

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

Merged English/Spanish Version

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

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- Introduction and Screening Questions for Landline -

INTROQ

INTRO1 (NO SELECTED RESPONDENT)

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

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

1. CONTINUE CALL

IF (ANS = 1) SKP PRIVRES

2. DISCONTINUE CALL (WRONG NUMBER)

IF (ANS = 2) SKP WRONGNUM

INTRO2 (RESPONDENT IS SELECTED)

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

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

INTERVIEWER NOTE:

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

WRONGNUM

IF WRONG NUMBER DIALED

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

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

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

PRIVRES

Is this a private residence?

¿Es esta una residencia privada?

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

READ ONLY WHEN NECESSARY:

ENGLISH:

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

SPANISH:

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

1. YES

IF (ANS = 1) SKP RUADULT

2. NO, CONTINUE

IF (ANS = 2) SKP COLLEGE

3. NO, BUSINESS PHONE ONLY

IF (ANS = 3) SKP LLNotPR

LLNOTPR

IF NON-RESIDENTIAL NUMBER

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4500

COLLEGE (Ask if PRIVRES not equal 1)

Is this college housing?

¿Es este una vivienda de colegio?

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

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

1. Yes

IF (ANS = 1) SKP 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?

California Behavioral Risk Factor Survey 2016, Track III Merged English/Spanish

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

Do you currently live in California?

¿Vive actualmente 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?

Estan remitidas sus llamadas de su linea telefonica de casa a su celular?

1. YES

IF (ANS = 1) SKP CHKPHON

2. NO

IF (ANS = 2) SKP NOTLLORPRVRES

CHKPHON

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

Es su numero telefonico de casa (XXX)-XXX-XXXX ?

1. YES

IF (ANS = 1) SKP NUMADULT1

2. NO

IF (ANS = 2) SKP WrongNum

NOTLLORPRVRES

NOT LANDLINE OR PRIVATE RESIDENCE

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

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

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4450

CELLYES

YES IS CELL NUMBER

1. CONTINUE CODING AS CELL PHONE

IF (ANS = 2) SKP Is_Cell

2. CHANGE RESPONSE TO PREVIOUS QUESTION IS_CELL

ENDQUEST. DISPOS = 4450

INTERVIEWER NOTE:

YOU INDICATED THIS NUMBER REACHES A CELLULAR TELEPHONE.

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

IF THIS NUMBER IS A CELL PHONE, PLEASE READ:

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

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

LLNOADLT

NO ADULT USES PHONE IN COLLEGE HOUSING

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

Gracias por su cooperación 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

ASK FOR THE ADULT

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May I speak with him/her?

¿Me permite hablar con el/la?

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

NEWADULT

NEW ADULT TO SPEAK WITH

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

You have been randomly chosen to represent 5,000 people in California.

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

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

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 dígame y podemos continuar.
Si usted tiene alguna pregunta acerca de la encuesta, que yo no pueda contestar, le daré un número de teléfono sin costo, al que usted pueda llamar para obtener más información. 1-800-311-4905.

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

1. PERSON INTERESTED, CONTINUE

IF (ANS = 1) SKP GENHLTH

3. PERSON IS NOT INTERESTED. PLEASE CODE APPROPRIATE REFUSAL (SOFT vs. HARD).

IF (ANS = 2) CTRLEND

NONQAL

ERROR: RESPONDENT DOES NOT QUALIFY

INTERVIEWER NOTE: Should have. Quotas are incorrect

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

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

CTRLEND

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 (Fl – 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

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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)

YES/NO.

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

(¿Alguna vez le ha dicho un doctor, 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)

YES/NO.

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

¿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)

DIABDCDC.

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 **RESPGEND = 1/ MALE**
INTERVIEWER NOTE: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE? THE RESPONDENT SELECTED WAS THE (SELECTED MALE ADULT)

IS THE PREVIOUS ANSWER CORRECT?

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

- 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

Section 8: Demographics

AGEB (CDC-CORE)

8.1 What is your age?

¿Cuántos años tiene usted?

- ENTER AGE IN YEARS (RANGE: 18 – 150)
- 77. DON'T KNOW / NOT SURE
- 99. 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 IF (ANS >= 2) SKP ORACE3
- 99. REFUSED 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

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

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

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

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

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

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

IF ((ORACE2XA= 1) & (ORACE2XA = 2 | ORACE2XA =3 | ORACE2XA = 4 | ORACE2XA = 5 |ORACE2X =6))
 SKP ORACE4A
 IF ((ORACE2XA = 2) & (ORACE2XA = 3 | ORACE2XA =4 | ORACE2XA= 5 | ORACE2XA = 6)) SKP
 ORACE4A
 IF ((ORACE2XA = 3) & (ORACE2XA = 6)) SKP ORACE4A
 SKP MARITAL

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

ORACE2AB (CDC-CORE)

ORACE2AB.

8.9 If orace4A<>4.and.orace4A<>5and.orace4A>0, ask “Even though you indicated Asian or Pacific Islander as one of your races, but not the race that BEST represents yourself, we need to know if you are Chinese, Japanese, Korean, Filipino or Other?”, else ask “Are you Chinese, Japanese, Korean, Filipino or Other?”

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

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

ORACE4A (CDC-CORE)

ORACEB.

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) <ORACE4TX>
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.

Investigaciones han mostrado que algunos miembros de la comunidad de minoría sexual tienen factores de riesgo importantes para la salud, como fumar. Estamos juntando información sobre orientación sexual para saber si esto es cierto en 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)

TRNS.

8.13 Do you consider yourself to be transgender?

Se considera usted ser transexual?

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

Se considera usted ser 1. hombre a mujer, 2. mujer a hombre, o 3. Sexo no declarado (definido)?

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
-
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.

Algunas personas se describen a sí mismos como transexuales cuando experimentan una identidad diferente de su sexo al nacer. Por ejemplo, una persona nace en un cuerpo masculino, pero se siente femenina o vive como mujer sería transexual. Algunas personas transexuales cambian su apariencia física para que coincida con su identidad interna. Algunas personas transexuales toman hormonas y algunas tienen cirugía. Una persona transexual puede ser de cualquier orientación sexual – heterosexual (derecho), homosexual, lesbiana o 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.

