

## **CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2005**

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

Version 9.0  
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Questions about the survey should be directed to:  
Bonnie Davis, Ph.D.  
Chief, Survey Research Group  
Cancer Surveillance Section  
1700 Tribute Road, Suite 100  
Sacramento, CA 95815-4402  
Phone (916) 779-0331

**Behavioral Risk Factor Surveillance System  
2005 State Questionnaire  
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INTROQ

HELLO, I'm (interviewer name) calling for the California Department of Health Services in Sacramento and the Centers for Disease Control and Prevention.

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 represent 2,000 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)

EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 2,000 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important health issues facing Californians today.

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) from the California Department of Health Services 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 4,000 other {men/women} in California. Your participation in this voluntary survey 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. If there is a question you cannot or do not wish to answer, please tell me and we can move on. If you have any questions about this survey that I cannot answer, I will provide a toll free telephone number for you to call.

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

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   |

Is this (phone number) ?

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

Is this a cellular telephone?

1. Yes---> Thank you very much, but we are only interviewing land line telephones and private residents. STOP
2. No ---> (Continue)

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

**GENHLTH (CDC-CORE)**

**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

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

**PHYSHLTH (CDC-CORE)**

**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-CORE)**

**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

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

**POORHLTH (CDC-CORE)**

**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-CORE)****YESNO.**

**5** 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 Medi-Cal.

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

**HLTHPLAN (CA)****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:)	Yes	No	Dk/Ns	Ref
Do you have health care coverage through:				
EMPPLAN				
Your employer	1	2	77	99
OEMPLAN				
Someone else's employer, like your spouse's or parents				
Parent's employer	1	2	77	99
OWNPLAN				
A plan that you or someone else buys on your own	1	2	77	99
MEDICARE				
Medicare	1	2	77	99
MEDICAL				
Medi-Cal (Medicaid)	1	2	77	99
MILPLAN				
The military, CHAMPUS, Tricare, or the VA [or CHAMP-VA]1		2	77	99
INDPLAN				
The Indian Health Service	1	2	77	99
OTHPLAN				
A source other than the ones already mentioned	1	2	77	99

IF NO "YES" RESPONSES TO 3.01.01-3.01.08 GO TO PERSDOC  
(If HLTHPLAN responses A – H >1 then go to MAINPLAN, else go to HLTHLIST)

**MAINPLAN (CA)**

**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, like your spouse's or parent's employer
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. A source other than the ones already mentioned
88. None (Go to PERSDOC)
77. Don't know/Not sure
99. Refused

**HLTHLIST (CA-KAISER)**

**HLTHLSTB.**

**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?**

SELECT FROM BRAND LIST

**PERSDOC (CDC-CORE)**

**YESNO.**

**9 Do you have one person you think of as your personal doctor or health care provider? (if no, ask "Is there more than one or is there "no" person who you think of?")**

1. Yes, only one (DO NOT PROBE)
2. More than one
3. (probe) No
77. Don't know/Not sure
99. Refused

**NOMEDB (NEW wording CDC-CORE)**

**YESNO.**

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

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

**CHECKUP2 (CDC-CORE-revised CDC)****HOWLNGC.**

**11 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.**

**(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
- 5. Never
- 77. Don't know/Not sure
- 99. Refused

**EXERANY1 (CDC-CORE)****YESNO.**

**12 The next question is about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties. 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?**

- 1. Yes
- 2. No
- 77. Don't Know / Not Sure
- 99. Refused

**DIABCOR2 (CDC-CORE)****DIABCORB.**

**13 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?**

**(If Respondent says pre-diabetes or borderline diabetes, use response "pre-diabetes")**

- 1. Yes
- 2. No (Go to PREDIAB)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 4. Pre-diabetes (Go to DIABRISK)
- 77. Don't know/Not sure (Go to PREDIAB)
- 99. Refused (Go to PREDIAB)

If SEX EQ 1 go to DIABAGE, If SEX EQ 2 go to DIABGEST

**DIABGEST (CA, 95)****YESNO.**

**14 Was this ONLY while you were pregnant?**

- 1. Yes (Go to DIABPRVN)
- 2. No (Includes never been pregnant)
- 77. Don't know/Not sure
- 99. Refused

**DIABAGE (CA-DBCP-DIABETES MODULE)****TYPE XV.**

**(Note: Asked if (SEX=1 & DIABCOR2=1) or (SEX=2 & DIABCOR2=1 & DIABGEST ne 1))**

**15 How old were you when you were told you have diabetes?**

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



**DIABINS (CA-DBCP-DIABETES MODULE)**

**YESNO.**

**16 Are you now taking insulin?**

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

**DIABPILL (CA-DBCP-DIABETES MODULE)**

**YESNO.**

**17 Are you now taking diabetes pills?**

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

**CHKGLU (CA-DBCP-DIABETES MODULE)**

**Type XIX.**

**18 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-DIABETES MODULE)**

**Type I.**

**19 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-DIABETES MODULE)**

**YESNO.**

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

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

**DIABDOC2 (CA-DBCP-DIABETES MODULE)**

**Type I.**

**21 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 PREDIAB)
- 77. Don't know (Go to PREDIAB)
- 99. Refused (Go to PREDIAB)

**DIABDOC3 (CA-DBCP-DIABETES MODULE)**

**Type I.**

**22 A test, "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 "A one C"?**

\_\_\_\_ number of times (verify if GT DIABDOC2)

- 88. None
- 77. Don't know
- 99. Refused

**CHKSORE (CA-DBCP-DIABETES MODULE)**

**Type I.**

**(asked if DIABDOC2 ne 88 and if CHKSORE2 ne "NO FEET")**

**23 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-DIABETES MODULE)**

**VISCHKB.**

**24 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
- 77. Don't know/Not sure
- 88. Never
- 99. Refused

**RETINHAD (CA-DBCP-DIABETES MODULE)**

**YESNO.**

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

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

**DIABCRSE (CA-DBCP-DIABETES MODULE)**

**YESNO.**

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

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

*IF DIABCOR2=1 or 3 or DIABGEST=1 then go to DIABPRVN else go to PREDIAB*

**PREDIAB (CA-DBCP-NEW)**

**YESNO.**

**27 Has a medical professional ever told you that you have pre-diabetes (also known as borderline diabetes)?**

- 1. Yes (Go to DIABPRVN)
- 2. No
- 77. Don't know/Not sure
- 99. Refused

*IF PREDIAB=1 then go to DIABPRVN else go to DIABRISK*

**DIABRISK (CA-DBCP-NEW)**

**YESNO.**

**28 Have you ever been told by a medical professional that you are at risk for diabetes?**

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

**DIABPRVN (CA-DBCP-NEW)**

**YESNO.**

**29 (If DIABCOR2 <> 1 or DIABGEST=1) In order to prevent diabetes, have you tried to lose weight, change your diet or increase your physical activity during the past year?**

