

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2007

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

27 December 2006 – Final
15 MAY 2007 - Final

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Behavioral Risk Factor Surveillance System

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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?

_____ the number of men (0-9)

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

_____ 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 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? 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)

First I'd like to ask you 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

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you might have sought for your diarrheal illness.

FOODSAF1 (CDC-CORE) NEW

YESNO.

4.1 In the past 30 days, did you have diarrhea that began within the 30 day period? (Diarrhea is defined as 3 or more loose stools in a 24 hour period.)

- 1. Yes
- 2. No (Go to HAVEPLN3)
- 7. Don't know/Not sure (Go to HAVEPLN3)
- 9. Refused (Go to HAVEPLN3)

FOODSAF2 (CDC-CORE) NEW

YESNO.

4.2 Did you visit a doctor, nurse, or other health professional for this diarrheal illness?
(Interviewer: Do not answer "Yes" if only had telephone contact with a health professional.)

- 1. Yes
- 2. No (Go to HAVEPLN3)
- 7. Don't know/Not sure (Go to HAVEPLN3)
- 9. Refused (Go to HAVEPLN3)

FOODSAF3(CDC-CORE) NEW

YESNO.

4.3 When you visited your health care professional, did you provide a stool sample for testing?

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

HAVEPLN3 (CDC-CORE)

YES/NO.

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)

YES/NO.

(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: | | | | | |
| 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 HLTHPLAN, GO TO PERSDOC
 (If HLTHPLAN responses A – H >1 then go to MAINPLAN, else go to HLTHLST2)*

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:

- 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

HLTHLST2 (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**

HLTHSRCE

HLTHSRCE.

- 8.75 Is your health Insurance through an HMO, also known as a health maintenance organization or through a preferred plan, also known as a PPO or preferred provider organization?**

- 1. HMO
- 2. PPO
- 3. Other

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

PERSDOC (CDC-CORE)

PERSDOC.

- 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 (PAYNOGOC - 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)

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 DIABRISK)
- 2. No (Includes never been pregnant) (Go to DIABAGE)

77. Don't know/Not sure (Go to DIABRISK)

99. Refused (Go to DIABRISK)

DIABAGE (CA-DBCP-DIABETES Optional Module)

TYPE XV.

(Note: Asked if (SEX=1 & DIABCOR2=1) or (SEX=2 & DIABCOR2=1 & DIABGEST ne 1, 77, 99))

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

___ Enter age in years (Round Up)

98. Don't know/Not sure

99. Refused

DIABINS (CA-DBCP-DIABETES Optional Module)

YES/NO.

16 Are you now taking insulin?

- 1. Yes
- 2. No

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

DIABPILL (CA-DBCP-DIABETES Optional Module)

YES/NO.

17 Are you now taking diabetes pills?

- 1. Yes
- 2. No

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

CHKGLU (CA-DBCP-DIABETES Optional 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 Optional 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 Optional 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-DIABETES Optional 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?

_____ Enter number of times (verify if GT 12)

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

DIABDOC3 (CA-DBCP-DIABETES Optional Module) (Asked of all in 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. Never heard of "A one C"
- 77. Don't know
- 99. Refused

(Asked if CHKSORE2 ne "NO FEET")

CHKSORE (CA-DBCP-DIABETES Optional Module)

TYPE I.

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 Optional 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
- 5. Never

77. Don't know/Not sure

99. Refused

RETINHAD (CA-DBCP-DIABETES Optional 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 Optional 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 SEX = 1 (Male) and DIABCOR2 = 1, go to DIABPRVN

IF SEX = 2 (Female) and ((DIABCOR2 = 1 or DIABCOR2 = 3) and DIABGEST EQ 2), go to DIABPRVN

IF SEX = 2 (Female) and ((DIABCOR2 = 1 or DIABCOR2 = 3) and DIABGEST NE 2), go to DIABRISK

If DIABCOR2 = 4, go to DIABRISK

Else if DIABCOR2 = 2, 77 or 99, 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
- 2. No

77. Don't know/Not sure

99. Refused

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

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
- 9. Grandparent/Grandchildren DIABF_I
- 10. Aunt/Uncle/Niece/Nephew/Great Grandparents DIABF_J

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

BPHIGH2 (CDC-CORE)

YES/NO.