Algunas personas ven a sí mismos como sexo no declarado (definido) cuando no se identifican sólo como hombre o como mujer.

EDUCA (CDC-CORE)**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
 6. Some College
Un poco de Universidad
 7. College graduate
Grado de universidad
 8. Post graduate or professional degree
Título profesional o posgraduado
88. Did not attend school (Never attended school or only kindergarten) *No atendió la escuela*
 77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
 99. REFUSED/SE NIEGA A CONTESTAR

OWNHOME (CDC-CORE)**RENT.****8.15 Do you own or rent your home?***¿Es usted dueño (a) o alquila (renta) su casa?*

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

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

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

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

1. Own / *dueño (a) su casa*
2. Rent / *alquila (renta) su casa*
3. Other arrangement / *Otro acuerdo*
7. DON'T KNOW/NOT SURE
9. REFUSED

CACOUNTY (CDC-CORE)**COUNTYA.****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
7. DON'T KNOW/NOT SURE
9. REFUSED

IF (ANS >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)

YES.NO.

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
7. DON'T KNOW/NOT SURE
9. 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
7. DON'T KNOW / NOT SURE
9. 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, eres amo/a de casa, es estudiante, está jubilado/a, o no puede trabajar?

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

(EMPLOY = ANS) (HHSIZE = NUMADULT1 + CHILD18)

CHILD18 (CDC-CORE)

TYPE VII.

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 + CHILD18) (LANDLINE ONLY)

- ___ 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 <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) *** Calculated variable do not ask *** (not formatted)

8.26A Household size.

HHSIZE = NUMADULT1 + CHILDREN (LANDLINE ONLY)

HHSIZE = (HHADULT + CHILD18) (CELL ONLY)

INCOM02 (CDC-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 dela encuesta pueden ayudarnos aprender cómo podemos reducir las posibilidades de enfermedad.

- 1. Less than \$10,000
- 2. \$10,000 to less than \$15,000
- 3. \$15,000 to less than \$20,000
- 4. \$20,000 to less than \$25,000
- 5. \$25,000 to less than \$35,000
- 6. \$35,000 to less than \$50,000
- 7. \$50,000 to less than \$75,000
- 8. \$75,000 to less than \$100,000
- 9. \$100,000 to less than \$125,000
- 10. \$125,000 or greater
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

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

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

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

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

IF (HHSIZE = 2 & INCOM02 = 3) SKP HH2IN3

IF (HHSIZE = 2 & INCOM02 = 4) SKP HH2IN4

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

SKP INTERNET

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

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

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

YES/NO.

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

INCOM02	=	1	2	3	4	5	6	7	8	9	
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100-125k	125k+
HHSIZE=	1		\$11,770	\$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)

- 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.

(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 o no utilizar 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-asked in 2009)

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

DIFDRES2 (CDC-CORE)

YESNO.

9.7 Do you have difficulty dressing or bathing?

¿Tiene dificultad para vestirse o bañarse?

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

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

YESNO.

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

Section 10: Alcohol Consumption

DRNKALC2 (CDC CORE)

TYPE II.

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

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

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

_____ ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS

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

NALCOCC3 (CDC CORE)

TYPE I.

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

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

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

_____ ENTER NUMBER OF DRINKS (ONE HALF= .5) (verify if GT 11 or verify if 0)

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

DRNKGE5B (CDC CORE)

TYPE I.

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if 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(sex=1,"5 o más","4 o más")} en una sola ocasión?

_____ ENTER NUMBER OF TIMES (VERIFY IF GT 15)

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

DRINKNUM (CDC- CORE)

TYPE VII.

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

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

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

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

Section 11: Immunizations

FLUSHOT6 (CDC-CORE)

YES/NO.

11.1 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)

11.2 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.

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

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

Do not read. .

Interviewer Note: Read only if necessary.

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

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

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

77. Don’t know
99. Refused

PNEUMVC3 (CDC-CORE)

YES/NO.

11.4 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

TETNUS14 (CDC-CORE)

TDAP.

Next I will ask about the tetanus diphtheria vaccine. A continuación, le voy a preguntar sobre la vacuna contra el tétano y la difteria

11.5 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?”

¿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/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

Section 12: Falls

If AGE8 >= 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.

12.1 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.

12.2 {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 '1'
IF RESPONSE IS 'NO', CODE '888'.

__ NUMBER OF FALLS [76 = 76 OR MORE]

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

Section 13: Seat Belt Use

SEATBELT (CDC-CORE)

SEATBELT.

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

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

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

IF SEATBELT =88 and RESPGEND = 2 SKP HADMAM2
IF SEATBELT =88 and RESPGEND = 1 SKP PSADRADV

Section 14: Drinking and Driving

If DRNKALC2 = Not Applicable, and RESPGEND =2 go to HADMAM2
If DRNKALC2 = Not Applicable, and RESPGEND =1 go to PSADRADV

The next question is about drinking and driving.

La siguiente pregunta es acerca de beber y conducir.

DRINKDRI (CDC-CORE)

TYPE I.

14.1 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 15: Breast and Cervical Cancer Screening

If SEX1 = 1, go to PSADRADV

The next questions are about breast and cervical cancer screening.

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

HADMAM2 (CDC-CORE)

YESNO.

15.1 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
- 99. REFUSED

(Go to HADPAP2)

(Go to HADPAP2)

HOWLONG2 (CDC-CORE)

15.2 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

HOWLNGC.

HADPAP2 (CDC-CORE)

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

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

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

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

- 1. Yes
- 2. No

(Go to HPVTEST)

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

(Go to HPVTEST)

(Go to HPVTEST)

WHENPAP2 (CDC-CORE)

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

HOWLNGC.

¿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

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.

**15.5 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 (Go to PREGNANT)
- 77. Don't know/Not sure (Go to PREGNANT)
- 99. Refused (Go to PREGNANT)

HPLSTTST (CDC-CORE) new 2016

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

HOWLNGC.