**(IF DIABCOR2=1 and DIABGEST <> 1) In order to control diabetes, have you tried to lose weight, change your diet or increase your physical activity during the past year?**

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

**DIABFMLY (CA-DBCP)**

**30 Which, if any, of your biological family members ever had diabetes? (Check all that apply)**

- 1. None
- 2. Father
- 3. Mother
- 4. Brother
- 5. Sister
- 6. Son
- 7. Daughter
- 8. Other (specify)
- 77. Don't Know/Not sure
- 99. Refused

**BPHIGH2 (CDC-CORE)****YESNO.**

**31 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”)**

- 1. Yes
- 2. Yes, but female told only during pregnancy (Go to BLOODCHO)
- 3. No (Go to BLOODCHO)
- 4. Borderline, pre-hypertensive (Go to BLOODCHO)
- 77. Don't know/Not sure (Go to BLOODCHO)
- 99. Refused (Go to BLOODCHO)

**HIGHGT1 (CA- ADDED in for calculating prevalence HBP)****HIGHGT.**

**32 Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?**

- 1. More than once
- 2. Only once
- 77. Don't know/Not sure
- 99. Refused

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

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

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

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

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

- 1. Yes
- 2. No (Go to HEART)
- 77. Don't Know /Not sure (Go to HEART)
- 99. Refused (Go to HEART)

**CHOLCHK (CDC-CORE)****HOWLONGC.**

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

(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
- 77. Don't Know /Not sure
- 88. Never (Go to HEART)
- 99. Refused

**TOLDHI (CDC-CORE) YESNO.**  
**36 Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?**  
1. Yes  
2. No  
77. Don't Know/Not sure  
99. Refused

**HEART (NEW-CDC-CORE) YESNO.**  
**37 Now I would like to ask you some questions about cardiovascular disease. 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)?**  
1. Yes  
2. No  
77. Don't Know/Not sure  
99. Refused

**ANGINA (NEW-CDC-CORE) YESNO.**  
**38 Has a doctor, nurse or other health professional EVER told you that you had angina or coronary heart disease?**  
1. Yes  
2. No  
77. Don't Know/Not sure  
99. Refused

**STROKE (NEW- CDC-CORE) YESNO.**  
**39 Has a doctor, nurse or other health professional EVER told you that you had a stroke?**  
1. Yes  
2. No  
77. Don't Know/Not sure  
99. Refused

**ASTHEVE3 (CDC-CORE) YESNO.**  
**40 Have you ever been told by a doctor or other health professional that you had asthma?**  
1. Yes  
2. No (Go to FLUSHOT3)  
7. Don't know/Not sure (Go to FLUSHOT3)  
9. Refused (Go to FLUSHOT3)

**ASTHNOW (CDC-CORE) YESNO.**  
**41 Do you still have asthma?**  
1. Yes  
2. No  
77. Don't Know/Not Sure  
99. Refused

*If "yes" to ASTHEVE3 go to ASTAGE2 ELSE GO TO FLUSHOT3.*

**ASTHAGE2 (CA-OHSEP-ASTHMA MODULE)**

**42** How old were you when you were first told by a doctor, nurse or other health professional that you had asthma?

\_\_\_ (age in years)

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

*If "yes" to core ASTHNOW continue, else go to ENVAIR*

**ASTHWORK (CA-OHSEP-ASTHMA MODULE) YESNO.**

**43** Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had? (F6=Never worked outside the home)

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

**ASTHCOND (CA-OHSEP-ASTHMA MODULE) YESNO.**

**44** Did you ever tell a doctor or other medical person that your asthma was related to any job you ever had? (F6=Never worked outside the home)

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

**FLUSHOT3 (NEW-REVISED WORDING CDC-CORE) YESNO.**

**45** A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

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

**FLUNOSE2 (CDC-CORE) YESNO.**

**46** During the past 12 months, have you had a flu vaccine that was sprayed in your nose? (The flu vaccine that is sprayed in the nose is also called FluMist™)

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

*If FLUSHOT3 = YES or FLUNOSE2 = Yes, ask FLUPLAC4*

*If (FLUSHOT3 ne YES & FLUNOSE2 ne YES), & (FLUSHOT3 = NO or FLUNOSE2 = NO), go to PNEUMVC2*

**FLUPLAC4 (CDC-CORE)**

**FLUPLACC.**

**48 Where did you go to get your most recent [flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]?**

1. A doctor's office or health maintenance organization (HMO)
2. A health department
3. Another type of clinic or health center (Example: a community health center)
4. A senior, recreation, or community center
5. A store (Examples: supermarket, drugstore)
6. A hospital (Example: inpatient)
7. An emergency room
8. Workplace or
9. Some other kind of place
10. Received vaccination in Canada/Mexico [Do not read]
11. A mobile health unit
12. A nursing home or long term care facility
77. Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
99. Refused

**PNEUMVC2 (CDC-CORE)**

**YES/NO.**

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

**(Do not probe a "don't know" response)**

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

**FLUHXPB (CDC-CORE)**

**YESNO.**

**52 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?**

Read each problem listed below:

**Asthma**

**Lung problems, other than asthma**

**Heart problems**

**Diabetes**

**Kidney problems**

**Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids -or-**

**Sickle cell anemia or other anemia**

- |     |   |                  |
|-----|---|------------------|
| 1.  | Yes   |                  |
| 2.  | No  | (Go to SMOKE100) |
| 77. | Don't know/Not sure (Probe by repeating question) | (Go to SMOKE100) |
| 99. | Refused   | (Go to SMOKE100) |

**FLUPXNOW (CDC-CORE)**

**YESNO.**

**53 Do you still have (this/any of these) problem(s)?  
(Do not probe a "don't know" response)**

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

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

**SMOKE100 (CDC-CORE)**

**YESNO.**

**56 Have you smoked at least 100 cigarettes in your entire life? (5 packs = 100 cigarettes)**

- |     |                     |                  |
|-----|---------------------|------------------|
| 1.  | Yes                 |                  |
| 2.  | No                  | (Go to SMKELSE2) |
| 77. | Don't know/Not sure | (Go to SMKELSE2) |
| 99. | Refused             | (Go to SMKELSE2) |

**SMKEVDA2 (CDC-CORE)**

**EVDAY.**

**57 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) |
| 77. | Refused    | (Go to SMK30ANY) |
| 99. | Refused    | (Go to SMK30ANY) |



**SMOKENUM (CA-TCS)**

Type V.

