

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2000

**In Collaboration with The Center for Disease Control and Prevention's
Behavioral Risk Factor Surveillance System**

Final
25 January 2000

Questions about the survey should be directed to:

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INTROQ

HELLO, I'm (interviewer name) calling on from the California Department of Health Services is Sacramento.

Is this (phone number) ?

1. Yes---> (Continue)
2. No ---> **Thank you very much, but I seem to have dialed the wrong number.**
(Stop)

PRIVRES

Is this a private residence?

1. Yes ---> **We're doing a study of the health practices of California residents. Your number has been chosen randomly by the California Department of Health and the National Public Health Service to represent 2,800 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important issues facing Californians today.**
2. No ---> **Thank you very much, but we are only interviewing private residences.** (Stop)

NUMADULT

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

___ Enter the number of adults

NUMMEN

(If NUMADULT GT 1)

How many are men?

___ Enter the number of men (0-9)

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

___ Enter the number of women (0-9)

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED

(If NUMADULT GT 1)

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

Are you the (SELECTED) ?

1. Yes ---> Continue.
2. No ---> **May I speak with the _____?**

ONEADULT
(If ADULT = 1)
Are you the adult?

1. Yes---> **Then you are the person I need to speak with. All the information obtained in this study will be confidential.** (Go to GENHLTH-Q1)
2. No ---> **May I speak with him or her?** (When selected adult answers:)

Hello, I'm (interviewer name) calling from the California Department of Health Services and the National Public Health Service.

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 5,500 other {men/women} in California. This voluntary survey will take a few minutes of your time, but your participation will contribute valuable information used by state and federal health policy makers. We will collect NO information that can identify you. There is no risk to you.

All information you give us will be confidential and you may refuse to answer any question. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

SEX INTERVIEWER: Enter sex of respondent.

1. Male
2. Female

RESPOND
(INTERVIEWER, DO NOT READ ALOUD) Identify the respondent ---->

- | | |
|-------------------------|---------------------------|
| 11. Oldest MALE | 21. Oldest FEMALE |
| 12. Second Oldest MALE | 22. Second Oldest FEMALE |
| 13. Third Oldest MALE | 23. Third Oldest FEMALE |
| 14. Fourth Oldest MALE | 24. Fourth Oldest FEMALE |
| 15. Fifth Oldest MALE | 25. Fifth Oldest FEMALE |
| 16. Sixth Oldest MALE | 26. Sixth Oldest FEMALE |
| 17. Seventh Oldest MALE | 27. Seventh Oldest FEMALE |
| 18. Eighth Oldest MALE | 28. Eighth Oldest FEMALE |
| 19. Ninth Oldest MALE | 29. Ninth Oldest FEMALE |

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

GENHLTH (CDC-C) HEALTH.

1. **Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?**

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

- 7. Don't know/Not sure
- 9. Refused

PHYSHLTH (CDC-C) Type VII

2. **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?**

- ___ Enter Number of days

- 88. None

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

MENTHLTH (CDC-C) Type VII

3. **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?**

- ___ Enter Number of days

- 88. None

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

POORHLTH (CDC-C)

TYPE VII

4. **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?**

___ Enter Number of days

88. None

77. Don't know/Not sure

99. Refused

HAVEPLN3 (CDC-C)

YESNO.

5. **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 Medi-Cal.**

1. Yes

2. No

7. Don't know/Not sure

9. Refused

HLTHPLAN (CDC-C)

YESNO.

(If HAVEPLN3 = 2, 7, or 9 ask:)

6. **There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:**

(If HAVPLN3 = 1, ask:)

Do you receive health care coverage through:

| | Yes | No | Dk/Ns | Ref | |
|---|-----|----|-------|-----|----------|
| A. Your employer | 1 | 2 | 7 | 9 | EMPPLAN |
| B. Someone else's employer (including spouse) | 1 | 2 | 7 | 9 | OEMPLAN |
| C. A plan that you or someone else buys on your own | 1 | 2 | 7 | 9 | OWNPLAN |
| D. Medicare | 1 | 2 | 7 | 9 | MEDICARE |
| E. Medi-Cal (Medicaid) | 1 | 2 | 7 | 9 | MEDICAL |
| F. The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA] | 1 | 2 | 7 | 9 | MILPLAN |
| G. The Indian Health Service | 1 | 2 | 7 | 9 | INDPLAN |
| H. Some other source | 1 | 2 | 7 | 9 | OTHPLAN |

IF NO "YES" RESPONSES A-H GO TO PASTPLAN

IF HLTHPLAN 6A OR 6B = 1 THEN ASK PAYPART1; ELSE GO TO MAINPLAN

(Ask if HLTHPLAN responses A – H >1)

MAINPLAN (CDC-C)

MAINPLN.

7. What type of health care coverage do you use to pay for MOST of your medical care?

Is it coverage through: (Read only if necessary)

1. Your employer
2. Someone else's employer (including your spouse)
3. A plan that you or someone else buys on your own
4. Medicare
5. Medi-Cal (Medicaid)
6. The military, CHAMPUS, Tricare, or the VA (or CHAMP-VA)
7. The Indian Health Service
8. Some other source
88. None (Go to PASTPLAN)

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

HLTHLIST (CA-UCB)

HLTHLISTA.

8. Not including any supplemental and medigap health insurance, what is the name of the health plan you use to pay for most of your medical care?

- | | |
|--|---|
| 1.Aetna Health Plans | 29.Employers Health (HMO California) |
| 2.Affordable/Health Care Compare | 30.Farm Bureau |
| 3.Alameda Alliance for Health | 31.Farmer's Insurance |
| 4.AM. Western Life | 32.Foundation Health Systems |
| 5.Anthem Health | 33.Foundation |
| 6.Anthem Health Companies | 34.Foundation Senior Value |
| 7.Beckwith, Hightower, & Renberg | 35.Golden Outlook |
| 8.Beech Street | 36.GOV. HOSP. ASSO. |
| 9.Blue Cross Standard (standard insurance) | 37.Great Western |
| 10.Blue Cross CaliforniaCare | 38.Great American Health Plan |
| 11.Blue Cross Senior California Care | 39.Greater Pacific Healthplan |
| 12.Blue Cross Prudent Buyer | 40.Guardian |
| 13.Blue Shield Access+/HMO | 41.Health Net Elect |
| 14.Blue Cross | 42.Health Net Seniority Plus |
| 15.Blue Shield | 43.Health Net Select |
| 16.BPS (Vivahealth) | 44.Health Plan of Redwoods |
| 17.Care First Health Plan | 45.Health Plan of San Mateo |
| 18.CareAmerica | 46.Health Plan of San Joaquin |
| 19.CCN | 47.Health Net |
| 20.CHAMPUS\VA\TRICARE | 48.Healthcare Foundation of Superior CA |
| 21.Chinese Community Health Plan | 49.HMO California (Employers Health) |
| 22.CIGNA Health Care | 50.Inland Empire Health Plan |
| 23.CNA | 51.Inter Valley Health Plan |
| 24.Community Health Plan | 52.Interplan |
| 25.Community Health Group | 53.John Alden Life |
| 26.Contra Costa Health Plan | 54.John Hancock |
| 27.Delta Health Care | 55.Joint Benefit Trust |
| 28.Employer Self-Insured | 56.Kaiser Foundation Health Plan, Inc. |

- 57.Kern Health Systems
- 58.Key Health Plan
- 59.L.A. Care Health Plan
- 60.Lifeguard Health Plan
- 61.MASS. Mutual
- 62.Maxicare
- 63.MEDI-CAL
- 64.MEDICARE
- 65.MET LIFE
- 66.Metra Health (United Health Care)
- 67.Molina Medical Center
- 68.National Health Plan
- 69.New York Life
- 70.Northwest Nat. Life
- 71.Omni Healthcare Inc
- 72.One Health Plan of California, Inc
- 73.Operating Engineers
- 74.OUCH
- 75.Pacific Health Alliance
- 76.Pacific Mutual Life Insurance Co.
- 77.PacifiCare
- 78.PacifiCare of California
- 79.PacifiCare Secure Horizons
- 80. PERS Care
- 81.PPO Alliance
- 82.Principal Financial Group
- 83.Prudential HealthCare of Ca, Inc.
- 84.Provident Insurance
- 85.Pru Net (Prudential)
- 86.PruCare of California
- 87.Qual Care
- 88.San Francisco Health Plan
- 89.Santa Clara County Health Authority
- 90.Santa Cruz County Health Options
- 91.Santa Barbara Health Initiative
- 92.SCAN Health Plan
- 93.Self Pay
- 94.Sharp Health Plan
- 95.Shield 65
- 96.Sierra Comm. Care
- 97.Solano Partnership HealthPlan
- 98.State Farm Ins.
- 99.Gallagher Basset Service PPO
- 100.Sutter preferred
- 101.Tower Health
- 102.Travelers
- 103.Tricare Prime (CHAMPUS)
- 104.UC Care
- 105.ULLICO Inc
- 106.Union Self-Insured
- 107.United Health Care (Metra Health)
- 108.United Health Plan
- 109.United Insurance Company of America
- 110.Universal Care, Inc
- 111.Universal Health Network
- 112.Valley Health Plan
- 113.Ventura County Health Care Plan
- 114.Western Health Advantage
- 115.OTHER (Specify)
- 777. Don't know/Not sure
- 999. Refuse

TIMEPLAN (CA-UCB)

HOWLNGD.

9. **About how long have you had (Medicare/Medi-Cal/this particular health coverage)?**

Read only if necessary

- 1. For less than 12 months (more tan 0 months to 12 months)
- 2. **For less than 2 years (more than 1 year to 2 years)**
- 3. **For less than 3 years (more than 2 years to 3 years)**
- 4. **For less than 5 years (more than 3 year to 5 years)**
- 5. **For 5 or more years (more than 5 years ago)**

7. **Don't know/Not sure**

9. **Refuse**

HMOPPO (CA-UCB –formerly CDC-C)

YESNO.