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

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Ask if AGE<45 IF (AGE >= 45) SKP HYSTER2

PREGNANT (CDC-CORE)

YESNO.

15.7 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 go to HADSTLHM

HYSTER2 (CDC-CORE)

YES/NO.

15.8 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 (AGEB > 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.]

PFPVRV1 (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
 - 3. No partner/not sexually active/*No tiene pareja/no tiene actividad sexual*
 - 4. Same sex partner/*No sabe/No está segura*
 - 7. DON'T KNOW / NOT SURE
 - 9. REFUSED
- GO TO NOBCUSE6**
GO TO PSADRADV
GO TO PSADRADV
GO TO NOBCUSE6
GO TO NOBCUSE6

TYPNTR7 (CDC-OPTIONAL MODULE) –ASKED IN 4TH QRT ONLY

TYPNTR7.

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

77 NO SABE/NO ESTÁ SEGURA

Section 16: Prostate Cancer Screening

If SEX1=1 and AGEB GE 40 continue, else to HADSTLHM

PSADRADV(CDC-CORE) (NEW)

YES/NO.

16.1 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)

YES/NO.

16.2 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.

16.3 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

PSAHAD2 (CDC-CORE)

YESNO.

16.4 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.

16.5 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.

16.6 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 17: Colorectal Cancer Screening

IF (AGEB <= 49) SKP AIDSTST8

HADSTLHM (CDC-CORE)

YESNO.

17.1 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

IF (ANS > 1) SKP HADSIG3

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

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

WHENSTO3 (CDC-CORE)

HOWLNGC.

17.2 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)

YES/NO.

17.3 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.

17.4 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/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

WHENSIG4 (CDC-CORE)**WHEND.****17.5 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
<i>En el último año</i> | (anytime less than 12 months ago) |
| 2. | Within the past 2 years
<i>En los últimos 2 años</i> | (1 year but less than 2 years ago) |
| 3. | Within the past 3 years
<i>En los últimos 3 años</i> | (2 years but less than 3 years ago) |
| 4. | Within the past 5 years
<i>En los últimos 5 años</i> | (3 years but less than 5 years ago) |
| 5. | Within the past 10 years
<i>En los últimos 10 años</i> | (5 years but less than 10 years ago) |
| 6. | 10 or more years ago
<i>10 años o más</i> | |
| 77. | DON'T KNOW / NOT SURE | |
| 99. | REFUSED | |

Section 18: 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)**YESNO.****18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid (saliva) from your mouth.***¿Alguna vez se ha hecho la prueba de VIH? No cuenta las pruebas que le hayan realizado al donar*

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

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

TSTDATE (CDC-CORE)

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

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

ENTER MONTH AND YEAR (MMYYYY)

(FOR EXAMPLE: JUNE OF 2013 = 062013)

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY, 1985

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

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

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

__/____ ENTER MONTH AND YEAR TSTDT_M/TSTD_Y

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

TSTWHERE (CDC-CORE)

TSTWHERE.

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

18.3 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.

18.4 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 19: 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.

19.1 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?

_____ 1-30 Number of Days

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

If response =1 to 30, 77 ASK USEMRJNA, OTHERWISE SKIP TO SMOKE100

USEMRJNA (CDC OPTIONAL MODULE CA-TCP) NEW 2016

MUSE.

19.2 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 lo marihuana? Por favor dígame todo lo que apliqué. La...

[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

ASK IF MARIJUSE=4, OTHERWISE SKIP TO MARAGE

MARVAPE (CA-TCP NEW 2016)

MVAPE.

19.3 When you used marijuana, how often have did you vaporize it?

Cuando utiliza la marihuana, ¿con qué frecuencia usted la vaporiza?

- 1. Usually/ Usualmente
- 2. Sometimes/ A veces
- 3. Never/ Nunca

- 77. DON'T KNOW
- 99. REFUSED

MARAGE (CA-TCP NEW 2016 CA-TCP)

TYPE XII.

19.4 How old were you the first time you used marijuana or hashish?

¿Qué edad tenía la primera vez que usó marihuana o hashish (hachís)?

__ ENTER AGE IN YEARS

- 77. DON'T KNOW
- 99. REFUSED

MARIJ30 (CA-TCP NEW 2016 CA-TCP)

YESNO.

19.5 Was all of your marijuana use in the past 30 days recommended by a doctor or other health care professional?

¿Fue todo su uso de marihuana en los últimos 30 días recomendados por un doctor u otro profesional de la salud?

- 1. Yes
- 2. No

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

MARDRIVE (CA-TCP NEW 2016 CA-TCP)

YESNO.

19.6 Thinking about the last TWELVE months, did you ever drive within approximately three hours after using marijuana or hashish?

¿Pensando en los últimos DOCE meses, ¿alguna vez condujo (manejo) aproximadamente tres horas después de usar marihuana o hashish (hachís)?

- 1. Yes
- 2. No

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

MARIJRISK (CA-TCP NEW 2016)

RISK.

19.7 How much do you think the daily or near daily use of marijuana risks harming the average adult's health?

¿Cuánto cree que el uso diario o casi diario de la marihuana puede perjudicar la salud de un adulto en promedio?

- 1. No Risk/ No Hay Riesgo
- 2. Slight Risk/ Riesgo Leve
- 3. Moderate Risk/ Riesgo Moderado
- 4. Great Risk/ Riesgo Grande

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

Section 20: Tobacco Use

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

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

SMOKE100 (CDC-CORE)

YESNO.

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

Interviewer note: 5 packs = 100 cigarettes

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

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

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

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

SMKEVDA2 (CDC-CORE)

EVDAY.

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

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

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

LASTSMK2 (CDC-CORE)

SMOKREGB.

20.3 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 cigarillos regularmente
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

USENOW3 (CDC-CORE)

EVDAY.

