

**CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2014**  
**TRACK III**  
In Collaboration with The Center for Disease Control and Prevention's  
Behavioral Risk Factor Surveillance System

**Merged English/Spanish Version**

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**Behavioral Risk Factor Surveillance System  
2013 State Questionnaire  
Track III**

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INTROQ

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

*Hola soy \_\_\_\_\_ y estoy llamando del Departamento de Salud Pública de California y de los Centros para el Control y Prevención de Enfermedades.*

PRIVRES

Is this a private residence?

*¿Es esta una residencia privada?*

Interviewer note: Telephone service over the internet is considered landline service (includes Vonage, Magic Jack and other home-based phone services).

1. Yes ---> Go to RUADULT
2. No ---> Go to COLLEGE

COLLEGE (Ask if PRIVRES not equal 1)

Is this college housing?

*¿Es este una vivienda de colegio?*

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

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

1. Yes ---> Go to COLLADUL
2. No ---> Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

RUADULT (Ask if PRIVRES = 1)

Am I speaking with a member of the household who is at least 18 years old?

*¿Estoy hablando con un miembro del hogar que tenga por lo menos 18 años de edad?*

1. Yes ---> We're doing a 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 issues facing Californians today.

*Estamos haciendo un estudio especial relacionado con las prácticas de salud de los residentes en California. Su número ha sido seleccionado al azar para representar a 2,500 hogares en California. Nos gustaría hacerle algunas preguntas sobre enfermedades del corazón, cáncer, diabetes, productos de tabaco y otros temas de salud que les afectan a los habitantes del estado hoy en día.*

2. No -----> Thank you for your cooperation, but we are only interviewing ADULTS age 18 and older at this time. **STOP**

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COLLADUL (Ask if COLLEGE = 1)

Are you 18 years of age or older?

*¿Estoy hablando con alguien que tenga por lo menos 18 años de edad?*

Yes, respondent is male ---> Continue (Set SEX=1)

Yes, respondent is female ---> Continue (Set SEX=2)

No – **STOP**

#### EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 5,000 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important health issues facing Californians today.

*Estamos haciendo un estudio especial relacionado con las prácticas de salud de los residentes en California. Su número ha sido seleccionado al azar para representar a 5,000 hogares en California. Nos gustaría hacerle algunas preguntas sobre enfermedades del corazón, cáncer, diabetes, productos de tabaco y otros temas de salud que les afectan a los habitantes del estado hoy en día.*

#### INCALI

Are you in California?

*¿Está usted en California?*

1. Yes ---> Continue

2. No ---> Thank you very much, but we are only interviewing persons in California at this time. **STOP**

If lives in college housing (COLLEGE =1 ), go to IS\_CELL, else continue

#### 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

*Nuestro estudio requiere que entrevistemos a una sola persona que vive en su hogar. ¿Cuántos miembros de su hogar incluyéndose a usted, tienen 18 años de edad o más?*

NUMMEN (Ask if NUMADULT GT 1)

How many are men?

*¿Cuántos son hombres?*

\_\_\_ the number of men (0-9)

NUMWOMEN (calculate from NUMADULT – NUMMEN)

SELECTED (Ask if NUMADULT GT 1)

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

*La persona con quien necesito hablar es \_\_\_\_\_*

Are you the (SELECTED)?

*¿Me permite hablar con (SELECTED)?*

1. Yes ---> Continue.
2. No ---> May I speak with the \_\_\_\_\_?

ONEADULT (Ask 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)

*Entonces, usted es la persona con quien necesito hablar. Toda la información obtenida en este estudio será confidencial.*

2. No ---> May I speak with him or her? (When selected adult answers:)

*¿Puedo hablar con él o ella?*

Hello, I'm (interviewer name) from the California Department of Public Health and the Centers for Disease Control and Prevention. We're doing a special study of California residents regarding their health practices and day-to-day living habits to guide state and federal health policies. You have been randomly chosen to represent 5,000 people in California. 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 information obtained in this study will be confidential.

*Hola, me llamo \_\_\_\_\_ y estoy llamando del Departamento de Salud Pública de California y de los Centros para el Control y Prevención de Enfermedades. Estamos haciendo un estudio especial, de los residentes de California, relacionado con sus prácticas de salud y los hábitos de sus vidas cotidianas para guiar las pólizas de salud del estado y federales. Usted ha sido seleccionado(a) al azar para representar a 5,000 personas en California. Su participación en esta encuesta voluntaria contribuye información valiosa usada por los que hacen pólizas de salud en el estado y nación.*

*NO le haré preguntas que puedan identificarlo (la). No hay ningún riesgo para usted. Toda la información que usted nos dé, será estrictamente confidencial. Si hay alguna pregunta que usted no desee contestar, por favor dígamelo y podremos continuar. Si usted tiene alguna pregunta acerca de la encuesta, que yo no pueda contestar, le daré un número de teléfono sin costo, al que usted puede llamar para obtener más información. Mientras una supervisora pueda escuchar esta encuesta para el control de calidad, toda la información obtenida en este estudio será confidencial.*

SEX Interviewer: Confirm sex of respondent. (CDC-CORE)

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\_CELL

Is this a cellular telephone?

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

*¿Es este un teléfono celular?*

*Read only if necessary: Por teléfono celular nos referimos a un teléfono que es móvil y utilizable fuera de su vecindario. No debe confundirse con un teléfono inalámbrico, que es simplemente una extensión sin cable del teléfono de su hogar.*

Interviewer note: Telephone service over the internet is considered landline service (includes Vonage, Magic Jack and other home-based phone services.).

1. No ---> (Go to GENHLTH)
2. Yes---> (Continue to FORWARD)

FORWARD

Are your calls currently being forwarded from your landline phone number to your cell phone?

1. Yes ---> (Continue to CHKPHON)
2. No ---> Thank you very much, but we are only interviewing land line telephones and private residences.  
*Muchas gracias, pero solo estamos entrevistando teléfonos de línea y residencias privadas.*

**STOP**

CHKPHON

Is your landline phone number {sample->voicephone}?

1. Yes ---> (Continue to RUSAFE)
2. No ---> Thank you very much, but we are only interviewing land line telephones and private residences.  
*Muchas gracias, pero solo estamos entrevistando teléfonos de línea y residencias privadas.*

**STOP**

RUSAFE

Is this a safe time to talk with you?

¿Este es un momento seguro para hablar con usted?

1. Yes ---> (Continue to GENHLTH)

2. No ---> Thank you very much. We will call you back at a more convenient time.

*Muchas gracias. Lo(a) volveremos a llamar en otro momento más oportuno.*

**STOP**

- Introduction and Screening Questions for CELL -

INTRO: Hello, I'm <interviewer name> calling from the California Department of Public Health in Sacramento.

C/B INTRO: Hello, I'm < interviewer name > calling (again) from the California Department of Public Health in Sacramento.

EXPCELL1

We are gathering information about the health of California residents. This project is conducted by the Department of Public Health with assistance from the Centers for Disease Control and Prevention. I have just a few questions to find out if you are eligible for the study.

*Estamos juntando información acerca de la salud de los residentes en California. Este es un proyecto conducido para el Departamento de Salud Pública con asistencia de los Centros para el Control y la Prevención de Enfermedades. Voy a hacerle unas cuantas preguntas para saber si usted es elegible para participar en el estudio.*

RUSAFE

Is this a safe time to talk with you?

¿Este es un momento seguro para hablar con usted?

1. Yes ---> Continue

2. No ---> Thank you very much. We will call you back at a more convenient time. Interviewer: Set appointment if possible. **STOP**

CONF\_PHN

Is this <phone number> ?

¿Es este <phone number>?

1. Yes ---> Continue

2. No ---> Thank you so much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

CONF\_CEL

Is this a cellular telephone?

*¿Es este un teléfono celular?*

Interviewer: Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

1. Yes ---> Continue
2. No ---> Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

CADULT

Are you 18 years of age or older?

*¿Tiene usted 18 años de edad o más?*

1. YES, Male Respondent ---> Continue (Set SEX=1)
2. YES, Female Respondent ---> Continue (Set SEX=2)
3. No ---> Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**  
*Muchas gracias, pero solamente estamos entrevistando a personas de 18 años de edad o más en este tiempo.*

PVTRES3

Do you live in a private residence, that is, not in a group living situation?

*¿Vive en una residencia privada? Es decir, no en una situación de un grupo de gente viviendo junto.*

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

HELP: A private residence is a full time home. Vacation homes, motels and institutions such as dormitories and nursing homes are not included in our study.

1. Yes ---> Go to CSTATE
2. No ---> Continue

LIVEDORM

Do you live in college housing? Read only if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university.

*¿Vive una vivienda de Colegio? Leer sólo si es necesario: por vivienda de Colegio nos referimos a dormitorio, estudiante graduado o visitante en una vivienda de facultad u otros arreglos de vivienda proporcionados por un colegio o Universidad.*

1. Yes ---> Continue
2. No ---> Thank you very much for your time, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

CSTATE

Are you a resident of California?

*¿Es usted un residente de California?*

1. Yes ---> Go to LANDLINE (set RSPSTATE=6)
2. No ---> Continue



RSPSTATE

In what state do you live?

*¿En qué estado vive usted?*

Select state (brandlist: BLSTATES)

[SELECT ONLY ONE RESPONSE] (If RSPSTATE=6, set CSTATE=1).