10. **Is there a book or list of doctors associated with your health CARE coverage?**

- 1. Yes
- 2. No

7. Don't know/Not sure

9. Refused

PRIMDOCS (CA-UCB)

YESNO.

11. **Does your (Medicare/Medi-Cal/Health coverage) require you to select a certain doctor or clinic for all your routine care?**
1. Yes
 2. No

 7. Don't Know/Not sure
 9. Refused

SATISFAC (CA-UCB)

SATISF.

12. **Overall, how satisfied are you with your present health insurance plan? Would you say you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied?**
1. Very satisfied
 2. Satisfied
 3. Neither Satisfied nor dissatisfied (Neutral)
 4. Dissatisfied
 5. Very dissatisfied

 7. Don't know/not sure
 9. Refused

PLANPRBA-PLANPRBF (C-UCB-NEW)

In the past twelve months, have you had any problems or difficulties with your health insurance plan for any of the following reasons? (Do not include problems with routine vision or dental care) READ LIST ONE AT A TIME IN RANDOM ORDER:

- | | | | | | |
|--|-----|----|----|----|----------|
| 13. Your plan not covering some important benefits you needed | YES | NO | DK | RF | PLANPR_A |
| 14. Delays in getting needed care | YES | NO | DK | RF | PLANPR_B |
| 15. Difficulty selecting a doctor or hospital | YES | NO | DK | RF | PLANPR_C |
| 16. Being denied care or treatment | YES | NO | DK | RF | PLANPR_D |
| 17. Difficulty getting a referral to a specialist | YES | NO | DK | RF | PLANPR_E |
| 18. Not receiving the most appropriate medical care or what you needed | YES | NO | DK | RF | PLANPR_F |

GAPPLN2 (CDC-C)

YESNO.

19. **During the 12 months, was there any time that you did NOT have ANY health insurance or coverage?**
1. Yes (Go to PAYNOGO)
 2. No (Go to PAYNOGO)

 7. Don't know (Go to PAYNOGO)
 9. Refused (Go to PAYNOGO)

PASTPLAN (CDC-C)

HOWLNGB.

20. **About how long has it been since you had health care coverage?**
Read Only if Necessary
1. Within the past 6 months (more than 0 months to 6 months)
 2. Within the past year (more than 6 months to 1 year)
 3. Within the past 2 years (more than 1 year to 2 years)
 4. Within the past 5 years (more than 2 years to 5 years)
 5. More than 5 years ago

 7. Don't know/Not sure

- 8. Never
- 9. Refused

WHYNOPLA,WHYNOPLB,WHYNOPLC (CA-UCB)

WHYNOPB.

21. **Many people do not have health insurance for various reasons. How important are each of the following in explaining why YOU are not covered by any health insurance?**

| | | Very im- portant | Im- portant | Not im- portant | DK/not Sure | Refused | |
|----------|---|---------------------|----------------|--------------------|----------------|---------|---|
| WHYNOPLA | | | | | | | |
| 1. | You, your spouse or your parent lost a job or changed employers? Would you say this reason is very important, important or not important? | 1 | 2 | 3 | 7 | 9 | |
| WHYNOPLB | | | | | | | |
| 2. | Insurance wasn't offered by the employer? Would you say this reason is very important, important or not important? | 1 | 2 | 3 | 7 | 9 | |
| WHYNOPLC | | | | | | | |
| 3. | Insurance costs too much? Would you say this reason is very important, important or not important? | | 1 | 2 | 3 | 7 | 9 |

TRYPLN2 (CA-UCB)

YESNO.

22. **You indicated that you are not currently covered by health insurance. Have you tried to find any PRIVATE health insurance coverage for yourself or your family in the last year?**

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

PAYNOGO (CDC-C)

YESNO.

23. **Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?**

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

CHECKUP (CDC-C; state added lead-in)

HOWLNGC.

24. **Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine checkup?**

(Read only if necessary)

- 1. Within the past year (0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 years)
- 3. Within the past 5 years (more than 2 years to 5 years)
- 4. More than 5 years ago
- 7. Don't know/Not sure
- 8. Never
- 9. Refused

ASTHEVER (CDC-NEW- EMERGING CORE) YESNO.
25. **Did a doctor ever tell you that you had asthma?**

- 1. Yes
- 2. No (Go to DIABCOR1)
- 7. Don't know/Not sure (Go to DIABCOR1)
- 9. Refused (Go to DIABCOR1)

ASTHNOW (CDC-NEW- EMERGING CORE) YESNO.
26. **Do you still have asthma?**

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

ASTH12 (NEW-EHIB) YESNO.
27. **During the past 12 months, have you had an episode of asthma or an asthma attack?**

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

DIABCOR1 (CDC-C, modified wording; YR2k Obj 17.11) DIABCORA.
28. **Next I would like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?**

- 1. Yes
- 2. No (Go to CAREGIVE)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 7. Don't know/Not sure (Go to CAREGIVE)
- 9. Refused (Go to CAREGIVE)

| |
|---|
| If SEX EQ 1 go to DIABAGE If SEX EQ 2 go to DIABGEST |
|---|

DIABGEST (CA, 95) YESNO.
29. **Was this ONLY while you were pregnant?**

- 1. Yes (Go to CAREGIVE)
- 2. No (Includes never been pregnant)
- 7. Don't know/Not sure
- 9. Refused

DIABAGE (CA-DBCP, from 1996 CDC module, DK/REFs coded differently per 1994 CDC-C)
(Note: Asked if SEX=1 and DIABCOR1=1, or SEX=2 and DIABCOR1=1 and DIABGEST ne 1)
30. **How old were you when you were told you have diabetes? TYPE XV**

- ___ Enter age in years
97. Don't know/Not sure
99. Refused

DIABINS (CA-DBCP, from 2000 CDC module)

YESNO.

31. **Are you now taking insulin?**

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

DIABPILL (CA-DBCP, from 2000 CDC module, NEW)

YESNO.

32. **Are you now taking diabetes pills?**

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

CHKGLU (CA-DBCP, from 2000 CDC module)

Type XIX.

33. **About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.**

- 1xx = times per day (verify if GT 105)
- 2xx = times per week (verify if GT 235)
- 3xx = times per month
- 4xx = times per year

- 555 = Never
- 777 = Don't know
- 999 = Refused

CHKSORE2 (CA-DBCP, from 2000 CDC module) Type I

34. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

1xx = times per day (verify if GT 105)

2xx = times per week (verify if GT 235)

3xx = times per month

4xx = times per year

555 = No Feet

888 = Never

777 = Don't know

999 = Refused

FEETSORE (CA-DBCP, from 2000 CDC module, NEW) YESNO.

35. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

DIABDOC2 (CA-DBCP, from 1996 CDC module, coding is per 1994 CDC-C) Type I

36. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

_____ number of times (verify if GT 12)

88. None (Go to VISCHK2)

77. Don't know (Go to VISCHK2)

99. Refused (Go to VISCHK2)

DIABDOCC (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C) Type I

37. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?

_____ number of times (verify if GT DIABDOC2)

88. None

77. Don't know

99. Refused

CHKSORE (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C) Type I
(Note: asked if DIABDOC2 ne 88)

38. **About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?**

_____ number of times

(verify if GT DIABDOC2)

88. None

77. Don't know

99. Refused

VISCHK2 (CA-DBCP, from 1996 CDC module, modified response categories) VISCHKB.

39. **When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.**

1. Within the past month (more than 0 months to 1 month)

2. Within the past year (more than 1 month to 1 year)

3. Within the past 2 years (more than 1 year to 2 years)

4. More than 2 years ago

7. Don't know/Not sure

8. Never

9. Refused

RETINHAD (CA-DBCP, from 2000 CDC module NEW)

YESNO.

40. **Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?**

1. Yes

2. No

7. Don't know/Not sure

9. Refused

DIABCRSE (CA-DBCP, from 2000 CDC module NEW)

YESNO.

41. **Have you ever taken a course or class in how to manage your diabetes yourself?**

1. Yes

2. No

7. Don't know/Not sure

9. Refused

CAREGIVE (CDC-emerging core NEW)

YESNO.

42. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

CAREWHO (CDC-emerging core NEW)

43. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?

(Read Only if Necessary)

1. Relative or friend
2. Would provide care myself
3. Nursing home
4. Home health service
5. Personal physician
6. Area Agency on Aging
7. Hospice
8. Hospital nurse
9. Minister/priest/rabbi
10. Other
77. Don't know who to call/NS
99. Refused

The next few questions are about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties.

EXERANY (CDC-RC00; YR2k Obj. 1.2/2.3/15.10)

YESNO.

44. During the past MONTH, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?

1. Yes
2. No (Go to SMOKE100)
7. Don't Know / Not Sure (Go to SMOKE100)
9. Refused (Go to SMOKE100)

EXERACT1 (CDC-RC00; YR2k Obj. 1.3/1.4/15.11)

EXERACT.