31 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
(Interviewer: 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)

YES/NO.

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)

YES/NO.

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

99. Refused

(Go to HEART)

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 (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 (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 (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)

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

FLUSHOT3 (CDC-CORE)

YESNO.

42 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.

**43 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; Else go to FLUHXPB

FLUPLAC4 (CA-IMMUN)

FLUPLACC.

**44 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)]?
(Read only if necessary)**

- 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

FLUHXPB (CA-IMMUN)

YES/NO.

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

(Do not ask if ASTHEVE3 = 1) **Lung problems, including asthma**

(Do not ask if HEART = 1 or ANGINA = 1) **Heart problems**

(Do not ask if DIABCOR2 = 1) **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 PNEUMVC3)

- 77. Don't know/Not sure (Probe by repeating question) (Go to PNEUMVC3)
- 99. Refused (Go to PNEUMVC3)

FLUPXNOW (CA-IMMUN)

YESNO.

46 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

PNEUMVC3 NEW (CDC-CORE)

YESNO.

47 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 1. Yes
- 2. No

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

We would like to ask you some questions about recent respiratory illnesses.

FLUFEVER NEW (CEIP) (ask January through May)

YESNO.

48 Last month, were you ill with a fever?

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

- 77. Don’t Know/Not sure (Go to HEPBVAC)
- 99. Refused (Go to HEPBVAC)

FLUCOUGH NEW (CEIP) (ask January through May)

YESNO.

49 Did you also have a cough and/or sore throat?

- 1. Yes
- 2. No

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

FLUMEDCR NEW (CEIP) (ask January though May)

YESNO.

50 Did you visit a doctor, nurse, or other health professional for this illness?

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

- 77. Don’t Know/Not sure (Go to FLUTREAT)
- 99. Refused (Go to FLUTREAT)

FLUDIAG NEW (CEIP) (ask January through May)

YESNO.

51 Did the doctor, nurse, or other health professional tell you this illness was the flu?

- 1. Yes
- 2. No

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

FLUDIA2 NEW (CEIP) (ask June through December)

YESNO.

51.5 During this past fall and winter, approximately November through March, did a doctor, nurse, or other health professional tell you that you had influenza or the flu?

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

FLUTEST NEW (CEIP) (ask January through May)

FLUTEST.

52 Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say ...

- 1. You had a flu test and it was positive
- 2. You had a flu test and it was negative
- 3. No flu test was done
- 77. Don't Know/Not sure
- 99. Refused

FLUTEST2 NEW (CEIP) (June through December)

FLUTEST.

52.5 Did you have a flu test that was positive? Usually a swab from your nose or throat is tested. Would you say ...

- 1. You had a flu test and it was positive
- 2. You had a flu test and it was negative
- 3. No flu test was done

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

FLUTREAT NEW (CEIP) (ask January through May)

YESNO.

53 Did you receive Tamiflu, or oseltavivir [o sel TAM I veer] or an inhaled medicine called Relenza or zanamivir [za NA mi veer] to treat this illness?

- 1. Yes
- 2. No

- 77. Don't Know/Not sure

99. Refused

FLUTREA2 NEW (CEIP) (ask June through December)

YES/NO.

53.5 Did you receive Tamiflu, or oseltavivir [o sel TAM I veer] or an inhaled medicine called Relenza or zanamivir [za NA mi veer] to treat the flu?

- 1. Yes
- 2. No

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

FLUHHMEM NEW (CEIP) (ask January through May)

TYPE I.

54 How many other members of your household had an illness similar to yours during the past month?

_____ Enter number of household members

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

FLUHHME2 NEW (CEIP) (ask June through December)

TYPE I.