LANDLINE

Do you also have a landline telephone in your home that is used to make and receive calls?

*¿Tiene usted también un teléfono fijo en su casa que se utilice para hacer y recibir llamadas? |*

READ ONLY IF NECESSARY: By landline telephone, we mean a 'regular' telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use. NOTE: Telephone service over the internet counts as landline service.

1. Yes ---> Continue to CELLINTR
2. No ---> Go to CELLINTR

CELLINTR

Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

Su número de teléfono fue seleccionado al azar para esta encuesta, y nos gustaría hacerle algunas preguntas sobre salud y sus prácticas de salud. Si hay alguna pregunta que no desea contestar, no tiene que hacerlo. También puede parar esta entrevista en cualquier momento. Toda la información que usted me dé será confidencial. Si tiene alguna pregunta, le daré un número de teléfono al cual puede llamar para pedir la información que necesita.

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

*Primero, quiero hacerle algunas preguntas acerca de su salud.*

**Section 1: Health Status**

**GENHLTH (CDC-CORE)**

**HEALTH.**

**1.0 Would you say that in general your health is...**

*¿Generalmente, diría usted que su salud es: Excelente, Muy buena, Buena, Regular, o Delicada?*

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair, or
- 5. Poor?
  
- 7. Don't know
- 9. Refused

**Section 2: Healthy Days – Health-Related Quality of Life**

**PHYSHLTH (CDC-CORE)**

**TYPE VII.**

**2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

*Ahora, pensando en su salud física, la cual incluye enfermedades físicas y lastimaduras, ¿en cuántos de los últimos 30 días diría que su salud física no fue buena?*

\_\_\_ Enter Number of days

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

**MENTHLTH (CDC-CORE)**

**TYPE VII.**

**2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**

*Ahora, pensando en su salud mental, la cual incluye la tensión nerviosa, depresión, y problemas emocionales, ¿en cuántos de los últimos 30 días diría que su salud mental no fue buena?*

\_\_\_ Enter Number of days

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

IF PHYSHLTH = 88 (None) and MENTHLTH = 88 then go to POORHLTH, ELSE GO TO HAVEPLN3

**POORHLTH (CDC-CORE)**

**TYPE VII.**

**2.3 During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work or recreation?**

*Durante los últimos 30 días, ¿por cuántos días le impidió su salud delicada física o mental en hacer sus actividades normales, tales como cuidarse, trabajar, o actividades recreativas?*

— Enter Number of days

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

**Section 3: Health Care Access**

**HAVEPLN3 (CDC-CORE)**

**YESNO.**

**3.1 These next few questions are about your access to medical care. Please be assured that I am not trying to sell you insurance coverage. Do you have ANY kind of health care coverage including health insurance, prepaid plans such as HMOs (health maintenance organizations) or government plans such as Medicare or the Indian Health Service?**

*Las próximas preguntas se refieren al acceso que usted tiene al cuidado médico. Por favor este tranquilo(a) que no estoy tratando de venderle seguro médico. ¿Tiene usted alguna cobertura de salud, incluyendo seguro de salud, planes pre-pagados tales como los de HMO (organizaciones para el mantenimiento de la salud), o planes del gobierno como Medicare o el servicio de salud indio?*

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

**PERSDOC (CDC-CORE)**

**3.2 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 as your personal doctor or health care provider?")**

*¿Hay una persona quien usted considera ser su doctor (médico) personal o proveedor de su cuidado médico? PROBE: If NO, ask "¿hay más de una persona o no hay ninguna persona a quien usted considere su doctor (médico) personal o proveedor de su cuidado médico?"*

- 1. Yes, only one/ Sí, solo uno (DO NOT PROBE)
- 2. More than one/ Más de uno
- 3. (probe) No
  
- 7. Don't know
- 9. Refused

**NOMEDB (CDC-CORE) (PAYNOGOC in dataset)**

**YESNO.**

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

*¿Hubo algún momento en los últimos 12 meses en que necesitó consultar a un doctor (médico), pero no pudo hacerlo debido al costo?*

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

**CHECKUP2 (CDC-CORE)**

**HOWLNGC.**

**3.4 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)**

*¿Cómo cuánto tiempo tiene, desde la última vez que fue al doctor (médico), para hacerse un chequeo de rutina? Un chequeo de rutina es un examen físico general, NO un examen realizado para una lesión específica NI enfermedad o afección (enfermedad) específica.*

- 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
- 8. Never
  
- 77. Don't know
- 99. Refused

**Section4: Exercise**

**EXERANY1 (CDC-CORE)**

**YESNO.**

**4.1 During the past MONTH, other than your regular job, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?**

Interviewer Instruction: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

*Las próximas preguntas son acerca del ejercicio, actividades recreativas y físicas APARTE de su trabajo usual.*

*Durante los últimos 30 días, aparte de su trabajo usual, ¿participó usted en algunas ACTIVIDADES FISICAS o EJERCICIOS tales como correr, calistenia, golf, jardinería, o camino para hacer ejercicio?*

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

## **Section 5: Inadequate Sleep**

**I would like to ask you about your sleep pattern.**

*Me gustaría preguntarle sobre sus hábitos de dormir.*

**SLEEPHR2 (CDC-CORE - formerly an optional module, asked in track 1)**

**5.1 On average, how many hours of sleep do you get in a 24-hour period?**

*En promedio, ¿cuántas horas duerme en un período de 24 horas?*

**INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.**

— —	Number of hours [01-24]
7 7	Don't know / Not sure
9 9	Refused

## **Section 6: Chronic Health Conditions**

**HEART2 (CDC-CORE)**

**YES/NO.**

**6.1 Now I would like to ask you some questions about general health conditions.**

*Ahora me gustaría hacerle algunas preguntas acerca de condiciones generales de salud.*

**Has a doctor, nurse or other health professional EVER told you that you had any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure.”**

**Has a doctor, nurse or other health professional EVER that you had a heart attack, also called a myocardial infarction (MY-o-card-ee-al in-FARK-shun)? For each, tell me “Yes,” “No,” or you’re “Not sure.”**

*¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud que usted tuvo un ataque cardíaco, también llamado infarto de miocardio?*

*Para cada pregunta, responda "Sí", "No", o "No estoy seguro/a"*

**INTERVIEWER:** By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed professional.

*Leer solo si es necesario: por "otros profesionales de la salud" nos referimos a una enfermera, un asistente médico, o algún otro profesional con licencia.*

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

**ANGINA (CDC-CORE)**

**YES/NO.**

**6.2 (Has a doctor, nurse or other health professional) EVER told you that you had angina or coronary heart disease?**

*¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud que usted tuvo angina de pecho o una enfermedad coronaria del corazón?*

1. Yes
2. No
  
7. Don't Know
9. Refused

**STROKE2 (CDC-CORE)**

**YESNO.**

**6.3 (Has a doctor, nurse or other health professional) EVER told you that you had a stroke?**

*¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud que tuvo una embolia?*

1. Yes
2. No
  
7. Don't Know
9. Refused

**ASTHEVE3 (CDC-CORE)**

**YESNO.**

**6.4 (Has a doctor, nurse, or other health professional) EVER told you that you had asthma?**

*¿Alguna vez, le ha dicho un doctor u otro profesional de la salud que usted tenia asma?*

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

**ASTHNOW (CDC-CORE)**

**YESNO.**

**6.5 Do you still have asthma?**

*¿Todavía tiene usted asma?*

1. Yes
2. No
  
7. Don't Know
9. Refused

**SKCANC (CDC-CORE)**

**YESNO.**

**6.6 (Has a doctor, nurse, or other health professional) EVER told you that you had skin cancer?**

*¿Alguna vez le ha dicho un doctor (médico), enfermera, u otro profesional de la salud que usted tenía cáncer en la piel?*

**Read only if necessary:**

By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

*Leer solo si es necesario: por "otros profesionales de la salud" nos referimos a una enfermera, un asistente médico, trabajador social, o algún otro profesional con licencia .*

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

**OTHANC (CDC-CORE)**

**YESNO.**

**6.7 (Has a doctor, nurse or other health professional) EVER told you that you had any other types of cancer? Interviewer note: Includes basal (Bay-Sul) and squamous (Sqwa-muss) cell cancers)**

*(¿Alguna vez le ha dicho un doctor (médico), enfermera u otro profesional de la salud) que usted tuvo cualquier otro tipo de cáncer?(Incluye cáncer basal y cánceres de células escamosas*

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

**COPDEVER (CDC-CORE)**

**YESNO.**

**6.8 (Has a doctor, nurse or other health professional) EVER told you that you have COPD(chronic obstructive pulmonary disease, emphysema or chronic bronchitis?)**

*¿Alguna vez le ha dicho un doctor (médico), enfermera u otro profesional de la salud) que usted tiene: enfermedad pulmonar obstructiva crónica EPOC (también llamada COPD por sus siglas en inglés), de enfisema o de bronquitis crónico?*

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

**ARTHRTD (CDC-CORE)**

**YESNO.**

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

*¿Alguna vez le dijo un doctor (médico) u otro profesional de la salud, que usted tiene algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?*

In Help Text: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,, polyarteritis nodosa.