45. **What type of physical activity or exercise did you spend the most time doing during the past MONTH?**

- | | |
|---|---|
| 01. Aerobics class | 49. Touch football |
| 02. Backpacking | 50. Volleyball |
| 03. Badminton | 51. Walking/walking on a treadmill |
| 04. Basketball | 52. Water-skiing |
| 05. Bicycling for pleasure | 53. Weight lifting |
| 06. Boating (canoeing, rowing, sailing for pleasure or camping) | 54. Other (specify)_____EXERTXT2 (Text) |
| 07. Bowling | 55. Bicycling machine exercise |
| 08. Boxing | 56. Rowing machine exercise |
| 09. Calisthenics | 99. Refused (Go to EXEROTH2) |
| 10. Canoeing/rowing - in competition | |
| 11. Carpentry | |
| 12. Dancing-aerobics/ballet | |
| 13. Fishing from river bank or boat | |
| 14. Gardening (spading, weeding, digging, filling) | |
| 15. Golf | |
| 16. Handball | |
| 17. Health club exercise | |
| 18. Hiking - cross-country | |
| 19. Home exercise | |
| 20. Horseback riding | |
| 21. Hunting large game - deer, elk | |
| 22. Jogging | |
| 23. Judo/karate | |
| 24. Mountain climbing | |
| 25. Mowing lawn | |
| 26. Paddleball | |
| 27. Painting/papering house | |
| 28. Racquetball | |
| 29. Raking lawn | |
| 30. Running/running on a treadmill | |
| 31. Rope skipping | |
| 32. Scuba diving | |
| 33. Skating - ice, roller or in-line | |
| 34. Sledding, tobogganing | |
| 35. Snorkeling | |
| 36. Snowshoeing | |
| 37. Snow shoveling by hand | |
| 38. Snow blowing | |
| 39. Snow skiing | |
| 40. Soccer | |
| 41. Softball | |
| 42. Squash | |
| 43. Stair climbing | |
| 44. Stream fishing in waders | |
| 45. Surfing | |
| 46. Swimming laps | |
| 47. Table tennis | |
| 48. Tennis | |

If EXERACT1 EQ JOG, RUN, SWIM, or WALK go to EXERDIS
If EXERACT1 NE JOG, RUN, SWIM, or WALK go to EXEROFT

EXERDIS1 (CDC-RC00; YR2k Obj. 1.3/1.4/15.11) (not formatted)

46. **How far did you usually JOG|RUN|SWIM|WALK?**

EXAMPLE: one half mile is coded as 0.5
1 mile is coded as 1.0

___ Enter distance (verify if GT 8 miles)

777. Don't Know/ Not Sure
999. Refused

EXEROFT (CDC-RC00; YR2k Obj. 1.3/1.4/15.11) Type III

47. **How many times per WEEK or per MONTH did you take part in this activity during the past month?**

1xx = enter #times a week (verify if GT 107)
2xx = enter #times a month (verify if GT 230)

777. Don't Know / Not Sure
999. Refused

EXERHMM1 (CDC-RC00; YR2k Obj. 1.3/1.4/15.11) (not formatted)

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

EXAMPLE: for 30 MINUTES ENTER 30
for AN HOUR AND 30 MINUTES ENTER 130)

___ ENTER HOURS/MINUTES OR MINUTES ONLY (verify if GT 530)

7777. Don't Know / Not Sure
9999. Refused

EXEROTH2 (CDC-RC00; YR2k Obj. 1.3/1.4/15.11) YESNO.

49. **Was there another physical activity or exercise that you participated in during the last month?**

1. Yes
2. No (Go to SMOKE100)
7. Don't Know / Not Sure (Go to SMOKE100)
9. Refused (Go to SMOKE100)

EXERACT2 (CDC-RC00; YR2k Obj. 1.3/1.4/15.11)EXERACT.

50. **What other type of physical activity gave you the next most exercise during the past MONTH?**

- | | |
|---|---|
| 01. Aerobics class | 28. Racquetball |
| 02. Backpacking | 29. Raking lawn |
| 03. Badminton | 30. Running/running on a treadmill |
| 04. Basketball | 31. Rope skipping |
| 05. Bicycling for pleasure | 32. Scuba diving |
| 06. Boating (canoeing, rowing, sailing for pleasure or camping) | 33. Skating - ice, roller or in-line |
| 07. Bowling | 34. Sledding, tobogganing |
| 08. Boxing | 35. Snorkeling |
| 09. Calisthenics | 36. Snowshoeing |
| 10. Canoeing/rowing – in competition | 37. Snow shoveling by hand |
| 11. Carpentry | 38. Snow blowing |
| 12. Dancing-aerobics/ballet | 39. Snow skiing |
| 13. Fishing from river bank or boat | 40. Soccer |
| 14. Gardening (spading, weeding, digging, filling) | 41. Softball |
| 15. Golf | 42. Squash |
| 16. Handball | 43. Stair climbing |
| 17. Health club exercise | 44. Stream fishing in waders |
| 18. Hiking - cross-country | 45. Surfing |
| 19. Home exercise | 46. Swimming laps |
| 20. Horseback riding | 47. Table tennis |
| 21. Hunting large game - deer, elk | 48. Tennis |
| 22. Jogging | 49. Touch football |
| 23. Judo/karate | 50. Volleyball |
| 24. Mountain climbing | 51. Walking/walking on a treadmill |
| 25. Mowing lawn | 52. Water-skiing |
| 26. Paddleball | 53. Weight lifting |
| 27. Painting/papering house | 54. Other (specify)_____EXERTXT2 (Text) |
| | 55. Bicycling machine exercise |
| | 56. Rowing machine exercise |
| | 99. Refused (Go to smoke100) |

If EXERACT2 EQ JOG, RUN, SWIM, or WALK go to EXERDIS2
If EXERACT2 NE JOG, RUN, SWIM, or WALK go to EXEROFT2

EXERDIS2 (CDC-RC00; YR2k Obj. 1.3/1.4/15.11) (not formatted)

51. **How far did you usually JOG|RUN|SWIM|WALK?**

EXAMPLE: one half mile is coded as 0.5
1 mile is coded as 1.0

____ Enter distance (verify if GT 8 miles)
777. Don't Know/ Not Sure
999. Refused

EXEROFT2 (CDC-RC00; YR2k Obj. 1.3/1.4/15.11) Type III

52. **How many times per WEEK or per MONTH did you take part in this activity?**

1xx = enter #times a week (verify if GT 107)
2xx = enter #times a month (verify if GT 230)

777. Don't Know / Not Sure
999. Refused

EXERHMM2 (CDC-RC00; YR2k Obj. 1.3/1.4/15.11)

(not formatted)

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

EXAMPLE: for 30 MINUTES ENTER 30
for AN HOUR AND A HALF ENTER 130)

___ ENTER HOURS/MINUTES OR MINUTES ONLY (verify if GT 530)

7777. Don't Know / Not Sure
9999. Refused

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

SMOKE100 (CDC-C, Q7.1; YR2k 3.4/15.12/16.6) YESNO.

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

5 packs = 100 cigarettes

1. Yes
2. No (Go to SMKELSE2)
7. Don't know/Not sure (Go to SMKELSE2)
9. Refused (Go to SMKELSE2)

SMKEVDA2 (CDC-C, Q7.2)

EVDAY.

55. **Do you now smoke cigarettes everyday, some days, or not at all?**

1. Everyday (Go to SMOKENUM)
2. Somedays (Go to SMK30ANY)
3. Not at all (Go to SMK30ANY)
9. Refused (Go to SMK30ANY)

SMOKENUM (CDC-C, Q7.3) Type V

56. **On the average, about how many cigarettes a day do you now smoke?**
(1 pack = 20 cigarettes)

_____ Enter Number of cigarettes (verify if GT 70) (Go to SMKWHOLE)

- 888. Don't smoke regularly
- 777. Don't know/Not sure
- 999. Refused

SMK30ANY (CA-TCS) YESNO.

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

- 1. Yes
- 2. No (Go to SMKWHOLE)
- 7. Don't know/Not sure (Go to SMKWHOLE)
- 9. Refused (Go to SMKWHOLE)

SMK30DAY (CA-TCS, dropped from CDC-C 1996; YR2k Obj. 3.6/3.7) Type VII

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

___ Enter number of days

- 30. Every day
- 77. Don't know
- 99. Refused

| |
|--|
| IF SMKEVDA2 EQ 2 Go to SMK30NUM; ELSE Go To SMKWHOLE |
|--|

SMK30NUM (CDC-C, Q7.3a; modified wording) Type VIII

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

_____ Enter number of cigarettes (verify if GT 70)

- 777. Don't know
- 999. Refused

SMKWHOLE (CA-TCS; YR2k Obj. 4.5) Type VII

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

_____ Code age in years

- 77. Don't know
- 99. Refused

SMOKEAGE (CA-TCS)

Type XI

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

____ Code age in years

- 0. Never smoked regularly
- 77. Don't know
- 99. Refused

| | | | |
|----------|----------|----|----------|
| SMKEVDA2 | SMK30ANY | GO | TO |
| EQ 1 | | | QUIT1DY2 |
| EQ 2 | | | QUITINT |
| EQ 3 | EQ 1 | | QUITINT |
| EQ 3 | NE 1 | | SMOKREG2 |

QUIT1DY2 (CDC-C, Q7.4) STOPSMOK (CDC-C,93) (YR2k Obj. 3.6) YESNO.

62. **During the past 12 months, have you quit smoking for 1 day or longer?**

- 1. Yes (Go to QUITINT)
- 2. No (Go to SMKWAKE)
- 7. Don't know/Not sure (Go to SMKWAKE)
- 9. Refused (Go to SMKWAKE)

QUITINT (CA-TCS)

YESNO.

63. **During the past 12 months, on the days you did not smoke, was this because you were trying to quit smoking?**

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

SMKWAKE (CA-TCS)

Type XI

64. **How soon after you awake in the morning do you usually smoke your first cigarette?**

EXAMPLE: for 30 minutes enter 30
for 10 hours and 30 minutes enter 1030

____ Enter hours/minutes or minutes only

- 0000.Immediately
- 7777.Don't know
- 9999.Refused

SMKBRAN2 (CA-TCS, compatible with CATS)

SMKBRAND.