54.5 How many other members of your household also became sick with the flu during this past fall or winter, approximately November through March?

_____ Enter number of household members

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

HEPBVAC (CDC-CORE)

YES/NO.

55 The next questions are about behaviors related to Hepatitis B. Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

(Interviewer: Response is "Yes" only if respondent has received the entire series of three shots.)

- 1. Yes
- 2. No

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

HEPRISK (CDC-CORE) YESNO.

56 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
You are a man who has had sex with other men, even just one time
[sex=2 You have had sex with 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

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

SMOKE100 (CDC-CORE) YESNO.

57 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.

58 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. Don't know/Not sure (Go to SMK30ANY)
- 99. Refused (Go to SMK30ANY)

SMOKENUM (CA-TCS)

TYPE V.

**59 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)

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

SMK30ANY (CA-TCS)

YESNO.

60 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.

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

___ Enter number of days

- 30. Every day
- 777. Don't know
- 999. Refused

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

SMK30NUM (CA-TCS)

TYPE VIII.

**62 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.

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

___ Code age in years (Verify is age LE 10)

- 77. Don't know
- 99. Refused

SMOKEAGE (CA-TCS)

TYPE XI.

64 About how old were you when you first started smoking cigarettes fairly regularly?

____ Code age in years (Age must be GE SMKWHOLE)

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.

65 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.

66 Would you like to stop smoking?

1. Yes

2. No

77. Don't know/Not sure

99. Refused

QUIT30 (CA-TCS)

YESNO.

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

1. Yes

2. No

(Go to SMOKEELSE2)

77. Don't know/Not sure

99. Refused

QUIT6 (CA-TCS)

YESNO.

68 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)

SMOKREGB.

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

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

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

SMKELSE2 (CA-TCS)

YESNO.

70 Does anyone else living in the household smoke cigarettes now?

1. Yes
2. No (Go to SMKICIGAR)

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

SMKELSEN (CA-TCS)

TYPE VII.

71 How many other household members currently smoke?

_____ Enter number of household members

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

SMKCIGAR (CA-TCS)

YESNO.

72 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)

73 On how many of the past 30 days did you smoke cigars? (F6=None)

_____ Enter number of days

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

HHRULES2 (CA-TCS)

HHRULEB.

74 What are the smoking rules or restrictions in your household, if any? Would you say ...

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 [Not on screen – Retained for recoding purposes only]
6. Other (specify)

77. Don't know/Not sure

99. Refused

AGEB (CDC-CORE)

75 What is your age?

— Enter age in years

777. Don't know/Not sure

999. Refused

AGEBV

75.5 I have recorded your current age as XX. Is this correct?

1. Yes

2. No

HISP3 (CDC-CORE)

YESNO.

76 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.

77 Which one or more of the following would you say is your race? Would you say...

- 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.

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

- 1. White (Go to MILITARY)
- 2. Black or African American (Go to MILITARY)
- 3. Asian (Go to ORACE2A)
- 4. Native Hawaiian or Other Pacific Islander (Go to ORACE2A)
- 5. American Indian or Alaska Native (Go to MILITARY)
- 6. Other: (specify) -----> (Go to MILITARY)

77. Don't know/Not sure (Go to MILITARY)

99. Refused (Go to MILITARY)

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

ORACE2A (CA)

ORACE2A.

79 Are you Chinese, Japanese, Korean, Filipino or Other?

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

MILITARY (CDC-CORE)

MILITARY.

The next question relates to military service.

80 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1. Yes
2. No

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

MARITAL (CDC-CORE)

MARITAL.

81 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)

SXORIENB.

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

[If needed say: "Straight or heterosexual people have sex with, or are primarily attracted to people of the same sex, Gay (and Lesbian) people have sex with or are primarily attracted to people of the same sex, and bisexuals have sex with or are attracted to people of both sexes."]