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

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

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

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

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

IF SMOKE 100 > 1 SKP USESNUS
 IF SMKEVDA2 = 2 SKP SMK30DAY
 IF (SMKEVDA2 >= 3) & (LASTSMK2 <= 4) SKP SMK30DAY
 IF (SMKEVDA2 >= 3) & (LASTSMK2 > 4) SKP SMKWHOLE

Section 21: Current Cigarette Use

Ask if SMKEVDA2 =1

SMOKENUM (CA-TCP)

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

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

(INTERVIEWER NOTE: 1 PACK=20 CIGARETTES)

___ ENTER NUMBER

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

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

SMK30DAY (CA-TCP)

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

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

-- ENTER NUMBER

- 30. EVERYDAY
- 77. DON'T KNOW
- 88. NOT APPLICABLE (NONE) / NO APLICABLE (NINGUNO) SKP SMK12AGO
- 99. REFUSED

If (SMK30DAY = 88 AND SMKEVDA2 < 3) SKP SMK12AGO

If (SMK30DAY = 88 AND SMKEVDA2 = 3 AND LASTSMK2 <= 4) SKP SMK12AGO

If (SMK30DAY = 88 AND SMKEVDA2 = 3 AND LASTSMK2 > 4) SKP SMKWHOLE

SMK30NUM (CA-TCP)

TYPE I.

21.5 During the past 30 days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?

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

(INTERVIEWER NOTE: 1 PACK=20 CIGARETTES)

--- ENTER NUMBER

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

(Ask if SMKEVDA2 <= 2 or LASTSMK2 <=4)

SMK12AGO (CA-TCP)

YESNO.

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

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

- 1. Yes
- 2. No

(Go to SMKWAKE)

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

(Go to SMKWAKE)

(Go to SMKWAKE)

SMK12DL2 (CA-TCP)

EVDAY.

21.3 Were you smoking cigarettes every day or some days?

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

- 1. Every day
- 2. Some days

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

SMKWAKE (CA-TCP)

TYPE XXV.

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

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

INTERVIEWER: ENTER ZERO IF TIME FRAME DOES NOT APPLY

____ Hours (SMKWHR)

____ Minutes (SMKWMIN)

(Go to SMKWHOLE)

8888. Immediately

(Go to SMKWHOLE)

7777. Don't know

(Go to SMKWHOLE)

9999. Refused

(Go to SMKWHOLE)

If SMOKE100=1 then ask SMKWHOLE.

SMKWHOLE (CA-TCP)

TYPE I.

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

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

__ ENTER AGE IN YEARS

77. DON'T KNOW

99. REFUSED

ASK IF SMKEVDA=1 OR 2, ALL ELSE SKIP TO USESNUS;

SMKTYPE (CA-TCP)

SMKTYPE.

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

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

1. Regular

2. Light

3. Ultra-Light

4. OTHER _____ (specify) ----->TYPETXT

77. DON'T KNOW

99. REFUSED

SMO30MEN (CA-TCP)

YESNO.

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

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

1. Yes

2. No

77. DON'T KNOW

99. REFUSED

Section 22: Quitting

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

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

If SMKEVDA2 <= 2 , IF SMKEVDA2 >=3 TO USESNUS

QUIT1DY3 (CDC-CORE)

YESNO.

22.1 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?

1. Yes/Sí

2. No/No

(Go to QUITTIME)

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

(Go to QUITTIME)

99. REFUSED/SE NIEGA A CONTESTAR

(Go to QUITTIME)

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

TYPE V.

22.2 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)

--- MONTHS NOSMKMO

--- WEEKS NOSMKWK

--- DAYS NOSMKDY

000. Time frame does not apply

777. Don't know for that time frame

999. Refused for that time frame

888. Never made a quit attempt

IF NOSMK =777 or 999 SKP RETSITUA or IF NOSMK =888 SKP QUITTIME, ELSE CONTINUE

QUITHELP (CA-TCP)

YESNO.

22.3 In the last quit attempt you made, did you?

¿En el último intento que hizo para dejar de fumar, usted?

INTERVIEWER: IF THEY DID NOT USE ANY OF THESE ONLY SELECT 88

1. Use medication, like Chantix or Zyban/ *Usó los medicamentos como Chantix o Zyban*

Usó los medicamentos como Chantix o Zyban (QUITHELP_1)

2. Use Nicotine patches, nicotine gum or nicotine lozenges

Usó Parches de nicotina, chicle de nicotina o pastillas de nicotina (QUITHELP_2)

3. Use counseling advice

- 4. Use any self-help materials (QUITHELP_3)
 - Use el apoyo de un consejero
 - Use algunos materiales de autoayuda (QUITHELP_4)
- 88. NONE OF THESE (QUITHELP_5)
- 77. DON'T KNOW/NOT SURE (QUITHELP_7)
- 99. REFUSED (QUITHELP_8)

RETSITUA (CA-TCP)

RETSITUA.

22.4 In what situation did you return to smoking?

¿ Debido a que situación volvió usted a fumar?

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

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

- 77. Don't know
- 99. Refused

ASK IF SMKEVDA<=2

QUITTIME (CA-TCP NEW 2016)

QUIT.

22.5 Do you plan to quit smoking cigarettes for good...?

¿Planea usted dejar de fumar cigarrillos para siempre?

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

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

ASK IF SMKEVDA<=2

MDSEE2 (CA-TCP)

YESNO.

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

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

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

MDSTOP2 (CA-TCP)

YESNO.

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

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

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

Section 23: Cigarette Purchases

ASK IF SMKEVDA <=2

WHEREBUY (CA-TCP)

WHEREBUY.

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

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

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

- 77. DON'T KNOW
- 99. REFUSED

SMKBRAN2 (CA-TCP)

SMKBRAND.

23.2 What brand do you usually smoke?

¿Qué marca fuma usted usualmente?

READ ONLY IF NECESSARY

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

8. Merit 91. OTHER (specify) ----->SMKTX

PRICE (CA-TCP)

TYPE VII.

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

¿Cuánto paga usualmente por una cajetilla de cigarrillos?

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

___ ENTER RESPONSE

777. DON'T KNOW
999. REFUSED

BUYDOWN (CA-TCP)

YESNO.

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

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

1. Yes
2. No

77. DON'T KNOW
99. REFUSED

Section 24: Other Tobacco Use

ASK EVERYONE

USESNU (CA-TCP NEW 2016)

TYPE I.

24.1 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 I.