65. **What brand do you usually SMOKE?**

Enter the brand below:

- | | |
|----------------------|---|
| 1. Benson and Hedges | 27. Doral |
| 2. Camel | 28. Eve |
| 3. Carlton | 29. F & L (Food and Liquor) |
| 4. Generic | 30. Harley Davidsons |
| 5. Kent | 31. Hope |
| 6. Kool | 32. L&M |
| 7. Marlboro | 33. Lucky Strikes |
| 8. Merit | 34. Misty |
| 9. More | 35. Montclair |
| 10. Newport | 36. Moore's |
| 11. Pall Mall | 37. Now |
| 012. Salem | 38. Old Gold |
| 13. Vantage | 39. Parliaments |
| 14. Virginia Slims | 40. Players |
| 15. Winston | 42. Pure |
| 16. American Spirit | 43. Quality Smoke |
| 17. Austin | 44. Raliegh |
| 18. Basic | 45. Saratoga |
| 19. Belair | 46. Style |
| 20. Bonus Value | 47. Summit |
| 21. Bugler | 48. Tarenton |
| 22. Cambridge | 49. Viceroy |
| 23. Capri | 50. True |
| 24. Chester | 91. Other <u> </u> (specify) -----> SMKTXT |
| 25. Chesterfields | 77. Don't Know/Not sure |
| 26. Dunhill | 99. Refused |

SMKB2TXT

65.5 **Please specify the brand or describe the package**

LIKESTOP (CA-TCS)

YESNO.

66. **Would you like to stop smoking?**

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

QUIT30 (CA-TCS)

YESNO.

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

- 1. Yes (Go to SMOKELSE2)
- 2. No

- 7. Don't know/Not sure
- 9. Refused

QUIT6 (CA-TCS)

YESNO.

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

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

IF SMKEVDA2=3 ASK SMOKREG2; ELSE Go to SMKELSE2

SMOKREG2 (CDC-C, Q7.5; modified wording & response categories) SMOKREGC.

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

- 1. Within the past month (from 0 month to 1 month)
- 2. Within the past 3 months (more than 1 month to 3 months)
- 3. Within the past 6 months (more than 3 months to 6 months)
- 4. Within the past year (more than 6 months to 1 year)
- 5. Within the past 5 years (more than 1 year to 5 years ago)
- 6. Within the past 15 years (more than 5 years to 15 years ago)
- 7. 15 or more years ago (15 or more years ago)

- 77. Don't know/Not sure
- 88. Never smoked regularly (Do not read)
- 99. Refused (Do not read)

PUFF (CA-TCS; appears as variables PUFFYR1-PUFFDY1 on final dataset) Type VII

70. **When did you last smoke or have a puff on a cigarette?**

INTERVIEWER: Enter 00 if time frame doesn't apply.
Enter 77 if "Don't Know" for that time frame.
Enter 99 if "Refused" for that time frame.

YEARS since last smoked PUFFYR1
MONTHS since last smoked PUFFMO1
WEEKS since last smoked PUFFWK1
DAYS since last smoked PUFFDY1

- 77. Don't know
- 99. Refused

RETURN12 (CA-TCS) RETURN.

71. **Do you think it is likely or unlikely that you will return to smoking in the next 12 months?**

- 1. Likely
- 2. Unlikely
- 3. Never a regular smoker

- 7. Don't know/Not sure
- 9. Refused

SMKELSE2 (CA-TCS; MODIFIED, YR2k Obj. 3.8) YESNO.

72. **Does anyone else living in the household smoke cigarettes now?**

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

- 7. Don't know/Not sure (Go to SMKIGAR)

9. Refused (Go to SMKCIGAR)

SMKELSEN (CA-TCS; YR2k Obj. 3.8)

Type VII

73. **How many other household members currently smoke?**

____ Enter number of household members

77. Don't know/Not Sure

99. Refused

SMKCIGAR (CA-TCS)

YES/NO.

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

1. Yes

2. No (Go to HHRULES2)

7. Don't know/Not sure (Go to HHRULES2)

9. Refused (Go to HHRULES2)

WHNCIGAR (CA-TCS)

75. **When was the last time you smoked a cigar?** (Read Only if Necessary)

1. Within the past month (0 months to 1 month ago)

2. Within the past 3 months (More than 1 months to 3 months ago) (Go to HHRULES2)

3. Within the past 6 months (More than 3 months to 6 months ago) (Go to HHRULES2)

4. Within the past year (More than 6 months to 12 months ago) (Go to HHRULES2)

5. Within the past 5 years (More than 1 year to 5 years ago) (Go to HHRULES2)

6. Within the past 15 years (More than 5 years to 15 years ago) (Go to HHRULES2)

7. 15 or more years ago (Go to HHRULES2)

77. Don't know/not sure (Go to HHRULES2)

99. Refused (Go to HHRULES2)

OFTCIGAR (CA-TCS)

76. **In the past month, did you smoke cigars everyday, several times per week, once per week, or less than once per week?**

- 1. Everyday
- 2. Several times per week
- 3. Once per week
- 4. Less than once per week

- 7. Don't know/Not sure
- 9. Refused

HHRULES2 (CA-TCS, YR2k Obj. 3.8)

HHRULES.

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

- 1. Smoking is completely prohibited [Go to HHEVER]
- 2. Smoking is generally prohibited with few exceptions
- 3. Smoking is allowed in some rooms only [Go to HHEVER]
- 4. There are no restrictions on smoking
- 5. Other (specify) -----> HHTXT

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

HHALLOW (CA-TCS, NEW)

YESNO.

78. **Is any smoking ever allowed inside your home?**

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

HHEVER(CA-TCS, NEW - YR2k Obj. 3.8)

YESNO.

79. **Does anyone ever smoke inside your home?**

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month and so forth. Remember I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

JUICE94 (CDC-RC00)

Type X

80. **How often do you drink fruit juices such as orange, grapefruit or tomato?**

101-105 = times per day 301-375 = times per month
201-221 = times per week 401-499 = times per year

1xx. Enter times per day (verify if GT 105)
2xx. Enter times per week (verify if GT 238)
3xx. Enter times per month
4xx. Enter times per year

555. Never
777. Don't know / Not sure
999. Refused

FRUIT94 (CDC-RC00)

Type X

81. **Not counting juice, how often do you eat fruit?**

101-105 = times per day 301-375 = times per month
201-221 = times per week 401-499 = times per year

1xx. Enter times per day (verify if GT 105)
2xx. Enter times per week (verify if GT 238)
3xx. Enter times per month
4xx. Enter times per year

555. Never
777. Don't know / Not sure
999. Refused

SALAD (CDC-RC00)

Type X

82. **How often do you eat green salad?**

101-105 = times per day 301-375 = times per month
201-221 = times per week 401-499 = times per year

1xx. Enter times per day (verify if GT 105)
2xx. Enter times per week (verify if GT 238)
3xx. Enter times per month
4xx. Enter times per year

555. Never
777. Don't know / Not sure
999. Refused

POTATOES (CDC-RC00)

Type X

83. **How often do you eat potatoes not including french fries, fried potatoes or potato chips?**

101-105 = times per day 301-375 = times per month
201-221 = times per week 401-499 = times per year

1xx. Enter times per day (verify if GT 105)
2xx. Enter times per week (verify if GT 238)
3xx. Enter times per month
4xx. Enter times per year

555. Never
777. Don't know / Not sure
999. Refused

CARROTS (CDC-RC00)

Type X

84. **How often do you eat carrots?**

101-105 = times per day 301-375 = times per month
201-221 = times per week 401-499 = times per year

1xx. Enter times per day (verify if GT 105)
2xx. Enter times per week (verify if GT 238)
3xx. Enter times per month
4xx. Enter times per year

555. Never
777. Don't know / Not sure
999. Refused

VEG90 (CDC-RC00)

Type X

85. **Not counting carrots, potatoes or salad, how many SERVINGS of vegetables do you usually eat?**

101-110 = # servings per day 301-399 = # servings per month
201-299 = # servings per week 401-499 = # servings per year

1xx. Enter number servings per day (verify if GT 105)
2xx. Enter number servings per week (verify if GT 238)
3xx. Enter number servings per month
4xx. Enter number servings per year

555. Never
777. Don't know / Not sure
999. Refused

SPROUT (NEW CA-DISB)

Type X

86. How often do you eat sprouts such as alfalfa or clover sprouts, for example in deli sandwiches or in salads? (Do not include bean sprouts)

101-105 = times per day
201-221 = times per week

301-375 = times per month
401-499 = times per year

1xx = Enter times per day
2xx = Enter times per week
3xx = Enter times per month
4xx = Enter times per year

Verify if GT 105
Verify if GT 221

555. Never
777. Don't know/not sure
999. Refused

RAWEGGS (NEW CA-DISB)

Type X

87. How often do you eat raw fresh eggs or soft-cooked fresh eggs, such as scrambled eggs, French toast, or sunny-side-up eggs with runny yolks, or use raw eggs in a blended drink?

101-105 = times per day
201-221 = times per week

301-375 = times per month
401-499 = times per year

1xx = Enter times per day
2xx = Enter times per week
3xx = Enter times per month
4xx = Enter times per year

Verify if GT 105
Verify if GT 221

556. Never
777. Don't know/not sure
999. Refused

LOSEWT (CDC-RC00)

YESNO.

88. Are you now trying to lose weight?

1. Yes (Go to FEWCAL2)
2. No
7. Don't know/ Not sure
9. Refused

KEEPWT (CDC-RC00)

YESNO.

89. Are you now trying to maintain your current weight, that is to keep from gaining weight?

1. Yes
2. No (Go to WTADVICE)
7. Don't know/Not sure (Go to WTADVICE)
9. Refused (Go to WTADVICE)

FEWCAL2 (CDC-RC00)

FEWCAL.

90. (If LOSEWT = 1 ask:) **Are you eating either fewer calories or less fat to lose weight?**
(If KEEPWT = 1 ask:) **Are you eating either fewer calories or less fat to keep from gaining weight?**
(INTERVIEWER: PROBE TO FIND OUT WHICH OPTION IS MOST APPROPRIATE)

- 1. Yes, fewer calories
- 2. Yes, less fat
- 3. Yes, fewer calories and less fat
- 4. No

- 7. Don't know/ Not sure
- 9. Refused

PHYACT94 (CDC-RC00)

YESNO.