1. Heterosexual, that is, straight
2. Homosexual, that is gay or lesbian
3. Bisexual
4. Other (Specify:)

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

CHILD18 (CDC-CORE)

TYPE VII.

83 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.

84 (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)} Should

- ___ 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.

85 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.

86 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)

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

INCOM01 (CDC-CORE)

INCOME.C.

88 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

WT12M (CDC-CORE) NEW

91.1 How much did you weigh a year ago? Round fractions up.

[Female respondent and age LT 46: If you were pregnant a year ago, how much did you weigh before your pregnancy?]

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

777. Don't know/Not sure

999. Refused

If WT12M NE WEIGHT, go to WTDIFF; Else go to COUNTY1

WTDIFF (CDC-CORE) NEW

YES/NO.

91.2 Was the change between your current weight and your weight a year ago intentional?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

COUNTY1 (CDC-CORE)

COUNTYA.

92 What county do you live in?

001. ALAMEDA

003. ALPINE

005. AMADOR

007. BUTTE

009. CALAVERAS

011. COLUSA

013. CONTRA COSTA

015. DEL NORTE

017. EL DORADO

019. FRESNO

021. GLENN

023. HUMBOLDT

025. IMPERIAL

027. INYO

029. KERN

031. KINGS

033. LAKE

035. LASSEN

037. LOS ANGELES

039. MADERA

041. MARIN

043. MARIPOSA

045. MENDOCINO

047. MERCED

049. MODOC

051. MONO

53. MONTEREY

055. NAPA

057. NEVADA

059. ORANGE

061. PLACER

063. PLUMAS

065. RIVERSIDE

067. SACRAMENTO

069. SAN BENITO

071. SAN BERNARDINO

073. SAN DIEGO

075. SAN FRANCISCO

077. SAN JOAQUIN

079. SAN L OBISPO

081. SAN MATEO

083. SANTA BARBARA

085. SANTA CLARA

087. SANTA CRUZ

089. SHASTA

091. SIERRA

093. SISKIYOU

095. SOLANO

097. SONOMA

099. STANISLAUS

101. SUTTER

103. TEHAMA

105. TRINITY

107. TULARE

109. TUOLUMNE

111. VENTURA

113. YOLO

115. YUBA

7777. Don't Know/Not Sure

9999. Refused

ZIPCODE2 (CDC-CORE)

93 What is your zip code where you live?

_____ Enter the five digit number

777777 Don't know/Not sure

999999 Refused

NUMHOLD2 (CDC-CORE)

YESNO.

94 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)

TYPE I.

**95 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.

96 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 DRNKANY3

PREGNANT (CDC-CORE)

YESNO.

97 To your knowledge, are you now pregnant?

- 1. Yes
- 2. No

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

DRNKANY3 (CDC-CORE)

YESNO.

98 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 RESTRIC3)

- 77. Don't know/Not sure (Go to RESTRIC3)
- 99. Refused (Go to RESTRIC3)

DRNKALC4 (DRNKALC2 – CDC-CORE)

TYPE II.

99 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 RESTRIC3)
- 777. Don't know/Not sure (Go to RESTRIC3)
- 999. Refused (Go to RESTRIC3)

NALCOCC3 (CDC-CORE)

TYPE I.

100 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)

TYPE I.

101 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.

102 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

RESTRIC3 (CDC-CORE)

YESNO.

103 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)

YES/NO.

104 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

STIFF2 (CDC-CORE)

YES/NO.

105 The next questions refer to the joints in your body. 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)

YES/NO.

106 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)

YES/NO.

107 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)

YES/NO.

108 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 JUICE94

LIMITJN2 (CDC-CORE)

YES/NO.

109 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(Interviewer: If a respondent question arises about medication, then reply: "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

ARTHTDY (CA-CAPP-ARTHRITIS Optional Module)

ARTHTDY.

110 Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY? Would you say...

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- CAPP -ARTHRITIS Optional Module)

YESNO.

111 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 (CA- CAPP -ARTHRITIS Optional Module)

YESNO.