**58 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.

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

1. Yes
2. No (Go to SMKWHOLE)
77. Don't know/Not sure (Go to SMKWHOLE)
99. Refused (Go to SMKWHOLE)

**SMK30DAY (CA-TCS)**

Type VII.

**60 On how many of the past 30 days did you smoke cigarettes? (F6= None)**

- \_\_\_ 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 (CA-TCS)**

Type VIII.

**61 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)**

Type VII.

**62 About how old were you when you smoked your first whole cigarette? (F6=Never smoked whole cigarette)**

- \_\_\_ Code age in years
77. Don't know
99. Refused

**SMOKEAGE (CA-TCS)**

Type XI.

**63 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

If SMKEVDA2 = 1 or SMKEVDA2=2 go to QUIT1DY3, else go to SMOKREG2

**QUIT1DY3 (CDC-CORE) YESNO.**

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

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

**LIKESTOP (CA-TCS) YESNO.**

**65 Would you like to stop smoking?**

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

**QUIT30 (CA-TCS) YESNO.**

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

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

(Go to SMOKEELSE2)

**QUIT6 (CA-TCS) YESNO.**

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

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

IF SMKEVDA2 NE 1,2 ASK SMOKREG2; ELSE Go to SMKELSE2

**SMOKREG2 (CA-TCS from CDC Optional Module)**

**SMOKREGC.**

**68 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)

**SMKELSE2 (CA-TCS)**

**YESNO.**

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

- 1. Yes
- 2. No (Go to SMKCIGAR)
- 77. Don't know/Not sure (Go to SMKCIGAR)
- 99. Refused (Go to SMKCIGAR)

**SMKELSEN (CA-TCS)**

**Type VII**

**70 How many other household members currently smoke?**

\_\_\_ Enter number of household members

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

**SMKCIGAR (CA-TCS)**

**YESNO.**

**71 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)
- 77. Don't know/Not sure (Go to HHRULES2)
- 99. Refused (Go to HHRULES2)

**OFTCIGRB (NEW-CA-TCS)**

**72 On how many of the past 30 days did you smoke cigars?**

**(F6=None)**

\_\_\_ days

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

**HHRULES2 (CA-TCS)**

**HHRULES.**

**73 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
- 2. Smoking is generally prohibited with few exceptions
- 3. Smoking is allowed in some rooms only
- 4. There are no restrictions on smoking
- 5. Other (specify)
- 77. Don't know/Not sure
- 99. Refused

**DRNKANY3 (NEW-MODIFIED-CDC CORE)**

**YESNO.**

**74 Next I would like to ask you about alcohol use. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?**

- 1. Yes
- 2. No (Go to AGEB)
- 77. Don't know/Not sure (Go to AGEB)
- 99. Refused (Go to AGEB)

**DRNKALC4 (NEW-MODIFIED-CDC CORE)**

**75 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?**

101-107 = days per week

201-231 = days in past 30

\_\_\_\_\_ Enter Days per week or per month

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

**NALCOCC3 (NEW-MODIFIED-CDC CORE)**

**Type I**

**76 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?**

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

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

**DRNKGE5B (NEW-MODIFIED-CDC CORE)**

**Type I**

**77 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?**

\_\_\_\_\_ Enter Number of times (verify if GT 15)

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

**DRINKNUM (CDC- CORE-NEW)**

Type VII

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

\_\_\_ Enter Number of times (verify if GT 15)

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

*IF DRNKGE5B=1 then go to BEERNUM; else go to AGE B*

**BEERNUM (CA-Chronic Disease Epi Section-CDC Optional Module)**

**79** You answered that you drank 5 or more alcoholic beverages on one occasion at least once in the past 30 days. The next questions are about the most recent occasion. During the most recent occasion when you had 5 or more alcoholic beverages, about how many BEERS, including malt liquor, did you drink?

\_\_ Number

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

**WINENUM (CA-Chronic Disease Epi Section-CDC Optional Module)**

**80** About how many glasses of WINE, including wine coolers, hard lemonade, or hard cider, did you drink?

\_\_ Number

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

**LIQRNUM (CA-Chronic Disease Epi Section-CDC Optional Module)**

**81** About how many drinks of LIQUOR, including cocktails, did you have?

\_\_ Number

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

**BINGEWHR (CA-Chronic Disease Epi Section-CDC Optional Module) BINGEWHR.**

**82** During this most recent occasion, where were you when you did most of your drinking?

(Please read 1-5)

- 1. At your home, for example, your house, apartment, condominium, or dorm room
- 2. At another person's home
- 3. At a restaurant or banquet hall
- 4. At a bar or club
- 5. At a public place, such as at a park, concert, or sporting event
- 6. Other
- 77. Don't know/not sure
- 99. Refused

**BINGEHOW (CA-Chronic Disease Epi Section-CDC Optional Module) BINGEHOW.**

**83** During this most recent occasion, how did you get most of the alcohol?(Please read 1-4)

1. Someone else bought it for me or gave it to me
2. I bought it at a store, such as a liquor store, convenience store, or grocery store
3. I bought it at a restaurant, bar or public place or
4. Some other place
77. Don't know/not sure
99. Refused

**BINGEDRV (CA-Chronic Disease Epi Section-CDC Optional Module) BINGEDRV.**

**84** Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion?

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

**AGEB (CDC-CORE)**

**85** What is your age?

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

**HISP3 (CDC-CORE)**

**YESNO.**

**86** Are you HISPANIC or LATINO (this includes Mexican American, Latin American, Puerto Rican or Cuban)?

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

**ORACE3 (CDC-CORE)**

**ORACEB.**

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other: (specify)
77. Don't know/Not sure
99. Refused

(PROB ORACE2X IF HISP2=1 and ORACE3 = 6)

If more than one response to ORACE3 then go to ORACE4, else go to ORACE2A

**ORACE4 (CDC-CORE)**

**ORACEB.**

**88 Which one of these groups would you say best represents your race? Would you say...**

- |  |                 |
|--|-----------------|
| 1. White                                     | (Go to MARITAL) |
| 2. Black or African American                 | (Go to MARITAL) |
| 3. Asian                                     | (Go to ORACE2A) |
| 4. Native Hawaiian or Other Pacific Islander | (Go to ORACE2A) |
| 5. American Indian or Alaska Native          | (Go to MARITAL) |
| 6. Other: (specify) ----->                   | (Go to MARITAL) |
| 77. Don't know/Not sure                      | (Go to MARITAL) |
| 99. Refused                                  | (Go to MARITAL) |