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

Los diagnósticos de artritis incluyen:

- reumatismo, polimialgia reumática

- artrosis (no osteoporosis)
- tendinitis, bursitis, juanete, codo de tenista (epicondilitis)
- síndrome del túnel carpiano, síndrome del túnel tarsiano
- infección en las articulaciones, síndrome de Reiter
- espondilitis anquilosante, espondilosis
- síndrome del manguito de los rotadores
- enfermedad del tejido conjuntivo, escleroderma, polimiositis, síndrome de Raynaud
- vasculitis (arteritis de células gigantes, púrpura de Henoch-Schonlein, granulomatosis de Wegener, poliarteritis nodosa)

**DEPRESS1 (CDC-CORE)**

**YES/NO.**

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

*(¿Alguna vez le ha dicho un doctor (médico), enfermera, u otro profesional de la salud) que usted tiene una enfermedad depresiva (incluyendo depresión, depresión mayor, distimia, o depresión leve)?*

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

**KIDNEY (CDC-CORE)**

**YES/NO.**

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

*Interviewer Note: Incontinence is not being able to control urine flow.*

*¿Alguna vez le ha dicho un doctor (médico), enfermera, u otro profesional de la salud que usted tiene una enfermedad renal (de los riñones)? NO incluya piedras en el riñón, infección en la vejiga (vesícula) ni incontinencia.*

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

**DIABCOR3 (CDC-CORE)**

**DIABCDC.**

**6.12 Next I would like to ask you about diabetes, sometimes called sugar diabetes. Has a doctor, or nurse or other health professional ever told you that you have diabetes? (If Respondent says pre-diabetes or borderline diabetes, use response “pre-diabetes”).**

*Ahora, me gustaría preguntarle acerca de la diabetes, a veces llamada azúcar en la sangre. ¿Alguna vez le ha dicho un doctor (médico) que tiene diabetes?*

**If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**

*“¿Fue esto únicamente cuando estaba embarazada?”*

- |  |                       |
|--|-----------------------|
| 1. Yes   | (Continue to DIABAGE) |
| 2. Yes, but female told only during pregnancy (Gestational Diabetes) | (Go to WHENDNT3)      |
| 3. No  | (Go to WHENDNT3)      |
| 4. No, pre-diabetes or borderline diabetes                           | (Go to WHENDNT3)      |
| 7. Don't know  | (Go to WHENDNT3)      |
| 9. Refused   | (Go to WHENDNT3)      |



**DIABAGE****TYPE I.**

**6.13** How old were you when you were told you have diabetes?  
*¿A qué edad le dijeron que tenía diabetes?*

- |   |   |  |
|---|---|--|
| — | — | Code age in years <b>[97 = 97 and older]</b> |
| 9 | 8 | Don't know / Not sure                        |
| 9 | 9 | Refused                                      |

**Section 7: Oral Health****WHENDNT3 (CDC-CORE)****HOWLONG.**

**7.0** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

*¿Cuánto tiempo tiene desde la última vez, que usted fue al dentista o a una clínica dental, por cualquier razón? Incluya visitas a especialistas, tales como ortodontistas.*

Read only if necessary:

- |     |   |                                     |
|-----|---|-------------------------------------|
| 1.  | Within the past year<br><i>En el último año</i>         | (anytime less than 12 months ago)   |
| 2.  | Within the past 2 years<br><i>En los últimos 2 años</i> | (1 year but less than 2 years ago)  |
| 3.  | Within the past 5 years<br><i>En los últimos 5 años</i> | (2 years but less than 5 years ago) |
| 4.  | 5 or more years ago<br><i>5 años o más</i>              |                                     |
| 5.  | Never   |                                     |
| 77. | Don't know  |                                     |
| 99. | Refused   |                                     |

**LOSTETH2 (CDC-CORE)****LOSTETH.**

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

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

*¿Cuántos de sus dientes permanentes se han extraído a causa de caries o enfermedad de las encías? Incluya dientes perdidos por causa de infección, pero no incluya dientes perdidos por otras razones, tales como lastimaduras u ortodoncia.*

*NOTE: Si las muelas del juicio fueron extraídas por causa de caries o enfermedad de las encías, esas deberían de ser incluidas en la cuenta de dientes perdidos.*

- 1. 1 to 5  
1 a 5
- 2. 6 or more but not all  
6 o más, pero no todos
- 3. All  
Todos
  
- 88. Not applicable (None removed)
- 77. Don't know
- 99. Refused

## **Section 8: Tobacco Use**

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

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

### **SMOKE100 (CDC-CORE)**

**YESNO.**

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

Interviewer note: 5 packs = 100 cigarettes

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

- |    |            |                          |
|----|------------|--------------------------|
| 1. | Yes        |                          |
| 2. | No         | (Go to <b>SMKCIGAR</b> ) |
| 7. | Don't know | (Go to <b>SMKCIGAR</b> ) |
| 9. | Refused    | (Go to <b>SMKCIGAR</b> ) |

### **SMKEVDA2 (CDC-CORE)**

**EVDAY.**

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

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

- |    |            |                          |
|----|------------|--------------------------|
| 1. | Every day  | (Go to <b>FLAVTOB</b> )  |
| 2. | Some days  | (Go to <b>FLAVTOB</b> )  |
| 3. | Not at all |                          |
| 7. | Don't know | (Go to <b>SMOKREG4</b> ) |
| 9. | Refused    | (Go to <b>SMOKREG4</b> ) |

**LASTSMK2 (CDC-CORE)****SMOKREGB.****8.3 How long has it been since you last smoked a cigarette, even one or two puffs?**

*¿Cuánto tiempo hace desde la última vez que fumo un cigarrillo, aunque haya sido solo uno o dos soplos?*

- 1 Within the past month (less than 1 month ago)
- 2 Within the past 3 months (1 month but less than 3 months ago)
- 3 Within the past 6 months (3 months but less than 6 months ago)
- 4 Within the past year (6 months but less than 1 year ago)
- 5 Within the past 5 years (1 year but less than 5 years ago)
- 6 Within the past 10 years (5 years but less than 10 years ago)
- 7 10 years or more
- 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

**USENOW3 (CDC-CORE)****EVDAY.****8.4 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?**

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

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

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

- 1. Every day
- 2. Some days
- 3. Not at all
- 77. Don't know
- 99. Refused

**SMOKREG4 (CA-TCP)****SMOKREGD.****8.5 About how long has it been since you last smoked cigarettes regularly?  
(Read only if necessary)**

*¿Cuánto tiempo hace desde la última vez que fumo cigarrillos regularmente?*

- 1. Within the past month (less than 1 month ago)  
*Dentro del mes pasado*
- 2. Within the past 3 months (1 month but less than 3 months ago)  
*Dentro de los pasados 3 meses*
- 3. Within the past 6 months (3 months but less than 6 months ago)  
*Dentro de los pasados 6 meses*
- 4. Within the past year (6 months but less than 1 year ago)  
*Dentro del año pasado*
- 5. Within the past 5 years (1 year but less than 5 years ago)  
*Dentro de los pasados 5 años*
- 6. Within the past 10 years (5 years but less than 10 years ago)

*Dentro de los pasados 10 años*

- 7. 10 or more years ago  
*10 años o más*
- 77. Don't know
- 88. Not Applicable (Never smoked cigarettes regularly)
- 99. Refused (Do not read)

**FLAVTOB (CA-TCP-NEW2013)**

**8.6 In the last 6 months, did you use the following flavored tobacco products?**

*En los últimos 6 meses, ¿ha usado los siguientes productos de tabaco con sabor?*

Interviewer note: "Flavored tobacco product" means any tobacco product that contains an additive that creates a distinct taste or smell, such as the taste or smell of fruit, chocolate, vanilla, or honey.

- |    |                               |  |          |
|----|-------------------------------|--|----------|
| 1. | Flavored snus? (Y/N)          | Snus con sabor?                        | FLAVSNS  |
| 2. | Flavored cigars? (Y/N)        | Puros con sabor?                       | FLAVCGR  |
| 3. | Flavored cigarillos? (Y/N)    | Cigarritos con sabor?                  | FLAVCGL  |
| 4. | Flavored little cigars? (Y/N) | Puros pequeños con sabor?              | FLAVLCGR |
| 5. | Flavored hookah? (Y/N)        | Pipa turca (hookah) de agua con sabor? | FLAVHKH  |
| 6. | Flavored e-cigarettes? (Y/N)  | Cigarillos electrónicos con sabor?     | FLAVECIG |

Do not read:

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

**SMKCIGAR (CA-TCP)**

YESNO.

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

*¿Alguna vez, ha fumado un puro (cigarro), aunque hayan sido solamente unos cuantos soplos?*

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

**PIPEVER (CA-TCP)**

YESNO.

**8.8 Have you ever smoked a tobacco pipe?**

*¿Alguna vez, ha fumado usted una pipa de tabaco?*

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

**HOOKEVER (CA-TCP)****YESNO.****8.9 Have you ever smoked a hookah pipe?**

Interviewer note: A hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose used to smoke tobacco. Some of the other names it is known by are shisha (see-shaw), narghile (nawr-gee-leh, "g" sound as in "go"), argileh (are-gee-leh, "g: sound as in "go"), hubble-bubble (hah-bol bah-bol), and goza (go-zah).