112 Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

(Interviewer: 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- CAPP -ARTHRITIS Optional Module)

YESNO.

113 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

CHRONIC CONDITIONS

These next questions are about treatment you may have received in the last 12 months for any chronic conditions you may have.

HLTHCOND (CA-OPA)

YESNO.

113.1 Do you have a chronic condition such as *diabetes, asthma, high blood pressure, arthritis, or Chronic Obstructive Pulmonary Disease, COPD*?

- 1. Yes
- 2. No (Go to JUICE94)

- 77. Don't Know/Not Sure (Go to JUICE94)
- 99. Refused (Go to JUICE94)

HLTHCARE

YESNO.

113.2 In the last 12 months did you see a doctor or other health professional for your condition?

- 1. Yes
- 2. No (Go to JUICE94)

- 77. Don't Know/Not Sure (Go to JUICE94)
- 99. Refused (Go to JUICE94)

HLTHEDU

YESNO.

113.3 In the last 12 months did your doctor or other health professional have you speak with someone in their office for education or assistance in managing your condition?

- 1. Yes
- 2. No

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

HLTHGOAL

YESNO.

113.4 In the last 12 months did your doctor or other health professional or someone in their office assist you in setting and attaining goals for managing your chronic condition(s) yourself?

- 1. Yes
- 2. No

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

BTCNTRL

YNNAC.

113.5 Is your chronic condition(s) under better control now than it was 12 months ago?

- 1. Yes
- 2. No
- 3. The same

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

FOODINFO

YESNO.

113.6 In the last twelve months, did your doctor or health professional talk with you or give you information about how much or what types of foods you eat?

- 1. Yes
- 2. No

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

EXERINFO

YESNO.

113.7 In the last twelve months, did your doctor or health professional talk with you or give you information about how much or what type of exercise you get?

- 1. Yes
- 2. No

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

BETCARE

YESNO.

113.8 In the last 12 months was there ever a time when you thought you would have received better care if you were another race or ethnicity?

- 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.

114 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.

115 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.

116 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.

117 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.

118 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.

119 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 EXERINTR

EXERWORK (CDC CORE)

EXERWORK.

120 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

EXERINTR

120.5 We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

EXERMOD (CDC CORE)

YESNO.

121 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 some 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)

TYPE I.

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

___ Enter days per week

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

MODTIME (CDC CORE)

TYPE II.

123 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?

__:__ Enter hours and minutes per day

- 7777. Don't know/Not sure
- 9999. Refused

EXERVIG (CDC CORE)

YESNO.

124 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)

TYPE I.

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

___ Enter days per week

- 77. Don't know/Not sure (Go to AIDSTST8)
- 99. Refused (Go to AIDSTST8)

VIGTIME (CDC-CORE)

TYPE II.

126 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?

__:__ Enter hours and minutes per day

- 7777. Don't know/Not sure
- 9999. Refused

IF AGE LE 64 THEN GO TO AIDSTST8, ELSE GO TO EMOTSUP

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.

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

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

TSTDATE (TSTDATE2 - CDC-CORE)

128 Not including blood donations, in what month and year was your last HIV test? (Include saliva tests). *Interviewer note: If response is before January 1985 code "don't know."
Code 4 digit year.*

__/__ Enter month and year

7777. Don't know/Not sure

9999. Refused

WHERTST6 (CDC-CORE)

WHERTSTC.

129 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 a drug treatment facility, 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*)

Ask if TSTDATE <=12 months, else Go to EMOTSUP

HIVRAP (CDC-CORE)

YESNO.

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

EMOTSUP (CDC-CORE)

EMOTSUP.

131 How often do you get the social and emotional support you need? Would you say...

(Interviewer: If asked, say "please include support from any source".)

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

77. Don't know/Not sure [DO NOT PROBE]
99. Refused

SATLIFE (CDC-CORE)

SATLIFE.