If ORACE3= 3 or 4 then go to ORACE2A, else go to MARITAL

**ORACE2A (CA)**

**ORACE2A.**

**89 Are you Chinese, Japanese, Korean, Filipino or Other?**

- |                |                         |
|----------------|-------------------------|
| 1. Chinese     | 10. Hawaiian            |
| 2. Japanese    | 11. Samoan              |
| 3. Korean      | 12. Pakistani           |
| 4. Filipino    | 13. Saipanese           |
| 5. Vietnamese  | 14. Fijian              |
| 6. Cambodian   | 15. Other: (specify)    |
| 7. Laotian     | 77. Don't know/Not sure |
| 8. East Indian | 99. Refused             |
| 9. Indonesian  |                         |

**MARITAL (CDC-CORE)**

**MARITAL.**

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

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

**CHILD18 (CDC-CORE)**

**Type VII**

**91 How many children less than 18 years of age live in your household?**

\_\_\_ Enter Number of children

- |                |               |
|----------------|---------------|
| 77. Don't Know | (Go to EDUCA) |
| 88. None       | (Go to EDUCA) |
| 99. Refused    | (Go to EDUCA) |

**CHILDAGE (CA)**

**Type VII**

**92 (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 (3.0 suffix), two 5 year-olds

(5.1=younger

5 year old, 5.2=older 5 year old) and one 13 year old (13.0 suffix)}

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-CORE, response categories are from 1992)**

**EDUCA.**

**93 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
99. Refused



**EMPLOY2 (CDC-CORE)**

**EMPLOYA.**

**94 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
4. Out of work for less than 1 year
5. Homemaker
6. Student
7. Retired
8. Unable to work
99. Refused

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

88b Household size. ((NUMADULT-NHHADULT)+CHILD18)

**INCOM01 (CDC-CORE –CA modified)**

**INCOME.C.**

**95 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 \$100,000 or over \$100,000?**

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 less than \$75,000
8. \$75,000 to \$100,000
9. more than \$100,000
77. Don't know/Not sure
99. Refused

**THRESH02(CA)**

**YES/NO.**

**96 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
- 77. Don't know/Not sure
- 99. Refused

INCOM01 =		1 (<10)	2 (10-15)	3 (15-20)	4 (20-25)	5 (25-35)	6 (35-50)	7 (50-75)	8 (75-100)	9 (>100)
HHSIZE=	1	9,310		18,620		27,930				
	2		12,490		24,980		37,470			
	3			15,670		31,340		47,010		
	4			18,850			37,700	56,550		
	5				22,030		44,060	66,090		
	6					25,210		50,420	75,630	
	7					28,390		56,780	85,170	
	8					31,570		63,140	94,710	
	9					34,750		69,500		104,250
	10						37,930		75,860	113,790
	11						41,110		82,220	123,330
	12						44,290		88,580	132,870
	13						47,470		94,940	142,410

(100%, 200% and 300% of Federal Poverty Line; From: Federal Register, Feb 13, 2004)

**WEIGHT (CDC-CORE)**

**(not formatted)**

**97 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

**HEIGHT (CDC-CORE)**

**(not formatted)**

**98 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-CORE)**

**COUNTYA.**

**99 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

**ZIPCODE2 (NEW-REVISED-CDC-CORE)**

**100 What is your zip code where you live?**

\_\_\_\_\_ Enter the five digit number

77777 Don't know/Not sure

99999 Refused

**NUMHOLD2 (CDC-CORE)**

**YESNO.**

**101 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.**

1. Yes

2. No

77. Don't know

99. Refused

(Go to NOPHON2)

(Go to NOPHON2)

(Go to NOPHON2)

**NUMPHON4 (NEW-REVISED-CDC-CORE)**

**102 How many of these phone numbers are residential numbers?**

(8 = 8 or more)

1. One

2. Two

3. Three

4. Four

5. Five

6. Six

7. Seven

8. Eight

77. Unknown

99. Refused

**NOPHON2 (NEW-REVISED-CDC-CORE)**

**YESNO.**

**103 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters.**

1. Yes

2. No

77. Don't know

99. Refused

**REF\_DEMO** (Note: this script will come up if respondents answered RF or DK to selected demographic questions. This includes age and race but may include other demographic variables)

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?

*IF AGEB LT 45 AND SEX EQ 2 go to PREGNANT*

*IF AGEB GE 45 or SEX EQ 1 go to MILITARY*

**PREGNANT (CDC-C)**

**YESNO.**

**104** To your knowledge, are you now pregnant?

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

**MILITARY (CDC-CORE)**

**MILITARY.**

**105** The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

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

**RESTRIC3 (CHECK INTRO IS IN CURRENT QUESTION-CDC-CORE)**

**YESNO.**

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

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

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

**EQUIP (CDC-CORE)**

**YESNO.**

**107** 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)

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

**CHRNPAIN (CA-EPIC-NEW)**

**YESNO.**

**108 During the PAST YEAR, have you had ongoing or chronic pain in muscles, joints, or organs?**

- 1. Yes
- 2. No (go to GOOUT)
- 77. Don't know/Not sure (go to GOOUT)
- 99. Refused (go to GOOUT)

**CHRNPROB (CA-EPIC-NEW)**

**PROB.**

**109 How big a problem was it for you? Was it a very big problem, a moderate problem, not a very big problem or not a problem?**

- 1. Very big problem
- 2. Moderate problem
- 3. Not a very big problem
- 4. Not a problem
- 88. Not Applicable
- 77. Don't Know
- 99. Refused

**GOOUT (STILL NEEDS REVISED CA-EPIC-NEW)**

**YESNO.**

**110 During the past year, have you had problems getting out and going where you want to because of physical barriers in your environment, such as buildings that are too hard to get around in?**

- 1. Yes
- 2. No (go to DAYSANX)
- 77. Don't know/Not sure (go to DAYSANX)
- 99. Refused (go to DAYSANX)

**GOPROB (CA-EPIC-NEW)**

**PROB.**

**111 How big a problem was it for you? Was it a very big problem, a moderate problem, not a very big problem or not a problem?**

- 1. Very big problem
- 2. Moderate problem
- 3. Not a very big problem
- 4. Not a problem
- 88. Not Applicable
- 77. Don't Know
- 99. Refused

**DAYSANX (CA-DSS)**

**Type I.**

**112 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

**DAYSSAD (CA-DSS)**

Type I.

