

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2006

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

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**Behavioral Risk Factor Surveillance System
2006 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 2,500 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 2,500 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 :)

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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 5,000 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?

Read only if necessary: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

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

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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

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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:)

Do you have health care coverage through:

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

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

(Go to PERSDOC)

HLTHLIST (CA-OPA)

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

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NOMEDB (CDC-CORE)[PAYNOGOC in dataset]

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)

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)

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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?

(Go to DIABPRVN)

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

DIABAGE (CA-DBCP-CDC OPTIONAL 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-CDC OPTIONAL DIABETES MODULE)

YESNO.

16 Are you now taking insulin?

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

DIABPILL (CA-DBCP-CDC OPTIONAL 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-CDC OPTIONAL 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-CDC OPTIONAL 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-CDC OPTIONAL DIABETES MODULE) YES/NO.

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-CDC OPTIONAL 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 VISCHK2)
- 77. Don't know (Go to VISCHK2)
- 99. Refused (Go to VISCHK2)

DIABDOC3 (CA-DBCP-CDC OPTIONAL 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-CDC OPTIONAL 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-CDC OPTIONAL 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-CDC OPTIONAL 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-CDC OPTIONAL 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)

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)

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

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DIABPRVN (CA-DBCP)

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)

YESNO.

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

- 1. None DIABF_A
- 2. Father DIABF_B
- 3. Mother DIABF_C
- 4. Brother DIABF_D
- 5. Sister DIABF_E
- 6. Son DIABF_F
- 7. Daughter DIABF_G
- 8. Other (specify) DIABF_H
- 77 Don't Know/Not sure
- 99. Refused

WHENDNT3 (CDC-CORE)

WHENDENT.

31 Now I would like to ask a few questions about your dental health. How long has it been since you last visited a dentist or a dental clinic for any reason? (Include visits to dental specialists, such as orthodontists)

Read Only if Necessary

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 5 years (2 years but less than 5 years ago)
- 4. 5 or more years ago
- 77. Don't know/Not sure
- 88. Never
- 99. Refused

LOSTETH2 (CDC-CORE-new)

LOSTETH.

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

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

- 1. 1 to 5
- 2. 6 or more but not all
- 3. All
- 88. None
- 77. Don't know/Not sure
- 99. Refused

(Go to HEART)

DENTCLN (CDC-CORE)

WHENDENT.

33 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 (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 5 years (2 years but less than 5 years ago)
- 4. 5 or more years ago
- 77. Don't know/Not sure
- 88. Never
- 99. Refused

HEART (CDC-CORE) [HEART2 in dataset]

YESNO.

34 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 (CDC-CORE)

YESNO.

35 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

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STROKE (CDC-CORE) [STROKE2 in dataset]

YESNO.

36 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.

37 Have you ever been told by a doctor or other health professional that you had asthma?

- 1. Yes
- 2. No (Go to RESTRIC3)
- 7. Don't know/Not sure (Go to RESTRIC3)
- 9. Refused (Go to RESTRIC3)

ASTHNOW (CDC-CORE)

YESNO.

38 Do you still have asthma?

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

RESTRIC3 (CDC-CORE)

YESNO.

39 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.

40 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

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

SMOKE100 (CDC-CORE)

YESNO.

41 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.

- 42 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.

- 43 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.

- 44 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

- 45 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.

- 46 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.

- 47 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.

48 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.

49 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.

50 Would you like to stop smoking?

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

QUIT30 (CA-TCS)

YESNO.

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

1. Yes (Go to SMOKEELSE2)
2. No
77. Don't know/Not sure
99. Refused

QUIT6 (CA-TCS)

YESNO.

52 Are you contemplating quitting smoking in the next six months?

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

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

SMOKREG2 (CA-TCS)

SMOKREGC.

53 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.

54 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

55 How many other household members currently smoke?

___ Enter number of household members

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

SMKCIGAR (CA-TCS)

YESNO.

56 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 (CA-TCS)

57 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)

HHRULEB.

58 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. Smoking is allowed OUTSIDE only
- 6. Other (specify)
- 77. Don't know/Not sure
- 99. Refused

AGE (CDC-CORE)

59 What is your age?

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

HISP3 (CDC-CORE)

YESNO.

60 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)

YESNO.