132 In general, how satisfied are you with your life? Would you say...

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

77. Don't know/Not sure [DO NOT PROBE]
99. Refused

The next questions are about some disabilities you may have.

EYEEAR (CA-ODH)

YESNO.

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

1. Yes
2. No

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

PHYSLMT (CA-ODH)

YESNO.

134 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-ODH)

YES/NO.

135 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

DIFFDRES (NEW CA-ODH)

YES/NO.

136 Any difficulty dressing, bathing, or getting around inside the home?

- 1. Yes
- 2. No

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

DIFFOUT (CA-ODH)

YES/NO.

137 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-ODH)

YES/NO.

138 Any difficulty working at a job or business?

- 1. Yes
- 2. No

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

WORKERS COMPENSATION COVERAGE

If EMPLOY2 = 3 or 9, go to KESSLER1;
If EMPLOY2 = 1, 2, or 4, go to WRKRHURT;

EMPL12M (NEW CA-OHB)

YESNOEMP.

139 If EMPLOY2 = 5, 6, 7, or 8, then read statement: **'We would like to know if you have worked in the last year.'**

During the past twelve months, have you been employed for any period of time, either part time, full time or self-employed?

- | | | |
|-----|--------------------------------------|------------------|
| 1. | Yes, employed full time or part time | |
| 2. | Yes, self-employed | |
| 3. | No | (Go to KESSLER1) |
| 77. | Don't know/Not Sure | (Go to KESSLER1) |
| 99. | Refused | (Go to KESSLER1) |

The next question is about whether you have had a work-related injury. As a reminder, all your answers are strictly confidential.

WRKRHURT (NEW CA-OHB)

YESNO.

140 During the past 12 months, that is since (one year before today's date) were you injured seriously enough while performing your job that you got medical advice or treatment?

- | | | |
|-----|---------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to KESSLER1) |
| 77. | Don't know/Not Sure | (Go to KESSLER1) |
| 99. | Refused | (Go to KESSLER1) |

WRKTXPAY (NEW CA-OHB)

WRKTXPAY.

141 For your most recent work-related injury, who paid for your treatment? Do not read responses.

1. Workers' compensation. (Go to KESSLER1)
2. Private Insurance
3. Medicare, MediCal
4. Indian Health Service/Alaska Native Health Service
5. The military, Veterans Administration or Champus (Go to KESSLER1)
6. Federal government (OWCP program) (Go to KESSLER1)
7. You or your family; out of pocket
8. Your employer through a workers' compensation claim (Go to KESSLER1)
9. Your employer without a workers' compensation claim
10. Your employer without a workers' compensation claim and through on-site medical treatment
11. The union
13. Other source [Specify: _____]
12. Workers' compensation claim filed, still in process or not resolved (Go to KESSLER1)

Do not read these responses

888. No one paid; no treatment (Go to KESSLER1)
777. Don't know/Not sure (Go to KESSLER1)
999. Refused (Go to KESSLER1)

WHYNOTWC (NEW CA-OHB)

WHYNOWC.

142 For your most recent work-related injury, why was the treatment not paid for by workers' compensation? (Do not read responses)

1. Did not know I could file a claim.
2. Doctor did not want to file a claim
3. I did not want to file a claim because I was worried about retaliation
4. I did not want to file a claim for other reasons, nonspecific
5. Rejected Workers' Compensation claim
6. Employer paid for treatment
7. Not covered, no claim filed
8. Other reason_____

Do not read these responses

88. No reason given
77. Don't Know/Not Sure
99. Refused

Now, I am going to ask you some questions about how you have been feeling during the past 30 days.

KESSLER1 (CA-DMH – CDC Module) NEW

VISOFTB.

143 About how often during the past 30 days did you feel nervous? Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

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

KESSLER2 (CA-DMH – CDC Module) NEW

VISOFTB.

144 During the past 30 days, about how often did you feel hopeless? Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

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

KESSLER3 (CA-DMH – CDC Module) NEW

VISOFTB.