**113 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

**MENTPROB (MAYBE FROM CWHS CA-DSS-NEW)**

**YESNO.**

**114 Thinking back over your lifetime, have you ever had a diagnosed mental health condition?**

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

**MENTHELP (MAYBE FROM CA-DSS-NEW)**

**YESNO.**

**115 Thinking over your lifetime, did you ever receive help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?**

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

**STIFF2 (CDC-CORE)**

**YESNO.**

**116 The next questions refer to your joints. Please do NOT include the back or neck. During the past 30 days, have you had any symptoms of pain, aching, or stiffness in or around a joint?**

- 1. Yes
- 2. No (Go to ARTHRITD)
- 77. Don't Know/Not Sure (Go to ARTHRITD)
- 99. Refused (Go to ARTHRITD)

**SYMP3M (CDC-CORE)**

**YESNO.**

**117 Did your joint symptoms FIRST begin more than 3 months ago?**

- 1. Yes
- 2. No (Go to ARTHRITD)
- 77. Don't Know/Not Sure (Go to ARTHRITD)
- 99. Refused (Go to ARTHRITD)

**JNTDOC2 (CDC-CORE)**

**YESNO.**

**118 Have you EVER seen a doctor or other health professional for these joint symptoms?**

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

**ARTHRITD (CDC-CORE)**

**YESNO.**

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

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

*interviewer note (for QSI): arthritis diagnoses include:*

- 1. rheumatism, polymyalgia rheumatica
- 2. osteoarthritis (NOT osteoporosis)
- 3. tendonitis, bursitis, bunion, tennis elbow
- 4. carpal tunnel syndrome, tarsal tunnel syndrome
- 5. joint infection, Reiter's syndrome
- 6. ankylosing spondylitis; spondylosis
- 7. rotator cuff syndrome
- 8. connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- 9. vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

*IF SYMP3M=1 or ARTHRITD=1 THEN GO TO LIMITJN2, ELSE go to OSTEOPRV*

**LIMITJN2 (CDC-CORE)**

**YESNO.**

**120** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? *QSI -Interviewer note: If a respondent question arises about medication, then the interviewer replies: "please answer the next question based on how you are when you are taking any of the medications or treatments you might use"*

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

*If AGEB<=64 THEN GO TO ARTHWRK2, ELSE GO TO ARTHTDY*

**ARTHWRK2 (CAPP-CDC OPTIONAL MODULE)**

**YESNO.**

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

*(Note: if respondent says he/she is retired or out-of-work, reply: "did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"*

- 1. Yes
- 2. No
- 77. Don't Know/Not Sure
- 99. Refused

If "yes" to SYMP3M or ARTHRITD then go to ARTHTDY; else go to OSTEOPRV

**ARTHTDY(CA-CDCB-ARTHRITIS Module) ARTHTDY.**

**122 Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY? (Read responses 1- 4)**

1. I can do everything I would like to do
2. I can do most things I would like to do
3. I can do some things I would like to do
4. I can hardly do anything I would like to do
77. Don't Know/Not Sure
99. Refused

**ARTHWGHT (CA-CDCB-ARTHRITIS Module) YESNO.**

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

1. Yes
2. No
77. Don't Know/Not Sure
99. Refused

**ARTHPA (NEW-ADD NOTE CA-CDCB-ARTHRITIS Module) YESNO.**

**124 Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms? Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means an increase.**

1. Yes
2. No
77. Don't Know/Not Sure
99. Refused

**ARTHED (CA-CDCB--NEW) YESNO.**

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

1. Yes
2. No
77. Don't Know/Not Sure
99. Refused

**Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is not the same condition as osteoarthritis, a joint disease.**

**OSTEOPRV (CA-COPE-NEW) YESNO.**

**126 Have you ever been told by a doctor, nurse, or other health professional how to prevent osteoporosis?**

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



**BONEDEN (CA-COPE-NEW)****YESNO.****127 A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test?**

Interviewer Notes: Bone density tests can include ultrasound, x-ray, or DEXA and can be performed on the heel, finger, forearm/wrist, hip, or spine. Bone density tests take about 15 minutes to perform and are not the same as bone scans which can take hours to perform and use injections.

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

**OSTEOHAD (CA-COPE-CDC OSTEO MODULE)****YESNO.****128 Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis? Interviewer Notes: Do not include osteopenia, or low bone mass**

- 1. Yes
- 2. No
- 77. Don't Know/Not sure
- 99. 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-CORE)****Type X****129 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-CORE)****Type X****130 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-CORE)**

**Type X**

**131 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-CORE)**

**Type X**

**132 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-CORE)**

**Type X**

**133 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-CORE)**

**Type X**

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

**(Example: A serving of vegetables at both lunch and dinner would be two servings.)**

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

*If EMPLOY2 EQ 1 or 2, continue, ELSE go to EXERMOD*

**EXERWORK (CDC CORE)**

**EXERWORK.**

**135 When you are at work, which of the following best describes what you do? Would you say mostly sitting or standing, mostly walking, or mostly heavy labor or physically demanding work? (If respondent has multiple jobs, include all jobs)**

1. Mostly sitting or standing

2. Mostly walking

3. Mostly heavy labor or physically demanding work

77. Don't know/Not sure

99. Refused

**EXERMOD (NEW-MODIFIED-CDC CORE)**

**EXERMOD.**

**136 Next we will be asking about moderate and vigorous activities. Think about the moderate activities you do [fill in (when you are not working) if "employed" or "self-employed" to EMPLOY2]. In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?**

1. Yes

2. No

(Go to EXERVIG)

77. Don't know/Not sure

(Go to EXERVIG)

99. Refused

(Go to EXERVIG)

**MODDAY (CDC CORE)**

**MODDAY.**

**137 How many days per week do you do these moderate activities for at least 10 minutes at a time?**

\_\_\_\_ Days per week

77. Don't know/Not sure

99. Refused

**MODTIME (CDC CORE)**

**MODTIME.**

**138 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?**

- : Hours and minutes per day
- 777. Don't know/Not sure
- 999. Refused

**EXERVIG (MODIFIED WORDING - CDC CORE)**

**EXERVIG.**

**139 Now think about the vigorous activities you do [fill in (when you are not working) if "employed" or "self-employed" to EMPLOY2]. In a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?**

- 1. Yes
- 2. No (Go to AIDSTST8)
- 77. Don't know/Not sure (Go to AIDSTST8)
- 99. Refused (Go to AIDSTST8)