24.2 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 I.

24.3 During the past 30 days, how many days did you smoke cigarillos, or little cigars?

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 NEW 2016)

TYPEI.

24.4 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 NEW 2016)

TYPEI.

24.5. 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 modified 2016)

24.6 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 voy a preguntarle 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) | cigarrillos/ Cigarritos | Y/N | FLAVCGL3 |
| 4) | Flavored hookah / Pipa turca (hookah) de agua con sabor? | Y/N | FLAVHKH3 |

5) Flavored e-cigarettes / *Cigarrillos electrónicos con sabor?* Y/N

FLAVECIG3

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 25: 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)

YES/NO.

25.1 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

(GO TO SHSEXPOS)

77. DON'T KNOW / NOT SURE

99. REFUSED

(GO TO SHSEXPOS)

(GO TO SHSEXPOS)

ECIGEVDA (CDC-CORE new 2016)

EVDAY.

25.2 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 NEW 2016)

TYPE I.

25.3 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 SHSEXPOS

WHYECIGA (CA-TCP NEW 2016)

YN.

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

¿Qué describe mejor sus razones para usar los 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 (Especifique)*

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

Section 26: Secondhand Smoke

ASK EVERYONE
SHSEXPOS (CA-TCP)

YES/NO.

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

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

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

IF (SHSEXPOS > 1) & (EMPLOY2 < 3) SKP OUTWORK
IF (SHSEXPOS > 1) & (EMPLOY2 > 2) SKP SMKELSEN1

SHSWHERE (CA-TCP)

WHEREXPB.

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

INTERVIEWER NOTE: DO NOT READ

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

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

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

IF (EMPLOY2 > 2) SKP SMKELSEN1

If EMPLOY2=1 or EMPLOY2=2 then ask OUTWORK. Else go to SMKELSEN1

California Behavioral Risk Factor Survey 2016, Track III Merged English/Spanish

OUTWORK (CA-TCP)

YES/NO.

26.3 Do you currently work outside your home?

¿Actualmente, trabaja usted fuera de casa?

- 1. Yes
- 2. No

(Go TO SMKELSEN1)

- 77. DON'T KNOW
- 99. REFUSED

(GO TO SMKELSEN1)
(GO TO SMKELSEN1)

If (EMPLOY2 < 3 and OUTWORK=1) then ask Else go to SMKELSEN1.

INDOORS (CA-TCP)

INDOORS.

26.4 Do you work primarily indoors or outdoors?

¿Trabaja usted principalmente bajo techo o al aire libre?

- 1. Indoors
- 2. Outdoors

(GO TO SMKWORK1)

- 77. DON'T KNOW
- 99. REFUSED

(GO TO SMKWORK1)
(GO TO SMKWORK1)

TOTEMPL2 (CA-TCP) (ASK IF INDOORS=1)

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

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

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

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

- 1. 1
- 2. 2 to 5
- 3. 6 to 25
- 4. 26 to 50
- 5. More than 50

- 77. Don't know
- 99. Refused

If EMPLOY2=1 or (EMPLOY2=2 AND OUTWORK=1) then ask

SMKWORK1 (CA-TCP)

SMKWORK.

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

¿Cuál de las siguientes opciones mejor describe la póliza (regla) del fumar/vapear en las áreas donde los empleados trabajan? ¿Diría usted que el fumar/vapear no es permitido en ninguna área de trabajo, es permitido en algunas áreas de trabajo, es permitido en todas las áreas de trabajo.

1. NOT ALLOWED IN ANY WORK AREAS
NO SE PERMITE EN LAS ÁREAS DE TRABAJO
 2. ALLOWED IN SOME WORK AREAS
ES PERMITIDO EN ALGUNAS ÁREAS DE TRABAJO
 3. ALLOWED IN ALL WORK AREAS
ES PERMITIDO EN TODAS LAS ÁREAS DE TRABAJO
-
77. DON'T KNOW
 99. REFUSED

IF INDOORS=1 THEN ASK

SMKAREA1 (CA-TCP)

SMKAREA.

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

¿Cuál de las siguientes opciones describe mejor la póliza (regla) del fumar/vapear en el interior de los lugares públicos o áreas comunes así como las salas de espera, sanitarios, o comedores? ¿Diría usted que el fumar/vapear no es permitido en ninguna zona (área) pública, es permitido en algunas zonas (áreas) públicas, o esta permitido en todas las zonas públicas?

1. NOT ALLOWED IN ANY PUBLIC AREAS
NO ES PERMITIDO EN NINGUNAS ÁREAS PÚBLICAS
 2. ALLOWED IN SOME PUBLIC AREAS
ES PERMITIDO EN ALGUNAS ÁREAS PÚBLICAS
 3. ALLOWED IN ALL PUBLIC AREAS
ES PERMITIDO EN TODAS LAS ÁREAS PÚBLICAS
 4. DO NOT USE PUBLIC AREAS
NO USO LAS ÁREAS PÚBLICAS
-
77. DON'T KNOW
 99. REFUSED

IF EMPLOY2=1 OR (EMPLOY2=2 AND OUTWORK=1) THEN ASK

WORK7DAY (CA-TCP)

YESNO.

26.8 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 | |
| 2. No | (GO TO SMKELSEN1) |
| 77. DON'T KNOW | (GO TO SMKELSEN1) |
| 99. REFUSED | (GO TO SMKELSEN1) |

ASK IF WORK7DAY=1

WHATAREA (CA-TCP)

WHATAREA.

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

(DON'T READ THE ANSWERS JUST CODE IT)

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

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

SMKELSEN1 is asked of all respondents who have more than 1 adult in household or have at least one child younger than 18 in household.

IF (NUMADULT1 = 1 & CHILD18 = 0) SKP HHRULES5A

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

Ahora me gustaría hacerle algunas preguntas acerca de su hogar.

SMKELSEN1 (CA-TCP MODIFIED)

TYPE I.

26.10 How many household members currently smoke cigarettes, not including you?

¿Cuántos miembros del hogar actualmente fuman cigarrillos, sin contar (Incluir) a usted?

INTERVIEWER: Do not include the respondent.