*¿Ha fumado alguna vez una pipa turca, también llamada pipa de agua tradicional, pipa cachimba, narguila, shisha o hookah (juca)?*

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

**CHEWEVER (CA-TCP)****YESNO.****8.10 Have you ever used chewing tobacco such as Red Man, Levi Garrett or Beechnut?**

*¿Alguna vez, ha usado el tabaco de mascar tal como Red Man, Levi Garrett o Beechnut?*

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

**SNUFEVE1 (CA-TCP)****YESNO.****8.11 Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?**

*¿Alguna vez ha usted usado el rapé (tabaco en polvo) tal como Skoal, Skoal Bandits, o Copenhagen?*

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

**SNUSEVER (CA-TCP)****YESNO.****8.12 Have you ever used new types of smokeless tobacco products, such as Camel Snus or Marlboro Snus? (A teabag like pouch that a user sticks between the upper lip and gum, leaves there for up to 30 minutes and discards without spitting.)**

*¿Alguna vez ha usado nuevos tipos de productos de tabaco sin humo, como Camel o Marlboro snus? (Es una bolsita parecida a una de té que un consumidor se coloca entre el labio superior y la encía, lo deja por hasta 30 minutos y al terminar lo tira sin escupir.)*

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

**ECIG30 (CA-TCP)****TYPE I.****8.13 During the past 30 days, how many days did you use Electronic cigarettes, such as “Smoking Everywhere” or “Njoy”?***Durante los últimos 30 días, ¿cuántos días usó usted cigarrillos electrónicos, tales como “Smoking everywhere” o “Njoy”?*

\_\_\_\_ Enter number of days

77. Don't know

99. Refused

If SMOKE100=2 or 7 or 9 then go to SHSEXPOS

Else if SMOKE100=1 and SMKEVDA2=1 then go to SMOKENUM

Else if SMOKE100=1 and SMKEVDA2=2 or 3 or 7 or 9 then ask SMK6MOS

**WHYECIG (CA-TCP) NEW 2014****WHYECIG.****8.14 What best describes your reason for using e-cigarettes? (ALLOW MULTIPLE RESPONSES)***¿Lo que mejor describe su razón para el uso de cigarrillos electrónicos?*

1. Used to quit other tobacco

*Para dejar el otro tabaco*

2. Switched to e-cigarettes to replace other tobacco

*Cambiado a cigarrillos electrónicos para sustituir otro tabaco*

3. Used to cut down on other tobacco

*Usado para reducir del otro tabaco*

4. Used in places other tobacco is not allowed

*Utilizado en lugares donde no se permite otro tabaco*

5. Curiosity; just to try it

*Curiosidad; solo para probar*

6. Other (specify)

*Otro (especificar)***Section 9: Current Cigarette Use****I'd like to ask you some more questions about cigarette smoking.***Me gustaría hacerle unas preguntas más acerca de fumar cigarrillos.***SMK6MOS (CA-TCP)****YESNO.****9.1 Have you ever smoked daily for six months or more?***¿Alguna vez ha fumado todos los días por seis meses o más?*

1. Yes

2. No

-----

7. Don't know

9. Refused

(Go to SMK30ANY)

(Go to SMK30ANY)

(Go to SMK30ANY)

**DAILYSMK (CA-TCP) (DAILYR, DAILYMO, DAILYWK, DAILYDY)****TYPE XXXI.****9.2 How long has it been since you smoked on a daily basis?***¿Cuánto hace desde que fumó diariamente?*



--	YEARS	DAILYR
--	MONTHS	DAILYMO
--	WEEKS	DAILYWK
--	DAYS	DAILYDY

00. Time frame does not apply

77. Don't know for that time frame

99. Refused for that time frame (Go to SMK30ANY)

After respondent answers DAILY(YR, MO, WK, DY), go to SMK30ANY.

Ask if SMKEVDA2 =1

**SMOKENUM (CA-TCP)**

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

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

(NOTE: 1 pack=20 cigarettes)

\_\_\_ Enter number

- 000. Don't smoke regularly (programmed as 888)
- 777. Don't know
- 999. Refused

After respondent answers SMOKENUM (not na/dk/rf), go to SMKWHOLE.

If SMKEVDA2≠1 then ask SMK30ANY.

**SMK30ANY (CA-TCP)**

**9.4 Did you smoke any cigarettes during the past 30 days? YESNO.**

*¿Ha fumado usted algunos cigarrillos durante los últimos 30 días?*

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

**SMK30DAY (CA-TCP)**

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

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

\_\_ Enter number

- 30. Everyday
- 77. Don't know
- 99. Refused

**SMK30NUM (CA-TCP)**

**TYPE I.**

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

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

(NOTE: 1 pack=20 cigarettes)

\_\_\_ Enter number

- 777. Don't know
- 999. Refused

If SMOKE100=1 then ask SMKWHOLE.

**SMKWHOLE (CA-TCP)**

**TYPE I.**

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

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

-- Enter age in YEARS

77. Don't know

99. Refused

**SMOKEAGE (CA-TCP)**

**TYPE XII.**

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

*Aproximadamente, ¿cuántos años tenía cuando comenzó a fumar cigarrillos con regularidad?*

-- Enter age in YEARS

00. Not Applicable (Never smoked regularly)

77. Don't know

99. Refused

Ask if SMKEVDA2 <= 2 or SMOKREG <=4)

**SMK12AGO (CA-TCP)**

**YESNO.**

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

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

1. Yes

2. No

(Go to PUFF)

-----  
7. Don't know

(Go to PUFF)

9. Refused

(Go to PUFF)

**SMK12DL2 (CA-TCP)**

**EVDAY.**

**9.10 Were you smoking cigarettes every day or some days?**

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

1. Every day

2. Some days

-----  
7. Don't know

9. Refused

For SMKWAKE: If SMKEVDA2=1 or 2 ask SMKWAKE. Else go to SHSEXPOS

**SMKWAKE (CA-TCP)****TYPE XXV.****9.11 How soon after you awake in the morning do you usually smoke your first cigarette?***¿Al despertarse por la mañana, cuánto tiempo pasa usualmente, antes de que fume su primer cigarrillo?*

\_ \_ \_ \_ Enter response

(Go to SHSEXPOS)

0000. Immediately

(Go to SHSEXPOS)

7777. Don't know

(Go to SHSEXPOS)

9999. Refused

(Go to SHSEXPOS)

If SMKEVDA2=3 or 7 or 9 then ask PUFF. Else go to SHSEXPOS.

**PUFF (CA-TCP) (PUFFYR1, PUFFMO1, PUFFWK1, PUFFDY1)****TYPE XXXI.****9.12 When did you last smoke or have a puff on a cigarette?***¿Cuánto tiempo hace desde que fumó su último cigarrillo aunque fuera solamente un soplo?*

\_ \_ YEARS PUFFYR1

\_ \_ MONTHS PUFFMO1

\_ \_ WEEKS PUFFWK1

\_ \_ DAYS PUFFDY1

00. Time frame does not apply

77. Don't know for that time frame

99. Refused for that time frame

**SHSEXPOS (CA-TCP)****YESNO.****9.13 In the last two weeks, have you ever been exposed to secondhand smoke in California?***En las últimas dos semanas, ¿alguna vez ha estado expuesto al humo de segunda mano en California?*

1. Yes

2. No

77. Don't know

99. Refused

(go to AGEb)

(go to AGEb)

(go to AGEb)

**SHSWHERE (CA-TCP)****WHEREXPB.****9.14 Where were you in California the last time this happened?**

Interviewer note: Do not read

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

1. Home
2. Workplace
3. Restaurant
4. Restaurant Bar
5. Bar or tavern
6. Pool Hall
7. Shopping mall or stores
8. Hospital, clinic, health or dental facility
9. Park, beach, playground, outdoor recreation
10. Community event, fair, farmer's market
11. Sports event, stadium
12. Other person's home
13. Automobile
14. Game room, casino, bingo hall
15. Party, wedding, social event, rented hall
16. Service area(bus/cab stand, ATM, ticket line)
17. Sidewalks
18. Other (specify) \_\_\_\_\_
77. Don't know
99. Refused

**Section 10: Demographics****AGEB (CDC-CORE)****10.1 What is your age?***¿Cuántos años tiene usted?*

Range: 18 - 150

\_\_\_\_ Enter age in years

77. Don't know

99. Refused

**HISP4 (CDC-CORE) NEW 2013****YESNO.****10.2 Are you HISPANIC, Latino/a, or Spanish origin ?***¿Es usted hispano(a), latino(a) o de origen español ?*

1. Yes

2. No (Go to ORACE3)

77. Don't know (Go to ORACE3)

99. Refused (Go to ORACE3)

**HISPMEX (CDC-CORE) (Ask if said yes to HISP4) NEW 2013** **YESNO.**

**10.3 Are you...**

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

¿Es usted... Mexicano/a, Mexicano-Americano, Chicano/a?

1. Yes

2. No

77. Don't know

99. Refused

**HISPPR (CDC-CORE) (Ask if said yes to HISP4) NEW 2013** **YESNO.**

**10.4 Puerto Rican?/ Puertorriqueño**

1. Yes

2. No

77. Don't know

99. Refused

**HISPCUB (CDC-CORE) (Ask if said yes to HISP4) NEW 2013** **YESNO.**

**10.5 Cuban?**

¿Cubano?