**VIGDAY (CDC CORE)**

**VIGDAY.**

**140 How many days per week do you do these vigorous activities for at least 10 minutes at a time?**

- \_\_\_ Days per week
- 77. Don't know/Not sure
- 99. Refused

**VIGTIME (CDC-CORE)**

**VIGTIME.**

**141 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?**

- : Hours and minutes per day
- 777. Don't know/Not sure
- 999. Refused

*IF AGEB LE 64 THEN GO TO AIDSTST8, ELSE GO TO EMOTSUP*

**MODIFIED INTRO:**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.

**AIDSTST8 (NEW MODIFIED WORDING-CDC CORE)**

**YESNO.**

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

- 1. Yes
- 2. No (Go to HIVRISK)
- 77. Don't know/Not sure (Go to HIVRISK)
- 99. Refused (Go to HIVRISK)

**TSTDATE (CDC-CORE)**

**143 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.**

/ Code month and year

7777. Don't know/Not sure

9999. Refused

**WHERTST6 (CDC-CORE-NOTE:REVERTING BACK TO OLD VERSION) WHERTSTC.**

**144 Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?**

1. Private doctor or HMO office
2. Counseling and testing site
3. Hospital
4. Clinic
5. In a jail or prison (or other correctional facility)
6. Home
7. Somewhere else
8. Drug treatment facility
77. Don't know/Not sure (Don't read)
99. Refused (Don't read)

**HIVRISK (CDC CORE)**

**YESNO.**

**145 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.**

You have used intravenous drugs in the past year

You have been treated for a sexually transmitted or venereal disease in the past year

You have given or received money or drugs in exchange for sex in the past year

You had anal sex without a condom in the past year

**Do any of these situations apply to you?**

1. Yes
2. No
77. Don't Know/Not Sure
99. Refused

**The next few questions are about sexually transmitted diseases (STD) other than HIV. Please tell me whether each of the following statements is true or false.**

**STDSPRD (CA-STD-new)**

**TRUE.**

**146 A person with a sexually transmitted disease or STD can spread the STD to a sexual partner even if he or she has no symptoms. Would you say...**

1. True
2. False
4. Refused Module
77. Don't know/Not sure
99. Refused

(Go to EMOTSUP)

**STDSYMP (CA-STD-new)**

**TRUE.**

**147 Some people with an STD may not display symptoms. Would you say...**

- 1. True
- 2. False
- 4. Refused Module (Go to EMOTSUP)
- 77. Don't know/Not sure
- 99. Refused

**STDHIV (CA-STD-new)**

**TRUE.**

**148 Having a sexually transmitted disease increases a person's risk of becoming infected with HIV or AIDS. Would you say...**

- 1. True
- 2. False
- 4. Refused Module (Go to EMOTSUP)
- 77. Don't know/Not sure
- 99. Refused

*If ageb<=50 go to STDCHLYD else go to EMOTSUP*

**STDCHLYD (CA-STD-new from CWHS)**

**YESNORF.**

**149 Have you ever heard of chlamydia?**

- 1. Yes
- 2. No (Go to SEXPART3)
- 3. Refused Module (Go to EMOSUP)
- 7. Don't know/Not sure (Go to SEXPART3)
- 9. Refused Question (Go to SEXPART3)

**CHLMTST2 (CA-STD)**

**YESNO.**

**150 Have you been tested for chlamydia during the past 12 months? Would you say: yes, no, or don't know?**

- 1. Yes
- 2. No
- 3. Refused Module (Go to EMOTSUP)
- 77. Don't know/Not sure
- 99. Refused (refused question)

**SEXPART3 (CA-STD)**

**SEXPART.**

**151 In the past 12 months, how many sexual partners have you had? Would you say none, one, two, or more than two?**

- 1. 1
- 2. 2
- 3. More than 2
- 4. NONE (Go to EMOTSUP)
- 5. Have not had sexual intercourse (ever) (Go to EMOTSUP)
- 6. Refused module (Go to EMOTSUP)
- 77. Don't Know/Not Sure (Go to EMOTSUP)
- 99. Refused (Go to EMOTSUP)

**SEXWOTRC (CA-STD-Modified)**

**SCALEG.**

**152 Think about your current or most recent sex partner. How likely is it that this partner was having sex with anyone else besides yourself while you were together?**

**Would you say:**

1. Definitely Yes
2. Very likely
3. Somewhat likely
4. Not very likely
5. Definitely No
6. Refused Module
77. Don't know/not sure
99. Refused

(Go to EMOTSUP)

**SEXTALK (CA-STD)**

**SEXTALK.**

**153 Thinking about your current or most recent sexual partner, which of the following statements best describes how seriously you have talked about sexually transmitted diseases with that partner? Would you say you: talked seriously about sexually transmitted diseases, mentioned sexually transmitted diseases but not seriously, never talked about sexually transmitted diseases?**

1. talked seriously about sexually transmitted diseases
2. mentioned sexually transmitted diseases but not seriously
3. never talked about sexually transmitted diseases
4. Refused Module
77. Don't know/Not Sure
99. Refused

(Go to EMOTSUP)

**SEXBADV (CA-STD)**

**YESNO.**

**154 In the last 12 months, has a doctor or other health care professional asked you about your sexual behavior?**

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

(Go to EMOTSUP)

The next two questions are about emotional support and your satisfaction with life.

**EMOTSUP(CDC-CORE)**

**EMOTSUP.**

**155 How often do you get the social and emotional support you need?**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 77 Don't know/Not sure
- 99 Refused

**SATLIFE (CDC-CORE)**

**SATLIFE.**

**156 In general, how satisfied are you with your life?**

- 1. Very satisfied
- 2. Satisfied
- 3. Dissatisfied
- 4. Very dissatisfied
- 77. Don't know/Not sure
- 99. Refused

**CHILD SELECTION**

**If CHILD18 = 0 or CHILD18 = RF, Go to LEADPNT; Else continue**

*IF CHILD18 > 1, one child is randomly selected*

**CH\_SEL (CDC-CORE)**

**157 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] year old. All the questions about children will be about that child.**

**Is the child a boy or a girl?**

- 1. Boy
- 2. Girl
- 99. Refused

**157.5 Is the child Hispanic or Latino?**

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

**157.7 Which one or more of these groups would you say best represents the race of the child?**

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native
- 6. Other: (specify) ----->
- 77. Don't know/Not sure
- 99. Refused