91. (If LOSEWT = 1 ask:) **Are you using physical activity or exercise to lose weight?**
(If KEEPWT = 1 ask:) **Are you using physical activity or exercise to keep from gaining weight?**

- 1. Yes
- 2. No

- 7. Don't know/ Not sure
- 9. Refused

WTADVICE (CDC-RC00)

WTADV.

92. **In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?** (INTERVIEWER: PROBE FOR WHETHER ADVICE WAS TO GAIN WEIGHT, TO LOSE WEIGHT, OR TO MAINTAIN THE SAME WEIGHT)

- 1. Yes, lose weight
- 2. Yes, gain weight
- 3. Yes, maintain current weight
- 4. No

- 7. Don't know/ Not sure
- 9. Refused

PREVADV (CA-UCB, becomes PREVEXER-PREVSTD)

YN.

93. **In the last three years, has your physician or other health professional discussed any of the following health education topics with you?**
(Please read:)

| | Yes | No | DK | RF | | | |
|---|-----|----|----|----|---|----------|---------|
| A. Exercise | | 1 | 2 | 7 | 9 | PREVEXER | |
| B. Nutrition or Diet | | 1 | 2 | 7 | 9 | PREVDIET | |
| C. Smoking | | 1 | 2 | 7 | 9 | PREVSMK | |
| D. Gun Safety | | 1 | 2 | 7 | 9 | PREVGUN | |
| E. Alcohol | | 1 | 2 | 7 | 9 | PREVALC | |
| F. Sexually Transmitted Disease or HIV | | | 1 | 2 | 7 | 9 | PREVSTD |

PREVPRG2 (CA-UCB-modified)

PREVPRG.

94. **A health improvement program helps you to change your health behaviors such as stop smoking,**

lose weight, reduce stress, or increase physical activity. Did you participate in any health improvement program in 1999 offered through your MAIN employer, your health plan and/or a community group?

(If yes, mark all that apply.)

- 1. Yes, through my main employer
- 2. Yes, through my health plan
- 3. Yes, through a community organization or group
- 4. No

- 7. Don't know/Not sure
- 9. Refused

AGE (CDC-C) (modified wording) (various formats)

95. **How old were you on your last birthday?**

___ Enter age in years

- 7. Don't know/Not sure (Go to REF_DEMO)
- 9. Refused (Go to REF_DEMO)

HISPANIC (CDC-C, modified wording and order) YES/NO.

96. **Are you of HISPANIC ORIGIN such as Mexican American, Latin American, Puerto Rican or Cuban?**

- 1. Yes
- 2. No
- 7. Don't know/Not sure (Go to REF_DEMO)
- 9. Refused (Go to REF_DEMO)

ORACE2 (CDC-C, 95--expanded response categories) ORACEB.

97. **What is your race? Would you say: White, Black, Asian, Pacific Islander, American Indian, Alaska Native, or Other?**

- 1. White (Go to MARITAL)
- 2. Black (Go to MARITAL)
- 3. Asian (Go to ORACE2A)
- 4. Pacific Islander (Go to ORACE2A)
- 5. American Indian, Alaska Native (Go to MARITAL)
- 6. Other: (specify) -----> ORACETXT (Recoded, not retained) (Go to MARITAL)

- 7. Don't know/Not sure (Go to REF_DEMO)
- 9. Refused (Go to REF_DEMO)

- ORACE2A (CA) ORACE2A.
98. **Are you Chinese, Japanese, Korean, Filipino, or Other?**
1. Chinese
 2. Japanese
 3. Korean
 4. Filipino
 6. Other: (specify) -----> ORACTXT2 (Recoded, not retained)
 7. Don't know/Not sure
 9. Refused

REF_DEMO ORACE2A.

Our data analysis is based on several factors ---and AGE/ETHNICITY/RACE is one of the most important. You have already invested several minutes providing extremely important and useful data for this study. Also, please remember that your answers are confidential and will not be revealed to anyone. Would you be willing to tell me your AGE/ETHNICITY/RACE now?

- MARITAL (CDC-C) MARITAL.
99. **Are you: Married, Divorced, Widowed, Separated, Never been married, or a member of an unmarried couple?**
1. Married
 2. Divorced
 3. Widowed
 4. Separated
 5. Never been married
 6. A member of an unmarried couple
 9. Refused

CHILD18 (CA) Type VII

100. **How many children or youths under age 18 live in this household?**

__ Enter Number of children

88. None (Go to EDUCA)

99. Refused (Go to EDUCA)

CHILDAGE (CA-TCS Previously CHILD1-CHILD9)
101.

Type VII

(If CHILD18=1, ask:)

How old is the child?

(If CHILD18 GT 1, ask:)

How old are the children? Beginning with the youngest...

INTERVIEWER NOTE: List the ages of all children in the household from youngest to oldest. If child is less than one year old then age = 1.0.

ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year-olds (.1=younger

5.1 5 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}

5.2

13.0

Youths =

| | | |
|-----|-------------------------------|--------|
| ___ | 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 |
| ___ | Age of tenth youngest child | |

77 Don't know

99 Refused

EDUCA (CDC-C, response categories are from 1992)

EDUCA.

102. **What is the highest grade or year of school you completed?**

(Read Only if Necessary)

1. Eighth grade or less
2. Some high school (grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
4. Some technical school
5. Technical School Graduate
6. Some College
7. College graduate
8. Post graduate or professional degree
88. NA/ Never attended school or only kindergarten
9. Refused

EMPLOY2 (CDC-C)

EMPLOYA.

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

- 1. Employed for wages
- 2. Self-employed
- 3. Out of work for more than 1 year (Go to DRIVECAR)
- 4. Out of work for less than 1 year (Go to DRIVECAR)
- 5. Homemaker (Go to DRIVECAR)
- 6. Student (Go to DRIVECAR)
- 7. Retired (Go to DRIVECAR)
- 8. Unable to work (Go to DRIVECAR)
- 9. Refused (Go to DRIVECAR)

FIRMSIZ2 (CA-UCB, modified answer)

TYPE I.

(If EMPLOY2=1 then ask:)

104. **Counting ALL of the locations where your MAIN employer operates, about how many people, including part-time employees, work for your employer? (Your best guess is fine.)**

(If EMPLOY2=2 then ask:)

Counting ALL of the locations where your business operates, about how many people, including part-time employees, work for your business? (Your best guess is fine.)

___ number of employees

77. Don't know

99. Refused

DRIVECAR (CA-EPIC-NEW)

105. **In an average week, how many days do you drive a car or other motor vehicle on the road?**

__ __ Number of days

77. Don't Know/Not Sure

99. RF

HHSIZE (CA) *** Calculated variable do not ask *** (not formatted)

106. Household size. ((NUMADULT-NHHADULT)+CHILD18)

INCOM94 (CDC-C wording retained from previous years)

INCOMEB.

107. **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 \$75,000; or over \$75,000?

- 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 \$75,000
- 8. Over \$75,000
- 77. Don't know/Not sure
- 99. Refused

Find the point on the table where HHSIZE and INCOM94 intersect.
 If there is a table value and the table value is LT the "less than" value of the response to INCOM94, go to THRESH99.

THRESH99(CA)

YES/NO.

108. **Is your annual household income above _____ (table look up for income and household size)?** (This is an income threshold used for statistical purposes.)

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

| INCOM94 = | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------------|-------|--------|--------|--------|--------|--------|----------------|----------------|
| HHSIZE= 1 | 8,240 | | 16,480 | 24,720 | | | | |
| (Household Size) 2 | | 11,060 | | 22,120 | 33,180 | | | |
| 3 | | 13,880 | | 27,760 | 41,640 | | | |
| 4 | | 16,700 | | 33,400 | 50,100 | | | |
| 5 | | 19,520 | | | 39,040 | 58,560 | | |
| 6 | | | 22,340 | | 44,680 | 67,020 | | |
| 7 | | | | 25,160 | | 50,320 | 75,489 | |
| 8 | | | | 27,980 | | 55,960 | 83,940 | |
| 9 | | | | 30,800 | | 61,600 | 92,400 | |
| 10 | | | | 33,620 | | 67,240 | 100,860 | |
| 11 | | | | | 36,440 | 72,880 | 109,320 | |
| 12 | | | | | | 39,260 | 78,520/117,780 | |
| 13 | | | | | | 42,080 | | 84,160/126,240 |

(100% and 200% of Federal Poverty Line; From: Federal Register, Mar 18, 1999)

MILITARY (CDC-Emerging core)

YES/NO.

109. **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?**

- 1. Yes
- 2. No (Go to WEIGHT)
- 7. Don't know/Not sure (Go to WEIGHT)
- 9. Refused (Go to WEIGHT)

MILSTAT (CDC-Emerging core)

110. **Which of the following best describes your current military status? Are you: Currently on active duty, currently in the reserves or no longer in military service?**

- 1. Currently on active duty
- 2. Currently in reserves
- 3. No longer in military service
- 7. Don't know/Not sure (do not read)
- 9. Refused (do not read)

VAHOSP (CDC-Emerging core)

111. **In the past 12 months have you received some or all of your health care from VA facilities?**

- Probe for which**
1. Yes, all of my health care
 2. Yes, some of my health care
 3. No, no VA health care received

 7. Don't know/not sure
 9. Refused

WEIGHT (CDC-C)

(not formatted)

112. **About how much do you weigh without shoes?**

Round fractions up

___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know/Not sure

999. Refused

LIKEWT

113. **How much would you like to weigh?**

Round fractions up

___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know/Not sure

999. Refused

HEIGHT (CDC-C)

(not formatted)

114. **About how tall are you without shoes?**

Round fractions down

Enter height in feet and inches
(Ex. 5 feet 11 inches = 511)

___ Enter height (verify if less than 408 or greater than 608)

777. Don't know/Not sure

999. Refused

COUNTY1 (CDC-C)

COUNTYA.

115. **What county do you live in?**

- | | | |
|-------------------|---------------------|--------------------------|
| 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 | 777. Don't Know/Not Sure |
| 039. MADERA | 079. SAN L OBISPO | 999. Refused |

NUMHOLD (CDC-C)

YESNO.