61 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 ORACE3_A
- 2. Black or African American ORACE3_B
- 3. Asian ORACE3_C
- 4. Native Hawaiian or Other Pacific Islander ORACE3_D
- 5. American Indian or Alaska Native ORACE3_E
- 6. Other: (specify) ORACE3_F
- 77. Don't know/Not sure
- 99. Refused

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(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.

62 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.

63 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.

64 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

SXORIEN2 (CA –TCS)

SXORIEN2.

65 Now I'm going to ask you a question about sexual orientation. Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or Other.

(IN HELP SCREEN: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in California.)

- 1. Heterosexual, that is, straight
- 2. Homosexual, that is gay or lesbian
- 3. Bisexual
- 4. Other (Specify:)
- 7. Don't know/Not sure
- 9. Refused

CHILD18 (CDC-CORE)

Type VII

66 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

67 (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)}

- ___ 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)

EDUCA.

68 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.

69 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)
69b Household size. ((NUMADULT-NHHADULT)+CHILD18)

INCOM01 (CDC-CORE)

INCOMEC.

70 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

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THRESH02(CA)

YES/NO.

71 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	9,570		19,620		28,710				
2		12,830			25,660	38,490			
3			16,090		32,180	48,270			
4			19,350			38,700	58,050		
5				22,610		45,220	67,830		
6					25,870		51,740	77,610	
7					29,130		58,260	87,390	
8					32,390		64,780	97,170	
9						35,650	71,300		106,950
10						38,910		77,820	116,730
11						42,170		84,340	126,510
12						45,430		90,860	136,290
13						48,690		97,380	146,070

(100%, 200% and 300% of Federal Poverty Line; From: Federal Register, Feb 18, 2005)

WEIGHT (CDC-CORE)

(not formatted)

72 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)

73 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

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COUNTY1 (CDC-CORE)

74 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

COUNTYA.

ZIPCODE2 (CDC-CORE)

75 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.

76 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	(Go to NOPHON2)
77. Don't know	(Go to NOPHON2)
99. Refused	(Go to NOPHON2)

NUMPHON4 (CDC-CORE)

77 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 (CDC-CORE)

YESNO.

78 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-CORE)

YESNO.

79 To your knowledge, are you now pregnant?

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

MILITARY (CDC-CORE)

MILITARY.

80 The next question relates to military service.

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

DRNKANY3 (CDC CORE)

YES/NO.

81 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 FLUSHOT3)
- 77. Don't know/Not sure (Go to FLUSHOT3)
- 99. Refused (Go to FLUSHOT3)

DRNKALC4 (CDC CORE) [DRNKALC2 in dataset]

Type II

82 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 FLUSHOT3)
- 777. Don't know/Not sure (Go to FLUSHOT3)
- 999. Refused (Go to FLUSHOT3)

NALCOCC3 (CDC CORE)

Type I

83 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 (CDC CORE-NEW MODIFIED WORDING)

Type I

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

_____ Enter Number of times (verify if GT 15)

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

DRINKNUM (CDC- CORE)

Type VII

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

_____ Enter Number of drinks (verify if GT 15)

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

FLUSHOT3 (CDC-CORE)

YES/NO.

86 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)

YES/NO.

87 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;

FLUPLAC4 (CA-IMMUN-CDC OPTIONAL MODULE)

FLUPLACC.

88 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

FLUHXP (CA-IMMUN-CDC OPTIONAL MODULE)

YES/NO.

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

Read each problem listed below:

Lung problems, including 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 PNEUMVC2)
- 77. Don't know/Not sure (Probe by repeating question) (Go to PNEUMVC2)
- 99. Refused (Go to PNEUMVC2)

FLUPXNOW (CA-IMMUN-CDC OPTIONAL MODULE)

YES/NO.

90 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

PNEUMVC2 (CDC-CORE)

YES/NO.

91 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

The next questions are about behaviors related to Hepatitis B.

HEPBVAC (CDC-CORE-NEW)

YES/NO.

92 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

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

HEPRISK (CDC-CORE-NEW)

YESNO.