-- ENTER NUMBER

77. DON'T KNOW

99. REFUSED

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) asked of all respondents

HOUSTYPE.

26.14 Which best describes the building you live in?

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

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

77. DON'T KNOW
99. REFUSED

PERCENT (CA-TCP) asked of all adults

TYPE II.

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

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

___ ENTER RESPONSE 1-100

888. NONE AT ALL
777. DON'T KNOW
999. REFUSED

EXPOTH2 (CA-TCP MODIFIED) asked of all respondents

YESNO.

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

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

1. Yes
 2. No
-

(GO TO EXPHRS)

- 77. DON'T KNOW
- 99. REFUSED

(GO TO EXPHRS)
(GO TO EXPHRS)

EXPTXT1 (CA-TCP)

WHEREXP.

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

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

- 1. RESTAURANT
- 2. RESTAURANT BAR
- 3. BAR OR TAVERN
- 4. POOL HALL
- 5. SHOPPING MALL/STORES
- 6. PUBLIC PARK/BEACHES/PLAYGROUNDS/OUTDOOR RECREATION AREAS
- 7. COMMUNITY EVENT/FAIR/FARMER'S MARKET
- 8. SPORTS EVENTS/STADIUMS
- 9. OTHER PERSON'S HOME
- 10. OTHER PERSON'S AUTOMOBILE
- 11. GAME ROOM/CASINO/BINGO HALL
- 12. WHERE SMOKING SHOULD NOT EVER BE ALLOWED
- 13. PARTY/WEDDING RECEPTIONS/SOCIAL EVENT/RENTED HALL
- 14. OTHER SERVICE AREAS SUCH AS BUS/CAB STANDS, ATM LINES, TICKET LINES
- 15. SIDEWALKS
- 16. OTHER (SPECIFY) EXPTXT1_O1
- 77. DON'T KNOW
- 99. REFUSED

EXPHRS (CA-TCP)

TYPE XXVI.

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

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

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

____ ENTER RESPONSE

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

EXPEHRS (CA-TCP)

TYPE XXVI.

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

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

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

_____ ENTER RESPONSE

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

MAREXP (CA-TCP NEW 2016)

TYPE XXVI.

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

¿La semana pasada, como cuántos minutos u horas fue expuesto al humo de marihuana de otras personas en todo tipo de ambientes?

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

_____ ENTER RESPONSE

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

Section 27: College Campuses

ENROLLED (CA-TCP)

YESNO.

27.1 Are you currently enrolled in a course on a college campus?

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

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

(GO TO SMKFREE2)

(GO TO SMKFREE2)

(GO TO SMKFREE2)

CAMPEXP (CA-TCP)

YESNO.

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

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

	YES	NO	DK/NS	REF	
A. Indoors	1	2	77	99	CAMPIN
B. Outdoors	1	2	77	99	CAMPOUT

Section 28: Bar and Casino

SMKFREE2 (CA-TCP MODIFIED)

SMKFREE2.

28.1 During the past 12 months, the last time you went to a bar, tavern or nightclub including those that are attached to a restaurant, hotel or card club, in California, was it smoke-free or vape-free?

¿Durante los últimos 12 meses, la última vez que fue a un bar, una taberna, o club nocturno, incluyendo esos adjuntos a algún restaurante, hotel, o salón de naipes (cartas) en California, estaba libre del humo de cigarrillos o vaporizadores (cigarrillos-electrónicos)?

- 1. No, I did not go to a bar, tavern or nightclub in the past 12 months/
No, no fui a un bar, taberna o club nocturno en los últimos 12 meses
- 2. Yes, it was smoke-free and vape free/ *Sí, era libre de humo y libre de vapor*
- 3. Yes, it was smoke-free only / *Sí, era sólo libre de humo*
- 4. No, it is neither smoke-free nor vape- free/ *No, no es libre de humo ni de vapor*

- 77. Don't know
- 99. Refused

CASNOSMK (CA-TCP)

CASNOSMK.

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

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

- 1. MORE LIKELY
- 2. LESS LIKELY
- 3. NO DIFFERENCE
- 4. NO OPINION
- 77. DON'T KNOW
- 99. REFUSED

Section 29: Media Exposure

ANTITOB (CA-TCP) asked of all respondents

YESNO.

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

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

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

HADS (CA-TCP MODIFIED)

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

YESNO.

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

SELECT ALL THAT APPLY

1. Social Media (examples: Facebook, Snapchat, YouTube) / *Medios de Comunicación Social (ejemplos: Facebook, Snapchat, YouTube)*
2. TV / *La tele*
3. Radio / *La radio*
4. Magazines/ *La revista*
5. Gas stations or convenience stores/ *Gas stations or convenience stores*
6. Vape or tobacco shops/ *Tiendas de vapor (Vape) o tabaco*
7. OTHER (specify other source) / *Algún otro lugar* (HOTHTXT)
88. I HAVEN'T SEEN ADS AGAINST TOBACCO IN THE LAST 30 DAYS IN ANY OF THESE PLACES./ NO HE VISTO ANUNCIOS CONTRA EL TABACO EN LOS ÚLTIMOS 30 DÍAS EN NINGUNO DE ESTOS SITIOS.
77. DON'T KNOW
99. REFUSED

Section 30: Taxes

MORETAX (CA-TCP) asked of all respondents

MORETAXB.

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

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

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

77. DON'T KNOW
99. REFUSED

Section 31: Attitudes

ATITINTR (CA-TCP)

AGREE.

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

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

SECTION A, B & D OF RANDOM 50% OF RESPONDENTS AND SECTION C AND E ASKED OF THE OTHER 50% OF RESPONDENTS

Section A: Health Effect

ATITUD7 (CA-TCP)

31.1 Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.
 1 2 77 99
El inhalar el humo del cigarrillo de otra persona causa cáncer de los pulmones en una persona que no fuma.....

ATITUD98 (new 2016 CA-TCP)

30.2 E-cigarettes are just as addictive as regular cigarettes.
 1 2 77 99
Los cigarrillos electrónicos son tan adictivos como los cigarrillos regulares.