**CH\_BORN (CDC-CORE)**

**158 In what month and year was [he/she] born?**

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

- 7 7 / 7 7 7 7 Don't know/Not sure (Probe by repeating the question)
- 9 9 / 9 9 9 9 Refused



*If CH\_BORN less than 6-months ago, go to KIDCARE; Else continue*

**CH\_SHOT (CDC-CORE)**

**YESNO.**

**161** During the past 12 months, has [he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

- 1. Yes
- 2. No
- 77. Don't know/Not sure (Do not probe)
- 99. Refused

**CH\_NOSE (CDC-CORE)**

**YESNO.**

**162** During the past 12 months, has [he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™ .

- 1. Yes
- 2. No
- 77. Don't know/Not sure (Do not probe)
- 99. Refused

**CHLDASTH (NEW-CA-EHIB-CDC OPTIONAL MODULE)**

**YESNO.**

**166** Has a doctor or other medical professional EVER said that the child has asthma?

- 1. Yes
- 2. No (Go to KIDCARE)
- 77. Don't know/Not sure (Go to KIDCARE)
- 99. Refused (Go to KIDCARE)

**CHLDASTB (NEW-CA-EHIB-CDC OPTIONAL MODULE)**

**YESNO.**

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

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

*IF (CHILD1-CHILD9) GE 2 and LE 13 GO TO KIDCARE, ELSE GO TO LEADPNT*

**KIDCARE (CA-SCPP)**

**YESNO.**

**168** Are you one of the primary care providers for the (age of oldest CHILD)-year-old child in your household?

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

**KIDBURN (CA-SCPP)**

**YESNO.**

**169** Has the (age of youngest CHILD)-year-old child had a sunburn within the past 12 months? By sunburn, I mean reddening of the skin that lasted at least 12 hours.

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

**KIDBRNHM (CA-SCPP)**

**170 How many times has the (age of youngest CHILD)-year-old child been sunburned in the past 12 months?**

\_\_\_\_\_ Enter the number of sunburns

77. Don't know/Not sure

99. Refused

**KIDSUN (CA-SCPP)**

**171-174 When the (age of CHILD)-year-old child goes outside on a sunny day for MORE than one hour, how often does s/he (READ STATEMENT) Would you say [READ RESPONSES]?**

	Never	Rarely	Some times	Often	Always	Too young	DK	RF
<b>KIDSCRN</b>								
171 Apply or wear sunscreen or sun block?	1	2	3	4	5	6	77	99
<b>KIDHAT2</b>								
172 Wear a wide-brimmed hat, or a hat with neck flaps?	1	2	3	4	5	6	77	99
<b>KIDCLTH</b>								
173 Wear protective clothing such as long sleeved shirts and long pants?	1	2	3	4	5	6	77	99
<b>SHADE</b>								
174 Stay in an area protected by shade?	1	2	3	4	5	6	77	99

**Now I would like to ask you some questions about environmental health issues.**

**Please tell us if you think the following statements are true or false:**

**LEADPNT (NEW-CA-LEAD PROGRAM) TRUE.**

**175 Lead in a child's blood can come from old paint on the walls of a home.**

1. True

2. False

77. Don't know/Not sure

99. Refused

**LEADCND3 (NEW-CA-LEAD PROGRAM) TRUE.**

**176 Lead in a child's blood can come from eating some types of Mexican candy.**

1. True

2. False

77. Don't know/Not sure

99. Refused

**LEAD1 (NEW CA-LEAD PROGRAM)**

**YESNO.**

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

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

**LEADHAZ (CA-LEAD PROGRAM)**

**YESNO.**

**178 Were you given any lead based paint hazard information when you bought or rented your home?**

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

**LEADCHIP (CA-LEAD PROGRAM)**

**YESNO.**

**179 Does your home have peeling or chipped paint?**

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

*(Ask this of the children in this order: 2 year-old, 1 year-old, 3 year-old, 4 year-old, 5 year-old , but only ask once) If no children <6 GO TO CHILI*

**MEXICO (CA-LEAD PROGRAM)**

**YESNO.**

**180 Has the \*\*-year-old living in your household lived in or traveled to Mexico in the last 12-months?**

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

**CAREKID (CA-LEAD PROGRAM)**

**YESNO.**

**181 Are you one of the persons most likely to have taken the \*\*-year-old living in your home to a regular medical check-up during the past 12 months?**

- 1. Yes
- 2. No (Go to CHILI)
- 77. Don't know/Not sure (Go to CHILI)
- 99. Refused (Go to CHILI)

**CARECKP (CA-LEAD PROGRAM)**

**YESNO.**

**182 Has this child had a regular medical checkup during the past 12 months?**

- 1. Yes
- 2. No (Go to CHILI)
- 77. Don't know/Not sure (Go to CHILI)
- 99. Refused (Go to CHILI)

**LEADCND2 (NEW-CA-LEAD PROGRAM)**

**183** Does the \*\*\*-year-old child living in your house eat Mexican candy? (For example: Tamarindo candies that come in plastic wrap or wrappers, candy that comes in little clay pots from Mexico, etc...).

- 1. Yes
- 2. No (Go to LEAD6)
- 77. Don't know/Not sure (Go to LEAD6)
- 99. Refused (Go to LEAD6)

**CNDYMEX (NEW-CA-LEAD PROGRAM)**

**184** Did you or someone else obtain this candy in Mexico?

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

(The next 2 questions are to be asked only of respondents with a child living in the household < 6 years of age AND only if the respondent reported that he or she is one of the primary care providers for the youngest child)

**LEAD6 (CA-LEAD PROGRAM)**

**YES/NO.**

**185** In the past 12 months has a doctor or other health professional talked to you about preventing childhood lead poisoning?

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

**LEADTEST (CA-LEAD PROGRAM)**

**YES/NO.**

**186** During the past 12 months, was the \*\* -year-old child living in your household tested for lead poisoning? (\*\* Ask about 2-year-olds first; then 1-year-olds; then 3, 4, and 5-year-olds in that order, but only ask about the first one in the hierarchy.)

- 1. Yes
- 2. No
- 3. Had a blood test, but not sure if tested for lead poisoning
- 77. Don't know/Not sure
- 99. Refused (refused question)

**CHILI (NEW-CA-LEAD PROGRAM)**

**187** In the past 12 months how often have you or anyone in your household eaten powders made from salt, sugar, and chili peppers as candy or food seasoning? (Lucas Limon and Lucas Acidito are such products. ) Would you say...