1. Yes

2. No

77. Don't know

99. Refused

**HISPOTH (CDC-CORE) (Ask if said yes to HISP4) NEW 2013** **YESNO.**

**10.6 Another Hispanic, Latino/a, or Spanish origin?**

¿De otro origen latino, hispano o español?

1. Yes

2. No

77. Don't know

99. Refused

**ORACE3 (CDC-CORE)****ORACEB.**

**10.7 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?**

*¿Cuál o cuáles de las siguientes diría usted es su raza? ¿Diría: Blanco(a), Negro(a), Asiático(a), Nativo(a) de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), Nativo(a) de Alaska (Aleut), u Otra?*

- |     |   |                    |
|-----|---|--------------------|
| 1.  | White (Caucasian)                         | 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, ORACE3TX |
| 77. | Don't know                                |                    |
| 99. | Refused                                   |                    |

*(PROBE ORACE2X IF HISP3=1 and ORACE3 = 6)*

**ORACE2X (CDC CORE) (ask IF HISP4=1 and ORACE3 = 6)**

**10.8 Would you say your race is ...**

*¿Diría que su raza es...*

- |     |  |
|-----|--|
| 1.  | White Hispanic<br><i>Hispano Blanco</i>  |
| 2.  | Black or African American Hispanic<br><i>Hispano Negro o Africano Americano</i>                                  |
| 3.  | Asian Hispanic<br><i>Hispano Asiático</i>  |
| 4.  | Native Hawaiian or Other Pacific Islander Hispanic<br><i>Hispano nativo de Hawái o de otra isla del Pacífico</i> |
| 5.  | American Indian or Alaska Native Hispanic<br><i>Hispano Indio Americano o nativo de Alaska</i>                   |
| 6.  | Other Hispanic<br><i>Otro hispano</i>  |
| 77. | Don't know   |
| 99. | Refused  |

*If more than one response to ORACE3 then go to ORACE4, else go to ORACE2AB*

**ORACE4 (CDC-CORE)****ORACEB.**

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

*¿Cuál de estos grupos, diría usted mejor representa su raza? ¿Diría...Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), nativo(a) de Alaska (Aleut), u Otra?*

- |     |   |
|-----|---|
| 1.  | White                                     |
| 2.  | Black or African American                 |
| 3.  | Asian                                     |
| 4.  | Native Hawaiian or Other Pacific Islander |
| 5.  | American Indian or Alaska Native          |
| 6.  | <ORACE3TX>                                |
| 77. | Don't know                                |

99. Refused

If ORACE3= 3 or 4 then go to ORACE2AB, else go to MILITAR2

**ORACE2AB (CDC-CORE)**

**ORACE2AB.**

**10.10** If orace4<>3.and.orace4<>4.and.orace4>0, ask “Even though you indicated Asian or Pacific Islander as one of your races, but not the race that BEST represents yourself, we need to know if you are Chinese, Japanese, Korean, Filipino or Other?”, else ask “Are you Chinese, Japanese, Korean, Filipino or Other?”

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

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

**MILITAR2 (CDC-CORE)**

**YESNO.**

The next question relates to military service.

**10.11** 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.

*¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los estados Unidos, ya sea en el ejército normal, en la Guardia Nacional o en la Unidad de Reserva? Servicio activo no incluye entrenamiento para las reservas o la Guardia Nacional, pero SI incluye activación, por ejemplo, para la Guerra de Golfo Pérsico.*

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



**MARITAL (CDC-CORE)****MARITAL.**

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

*¿Está usted: Casado(a), divorciado(a), viudo(a), separado(a), nunca casado(a), o un miembro de una pareja sin estar casado(a)?*

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple
7. Don't know
9. Refused

**SXORIEN2 (CA –TCP)****SXORIEN2.**

**10. 13 Now I'm going to ask you a question about sexual orientation. Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or Other.** If needed say "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay (and Lesbian) people have sex with or are primarily attracted to people of the same sex, and bisexuals have sex with or are attracted to people of both sexes.

*Ahora le voy a preguntar acerca de su orientación sexual. Recuerde que todas sus respuestas son confidenciales y que no tiene que contestar ninguna pregunta que usted no quiera. ¿Se considera usted ser... heterosexual, homosexual o sea gay o lesbiana, bisexual u otra?*

*Le explico que la gente heterosexual tiene sexo con, o son principalmente atraídos por personas del sexo opuesto, gays (y lesbianas) son personas que tienen sexo con o son principalmente atraídas por personas del mismo sexo, y bisexuales tienen sexo con o son atraídos por personas de ambos sexos.*

Interviewer: If needed, repeat "¿Se considera usted ser... heterosexual, homosexual o sea gay o lesbiana, bisexual u otra?" after explaining definition of heterosexual, homosexual, and bisexual.

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

1. Heterosexual, that is, straight
2. Homosexual, that is gay or lesbian
3. Bisexual
4. Other (Specify:)
77. Don't know
99. Refused

**CHILD18 (CDC-CORE)****TYPE VII.**

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

*¿Cuántos niños MENORES de 18 años de edad, viven en su hogar?*

**Range: 1 – 9**

\_\_\_ Enter number of children

- 77. Don't Know (GO TO EDUCA)
- 88. Not Applicable (0 children) (GO TO EDUCA)
- 99. Refused (GO TO EDUCA)

**CHILDAGE (CA-CORE)**

**TYPE VII.**

**10.15 (If CHILD18=1, ask:) How old is the child?**  
*¿Qué edad tiene el(la) joven?*

**(If CHILD18 > 1, ask:) How old are the children? Beginning with the youngest...**  
*¿Qué edad tienen los jóvenes? Empezando con el más joven. ..*

Interviewer note: Round UP to whole YEARS. For example, record less than 1 year old as 1 year.  
 Range: 1 – 17

- \_\_\_ Age of youngest child CHILD1
- \_\_\_ Age of second youngest child CHILD2
- \_\_\_ Age of third youngest child CHILD3
- \_\_\_ Age of fourth youngest child CHILD4
- \_\_\_ Age of fifth youngest child CHILD5
- \_\_\_ Age of sixth youngest child CHILD6
- \_\_\_ Age of seventh youngest child CHILD7
- \_\_\_ Age of eighth youngest child CHILD8
- \_\_\_ Age of ninth youngest child CHILD9

- 77. Don't know
- 99. Refused

Ask if CHILDAGE=1 or 2 (all children between 0 and <3 years)

**ONEMONTH (CA-CORE)**

**TYPE VII.**

**10.16 (If CHILD1-CHILD10 =1 and CHILD18=1, ask:) How many months old is the child that is 2 years old or younger?**

*¿Cuántos meses de edad tiene el niño(a) que tiene 2 años o menos?*

**(If CHILD1-CHILD10 =1 and CHILD18>1, ask:) How many months old are the children that are 2 years old or younger? Beginning with the youngest...**

*¿Cuántos meses de edad tienen los niños que tienen 2 años o menos? Empezando por el más joven...*

Interviewer note: List the number of months of all children younger than 2 years in the household from youngest to oldest. Round UP to whole MONTHS. For example, record 2.5 months as 3 months.

- \_\_\_ Months of youngest child ONEMONT1
- \_\_\_ Months of second youngest child ONEMONT2
- \_\_\_ Months of third youngest child ONEMONT3
- \_\_\_ Months of fourth youngest child ONEMONT4
- \_\_\_ Months of fifth youngest child ONEMONT5
- \_\_\_ Months of sixth youngest child ONEMONT6
- \_\_\_ Months of seventh youngest child ONEMONT7
- \_\_\_ Months of eighth youngest child ONEMONT8
- \_\_\_ Months of ninth youngest child ONEMONT9

- 77. Don't know
- 99. Refused

**EDUCA (CDC-CORE)****EDUCA.****10.17 What is the highest grade or year of school you completed?**

*¿Cuál fue el año escolar más alto que usted completó?*

Read only if necessary

1. Eighth grade or less  
*Octavo grado o menos*
2. Some high school (grades 9-11)  
*Un poco de escuela secundaria*
3. Grade 12 or GED certificate (High school graduate)  
*Grado 12 o certificado GED*
4. Some technical school  
*Un poco de escuela técnica*
5. Technical School Graduate  
*Graduado de escuela técnica*
6. Some College  
*Un poco de Universidad*
7. College graduate  
*Graduado de universidad*
8. Post graduate or professional degree  
*Título profesional o posgraduado*
88. Not Applicable (Never attended school or only kindergarten)
77. Don't Know
99. Refused

**EMPLOY2 (CDC-CORE)****EMPLOYA.****10.18 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?**

*¿Actualmente: Trabaja con sueldo, trabaja por cuenta propia, ha estado sin trabajo por más de 1 año, ha estado sin trabajo por menos de 1 año, es amo/a de casa, es estudiante, está jubilado/a, o no puede trabajar?*

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
77. Don't know
99. Refused

**HHSIZE** (CA) \*\*\* Calculated variable do not ask \*\*\* (not formatted)  
**10.19** Household size. ((NUMADULT(NUMADULC IN CELL) +CHILD18)

**INCOM03 (CDC-CORE )**

**INCOMED.**

**10.20** Which of the following categories best describes your annual household income from all sources? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to less than \$100,000, \$100,000 to less than \$125,000, or \$125,000 or more?