145 During the past 30 days, about how often did you feel restless or fidgety? (Would you say: all of the time, most of the time, some of the time, a little of the time, or none of the time?)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

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

KESSLER4 (CA-DMH – CDC Module) NEW

VISOFTB.

146 (During the past 30 days,) about how often did you feel so depressed that nothing could cheer you up? (Would you say: all of the time, most of the time, some of the time, a little of the time, or none of the time?)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

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

KESSLER5 (CA-DMH – CDC Module) NEW

VISOFTB.

147 During the past 30 days, about how often did you feel that everything was an effort? (Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

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

KESSLER6 (CA-DMH – CDC Module) NEW

VISOFTB.

148 During the past 30 days, about how often did you feel worthless? (Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

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

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

KESSLER7 (CA-DMH – CDC Module) NEW

148.1 During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?

Interviewer: If asked, "usual activities" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

_____ Enter Number of days

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

KESSLER8 (CA-DMH – CDC Module) NEW

YES/NO.

148.2 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

- 1. Yes
- 2. No

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you agree or disagree with these statements about people with mental illness...

KESSLER9 (CA-DMH – CDC Module) NEW

AGREE/B.

148.3 Treatment can help people with mental illness lead normal lives. Do you ...

(Interviewer: If asked for the purpose of KESSLER9 say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".)

- 1. Agree strongly
- 2. Agree slightly
- 3. Neither agree nor disagree [DO NOT READ]
- 4. Disagree slightly
- 5. Disagree strongly

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

KESLE10 (CA-DMH – CDC Module) NEW

AGREEB.

148.4 People are generally caring and sympathetic to people with mental illness. Do you...

(Interviewer: If asked for the purpose of KESSLER10 say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".)

- 1. Agree strongly
- 2. Agree slightly
- 3. Neither agree nor disagree [DO NOT READ]
- 4. Disagree slightly
- 5. Disagree strongly

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

MHHELP (CA-DSS)

YESNO.

149 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 (Go to MENTHELP)

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

MHHLAWN2 (CA-DSS)

YESNO.

150 Did you get help?

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

- 77. Don't know
- 99. Refused

MENTHELP (CA-DSS)

YESNO.

151 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)

YESNO.

152 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)

YESNO.

153 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

CHILD SELECTION

If CHILD18 = 0 or CHILD18 = RF or CHILD18 = DK, Go to LEADEF; Else continue

IF CHILD18 > 1, one child is randomly selected

CH_SEL (CA-IMMUN-CDC OPTIONAL MODULE)

BOYGIRL.

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.

154 Is the child a boy or a girl?

- 1. Boy
- 2. Girl

- 99. Refused

CH_HISP (CA-EHIB –CDC OPTIONAL MODULE)

YESNO.

155 Is the child Hispanic or Latino?

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

CH_RACE3 (CA-EHIB –CDC OPTIONAL MODULE)

YES/NO.

156 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 | |

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

CH_RACE4 (CA-EHIB –CDC OPTIONAL MODULE)

YES/NO.

156.5 Which one of these groups would you say best represents the child's race?

- | | | |
|-----|---|-----------|
| 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, Alaska Native | _CH_RAC_E |
| 6. | Other | _CH_RAC_F |
| 77. | Don't know / Not sure | |
| 99. | Refused | |

CH_BORN (CA-IMMUN–CDC OPTIONAL MODULE)

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

Code 4 digit year.

___/___ Enter month/year

- | | |
|----------|---|
| 77/7777. | Don't know/Not sure (Probe by repeating the question) |
| 99/9999. | Refused |

CH_REL (CDC–CDC ASTHMA CALLBACK)

CH_REL.

158 How are you related to the child? Would you say...

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 2006)

YESNO.

159 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 2006)

YESNO.

160 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)

YESNO.

161 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 (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

162 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 LEADEF

KIDCARE (CA-SCPP [KIDCARE2])

YESNO.

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

- 1. Yes
- 2. No

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

KIDBURN (CA-SCPP [SUNBURN2])

YESNO.