116. **Do you have more than one telephone number in your household?**

- 1. Yes
- 2. No (Go to ZIPCODE)
- 7. Don't know (Go to ZIPCODE)
- 9. Refused (Go to ZIPCODE)

NUMPHON2 (CDC-C)

(not formatted)

117. **How many residential telephone numbers do you have? (exclude dedicated for computer lines)**
(8 = 8 or more)

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Refused

ZIPCODE (CA)

(not formatted)

118. **What is your zip code?**

Enter the five digit number

77777

Don't know/Not sure

99999

Refused

IF SEX=1 Go to AIDSGRD4

HADMAM (CDC-C, modified lead-in)

YESNO.

(Note: asked of all women)

119. **I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates. Have you ever had a mammogram?**

1. Yes

2. No

(Go to HADCBE)

7. Don't know/Not sure

(Go to HADCBE)

9. Refused

(Go to HADCBE)

HOWLONG2 (CDC-C)

HOWLNGC.

120. **How long has it been since you had your last mammogram?**

(Read only if necessary)

1. Within the past year

(more than 0 years to 1 year)

2. Within the past 2 years

(more than 1 year to 2 years)

3. Within the past 3 years

(more than 2 years to 3 years)

4. Within the past 5 years

(more than 3 years to 5 years)

5. More than 5 years ago

7. Don't know/Not sure

9. Refused

WHYDONE (CDC-C)

WHYDONE.

121. **Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?**

1. Routine checkup

2. Breast problem

3. Had breast cancer

7. Don't know/Not sure

9. Refused

HADCBE (CDC-C)

YESNO.

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

1. Yes
2. No (Go to HADPAP)
7. Don't know/Not sure (Go to HADPAP)
9. Refused (Go to HADPAP)

WHENCBE (CDC-C)

HOWLNGC.

123. **How long has it been since your last breast exam?**
(Read only if necessary)

1. Within the past year (more than 0 years to 1 year)
2. Within the past 2 years (more than 1 year to 2 years)
3. Within the past 3 years (more than 2 years to 3 years)
4. Within the past 5 years (more than 3 years to 5 years)
5. More than 5 years ago
7. Don't know/Not sure
9. Refused

WHYCBE (CDC-C)

WHYCBE.

124. **Was your last breast exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?**

1. Routine Checkup
2. Breast problem
3. Had breast cancer
7. Don't know/Not sure
9. Refused

HADPAP (CDC-C, modified lead-in)

YESNO.

125. **A Pap smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present.**

Have you ever had a Pap smear?

1. Yes
2. No (Go to HYSTER2)
7. Don't know/Not sure (Go to HYSTER2)
9. Refused (Go to HYSTER2)

WHENPAP2 (CDC-C)

HOWLNGB.

126. **How long has it been since you had your last Pap smear?**

(Read only if necessary)

- 1. Within the past year (more than 0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 years)
- 3. Within the past 3 years (more than 2 years to 3 years)
- 4. Within the past 5 years (more than 3 years to 5 years)
- 5. More than 5 years ago
- 7. Don't know/Not sure
- 9. Refused

WHYPAP (CDC-C, modified wording)

WHYPAP.

127. **Was your last Pap smear done as part of a routine exam, or to check a problem, or for some other reason?**

- 1. Routine exam
- 2. Check problem
- 3. Other
- 7. Don't know/Not sure
- 9. Refused

HYSTER2 (CDC-C)

YESNO.

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

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

If AGE GE 40 go to EVEREST ELSE go to AIDSGRD4

Some women take estrogen for menopause or “the change of life”.

EVEREST (CA-PHCA- FROM 1999 CWHS)

YESNO.

129. **Have you ever taken estrogen for menopause or “the change of life”? (Examples include Premarin, Estrace, Estraderm, and Estratab)**

- 1. Yes
- 2. No (Go to PREGNANT)
- 7. Don't Know/Not sure (Go to PREGNANT)
- 9. Refused (Go to PREGNANT)

ESTROHR3 (CMRI) NEW(CA-PHCA- FROM 1999 CWHS)

YESNO.

130. Are you currently taking estrogen for menopause or “the change of life”?

1. Yes
2. No

7. Don't Know/Not sure
9. Refused

IF AGE LT 45 go to PREGNANT
IF AGE GE 45 go to AIDSGRD4

PREGNANT (CDC-C)

YESNO.

131. To your knowledge, are you now pregnant?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

IF AGE LT 65 go to AIDSGRD4
IF AGE GE 65 go to WHENDNT2

The next few questions are about 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.

AIDSGRD4 (CDC-C)

Type XXI.

132. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?

- ___ Enter grade
55. Kindergarten
 88. Never

 77. Don't know
 99. Refused

CONDUSE2 (CDC-C)

CONDUS.

133. If you had a teenager who was sexually active, would you encourage him or her to use a condom?

1. Yes
2. No
3. Would give other advice

7. Don't know/Not sure
9. Refused

GETAIDS2 (CDC-C)

GETAIDS.

134. **What are your chances of getting infected with HIV, the virus that causes AIDS?
Would you say: High, Medium, Low, or None?**

1. High
2. Medium
3. Low
4. None

5. Not applicable (GO TO TSTBLYR2)
7. Don't know/Not sure
9. Refused

AIDSDON (CDC-C)

YESNO.

135. **Have you donated blood since March 1985?**

1. Yes
2. No (Go to AIDSTST5)

7. Don't know (Go to AIDSTST5)
9. Refused (Go to AIDSTST5)

DONBLD12 (CDC-C)

YESNO.

136. **Have you donated blood in the past 12 months?**

1. Yes
2. No

7. Don't know/Not sure
9. Refused

AIDSTST4 (CDC-C)

YESNO.

137. **Except for tests you may have had as part of blood donations, have you ever been tested for HIV?
(Include saliva tests).**

1. Yes (Go to TSTBLYR1)
2. No (Go to STDWHR)

7. Don't know/Not sure (Go to STDWHR)
9. Refused (Go to STDWHR)

AIDSTST5 (CDC-C)

YESNO.

138. **Have you ever been tested for HIV? (Include saliva tests).**

1. Yes (Go to TSTBLYR2)
2. No (Go to STDWHR)

7. Don't know/Not sure (Go to STDWHR)
9. Refused (Go to STDWHR)

TSTBLYR1 (CDC-C)

YESNO.

139. **Not including your blood donations, have you been tested for HIV in the past 12 months?
(Include saliva tests).**

- | | | |
|----|---------------------|------------------|
| 1. | Yes | (Go to REASTST3) |
| 2. | No | (Go to STDWHR) |
| 7. | Don't know/Not sure | (Go to STDWHR) |
| 9. | Refused | (Go to STDWHR) |

TSTBLR2 (CDC-C)

YESNO.

140. **Have you been tested for HIV in the past 12 months? (Include saliva tests).**

- | | | |
|----|---------------------|------------------|
| 1. | Yes | (Go to REASTST3) |
| 2. | No | (Go to STDWHR) |
| 7. | Don't know/Not sure | (Go to STDWHR) |
| 9. | Refused | (Go to STDWHR) |

REASTST3 (CDC-C)

REASTEST.

141. **What was the main reason you had your last test for HIV? (Read only if necessary)**

- | | | |
|-----|---|----------------|
| 1. | For hospitalization or surgical procedure | |
| 2. | To apply for health insurance | |
| 3. | To apply for life insurance | |
| 4. | For employment | |
| 5. | To apply for a marriage license | |
| 6. | For military induction or military service | |
| 7. | For immigration | |
| 8. | Just to find out if you were infected | |
| 9. | Because of referral by a doctor | |
| 10. | Because of pregnancy | |
| 11. | Referred by your sex partner | |
| 12. | Because it was part of a blood donation process | (Go to STDWHR) |
| 13. | For routine checkup | |
| 14. | Because of occupational exposure | |
| 15. | Because of illness | |
| 16. | Because I am at risk for HIV | |
| 77. | Don't know/Not sure | (Don't Read) |
| 87. | Other reason | |
| 99. | Refused | (Don't Read) |

WHERETST4 (CDC-C)

WHERETST.

142. **Where did you have your last test for HIV?**
(Read only if necessary)

- | | |
|---|--|
| 1. Private doctor, HMO | 12. Insurance company clinic |
| 2. Blood bank, plasma center, Red Cross | 13. Other public clinic |
| 3. Health department | 14. Drug treatment facility |
| 4. AIDS clinic, counseling, testing site | 15. Military induction or military service site |
| 5. Hospital, emergency room, outpatient clinic | 16. Immigration site |
| 6. Family planning clinic | 17. At home, home visit by nurse or health worker |
| 7. Prenatal clinic/obstetrician's office | 18. At home, using self-sampling kit |
| 8. Tuberculosis clinic | 19. In jail or prison |
| 9. STD clinic | 77. Don't know/Not sure (Don't read) |
| 10. Community health clinic | 87. Other |
| 11. Clinic run by employer | 99. Refused (Don't read) |

TSTRESLT (CDC-C)

YESNO.

143. **Did you receive the results of your last test?**

- | | |
|---------------|----------------|
| 1. Yes | |
| 2. No | (Go to STDWHR) |
| 7. Don't know | (Go to STDWHR) |
| 9. Refused | (Go to STDWHR) |

COUNSEL3 (CDC-C)

YESNO.

144. **Did you receive counseling or talk with a health care professional about the results of your test?**

- | |
|------------------------|
| 1. Yes |
| 2. No |
| 7. Don't know/Not sure |
| 9. Refused |

I would now like to ask you some questions about sexually transmitted diseases. Please remember that all your answers are confidential.