*¿Cuál de las siguientes categorías mejor describe el ingreso anual de su hogar, de todas fuentes?*

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to less than \$100,000
9. \$100,000 to less than \$125,000
10. \$125,000 or greater
77. Don't know
99. Refused

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

If there is a table value and the table value is LT the "less than" value of the response to INCOM03, go to THRESH02.

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

**YESNO.**

**10.21** Is your annual household income above \_\_\_\_\_ ? (Table look up for income and household size) (This is an income threshold used for statistical purposes.) *¿Es el ingreso anual más de \_\_\_\_\_ \$?*

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

INCOM02	=	1	2	3	4	5	6	7	8	9	
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100-125k	125k+
HHSIZE=	1		\$11,170 / \$14,521		\$20,665 / \$22,340	\$27,925					
(Household Size)	2			\$15,130 / \$19,669		\$27,991 / \$30,260	\$37,825				
	3			\$19,090	\$24,817		\$35,317 / \$38,180 / \$47,725				
	4				\$23,050	\$29,965	\$42,643 / \$46,100	\$57,625			
	5					\$27,010	\$35,113 / \$49,969	\$54,020 / \$67,525			
	6					\$30,970	\$40,261	\$57,295 / \$61,940	\$77,425		
	7					\$34,930	\$45,409	\$64,621 / \$69,860	\$87,325		
	8						\$38,890	\$50,557 / \$71,947	\$77,780 / \$97,225		
	9						\$42,850	\$55,705	\$79,273 / \$85,700	\$107,125	
	10						\$46,810	\$60,853	\$86,599 / \$93,620	\$117,025	
	11							\$50,770 / \$66,001	\$93,925	\$101,540	\$126,925
	12							\$54,730 / \$71,149		\$101,251 / \$109,460	\$136,825
	13							\$58,690	\$76,297	\$108,577 / \$117,380	\$146,725

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035.)

**WEIGHT (CDC-CORE)**

**10.22 About how much do you weigh without shoes?**

*¿Cómo cuánto pesa usted sin zapatos?*

If respondent answers in fractions, ask which whole number it is closest to. If respondent still gives a fraction, round fractions up.

Range: 50 - 650\_\_\_\_ Enter weight in whole pounds

(verify if Less Than 80 or Greater Than 350)

777. Don't know

999. Refused

**HEIGHT (CDC-CORE)**

**10.23 About how tall are you without shoes?**

*¿Cómo cuánto mide de estatura sin zapatos?*

|Interviewer note: If respondent answers in fractions, ask which whole number it is closest to. If respondent still gives a fraction, round fraction down.\_\_\_\_ Select height from brandlist (verify if less than 408 or greater than 608)

777. Don't know

999. Refused

**COUNTY1 (CDC-CORE)****COUNTYA.****10.24 What county do you live in? ANSI County Code (formerly FIPS county code)***¿En qué condado vive usted?*

- |                   |                     |                                      |
|-------------------|---------------------|--------------------------------------|
| 001. ALAMEDA      | 041. MARIN          | 081. SAN MATEO                       |
| 003. ALPINE       | 043. MARIPOSA       | 083. SANTA BARBARA                   |
| 005. AMADOR       | 045. MENDOCINO      | 085. SANTA CLARA                     |
| 007. BUTTE        | 047. MERCED         | 087. SANTA CRUZ                      |
| 009. CALAVERAS    | 049. MODOC          | 089. SHASTA                          |
| 011. COLUSA       | 051. MONO           | 091. SIERRA                          |
| 013. CONTRA COSTA | 053. MONTEREY       | 093. SISKIYOU                        |
| 015. DEL NORTE    | 055. NAPA           | 095. SOLANO                          |
| 017. EL DORADO    | 057. NEVADA         | 097. SONOMA                          |
| 019. FRESNO       | 059. ORANGE         | 099. STANISLAUS                      |
| 021. GLENN        | 061. PLACER         | 101. SUTTER                          |
| 023. HUMBOLDT     | 063. PLUMAS         | 103. TEHAMA                          |
| 025. IMPERIAL     | 065. RIVERSIDE      | 105. TRINITY                         |
| 027. INYO         | 067. SACRAMENTO     | 107. TULARE                          |
| 029. KERN         | 069. SAN BENITO     | 109. TUOLUMNE                        |
| 031. KINGS        | 071. SAN BERNARDINO | 111. VENTURA                         |
| 033. LAKE         | 073. SAN DIEGO      | 113. YOLO                            |
| 035. LASSEN       | 075. SAN FRANCISCO  | 115. YUBA                            |
| 037. LOS ANGELES  | 077. SAN JOAQUIN    | 116. Other (CELL only) (888 for CDC) |
| 039. MADERA       | 079. SAN L OBISPO   |                                      |
777. Don't Know  
999. Refused

**ZIPCODE2 (CDC-CORE)****10.25 What is your zip code where you live?***¿Cuál es su código de zona postal?*

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

777777. Don't know

999999. Refused

**INTERNET (CDC-CORE)****YESNO.****10.26 Have you used the internet in the past 30 days?***¿Ha usado la Internet en los últimos 30 días?*

1 Yes

2 No

77 Don't know/Not sure

99 Refused

**OWNHOME (CDC-CORE)****10.27 Do you own or rent your home?****RENT.***¿Es usted dueño o alquila (renta) su casa?*

Interviewer note: Home is defined as a primary residence the family or social unit occupies the majority of the time. "Other arrangement" may include group home, staying with friends or family without paying rent.

*Nota del entrevistador: hogar es definido como una residencia principal de la unidad familiar o social ocupa la mayoría del tiempo. "Otro acuerdo" puede incluir hogar de grupo, quedándose con amigos o familiares sin pagar alquiler.*

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

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

- |    |                     |               |
|----|---------------------|---------------|
| 1. | Own                 | (GO TO DAMP1) |
| 2. | Rent                |               |
| 3. | Other arrangement   |               |
| 7. | Don't know/Not sure | (GO TO DAMP1) |
| 9. | Refused             | (GO TO DAMP1) |

**RESTRIC3 (CDC-CORE)****YESNO.****10.28 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?**

*Las siguientes preguntas son acerca de problemas de salud o discapacidades que usted pueda tener. ¿Está usted limitado(a) de cualquier manera para realizar alguna actividad debido a problemas físicos, mentales o emocionales?*

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

**EQUIP (CDC-CORE)****YESNO.****10.29 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (Include occasional use or use in certain circumstances)**

*¿Tiene actualmente algún problema de salud que requiera el uso de equipo especial, tal como un bastón, una silla de ruedas, una cama especial, o un teléfono especial?*

1. Yes
2. No



- 7. Don't know
- 9. Refused

**BLIND (CDC-CORE)**

**YESNO.**

**10.30 Are you blind or do you have serious difficulty seeing, even when wearing glasses?**

*¿Está usted ciego/a o tiene serias dificultades para ver, incluso cuando usa gafas (lentes)?*

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

**REMEM2 (CDC-CORE)**

**YESNO.**

**10.31 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

*Debido a una condición física, mental o emocional, ¿tiene serias dificultades para concentrarse, recordar, o tomar decisiones?*

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

**DIFFWALK (CDC-CORE)**

**YESNO.**

**10.32 Do you have serious difficulty walking or climbing stairs?**

*¿Tiene dificultad para caminar o subir escaleras?*

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

**DIFDRES2 (CDC-CORE)**

**YESNO.**

**10.33 Do you have difficulty dressing or bathing?**

*¿Tiene dificultad para vestirse o bañarse?*

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

**DIFFERND (CDC-CORE)**

**YESNO.**

**10.34 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

*Debido a una condición física, mental, o emocional, ¿tiene dificultad hacer mandados solo/a como ir al doctor o ir de compras?*

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

## Section 11: Quitting

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

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

If SMOKE100 <>1 skip to OFTCIGRB  
If SMKEVDA2 <= 2 or SMOKREG4 <=4 continue, else skip to RETURN12

### QUIT1DY3 (CDC-CORE)

YES/NO.

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

*Durante los últimos 12 meses, ¿ha parado de fumar por un día o más porque estaba tratando de dejar de fumar?*

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

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

TYPE V.

11.05 I'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

*Me gustaría preguntarle sobre el último intento que usted hizo para dejar de fumar. Durante ese intento, ¿cuánto tiempo duró sin fumar un cigarrillo?*

- (INTERVIEWER NOTE: ONE YEAR=12 MONTHS)
- |      |                                |         |                  |
|------|--------------------------------|---------|------------------|
| ---  | MONTHS                         | NOSMKMO |                  |
| ---  | WEEKS                          | NOSMKWK |                  |
| ---  | DAYS                           | NOSMKDY |                  |
| 000. | Time frame does not apply      |         |                  |
| 777. | Don't know for that time frame |         | (Go to QUITMED2) |
| 999. | Refused for that time frame    |         | (Go to QUITMED2) |
| 888. | Never made a quit attempt      |         |                  |

If SMKEVDA2=1 or 2 or (SMK30ANY=1 and QUIT1DY3 = 1) then ask QUITMED2.  
If SMKEVDA2=3, then go to RETURN12.