93 Tell me if **ANY** of these statements is true for **YOU**. Do **NOT** tell me **WHICH** statement or statements are true for you, just if **ANY** of them are:

You have hemophilia and have received clotting factor concentrate

(If female, **DO NOT READ**) You are a man who has had sex with other men, even just one time

You have taken street drugs by needle, even just one time

You traded sex for money or drugs, even just one time

You have tested positive for HIV

You have had sex (even just one time) with someone who would answer "yes" to any of these statements

You had more than two sex partners in the past year

Are any of these statements true for you?

- 1. Yes, at least one statement is true
- 2. No, none of these statements is true
- 77. Don't know / Not sure
- 99. Refused

If AGE_B >=45 go to FALL3MN; else go to SEATBELT

FALL3MNB (CDC-CORE-NEW)

Type I

94 The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. In the past 3 months, how many times have you fallen?

_____ number of times

77. Don't Know/Not Sure

(Go to SEATBELT)

99. Refused

(Go to SEATBELT)

FALLINJR (CDC-CORE-NEW)

YESNO.

95 How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

_____ number of times

77. Don't Know/Not Sure

99. Refused

SEATBELT (CDC-CORE)

SEATBELT.

96 How often do you use seatbelts when you drive or ride in a car?

1. Always

2. Nearly always

3. Sometimes

4. Seldom

5. Never

6. Never drive or ride in a car

(Go to EYEEAR)

77. Don't know/Not sure

99. Refused

If DRNKANY3 = 2 or SEATBELT = 6, go to EYEEAR; Else ask DRINKDRI

The next question is about drinking and driving.

DRINKDRI (CDC- CORE)

Type VII

97 During the past 30 days, 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

EYEEAR (CA-EPIC-NEW)

YESNO.

98 Are you blind or deaf, or do you have a severe vision or hearing problem?

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

PHYSLMT (CA-EPIC-NEW)

YESNO.

99 Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

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

REMEM (CA-EPIC-NEW)

YESNO.

100 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following: Any difficulty learning, remembering, or concentrating?

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

DIFFOUT (CA-EPIC-NEW)

YESNO.

101 Any difficulty going outside the home alone to shop or visit a doctor's office?

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

DIFFWORK (CA-EPIC-NEW)

YESNO.

102 Any difficulty working at a job or business?

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

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If SEX=1 go to PSAHAD2; if SEX=2 go to HADMAM2

HADMAM2 (CDC-CORE)

YESNO.

(Note: asked of all women)

103 I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

Interviewer note for QSI: A mammogram involves pressing the breast between 2 plastic plates.

- 1. Yes
- 2. No (Go to HADCBE2)
- 77. Don't know/Not sure (Go to HADCBE2)
- 99. Refused (Go to HADCBE2)

HOWLONG2 (CDC-CORE)

HOWLNGC.

104 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
- 77. Don't know/Not sure
- 99. Refused

WHYDONE (CA-CSS)

WHYDONE.

105 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
- 77. Don't know/Not sure
- 99. Refused

HADCBE2 (CDC-CORE)

YESNO.

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

- 1. Yes
- 2. No (Go to HADPAP2)
- 77. Don't know/Not sure (Go to HADPAP2)
- 99. Refused (Go to HADPAP2)

WHENCBE (CDC-CORE)

HOWLNGC.

107 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
- 77. Don't know/Not sure
- 99. Refused

WHYCBE (CA-CSS)

WHYCBE.

108 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
- 77. Don't know/Not sure
- 99. Refused

HADPAP2 (CDC-CORE)

YESNO.

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

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

- 1. Yes
- 2. No (Go to HYSTER2)
- 77. Don't know/Not sure (Go to HYSTER2)
- 99. Refused (Go to HYSTER2)

WHENPAP2 (CDC-CORE)

HOWLNGB.

110 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
- 77. Don't know/Not sure
- 99. Refused

WHYPAP (CA-CSS)

WHYPAP.

111 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
- 77. Don't know/Not sure
- 99. Refused

IF PREGANT=1 go to HADSTLM

HYSTER2 (CDC-CORE)

YESNO.

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

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

If SEX=1 and AGEB GE 40 then go to PSAHAD2 else to HADSTLHM

PSAHAD2 (CDC-CORE)

YESNO.