ASK IF AGE<=44 ELSE GO TO FLUSHOT2
STDWHR (CA-STD-NEW)

145. **If you thought that you had a sexually transmitted disease or if you were told you had been exposed to a sexually transmitted disease, where would you go for treatment?** (Read first 4 response categories only)

- | | |
|--|------------------|
| 1. Regular primary care doctor or clinic | |
| 2. Public clinic or Community clinic | |
| 3. Emergency room or Urgent care clinic | |
| 4. Family Planning clinic | |
| 5. Other (specify) | |
| 6. No place (would not go for treatment) | (Go to CHLAMTST) |
| 77. Don't know | (Go to CHLAMTST) |
| 88. NA (refused module) | (Go to CHLAMTST) |
| 99. Refused (refused question) | (Go to CHLAMTST) |

OTHWHR (CA-STD NEW)

YESNO.

146. **Is this the same place that you would go for treatment if you had an injury or illness?**

- | |
|--------|
| 1. Yes |
|--------|

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

CHLAMTST (CA-STD NEW)

147. **During the past 12 months, have you given a urine sample to get tested for Chlamydia?**

1. Yes
2. No
3. Gave a urine sample, but not sure if chlamydia was tested
4. Don't know what chlamydia is (Go to HERPYN)
7. Don't know/Not sure
8. NA (refused module) (go to FLUSHOT)
9. Refused (refused question)

Please answer the following two questions with a yes or no response.

CHLAMYN (CA-STD NEW)

YESNO.

148. **Do most men who are infected with chlamydia have symptoms?**

1. Yes
2. No
3. Don't know what chlamydia is

7. Don't know/Not sure
9. Refused

HERPYN(CA-STD NEW)

YESNO.

149. **Is it possible to get genital herpes from a sex partner when he or she does not have a visible sore?**

1. Yes
2. No
3. Don't know what herpes is

7. Don't know/Not sure
9. Refused

I would now like to ask you a few questions about your dental health.

WHENDNT2 (CDC-DH module, from 95)

WHENDENT.

150. **How long has it been since you last visited the dentist or a dental clinic for any reason?**

(Read only if necessary)

1. Within the past 6 months
2. Within the past year (6 month to less than 1 year)
3. Within the past 2 years (1 year to less than 2 years)
4. Within the past 5 years (2 years to less than 5 years)
5. 5 or more years ago
6. Never

7. Don't know/Not sure
9. Refused

LOSTEETH (CDC-DH module, from 95)

LOSTETH.

151. **How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.**

1. Five or fewer
2. 6 or more, but not all
3. All (go to DENTNOGO)
4. None
7. Don't know/Not sure
9. Refused

If "never" to WHENDNT2 or "all" to LOSTEETH, go to DENTNOGO.

DENTCLN

WHENDENT.

152. **How long has it been since you had your teeth cleaned by a dentist or dental hygienist?**

(Read only if necessary)

1. Within the past year (1 to 12 months ago) (GO TO DENTPLN2)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 5 years (more than 2 years to 5 years ago)
4. 5 or more years ago (more than 5 years)
7. Don't know/Not sure

8. Never
9. Refused

IF WHENDNT2 LE 2 or TETHCLN EQ 1, GO TO DENTPLN2, ELSE CONTINUE

DENTNOGO (CDC-DH module, from 95)

DENTNO.

153. **What is the main reason you have not visited the dentist in the last year?**

1. Fear, apprehension, nervousness, pain, dislike going (or similar response)
 2. Cost
 3. Do not have/know a dentist
 4. Can't get to the office/clinic (too far away, no transportation, no appointments available)
 5. No reason to go (e.g., no pain, no problems, no teeth)
 6. Other priorities
 7. Didn't think of it
 8. Other
-
77. Don't know/Not sure
 99. Refused

DENTPLN2 (CDC-mod, from 95)

YESNO.

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

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

(If child between ages 8 and 14 then go to SEALANT, else go to FLUSHOT2)

Dental sealants are plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are different from fillings, caps, crowns, and fluoride treatments.

SEALANT (CA-DH)

YESNO.

155. **Has the child in your household/any of the children in your household ever had dental sealants painted on their teeth?**

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

FLUSHOT2 (CDC-CA-IMMUN)

YESNO.

156. **During the past 12 months, have you had a flu shot?**

1. Yes
2. No (Go to PNEUMVAC)
7. Don't Know/Not sure (Go to PNEUMVAC)
9. Refused (Go to PNEUMVAC)

FLUPLACE (CDC-CA-IMMUN)

FLUPLACE.

157. **At what kind of place did you get your last flu shot?** (Read only if necessary)

- 1. A doctor's office or health maintenance organization
- 2. A health department or health department clinic [Includes county or local health departments]
- 3. Another type of clinic or health center [Example: a community health center]
- 4. A senior, recreation or community center
- 5. A store [Example: a supermarket or drugstore]
- 6. A hospital or emergency room
- 7. Workplace
- 8. Other (specify)

- 77. Don't Know /Not sure
- 99. Refused

PNEUMVAC (CDC-IMMUN)

YESNO.

158. **Have you ever had a pneumonia vaccination?**

- 1. Yes
- 2. No

- 7. Don't Know/Not sure
- 9. Refused

TETANUS (CA-IMMUN)

YESNO.

159. **Have you ever had a tetanus shot?**

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

- 7. Don't know/Not sure (Go to ANTIBOD)
- 9. Refused (Go to ANTIBOD)

WHENTET (CA-IMMUN)

HOWLNGE.

160. **How long ago did you have your last tetanus shot?** (Your best guess is fine.)

(Read if necessary)

- 1. Within the past 10 years (0 years to 10 years)
- 2. Between 10 and 20 years ago (more than 10 years to 20 years)
- 3. More than 20 years ago

- 7. Don't know/Not sure
- 9. Refused

WHYTET2 (CA-IMMUN)

WHYTET.

161. **Did you get the shot as part of routine care, after an injury, for travel abroad, or for some other reason?**

- 1. Routine Care
- 2. Injury
- 3. Travel abroad
- 4. Other (specify) _____
- 7. Don't know/Not sure
- 9. Refused

ANTIBOD (CA-DISB-NEW)

YESNO.

Antibiotics are drugs such as penicillin that are used to fight or prevent bacterial infection.

162. **In the past 4 weeks, have you taken any antibiotic medicine?**

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

BLDTRANS (CA-DISB-NEW)

YESNO.

163. **Did you have a blood transfusion before 1992?**

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

HRDHEPC (CA-DISB-NEW)

YESNO.

There are several diseases that affect the liver, including hepatitis A, B, and C.

164. **Have you ever heard of hepatitis C?**

- 1. Yes
- 2. No (Go to RESTRIC2)
- 7. Don't Know/Not sure (Go to RESTRIC2)
- 9. Refused (Go to RESTRIC2)

TESTHEPC (CA-DISB-NEW)

YESNO.

165. **Have you ever been tested for hepatitis C?**

- 1. Yes
- 2. No (Go to RESTRIC2)
- 7. Don't Know/Not sure (Go to RESTRIC2)
- 9. Refused (Go to RESTRIC2)

REASHEP (CA-DISB-NEW)

166. **What was the main reason you had your last test for hepatitis C?**

1. Referred by a doctor because of an illness or an abnormal liver function test.
2. History of drug use
3. History of blood transfusion
4. History of occupational or job exposure
5. Referred by a sex partner / spouse
6. Sex partner/spouse Hep C positive
7. History of multiple sexual partners
8. Tested because they donated blood
9. Was worried about it

96. Other

77. Don't Know/Not Sure

99. RF

These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.

RESTRIC2 (CA- CDCB CDC-QOL Module)

YESNO.

167. **Are you limited in any way in any activities because of any impairment or health problem?**

1. Yes
2. No (Go to DAYSPAIN)
7. Don't know/Not sure (Go to DAYSPAIN)
9. Refused (Go to DAYSPAIN)

MAJRPROB ((CA- CDCB CDC-QOL Module)

MAJPRBB.

168. **What is the MAJOR impairment or health problem that limits your activities?**

(do not read)

1. Arthritis/rheumatism
2. Back or neck problem
3. Fractures, bone/joint injury
4. Walking problem
5. Lung/breathing problem
6. Hearing problem
7. Eye/vision problem
8. Heart problem
9. Stroke problem
10. Hypertension/high blood pressure
11. Diabetes
12. Cancer
13. Depression/anxiety/emotional problem
14. Osteoporosis
77. Don't know/Not sure
96. Other impairment/problem [specify] -----> MPRTXT
99. Refused

PROBLONG (CA- CDCB CDC-QOL Module)

Type XXIII

169. **For how long have your activities been limited because of your [fill in response from MAJRPROB]?**

101-107 = # of days 301-312 = # of months
 201-251 = # of weeks 401-499 = # of years

_____ (Enter time)

- 555. Never
- 777. Don't know / Not sure
- 999. Refused

PERSHELP (CA- CDCB CDC-QOL Module)

YESNO.

170. **Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?**

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

RUTNHELP ((CA- CDCB CDC-QOL Module)

YESNO.

171. **Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?**

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

DAYSPAIN (CA- CDCB CDC-QOL Module)

Type I

172. **During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?**

_____ Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DAYSSAD (CA- CDCB CDC-QOL Module)

Type I

173. **During the past 30 days, for about how many days have you felt sad, blue, or depressed?**

_____ Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DAYSANX (CA- CDCB CDC-QOL Module)

Type I

174. **During the past 30 days, for about how many days have you felt worried, tense, or anxious?**

_____ Number of days

- 88. None

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

DAYSLEEP (CA- CDCB CDC-QOL Module)

Type I

175. **During the past 30 days, for about how many days have you felt you did NOT get enough rest or sleep?**

____ Number of days

88. None

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

DAYSVIGR (CA- CDCB CDC-QOL Module)

Type I

176. **During the past 30 days, for about how many days have you felt very healthy and full of energy?**

____ Number of days

88. None

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

If "yes" to PERSHELP, continue. Otherwise, go to WHOHELPB

WHOHELPA(CA- CDCB CDC-QOL Module)

177. **Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? (If a relative that is paid, code appropriate relative)**

(Read Only if Necessary)

- 1. Husband/wife/partner
- 2. Parent/son/son-in-law/daughter/daughter-in-law
- 3. Other relative
- 4. Unpaid volunteer
- 5. Paid employee or home health service
- 6. Friend or neighbor
- 7. Combination of family and/or friends

- 8. Other
- 9. No one helps me (Go to WHOHELPB)
- 77. Don't Know/Not Sure
- 99. Refused

HELPPADQ (CA- CDCB CDC-QOL Module)

HELPPADQ.