ATITUD12 (new 2016 CA-TCP)

31.3 Nicotine is as addictive as heroin.
 1 2 77 99
La nicotina es tan adictiva como la heroína.

ATITUD43 (new 2016 CA-TCP)

31.4 The vapor (steam) from e-cigarettes is harmful.
 1 2 77 99
El vapor (vapor de agua) de cigarrillos electrónicos es dañino (perjudicial).

ATITUD5 (new 2016 CA-TCP)

31.5 Marijuana is more harmful than smoking regular cigarettes.
 1 2 77 99
La marihuana es más dañina (perjudicial) que fumar cigarrillos regulares.

ATITUD94 (new 2016 CA-TCP)

31.6 Marijuana is harmful to the brain development of youth.
 1 2 77 99
La marihuana es dañina (perjudicial) para el desarrollo del cerebro de los jóvenes.

Section B: Secondhand smoke

ATITUD35 (CA-TCP)

31.7 All indoor worksites, including restaurants and cafeterias, should be smoke free.
 1 2 77 99
Todos los sitios del trabajo que son bajo techo deben ser libres del humo de tabaco, incluyendo restaurantes y cafeterías.....

ATITUD71 (CA-TCP)

31.8 Smoking should not be allowed in outdoor dining areas at restaurants.
 1 2 77 99
No se debe permitir fumar en los comedores de restaurantes que son al aire libre.....

ATITUD72 (CA-TCP)

31.9 Smoking should not be allowed at a public beach.
 1 2 77 99
No se debe permitir fumar en una playa pública.....

ATITUD73 (CA-TCP)

31.10 Smoking should not be allowed in outdoor entertainment areas, such as amusement parks, zoos, and fairgrounds. 1 2 77 99

No se debe permitir fumar en áreas de entretenimiento que son al aire libre, tales como parques de diversiones, zoológicos, o en los campos de ferias.....

ATITUD74 (CA-TCP)

31.11 Apartment complexes should require at least half of the rental units to be smoke-free. 1 2 77 99

Las unidades de apartamentos, deben requerir que por lo menos la mitad de la unidad sea libre del humo de tabaco.....

ATITUD75 (CA-TCP)

31.12 Outdoor common areas within apartment or condominium complexes, such as pools, common area patios, and walkways, should have designated areas for smoking. 1 2 77 99

Afuera, en las áreas comunes de los apartamentos o unidades de condominios tales como albercas, patios en común y caminitos, deben de tener áreas designadas para fumar.

ATITUD76 (CA-TCP)

31.13 Indian casinos in California should be smoke-free. 1 2 77 99

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

ATITUD90 (CA-TCP)

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

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

AGREE DISAGREE DK RF

ATITUD95 (new 2016 CA-TCP)

31.15 State law should prohibit the use of marijuana and vaping products in places where traditional tobacco smoking is not allowed, such as in restaurants, bars and workplaces. 1 2 77 99

La ley debe prohibir el uso de marihuana y productos de vapear en lugares donde fumar tabaco tradicional no está permitido, como en restaurantes, bares y lugares de trabajo.

Section C: Tobacco industry and Advertising

ATITUD10 (CA-TCP)

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

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

ATITUD77 (CA-TCP)

31.17 Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups. 1 2 77 99

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

ATITUD82 (CA-TCP)

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

1 2 77 99

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

ATITUD22 (CA-TCP MODIFIED ATITUD23)

31.19 The tobacco industry should be required to put graphic warnings with photographs on all their harmful products.

1 2 77 99

Se debería requerir que la industria del tabaco ponga advertencias gráficas con fotografías en todos sus productos dañinos.

ATITUD42 (CA-TCP)

31.20 The production and sale of cigarettes should not be a legitimate business in the United States.

1 2 77 99

No debe ser licito (legal) producir y vender cigarrillos en los Estados Unidos....

ATITUD27 (CA-TCP)

31.21 Tobacco companies can lower the nicotine content of tobacco products.

1 2 77 99

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

ATITUD44 (new 2016 CA-TCP)

31.22 Restrictions on cigarette marketing should also cover e-cigarettes.

1 2 77 99

Restricciones a la publicidad (comercialización) de cigarrillos también debe cubrir los cigarrillos electrónicos.

AGREE DISAGREE DK RF

ATITUD45 (new 2016 CA-TCP)

31.23 E-cigarettes are gateway to tobacco use for youth and young adults.

1 2 77 99

Los cigarrillos electrónicos son la entrada al consumo de tabaco para la juventud y adultos jóvenes.

ATITUD96 (new 2016 CA-TCP)

31.24 Stores that sell marijuana products should be regulated and licensed in the same way as stores that sell regular tobacco cigarettes.

1 2 77 99

Tiendas que venden productos de marihuana deben ser reguladas y licenciadas del mismo modo como tiendas que venden cigarrillos de tabaco regulares.

Section D: Availability and Youth Access

ATITUD15 (CA-TCP)

31.25 Local communities should strongly enforce laws that prevent people from selling

cigarettes to minors. 1 2 77 99

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

ATITUD19 (CA-TCP)

31.26 Store owners should need a license to sell cigarettes (just like alcoholic beverages). 1 2 77 99

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

ATITUD85 (CA-TCP)

31.27 The number of tobacco stores should be reduced. 1 2 77 99
El número de tiendas de tabaco deben ser reducidas.

ATITUD14 (CA-TCP MODIFIED ATTITU88)

31.28 Stores that sell tobacco products should not be allowed near schools. 1 2 77 99
Tiendas que venden productos de tabaco no deben permitirse cerca de las escuelas.

ATITUD78 (CA-TCP)

31.29 Pharmacies/drug stores should not sell tobacco products. 1 2 77 99
Farmacias no deberían vender productos de tabaco.

ATITUD53 (new 2016 CA-TCP)

31.30 Marijuana should not be sold in stores accessible to children. 1 2 77 99
La marihuana no debería ser vendida en tiendas accesibles a niños.

AGREE DISAGREE DK RF

ATITUD97 (new 2016 CA-TCP)

31.31 State law should restrict free sampling of marijuana products. 1 2 77 99
La ley del Estado debería restringir muestras gratis de productos de marihuana.