113 Now I would like to ask you some questions about cancer screening tests. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (F6=Never heard of PSA)

- 1. Yes
- 2. No (Go to HADDRE3)
- 77. Don't Know/not Sure (Go to HADDRE3)
- 99. Refused (Go to HADDRE3)

PSAWHEN2 (CDC-CORE)

HOWLNGC.

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

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 year)
- 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. 5 or more years ago
- 77. Don't know
- 99. Refused

HADDRE3 (CDC-CORE)

YESNO.

115 A digital rectal exam is an exam in which a doctor or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

- 1. Yes
- 2. No (Go to PROSDR2)
- 77. Don't know/Not sure (Go to PROSDR2)
- 99. Refused (Go to PROSDR2)

WHNDRE2 (CDC-CORE)

HOWLNGC.

116 How long has it been since your last digital rectal exam?

- 1. Within the past year (0 years to 1 year)
- 2. Within the past 2 years (more than 1 year to 2 year)
- 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. 5 or more years ago
- 77. Don't know
- 99. Refused

PROSDR2 (CDC-CORE)

YESNO.

117 Have you ever been told by a doctor or other health professional that you had prostate cancer?

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

IF AGEB GE 40 GO TO HADSTLHM ELSE GO TO PHQ1

HADSTLHM (CDC-CORE) (Note: Asked only of persons 40 and over)

YESNO.

118 (If female "And now I would like to ask you some questions about cancer screening tests). A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1. Yes
- 2. No (Go to HADSIG3)
- 77. Don't Know/Not sure (Go to HADSIG3)
- 99. Refused (Go to HADSIG3)

WHENSTO3 (CDC-CORE)

WHEN.

119 How long has it been since you had your last blood stool test using a home kit?
(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. 5 or more years ago
- 77. Don't Know /Not sure
- 99. Refused

HADSIG3 (CDC-CORE) (Note: Asked only of persons age 40 and over)

YESNO.

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

- 1. Yes
- 2. No (Go to PHQ1)
- 77. Don't Know/Not sure (Go to PHQ1)
- 99. Refused (Go to PHQ1)

WHENSIG4 (CDC-CORE)

WHENC.

121 How long has it been since you had your last sigmoidoscopy or colonoscopy?(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 that 2 years to 5 years)
- 4. Within the past 10 years (more than 5 years to 10 years)
- 5. More than 10 years ago
- 77. Don't Know /Not sure
- 99. Refused

PHQ1 (DMH-PHQ8-OPTIONAL CDC MODULE-NEW)

Type I

122 Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

_____ (0-14 days)

77 Don't know/not sure

99 Refused

PHQ2 (DMH-PHQ8-OPTIONAL CDC MODULE-NEW)

Type I

123 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

_____ (0-14 days)

77 Don't know/not sure

99 Refused

PHQ3 (DMH-PHQ8-OPTIONAL CDC MODULE-NEW)

Type I

124 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

_____ (0-14 days)

77 Don't know/not sure

99 Refused

PHQ4 (DMH-PHQ8-OPTIONAL CDC MODULE-NEW)

Type I

125 Over the last 2 weeks, how many days have you felt tired or had little energy?

_____ (0-14 days)

77 Don't know/not sure

99 Refused

PHQ5 (DMH-PHQ8-OPTIONAL CDC MODULE-NEW)

Type I

126 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

_____ (0-14 days)

77 Don't know/not sure

99 Refused

PHQ6 (DMH-PHQ8-OPTIONAL CDC MODULE-NEW)

Type I

127 Over the last 2 weeks, how many days have you felt bad about yourself – or that you were a failure or had let yourself or your family down?

_____ (0-14 days)

77 Don't know/not sure

99 Refused

PHQ7 (DMH-PHQ8-OPTIONAL CDC MODULE-NEW)

Type I

128 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching TV?

_____ (0-14 days)

77 Don't know/not sure

99 Refused

PHQ8 (DMH-PHQ8-OPTIONAL CDC MODULE-NEW)

Type I

129 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite –being so fidgety or restless that you were moving around a lot more than usual?

_____ (0-14 days)

77 Don't know/not sure

99 Refused

ANXEVER (DMH-PHQ8-OPTIONAL CDC MODULE-NEW)

YESNO.

130 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (NOTE: including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic attacks, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder).

1 Yes

2 No

77 Don't know / Not sure

99 Refused

DEPEVER (DMH-PHQ8-OPTIONAL CDC MODULE-NEW)

YESNO.