178. **Is the assistance you receive to meet your personal care needs usually adequate, sometimes adequate or rarely adequate?**

- 1. Usually adequate
- 2. Sometimes adequate
- 3. Rarely adequate

- 7. Don't know/Not sure
- 9. Refused

If "yes" to RUTNHELP, continue. Otherwise, go to OSTEHRD

WHOHELPB (CA- CDCB CDC-QOL Module)

179. **Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? (If a relative that is paid, code appropriate relative)**

(Read Only if Necessary)

- 1. Husband/wife/partner
- 2. Parent/son/son-in-law/daughter/daughter-in-law
- 3. Other relative
- 4. Unpaid volunteer
- 5. Paid employee or home health service
- 6. Friend or neighbor
- 7. Combination of family and/or friends
- 8. Other
- 9. No one helps me (Go to OSTEHRD)
- 77. Don't Know/Not Sure
- 99. Refused

HELPPADQB (CA- CDCB CDC-QOL Module)

HELPPADQ.

180. **Is the assistance you receive to meet your routine needs usually adequate, sometimes adequate or rarely adequate?**

- 1. Usually adequate
- 2. Sometimes adequate
- 3. Rarely adequate

- 7. Don't know/Not sure
- 9. Refused

OSTEOHRD (CA-PHCA- FROM 2000 CWHS) YESNO.
181. Have you ever heard of osteoporosis?
1. Yes
2. No (GO TO STIFF)
7. Don't know/Not sure (GO TO STIFF)
9. Refused (GO TO STIFF)

OSTEOTLK (CA-PHCA- FROM 2000 CWHS) YESNO.
182. Has your doctor or other health professional talked with you about how to prevent osteoporosis or bone loss?
1. Yes
2. No
7. Don't know/Not sure
9. Refused

OSTEOTLD (CA-PHCA- FROM 2000 CWHS) YESNO.
183. Have you been told you have osteoporosis or bone loss?
1. Yes
2. No
7. Don't know/Not sure
9. Refused

STIFF (CA- CDCB CDC-Arthritis Module) YESNO.
184. **During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?**
1. Yes
2. No (Go to ARTHRITB)
7. Don't know/Not sure (Go to ARTHRITB)
9. Refused (Go to ARTHRITB)

SYMPARTH (CA- CDCB CDC-Arthritis Module) YESNO.
185. **Were these symptoms present on most days for at least one month?**
1. Yes
2. No
7. Don't know/Not sure
9. Refused

LIMITJNT (CA- CDCB CDC-Arthritis Module) YESNO.
186. **Are you now limited in any way in any activities because of joint symptoms?**
1. Yes
2. No
7. Don't know/Not sure
9. Refused

ARTHRITB (CA- CDCB CDC-Arthritis Module) YESNO.
187. **Have you ever been told by a doctor that you have arthritis?**
1. Yes
2. No (Go to FOODILL)
7. Don't know/Not sure (Go to FOODILL)
9. Refused (Go to FOODILL)

ARTHTYPE (CA- CDCB CDC-Arthritis Module)
188. **What type of arthritis did the doctor say you have?**
(Read Only if Necessary)

- 1. Osteoarthritis/degenerative arthritis
- 2. Rheumatism
- 3. Rheumatoid Arthritis
- 4. Lyme disease
- 5. Other [specify] _____
- 88. Never saw a doctor

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

ARTHDR (CA- CDCB CDC-Arthritis Module)

YESNO.

189. **Are you currently being treated by a doctor for arthritis?**

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

ARTFND (CA- CDCB)

YESNO.

190. **Have you ever contacted the Arthritis Foundation?**

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

FOODILL (CA-DISB-NEW) (ASKED OF EVERYONE)

YESNO.

Now, I'm going to ask you about foods people commonly eat. For each of the following foods, please tell me if you have heard that the food causes food poisoning, or food borne illness in healthy people. I do not mean illness caused by spoiled food.

| | Yes | No | DK\NS | REF | |
|--|-----|----|-------|-----|----------|
| 191. Fresh alfalfa sprouts (such as those served in salads and sandwiches)? | 1 | 2 | 7 | 9 | FSSPROUT |
| 192. Fresh eggs that are cooked but still have a runny yolk? | 1 | 2 | 7 | 9 | FSEGGs |

REPTILE(CA-DISB-NEW)

YESNO.

193. **Do you currently have any pet reptiles (such as snakes, turtles, or lizards), or amphibians (such as frogs or newts) in your home?**

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

I would like to ask you a few questions about alcohol use.

DRNKANY1 (CDC-RC ODD YEARS, CA-ADP-EVEN YEARS)

YESNO.

194. **During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?**

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

- 7. Don't know/Not sure (Go to RIDEDRNK)
- 9. Refused (Go to RIDEDRNK)

DRKBEER (CA-ADP; module below originally from 1988 CDC-C; YR2k Obj. 4.8) Type II

195. **During the past month, how many days per week or per month did you drink any beer?**

101-107 = days per week
201-231 = days per month

____ Enter Days per week or per month

- 888. None (Go to DRKWINE)
- 777. Don't know/Not sure (Go to DRKWINE)
- 999. Refused (Go to DRKWINE)

NBEEROCC (CA-ADP)

Type I

196. **On the days when you drank beer, about how many BEERS did you drink on the AVERAGE?**

____ Enter Number of drinks (One half= .5) (verify if GT 11)

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DRKWINE (CA-ADP)

Type II

197. **During the past month, how many days per week or per month did you drink any wine?**

101-107 = days per week
201-231 = days per month

____ Enter Days per week or per month

- 777. Don't know/Not sure (Go to DRKLIQR)
- 888. Never or none (Go to DRKLIQR)
- 999. Refused (Go to DRKLIQR)

NWINEOCC (CA-ADP)

Type I

198. **On the days when you drank wine, about how many glasses of WINE did you drink on the AVERAGE?**

____ Enter Number of drinks (One half= .5) (verify if GT 11)

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DRKLIQR (CA-ADP)

Type II

199. **During the past month, how many days per week or per month did you drink any LIQUOR?**

101-107 = days per week

201-231 = days per month

_____ Enter Days per week or per month

- 777. Don't know/Not sure (Go to DRINKGE5)
- 888. Never or none (Go to DRINKGE5)
- 999. Refused (Go to DRINKGE5)

NLIQROCC (CA-ADP)

Type I

200. **On the days when you drank LIQUOR, about how many DRINKS did you have on the AVERAGE?**

_____ Enter Number of drinks (One half= .5) (verify if GT 11)

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DRINKGE5 (CDC-RC ODD YEARS, CA-ADP-EVEN YEARS)

Type VII

201. **Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?**

_____ Enter Number of times (verify if GT 15)

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DRINKDRI (CDC-RC ODD YEARS, CA-ADP-EVEN YEARS)

Type VII

202. **During the past month, how many times have you driven when you've had perhaps too much to drink?**

_____ Enter Number of times (verify if GT 15)

- 88. None
- 77. Don't know/Not sure
- 99. Refused

RIDEDRNK (CA-ADP, CDC-C in 1993)

Type VII

203. **During the past month, how many times have you ridden with a driver who has had perhaps too much to drink?**

_____ Enter Number of times (verify if GT 15)

- 88. None
- 77. Don't know/Not sure
- 99. Refused

These next four questions refer to experiences you may or may not have had with alcohol over your entire lifetime. If you have had less than 20 drinks in your life, or you feel that these questions do not apply to you, please tell us and we will move on.

DRKCUT (CA-ADP, CAGE)

YNNAB.

204. **Have you EVER felt you ought to cut down on your drinking?**

1. Yes
2. No
3. Not Applicable, had less than 20 drinks (Go to YTHSAMP)
4. Not Applicable, discontinue CAGE module (Go to YTHSAMP)

7. Don't know/Not sure
9. Refused

DRKANOEY (CA-ADP, CAGE)

YESNO.

205. **Have people EVER annoyed you by criticizing your drinking?**

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)

7. Don't know/Not sure
9. Refused

DRKGLTY (CA-ADP, CAGE)

YESNO.

206. **Have you EVER felt bad or guilty about your drinking?**

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)
7. Don't know/Not sure
9. Refused

DRKMORN (CA-ADP, CAGE)

YESNO.

207. **Have you EVER had a drink first thing in the morning to steady your nerves or get rid of a hangover?**

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)
7. Don't know/Not sure
9. Refused

PLAN_FUP (ask if HLTHLIST in (1,4,5,8,9,11,19,20,32,39,41,51,60,71,73,82,85,86,87,97))

207. **Just to double check, I have one final question about your health care coverage. Could you locate your health care card and read the provider information on the card, please? Do not include your name or policy number.**

TYPE RESPONSE AND ASK RESPONDENT TO SPELL THE NAME IF YOU ARE UNFAMILIAR WITH THE PLAN.

If there is at least one child aged 11 through 17 read YTHSAMP; Else go to Closing Statement.

YTHSAMP

Your answers indicate that there ____ is a youth/are youths ____ between the ages of 12 and 17 living in this household. We would like to interview ____ this youth/one of these youths ____ as part of a study on youth attitudes toward smoking and other issues.

All answers will be kept confidential. While participation is voluntary, your cooperation and the cooperation of the youth in this survey is very important to the success of our study. May we interview _____ for this study?

Closing statement:

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

SPANINT

(TO INTERVIEWER:) Was this interview completed in English or Spanish?

SPANINT.

1. Spanish
2. English