Section E: Product regulation and Purchase

ATITUD24 (CA-TCP)

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

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

ATITUD83 (CA-TCP)

31.33 Tobacco products should not be allowed to be sold at a deep discount. 1 2 77 99
No se debe permitir vender los productos de tabaco a un gran descuento.

ATITUD46 (CA-TCP MODIFIED ATITUD86)

31.34 Flavored tobacco products like candy-flavored little cigars should not be allowed to be sold.

1 2 77 99

Los productos de tabaco con sabor como los puros pequeños con sabor a caramelo no deberían venderse.

ATITUD89 (CA-TCP)

31.35 Tobacco products like cigarrillos or little cigars should be sold in packages of 10 instead of individually.

1 2 77 99

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

ATITUD31 (CA-TCP)

31.36 The distribution of free tobacco samples or coupons to obtain free samples by mail, should not be permitted.

1 2 77 99

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

ATITUD81 (CA-TCP)

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

1 2 77 99

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

AGREE DISAGREE DK RF

ATITUD93 (new 2016 CA-TCP)

31.38 Stores should be offered tax credits or other incentives to offer more healthy products and fewer unhealthy products.

1 2 77 99

Se les debería ofrecer a las tiendas créditos fiscales u otros incentivos para ofrecer más productos sanos y menos productos poco saludables.

ATITUD80 (CA-TCP)

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

1 2 77 99

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

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

ATITUD51 (new 2016 CA-TCP)

31.40 State law should tax marijuana products in California and dedicate a portion of tax for public education programs, research and the enforcement of laws relating to the use of these products.

1 2 77 99

La ley del Estado debería cobrar impuestos en los productos de marijunana en California y dedicar una parte del impuesto para los programas de educación pública, la investigación y la aplicación de las leyes relacionadas con el uso de estos productos.

ATITUD52 (new 2016 CA-TCP)

31.41 Edible marijuana products should be sold in child resistant packaging with labels identifying information such as the ingredients, THC potency or concentration and portion size.

1 2 77 99

Los productos de marihuana comestibles deberían ser vendidos en envases resistentes a los niños con etiquetas que identifiquen la información como los ingredientes, potencia de THC o concentración y tamaño de la porción.

Section 32: Random Child Selection

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

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

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

CH_SEL (CDC OPTIONAL MODULE)

BOYGIRL.

32.1 Is the child a boy or a girl?

¿Es el niño un niño o una niña?

1. **BOY**
2. **GIRL**

99. **REFUSED/SE NIEGA A CONTESTAR**

CH_HISP2 (CDC OPTIONAL MODULE)

YESNO.

32.2 Is the child Hispanic or Latino?

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

1. **Yes**
2. **No**
77. **Don't know**

99. **REFUSED/SE NIEGA A CONTESTAR**

(GO TO CH_RACE3A)
(GO TO CH_RACE3A)
(GO TO CH_RACE3A)

IF (ANS> 1) SKP CH_RACE3A

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

32.3 Are they...

¿Es el niño(a)...

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

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

IF (ANS> 1) SKP CH_RACE3A

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

32.4 Puerto Rican?/ Puertorriqueño

1. **Yes/Sí**
2. **No/No**
77. **DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)**

99. SE NIEGA A CONTESTAR

IF (ANS> 1) SKP CH_RACE3A

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

32.5 Cuban?/Cubano

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

IF (ANS> 1) SKP CH_RACE3A

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

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

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

IF (ANS> 1) SKP CH_RACE3A

CH_RACE3A (CDC OPTIONAL MODULE)

YES/NO.

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

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

- | | |
|-------------------------------------|----------|
| 1. White | CH_RAC_A |
| 2. Black or African American | CH_RAC_B |
| 3. 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 > 6) SKP CH_BORN

IF (CH_RACE3A = 4 | CH_RACE3A = 5) SKP CH_RA2AB

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

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

IF ((CH_RACE3A = 3) & (CH_RACE3A = 6)) SKP CH_RACE4A

IF (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 6) SKP CH_BORN

If CH_RACE3A = 4 or 5 then ask CH_RA2AB, else go to CH_BORN

CH_RA2AB (CA)**ORACE2AB.****32.8 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. Asian Indian
9. Indonesian
10. Native Hawaiian
11. Samoan
12. Pakistani
13. Saipanese
14. Fijian
15. Guamanian or Chamorro
16. Other: (specify)
777. DON'T KNOW/ NOT SURE
999. REFUSED

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

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

SKP CH_BORN

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

CH_RACE4 (CDC OPTIONAL MODULE)**32.9 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.**

32.10 In what month and year was old child born?

¿En qué mes y año nació el niño(a)?

__/__ Enter month/year

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

CH_REL (CDC OPTIONAL MODULE)

CH_REL.

32.11 How are you related to the child?

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

Please read:

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

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

Section 33: Childhood Asthma Prevalence

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

CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

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

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

- 1. Yes
- 2. No

(GO TO Closing Statement)

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

(GO TO Closing Statement)
(GO TO Closing Statement)

CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

33.2 Does the child still have asthma?

¿Tiene todavía el niño(a) asma?

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

Section 34: Closing

If ASTHEVE3=1 or CHLDAST2 =1 continue

ADLTCALL (CDC-ASTHMA CALL BACK)

YESNO.

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

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

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

CHLDCALL (CDC-ASTHMA CALL BACK)

YESNO.

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

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

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

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

34.3 Whom should we ask for when we call back?

¿Por quién debemos preguntar cuando volvamos a llamar?

INTERVIEWER: IT WOULD BE BEST TO HAVE A NAME OR NICKNAME OR INITIALS.

Enter name _____ SKP CBTIME

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

34.4 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

34.5 Are you the parent or guardian in the household who knows the most about (CHILDNAME)'s asthma?

¿Es usted el padre o guardian en este hogar que sabe lo mas sobre el asma de (CHILDNAME)?

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

77. DON'T KNOW / NOT SURE

99. REFUSED

OTHNAME

Openend

34.6 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)

34.7 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:

34.8 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