131 Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 Yes

2 No

77 Don't know / Not sure

99 Refused

MHHELP (CA-DSS-FROM CWHS-NEW)

YESNO.

132 Now thinking about the last 12 months, did you ever want or need 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

(Go to MENTHELP)

(Go to MENTHELP)

(Go to MENTHELP)

MHHLAWN2 (CA-DSS-FROM CWHS-NEW)

YESNO.

133 Did you get help?

1. Yes

2. No

77. Don't know

99. Refused

(Go to HLTHMENT)

MENTHELP (MAYBE FROM CA-DSS-NEW)

YESNO.

134 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

HLTHMENT (CA-DSS-FROM TANF-NEW)

YESNO.

135 During the past 12 months, was your mental health ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

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

HLTHSTOP (CA-DSS-FROM TANF-NEW)

YESNO.

136 During the past 12 months, was your physical health ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?

- 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-CDC OPTIONAL MODULE)

Type X

137 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 (CA-CPNS-CDC OPTIONAL MODULE)

Type X

138 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 (CA-CPNS-CDC OPTIONAL MODULE)

Type X

139 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 (CA-CPNS-CDC OPTIONAL MODULE)

Type X

140 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 (CA-CPNS-CDC OPTIONAL MODULE)

Type X

141 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 (CA-CPNS-CDC OPTIONAL MODULE)

Type X

142 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 (CA-CPNS-CDC OPTIONAL MODULE)

EXERWORK.

143 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 (CA-CPNS-CDC OPTIONAL MODULE)

YESNO.

144 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 (CA-CPNS-CDC OPTIONAL MODULE)

MODDAY.

145 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 (CA-CPNS-CDC OPTIONAL MODULE)

MODTIME.

146 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 (CA-CPNS-CDC OPTIONAL MODULE)

YESNO.

147 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 (CA-CPNS-CDC OPTIONAL MODULE)

VIGDAY.

148 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 (CA-CPNS-CDC OPTIONAL MODULE)

VIGTIME.

149 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 AGE BLE 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 (CDC CORE)

YESNO.

150 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 CHLMTST3)
- 77. Don't know/Not sure (Go to CHLMTST3)
- 99. Refused (Go to CHLMTST3)

TSTDATE (CDC-CORE)

151 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)

WHERTSTC.

152 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. Drug treatment facility
- 7. At home
- 8. Somewhere else
- 77. Don't know/Not sure (Don't read)
- 99. Refused (Don't read)

HIVRAP (CDC CORE-NEW)

YESNO.

153 Was it a rapid test where you could get your results within a couple of hours?

- 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.

(Asked if Age<45)

CHLMTST3 (CA-STD)

YESNO.

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

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

(Asked if Age<45)

HERPTEST (CA-STD-new)

YESNO.

155 Have you been tested for genital herpes (Also known as HSV-2) during the past 12 months? Would you say: yes, no, or don't know what genital herpes is?

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

(Asked if Age<45)

SEXPART3 (CA-STD)

SEXPART.

156 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)

(Asked if Age<45)

OTHRPARB (CA-STD)

YESNO.

157 During the past 12 months, did you have a new sex partner, that is someone you had sex with for the first time.

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

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(Asked if Age<45)

FRSTCNDB (CA-STD)

YESNO.

158 Did you use a condom when you had sexual intercourse for the first time with your most recent new partner?

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

(Go to EMOTSUP)

(Asked if Age<45)

SEXWOTRC (CA-STD)

SCALEG.

159 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)

(Asked if Age<45)

SEXTALK (CA-STD)

SEXTALK.

160 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)

(Asked if Age<45)

SEXBADV (CA-STD)

YESNO.

161 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)

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

EMOTSUP(CDC-CORE)

EMOTSUP.

162 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.

163 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 (CA-IMMUN-CDC OPTIONAL MODULE)

164 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?

BOYGIRL.

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

CH_HISP (CA-EHIB –CDC OPTIONAL MODULE)

YESNO.

165 Is the child Hispanic or Latino?

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

CH_RACE3 (CA-EHIB –CDC OPTIONAL MODULE)

YESNO.

