	162
<i>Cocos (Keeling) Islands</i>	166
Colombia	170
Comoros	174
Congo (Brazzaville)	178
Congo, Democratic Republic of the	180
<i>Cook Islands</i>	184
Costa Rica	188
Côte d'Ivoire	384
Croatia	191
Cuba	192
Cyprus	196
Czech Republic	203
Denmark	208
Djibouti	262
Dominica	212
Dominican Republic	214
Ecuador	218
Egypt	818
El Salvador	222
Equatorial Guinea	226
Eritrea	232
Estonia	233
Ethiopia	231
<i>Falkland Islands (Malvinas)</i>	238
<i>Faroe Islands</i>	234
Fiji	242
Finland	246
France	250
<i>French Guiana</i>	254
<i>French Polynesia</i>	258
<i>French Southern Territories</i>	260
Gabon	266
Gambia	270
Georgia	268

Germany	276
Ghana	288
<i>Gibraltar</i>	292
Greece	300
<i>Greenland</i>	304
Grenada	308
<i>Guadeloupe</i>	312
<i>Guam</i>	316
Guatemala	320
<i>Guernsey</i>	831
Guinea	324
Guinea-Bissau	624
Guyana	328
Haiti	332
<i>Heard Island and Mcdonald Islands</i>	334
Holy See (Vatican City State)	336
Honduras	340
Hungary	348
Iceland	352
India	356
Indonesia	360
Iran, Islamic Republic of	364
Iraq	368
Ireland	372
<i>Isle of Man</i>	833
Israel	376
Italy	380
Jamaica	388
Japan	392
<i>Jersey</i>	832
Jordan	400
Kazakhstan	398
Kenya	404
Kiribati	296
Korea, Democratic People's Republic of	408
Korea, Republic of	410

Kuwait	414
Kyrgyzstan	417
Lao PDR	418
Latvia	428
Lebanon	422
Lesotho	426
Liberia	430
Libya	434
Liechtenstein	438
Lithuania	440
Luxembourg	442
Macedonia, Republic of	807
Madagascar	450
Malawi	454
Malaysia	458
Maldives	462
Mali	466
Malta	470
Marshall Islands	584
<i>Martinique</i>	474
Mauritania	478
Mauritius	480
<i>Mayotte</i>	175
Mexico	484
Micronesia, Federated States of	583
Moldova	498
Monaco	492
Mongolia	496
Montenegro	499
<i>Montserrat</i>	500
Morocco	504
Mozambique	508
Myanmar	104
Namibia	516
Nauru	520
Nepal	524

Netherlands	528
<i>Netherlands Antilles</i>	530
<i>New Caledonia</i>	540
New Zealand	554
Nicaragua	558
Niger	562
Nigeria	566
<i>Niue</i>	570
<i>Norfolk Island</i>	574
Northern Mariana Islands	580
Norway	578
Oman	512
Pakistan	586
Palau	585
Palestinian Territory, Occupied	275
Panama	591
Papua New Guinea	598
Paraguay	600
Peru	604
Philippines	608
Pitcairn	612
Poland	616
Portugal	620
Puerto Rico	630
Qatar	634
Réunion	638
Romania	642
Russian Federation	643
Rwanda	646
<i>Saint-Barthélemy</i>	652
<i>Saint Helena</i>	654
Saint Kitts and Nevis	659
Saint Lucia	662
<i>Saint-Martin (French part)</i>	663
<i>Saint Pierre and Miquelon</i>	666
Saint Vincent and Grenadines	670

Samoa	882
San Marino	674
Sao Tome and Principe	678
Saudi Arabia	682
Senegal	686
Serbia	688
Seychelles	690
Sierra Leone	694
Singapore	702
Slovakia	703
Slovenia	705
Solomon Islands	090
Somalia	706
South Africa	710
<i>South Georgia and the South Sandwich Islands</i>	239
South Sudan	728
Spain	724
Sri Lanka	144
Sudan	736
Suriname *	740
<i>Svalbard and Jan Mayen Islands</i>	744
Swaziland	748
Sweden	752
Switzerland	756
Syrian Arab Republic (Syria)	760
Taiwan, Republic of China	158
Tajikistan	762
Tanzania *, United Republic of	834
Thailand	764
Timor-Leste	626
Togo	768
<i>Tokelau</i>	772
Tonga	776
Trinidad and Tobago	780
Tunisia	788
Turkey	792

Turkmenistan	795
<i>Turks and Caicos Islands</i>	796
Tuvalu	798
Uganda	800
Ukraine	804
United Arab Emirates	784
United Kingdom	826
United States of America	840
<i>United States Minor Outlying Islands</i>	581
Uruguay	858
Uzbekistan	860
Vanuatu	548
Venezuela (Bolivarian Republic of)	862
Viet Nam	704
<i>Virgin Islands, US</i>	850
<i>Wallis and Futuna Islands</i>	876
Western Sahara	732
Yemen	887
Zambia	894
Zimbabwe	716