### QUITMED2 (CA-TCP)

YES/NO.

11.10 Did you use medication such as patches, gum, or nasal spray to help you in this quit attempt?

*¿Uso usted algún medicamento tal como un parche, chicle, o aerosol nasal para ayudarle en ese intento de dejar de fumar?*

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

**QUITADV2 (CA-TCP)****YESNO.**11.15 **Did you use counseling advice in this quit attempt?***¿Usó usted ayuda de consejeros en ese intento de dejar de fumar?*

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

**QUITMAT (CA-TCP)****YESNO.**11.20 **Did you use any self-help materials in this quit attempt?***¿Usó usted algún material de ayuda propia, en ese intento de dejar de fumar?*

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

**RETSITUA (CA-TCP)****RETSITUA.**

11.25 (if(SMK30ANY=1 and SMKEVDA2=3, "Earlier you reported smoking in the past 30 days.") In what situation did you return to smoking?

*¿(if SMK30ANY=1 and SMKEVDA2=3, "Usted mencionó que fumó durante los últimos 30 días.") Debido a que situación volvió usted a fumar?**(INTERVIEWER: DO NOT READ. PROBE FOR MOST IMPORTANT REASON)*

- 1. A stressful situation
- 2. A death or tragedy
- 3. Where alcohol was served
- 4. Because of marital problems
- 5. In a social situation
- 6. The aroma of cigarette smoke
- 7. Because you were irritable due to smoking withdrawal
- 8. While driving
- 9. For enjoyment
- 10. OTHER        (specify) ----->RETURTXT
- 
- 77. Don't know
- 99. Refused

After respondent answers RETSITUA, go to RETURYR, RETURMO, RETURWK, RETURDY.

If SMKEVDA2 &lt;=2 and (QUIT1DY3≠1 or NOSMK=888 (never made a quit attempt)) ask QUITLIFE.

**QUITLIFE (CA-TCP)****YESNO.**11.30 **In your whole life, have you ever made a serious attempt to quit smoking?***En toda su vida, ¿alguna vez ha hecho un intento en serio, para dejar de fumar?*

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

**RETURN (CA-TCP)** (RETURYR, RETURNMO, RETURNWK, RETURNDY) (Ask if QUITLIFE=1 - do not ask if SMOKREG3 asked) **TYPE XXXI.**

**11.35 How long have you been smoking since your last quit attempt?**

*¿Por cuánto tiempo ha estado fumando usted, desde su último intento para dejar de fumar?*

- YEARS      RETURYR
- MONTHS    RETURNMO
- WEEKS      RETURNWK
- DAYS        RETURNDY

- 000. Time frame does not apply
- 777. Don't know for that time frame
- 999. Refused for that time frame
- 888. Never smoked again after last quit attempt

\_If SMOKENUM=888 (never smoke regularly) go to QUIT30. Otherwise, continue.

Ask if SMEVDA2 = 1 or 2

**NOCIG (CA-TCP)** (NOCIGDY, NOCIGWK, NOCIGMO, NOCIGYR) **TYPE V.**

**11.40 Since you started smoking regularly, what is the longest time you have ever gone without smoking a cigarette?**

*Desde que empezó a fumar con regularidad, ¿cuál ha sido el plazo más largo, que usted ha pasado sin fumar un cigarrillo?*

- YEARS      NOCIGYR
- MONTHS    NOCIGMO
- WEEKS      NOCIGWK
- DAYS        NOCIGDY

- 000. Time frame does not apply
- 777. Don't know for that time frame
- 999. Refused for that time frame
- 888. Never smoked regularly

If SMKEVDA2=1 or 2 then continue. Else skip to RETURN12. (Note: this trigger differs from the trigger in Tracks 1 & 2)

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

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

*¿Tiene planes para dejar de fumar en los próximos 30 días?*

- 1. Yes (Go to FRNDWANT)
- 2. No
- 
- 7. Don't know

9. Refused

**QUIT6 (CA-TCP)**

**YESNO.**

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

*¿Está contemplando en dejar de fumar en los próximos seis meses?*

1. Yes

(Go to FRNDWANT)

2. No

(Go to FRNDWANT)

7. Don't know

(Go to FRNDWANT)

9. Refused

(Go to FRNDWANT)

If SMKEVDA2 = 3, ask RETURN12. Else, skip to FRNDWANT.

**RETURN12 (CA-TCP)**

**RETURN.**

11.60 **(Earlier you had answered some questions about smoking. We would like to follow-up on some of these questions.) Do you think it is likely or unlikely that you will return to smoking in the next 12 months?**

*(Anteriormente, usted respondió a algunas preguntas acerca del fumar. Me gustaría dar seguimiento a algunas de estas preguntas.) ¿Piensa usted que es probable o no es probable que vuelva a fumar durante los próximos 12 meses?*

1. Likely

(Go to OFTCIGRB)

2. Unlikely

3. Never a regular smoker

7. Don't know

9. Refused

**SMKAGAIN (CA-TCP)**

**YESNO.**

11.65 **Do you think that there is any possible situation in which you might start smoking again?**

*¿Cree usted que hay alguna situación posible por la cual usted pudiera volver a fumar?*

1. Yes

(Go to OFTCIGRB)

2. No

(Go to OFTCIGRB)

3. Never a regular smoker

(Go to OFTCIGRB)

7. Don't know

(Go to OFTCIGRB)

9.. Refused

(Go to OFTCIGRB)

**FRNDWANT (CA-TCP)** (ask of current smoker, SMKEVDA2 = 1 or 2)

**CONCERNB.**

11.70 **How much do your friends and family want you to quit smoking? Would you say...**

*¿Cuánto quieren sus amigos y familia que usted deje de fumar? ¿Diría usted que ...*

1. Very Much  
*Mucho*

2. Somewhat  
*Algo*

3. A little, or  
*Un poco*

4. Not at all

Nada

- 7. Don't know
- 9. Refused

If SMKEVDA2 <=2 then ask CIGMONEY, else skip to OFTCIGRB

## Section 12: Cigarette Purchases

Now I'd like to ask you some questions about your cigarette purchases.

*Ahora, me gustaría preguntarle acerca de sus compras de cigarrillos.*

### CIGMONEY (CA-TCP)

CIGMONEY.

12.0 Are you worried about how much money you spend on cigarettes?

*¿Está usted preocupado (a) por cuánto gasta en la compra de cigarrillos?*

- 1. Yes
- 2. No
- 3. Never purchase cigarettes (Go to OFTCIGRB)
- 7. Don't know
- 9. Refused

### CABUY (CA-TCP)

CABUY.

12.10 Do you usually buy your cigarettes in California, out of state, or over the Internet?

*¿Usualmente, compra sus cigarrillos en California, fuera del estado, o por la Internet?*

- 1. California (Go to SMKTYPE)
- 2. Out of state (Go to SMKTYPE)
- 3. Over the Internet (Go to SMKTYPE)
- 7. Don't know (Go to SMKTYPE)
- 8. Does not buy own cigarettes (Go to SMKTYPE)
- 9. Refused (Go to SMKTYPE)

### WHEREBUY (CA-TCP)

WHEREBUY.

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

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

- 1. At convenience stores or gas stations  
*Tiendas de conveniencia o gasolineras*
- 2. At supermarkets  
*En supermercados*
- 3. At liquor stores or drug stores  
*Tiendas que venden licor o farmacias*
- 4. At tobacco discount stores  
*Tiendas de rebajas de cigarrillos*
- 5. At other discount stores such as Wal-Mart or Costco  
*Otras tiendas de rebajas, tal como Wal-Mart o Costco*
- 6. On Indian reservations

- En reservas de indios  
 7. In military commissaries  
 En economatos militares  
 8. OTHER \_\_\_\_\_ (specify) ----->BUYTXT  
 -----  
 77. Don't know  
 99. Refused

**SMKTYPE (CA-TCP)**

**SMKTYPE.**

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

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

1. Regular  
 2. Light  
 3. Ultra-Light  
 4. OTHER \_\_\_\_\_ (specify) ----->TYPETXT  
 -----  
 7. Don't know  
 9. Refused

**SMO30MEN (CA-TCP)**

**YESNO.**

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

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

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

**SMKBRAN2 (CA-TCP)**

**SMKBRAND.**

**12.50 What brand do you usually smoke?**

*¿Qué marca fuma usted usualmente?*

- |                      |  |                |
|----------------------|--|----------------|
| 1. Benson and Hedges | 9. More                                | 77. Don't know |
| 2. Camel             | 10. Newport                            |                |
| 3. Carlton           | 11. Pall Mal                           | 99. Refused    |
| 4. Generic           | 12. Salem                              |                |
| 5. Kent              | 13. Vantage                            |                |
| 6. Kool              | 14. Virginia Slims                     |                |
| 7. Marlboro          | 15. Winston                            |                |
| 8. Merit             | 91. OTHER _____ (specify) ----->SMKTXT |                |

**PRICE (CA-TCP)**

**TYPE VII.**

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

*¿Cuánto paga usualmente por una cajetilla de cigarrillos?*

EXAMPLE: for \$2.00 enter 200  
 for \$1.75 enter 175  
 for \$0.95 enter 95

\_\_\_ \_ Enter response

777. Don't know

999. Refused

**BUYDOWN (CA-TCP)**

**YESNO.**

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

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

1. Yes

2. No

-----

7. Don't know

9. Refused

**Section 13: Last Tobacco Use**

If SMK CIGAR=1 then ask OFTCIGRB.