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

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

CH_BORN (CDC–CDC OPTIONAL MODULE)

167 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

CH_REL (CDC–CDC OPTIONAL MODULE-NEW)

CH_REL.

168 How are you related to the child?

Please read:

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

If CH_BORN less than 6-months ago, go to KIDCARE; Else continue

CH_SHOT (CA-IMMUN–CDC OPTIONAL MODULE)

YESNO.

169 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 (CA-IMMUN–CDC OPTIONAL MODULE)

YES/NO.

170 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 (CA-EHIB-CDC OPTIONAL MODULE)

YES/NO.

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

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

CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)

YES/NO.

172 Does the child still have asthma?

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

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 (CA-LEAD PROGRAM)

TRUE.

173 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 (CA-LEAD PROGRAM)

TRUE.

174 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 (CA-LEAD PROGRAM)

YES/NO.

175 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)

YES/NO.

176 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)

YES/NO.

177 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)

YES/NO.

178 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)

YES/NO.

179 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 LEADCND3)
- 77. Don't know/Not sure (Go to LEADCND3)
- 99. Refused (Go to LEADCND3)

CARECKP (CA-LEAD PROGRAM)

YES/NO.

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

- 1. Yes
- 2. No (Go to LEADCND3)
- 77. Don't know/Not sure (Go to LEADCND3)
- 99. Refused (Go to LEADCND3)

(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)

YESNO.

181 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)

YESNO.

182 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)

LEADCND2 (CA-LEAD PROGRAM)

YESNO.

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

CNDYMEX (CA-LEAD PROGRAM)

YESNO.

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

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

CHILI (CA-LEAD PROGRAM)

OFTEN.

185 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

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 (CA-CPNS)

TRUEFALB.

186 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 (CA-CPNS)

TRUEFALB.

187 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 (CA-CPNS)

YESNO.

188 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
- 77. Don't know / Not sure
- 99. Refused

(Go to EATLESSC)
(Go to EATLESSC)
(Go to EATLESSC)

CUTOFT (CA-CPNS)

YESNO.

189 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 (CA-CPNS)

YESNO.

190 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.

191 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

FDSTMAPP (CA-CPNS)

YESNO.

192 In the last twelve months, have you applied for food stamps?

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

FDSTMREC (CA-CPNS)

YESNO.

193 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

Ask if any CHILD1-CHILD9 GE5

SCHLMEAL (CA-DSS)

YESNO.

194 You previously told us there are XXX number of children under the age of 18 in your household. In the last 12 months, have any of these children received free or reduced price school meals?

- 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.

195 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.

196 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)

YESNO.

197 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)

YESNO.

198 Did you emancipate from foster care?

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

CHFOOD (CA -DSS)

YESNO.

199 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 (CA -DSS)

YESNO.

200 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)

201 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

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if CHILD18 =1 and CH_REL <> 1, go to FOSTER2

FOSTER2 (CA-DSS)

YESNO.

201.5 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

PTSD1 (CA-DSS-new from CWHS)

YESNO.

202 Thinking back over your entire lifetime, have you ever had any experience or experiences that were frightening, horrible or upsetting?

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

PTSD2 (CA-DSS-new from CWHS)

YESNO.

203 (Ask all respondents the following four questions if they did not refuse the module.)
Now thinking about the last 30 days, did you have nightmares about any experience or think about it when you did not want to?

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

PTSD3 (CA-DSS-new from CWHS)

YESNO.

204 In the past 30 days, did you try hard not to think about any experience or go out of your way to avoid situations that reminded you of it?

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

PTSD4 (CA-DSS-new from CWHS)

YESNO.

205 In the past 30 days, have you been constantly on guard, watchful, or easily startled?

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

PTSD5 (CA-DSS-new from CWHS)

YESNO.

206 In the past 30 days, have you felt numb, detached from others, activities, or your surroundings?

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

(Go to ASTHCALL)

If ASTHNOW=1 or CHLDASTB=1

ASTHCALL (CA-California Breathing- NEW)

YESNO.

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

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

CALLBACK (CA-DSS- NEW)

YESNO.

208 Do you think you would be willing to do a follow-up to this survey some time in the future?

If ASTHNOW=1 or CHLDASTB=1 **Do you think you would be willing to do a general health follow-up to this survey some time in the future?**

- 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