- 1. Often
- 2. Sometimes
- 3. Rarely
- 4. Never
- 77. Don't know/Not sure
- 99. Refused

**AIRQUAL (NEW-CA-OHSEP)**

**188** The next four questions are about the outdoor air quality where you live. In these questions, air quality refers to how clean the air is, or how polluted the air is. Please think of the past 12 months.

How many times did you reduce or change your outdoor activity levels because you thought the air quality was bad or was affecting how well you felt? For example, avoiding outdoor exercise or strenuous outdoor activity. Please do not include times when you made changes because of high pollen levels.

READ

- 1. None
- 2. 1 to 3 times
- 3. 4 to 6 times
- 4. More than 6 times
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

**AIRHRD (NEW-CA-OHSEP)**

**189** The government routinely collects information on air quality that may be distributed by local radio, TV and newspapers to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live? Please do not include times when you may have heard or read about high pollen counts.

- 1. Yes
- 2. No (Go to AIRDR)
- 77. Don't know/Not sure (Go to AIRDR)
- 99. Refused (Go to AIRDR)

**AIRALT (NEW-CA-OHSEP)**

**190** Please think of the past 12 months.

How many times did you reduce or change your outdoor activity level based on the air quality index or air quality alerts? For example, avoiding outdoor exercise or strenuous outdoor activity. Please do not include times when you may have heard about a high pollen count.

- 1. None
- 2. 1 to 3 times
- 3. 4 to 6 times
- 4. More than 6 times
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

**AIRDR (CA-OHSEP-NEW)**

**191** Has a doctor, nurse, or other health professional ever told you to reduce your outdoor activity level when the air quality is bad?

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

Now I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was **OFTEN** true, **SOMETIMES** true, or **NEVER** true for you in the last 12 months. (That is, since **MONTH** of last year)

**OUTOFFD (CPNS)**

**TRUEFALB.**

**192** The food that I bought just didn't last, and I didn't have money to get more. Was that **OFTEN**, **SOMETIMES**, or **NEVER** true for you in the last 12 months?

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 77. Don't know/Not sure
- 99. Refused

**AFRDMEAL (CPNS)**

**TRUEFALB.**

**193** I couldn't afford to eat balanced meals. Was that **OFTEN**, **SOMETIMES**, or **NEVER** true for you in the last 12 months?

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 77. Don't know/Not sure
- 99. Refused

**CUTMEAL (CPNS)**

**YESNO.**

**194** In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1. Yes
- 2. No (Go to EATLESSC)
- 77. Don't know / Not sure (Go to EATLESSC)
- 99. Refused (Go to EATLESSC)

**CUTOFT (CPNS)**

**YESNO.**

**195** How often did this happen--almost every month, some months but not every month, or in only one or two months?

- 1. Almost every month
- 2. Some months but not every month
- 3. Only 1 or 2 months
- 77. Don't know / Not sure
- 99. Refused

**EATLESSC (CPNS)**

**YESNO.**

**196** In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

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

**EVRHNGRY (CA-CPNS)**

**YESNO.**

**197** In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

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

**FDSTMREC (CA-CPNS)**

**YESNO.**

**198** In the last twelve months, have you or other adults in your household received Food Stamps or Food Stamp benefits through the EBT card?

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

**Now, I would like to ask you about receiving money from the county for your family on a regular basis. This assistance is sometimes called welfare, AFDC, CalWorks, or TANF.**

**AFDC (CA-DSS)**

**YESNO.**

**199** Thinking back over the past 12 months, did you ever receive money through welfare, AFDC, CalWorks, or TANF?

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

**FOSTCARE (CA-DSS)**

**YESNO.**

**200** Thinking back to your childhood, that is, before your 18th birthday, was there ever a time you were removed from your home by the state, county, or court, and went to live with people other than your mother or father?

- 1. Yes
- 2. No (go to CHFOOD)
- 77. Don't know / Not sure (go to CHFOOD)
- 99. Refused (go to CHFOOD)

**FOSTCAR2 (CA -DSS-NEW)**

**YESNO.**

**201** Were you in foster care?

- 1. Yes
- 2. No (go to CHFOOD)
- 77. Don't know / Not sure (go to CHFOOD)
- 99. Refused (go to CHFOOD)

**FOSTLEAV (CA -DSS-NEW)**

**YESNO.**

**202** Did you emancipate from foster care?

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

**CHFOOD (NEW maybe from CWHS- CA –DSS)**

**YESNO.**

**203 Before the age of 18, were there times when you had to eat less than you needed or not eat at all because there wasn't enough money to buy food?**

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

**CHWELF (NEW maybe from CWHS- CA –DSS)**

**YESNO.**

**204 Before the age of 18, did you live in a household that received welfare?**

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

*if CHILD18 >1 and CHILD18 not equal to DK or RF go to FOSTER, else go to FOSTER2*

**FOSTER (CA-DSS)**

**205** Previously you reported that there were \_\_\_\_ children under 18 in your house. How many of those are foster children? F6=None

Enter number \_\_\_\_\_

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

*if CHILD18 =1 go to FOSTER2*

**FOSTER2 (CA-DSS )**

**YESNO.**

**206** Previously you reported that there was one child under 18 in your house. Is that child a foster child?

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

**GINGKO (RDA-new)**

**YESNO.**

**207 In the last 12 months, have you taken any dietary supplements containing Gingko biloba**

- 1. Yes
- 2. No (Go to CLOSING)
- 77. Don't know / Not sure (Go to CLOSING)
- 99. Refused (Go to CLOSING)



**GINGREAS (RDA-new)**

**AURNREAS.**

**208 For which one or more of the following reasons did you take the dietary supplement containing Gingko biloba? Select all that apply.**

1. Improve brain function (e.g., concentration, memory)
2. Reduce absent-mindedness
3. Increase blood circulation
4. "Anti-aging" effects
5. Prevention or treatment of altitude sickness
6. Other reason
77. Don't know / Not sure
99. Refused

**GINGEFF (RDA-new)**

**YESNO.**

**209 Do you believe you have ever become ill or had an adverse effect from taking any dietary supplement containing Gingko biloba?**

1. Yes
2. No (Go to CLOSING)
77. Don't know / Not sure (Go to CLOSING)
99. Refused (Go to CLOSING)

**GINGRATE (RDA-new)**

**AURNRATE.**

**210 How would you rate the illness or adverse effect in terms of severity? Would you say..**

1. Mild
2. Moderate
3. Severe
77. Don't know / Not sure
99. Refused

**GINGDR (RDA-new)**

**YESNO.**

**211 Did you consult a nurse, doctor, or other health care provider about the illness or adverse event?**

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

**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**

**SPANINT.**

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

1. Spanish
2. English