164 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)

TYPE I.

165 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)

SUNSCALE.

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 |
|---|-------|--------|------------|-------|--------|-----------|----|----|
| KIDSCRN [KIDSCRN2] | | | | | | | | |
| 166 Apply or wear sunscreen or sun block? | 1 | 2 | 3 | 4 | 5 | 6 | 77 | 99 |
| KIDHAT2 [KIDHAT3] | | | | | | | | |
| 167 Wear a wide-brimmed hat, or a hat with neck flaps? | 1 | 2 | 3 | 4 | 5 | 6 | 77 | 99 |
| KIDCLTH [KIDCLTH2] | | | | | | | | |
| 168 Wear protective clothing such as long sleeved shirts and long pants? | 1 | 2 | 3 | 4 | 5 | 6 | 77 | 99 |
| SHADE [SHADE2] | | | | | | | | |
| 169 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.

LEADEFF (CA-LEAD PROGRAM)

LEADEFF.

170 What is lead in a child's blood most likely to do? Would you say

- 1. Make it harder for a child to learn
- 2. Cause cancer
- 3. Cause poor eyesight
- 77. Don't know/Not sure (Do not probe)
- 99. Refused

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

LEADPNT (CA-LEAD PROGRAM)

TRUE.

171 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 (Do not probe)
- 99. Refused

LEADDIRT NEW (CA-LEAD PROGRAM)

TRUE.

172 Lead in a child's blood can come from playing in soil or dirt.

- 1. True
- 2. False

- 77. Don't know/Not sure (Do not probe)
- 99. Refused

LEADCNDY (CA-LEAD PROGRAM)

TRUE.

173 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 (Do not probe)
- 99. Refused

LEAD1 (CA-LEAD PROGRAM)

YESNO.

174 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 [DO NOT PROBE]
- 99. Refused

LEADHAZ (CA-LEAD PROGRAM)

YESNO.

175 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.

176 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 OUTOFFD

MEXICO (CA-LEAD PROGRAM)

YESNO.

177 Has the X-year-old living in your household lived in or traveled to Mexico in the last 12months?

- 1. Yes
- 2. No

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

CAREKID (CA-LEAD PROGRAM)

YESNO.

178 Are you one of the persons most likely to have taken the X-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)

YESNO.

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

- 1. Yes
- 2. No

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

LEADCND3 (CA-LEAD PROGRAM)

YESNO.

180 Does the X-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 (CA-LEAD PROGRAM)

YES/NO.

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

- 1. Yes
- 2. No

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

(The last 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.

182 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)

LEADTEST.

183 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

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.

184 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.

185 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.

186 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 (CA-CPNS)

CUTOFT.

187 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.

188 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.

189 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.

190 In the last 12 months, have you applied for food stamps?

- 1. Yes
- 2. No

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

FDSTMREC (CA-CPNS)

YESNO.

191 In the last 12 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 CHILD18>0

SCHLMEAL (CA-DSS)

YESNO.

192 You previously told us there are 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.

193 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.

194 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.

195 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)

YES/NO.

196 Did you emancipate from foster care?

- 1. Yes
- 2. No

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

CHFOOD (CA -DSS)

YES/NO.

197 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 [DO NOT PROBE]
- 99. Refused

CHWELF (CA -DSS)

YES/NO.

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

- 1. Yes
- 2. No

- 77. Don't know/Not sure [DO NOT PROBE]
- 99. Refused

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

FOSTER (CA-DSS)

TYPE I.

199 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.

200 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)

YESNO.

201 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)

YESNO.

202 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)

YESNO.

203 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)

YESNO.

204 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)

YESNO.

205 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

If ASTHNOW=1 or CHLDASTB=1

ASTHCALL (CA-California Breathing)

YESNO.

206 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)

YESNO.

207 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.

SPANIN2 NEW

SPANINB.

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

1. Spanish
2. English
3. Cantonese
4. Mandarin