**OFTCIGRB (CA-TCP)**

**TYPE I.**

13.0 **Earlier you indicated that you have smoked a cigar. On how many of the past 30 days did you smoke cigars?**

*Anteriormente usted indicó que ha fumado un puro (cigarro). ¿En cuantos de los últimos 30 días fumó usted puros (cigarros)?*

\_\_\_ Enter number of days

77. Don't know

99. Refused

If SMK CIGAR=1 then ask CIGARSML

**CIGARSML (CA-TCP)**

**OFTCIGAR.**

13.10 **In the past month, did you smoke little cigars or cigarillos every day, several times per week, once per week, or less than once per week?**

*En el último mes, ¿fumó usted puros (cigarros) chicos o cigarritos cada día, varias veces por semana, una vez por semana, o menos de una vez por semana?*

1. Every day

2. Several times per week

3. Once per week

4. Less than once per week

-----

7. Don't know

9. Refused



IF PIPEVER=1 then ask PIPENOW.

**PIPENOW (CA-TCP)**

**EVDAY.**

13.20 **Earlier you indicated that you have smoked a tobacco pipe. Do you now smoke a tobacco pipe every day, some days or not at all?**

*Anteriormente usted dijo que ha usado una pipa de tabaco. En la actualidad, ¿fuma usted una pipa de tabaco todos los días, algunos días, o ningún día?*

1. Every day
2. Some Days
3. Not at all
- 
7. Don't know
9. Refused

If CHEWEVER=1 then ask CHEWNOW.

**CHEWNOW (CA-TCP)**

**EVDAY.**

13.30 **Earlier you indicated that you have used chewing tobacco. Do you now use chewing tobacco every day, some days, or not at all?**

*Anteriormente usted dijo que ha usado el tabaco de mascar. ¿En la actualidad, usa usted tabaco de mascar todos los días, algunos días, o ningún día?*

1. Every day
2. Some days
3. Not at all
- 
7. Don't know
9. Refused

If SNUFEVE1=1 then ask SNUFNOW.

**SNUFNOW (CA-TCP)**

**EVDAY.**

13.40 **Earlier you indicated that you have used snuff. Do you now use snuff every day, some days, or not at all?**

*Anteriormente usted dijo que usted ha usado rapé. ¿En la actualidad, usa usted rapé todos los días, algunos días, o nunca?*

1. Every day
2. Some days
3. Not at all
- 
7. Don't know
9. Refused

If SNUSEVER=1 then ask SNUSNOW.

**SNUSNOW (CA-TCP)**

**EVDAY.**

**13.50 Earlier you indicated that you have used snus. Do you now use snus every day, some days, or not at all?**

*Anteriormente usted dijo que ha usado el snus. ¿En la actualidad, usa usted el snus todos los días, algunos días, o nunca?*

- 1. Every day
- 2. Some days
- 3. Not at all
- 
- 7. Don't know
- 9. Refused

**HOOKAH (CA-TCP) ask if HOOKEVER = 1**

**TYPE VII.**

**13.60 Earlier you indicated that you have used a hookah. During the past 30 days, how many days did you use a hookah water pipe?**

Interviewer note: A hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose used to smoke tobacco. Some of the other names it is known by are shisha (see-shaw), narghile (nawr-gee-leh, "g" sound as in "go"), argileh (are-gee-leh, "g: sound as in "go"), hubble-bubble (hah-bol bah-bol), and goza (go-zah).

*Anteriormente usted indico que ha utilizado una pipa turca, también llamada pipa de agua tradicional, pipa cachimba, narguila, shisha o hookah (juca). Durante los últimos 30 días, ¿Cuántos días ha utilizado usted una pipa de agua narguile?*

- \_\_\_\_\_ Enter number of days
- 77. Don't know
- 99. Refused

**HOUSTYPE (CA-TCP) asked of all respondents**

**HOUSTYPE.**

**13.80 Which best describes the building you live in?**

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

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

**Section 14: Quitting with Medical Assistance**

Ask if SMKEVDA2= 1 or 2, or SMK30ANY= 1

**MDSEE2 (CA-TCP)**

**YESNO.**

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

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

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

**MDSTOP2 (CA-TCP)**

**YESNO.**

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

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

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

**MDDATE2 (CA-TCP)**

**YESNO.**

14.20 **In the last 12 months did your doctor or other health care provider suggest that you set a specific date to quit smoking?**

*En los últimos 12 meses, ¿le sugirió su doctor (médico) u otro profesional de la salud que fijara una fecha específica para dejar de fumar?*

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

**MDRX (CA-TCP)**

**YESNO.**

14.30 **In the last 12 months, did your doctor prescribe anything to help you to quit smoking?**

*En los últimos 12 meses, ¿le recetó su doctor algo para ayudarle a dejar de fumar?*

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

**MDASSIST (CA-TCP)****YESNO.**14.40 **In the last 12 months, did your doctor suggest that you receive any other assistance in quitting?***En los últimos 12 meses, ¿le sugirió su doctor (médico) que usted recibiera cualquier otra clase de asistencia para dejar de fumar?*

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

If QUIT1DY3=1 and MDSTOP12=1, ask TRYQUIT. Otherwise, go to OUTWORK.

**TRYQUIT (CA-TCP)****YESNO.**14.0 **Did you try to quit when your doctor advised you to stop smoking?***¿Hizo el intento de dejar de fumar cuando su doctor le aconsejó que lo hiciera?*

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

**Section 15: Workplace**

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

**OUTWORK (CA-TCP)****YESNO.**15.0 **Do you currently work outside your home?***¿Actualmente, trabaja usted fuera de casa?*

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

If EMPLOY2=1 or (EMPLOY2=2 and OUTWORK=1) then ask HRSWORK. Else go to SMKELSEN.

**HRSWORK (CA-TCP)****HRSWORK.**15.05 **How many hours per week, on average, do you work at your job?***¿En promedio, cuántas horas por semana trabaja usted en su empleo?*

- 1. 35 or more hours per week
- 2. 20 to 34 hours per week
- 3. Less than 20 hours per week
- 7. Don't know
- 9. Refused

**INDOORS (CA-TCP)****INDOORS.**15.10 **Do you work primarily indoors or outdoors?***¿Trabaja usted principalmente bajo techo o al aire libre?*

- 1. Indoors
- 2. Outdoors
- 
- 7. Don't know
- 9. Refused

**WKAREA1 (CA-TCP)****WKAREAC.**15.15 **What best describes where you currently work outside your home for money?***¿Cuál de las siguientes opciones mejor describe donde usted trabaja fuera de casa para ganar dinero?*

- 1. An office *Una oficina*
- 2. A plant/factory *Una fabrica*
- 3. A store *Una tienda*
- 4. Warehouse *Un deposito/bodega*
- 5. A classroom *Una sala de clase (salón de escuela)*
- 6. A restaurant/bar *Un restaurante/bar*
- 7. Vehicle *Un vehículo*
- 8. Outdoors *Al aire libre*
- 9. A home (e.g., private residences that are used as childcare) *En casa*
- 10. A hospital *Un hospital*
- 91. OTHER INDOOR SETTING (specify) ---->WAREATXT
- 
- 77. Don't know/Not sure
- 99. Refused

**WORK50 (CA-TCP)** (Ask if WKAREA1 <> 7 or <> 8)**YESNO.**15.20 **Altogether, do more than 50 people work at your WORKSITE?**

Interviewer note: Emphasize "worksites", which may include multiple buildings.

*En total, ¿hay más de 50 personas trabajando en el SITIO de su trabajo?*

Interviewer note: Emphasize "sitio", which may include multiple buildings.

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

**TOTEMPL2 (CA-TCP)** (Ask if WKAREA1 <> 7 or <> 8)

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

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

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

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

- 1. 1
- 2. 2 to 5
- 3. 6 to 25
- 4. 26 to 50
- 5. More than 50
- 
- 7. Don't know
- 9. Refused

**BLDFREE (CA-TCP)** (Ask if WKAREA1 <> 8, <> DK or <> RF)

**YESNO.**

**15.30 Is the building where you work completely smoke free indoors?**

*¿Es completamente libre de humo el interior del edificio donde usted trabaja?*

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

**INALLOW (CA-TCP)** (Ask if BLDFREE = 2, DK, or RF)

**YESNO.**

**15.35 For each of the following indoor areas at your workplace, please indicate whether smoking is allowed.**

*Para cada una de las siguientes áreas bajo techo en su sitio de trabajo, por favor dígame si se permite fumar.*

	NOT ALLOWED	ALLOWED	DK/NS	REF	
A. Indoor work areas	1	2	7	9	INWKAREA
B. Special smoking room or lounge	1	2	7	9	INLOUNGE
C. Break room or cafeteria	1	2	7	9	INCAFE
D. Hallways or lobby	1	2	7	9	INHALLS

*¿Se permite fumar afuera de su edificio...*

*Áreas de trabajo interior*

*Cuartos o salón especial para fumadores*

*Sala de descanso o cafetería*

*Pasillos o lobi*

**OUTALLOW (CA-TCP)** (Ask if WKAREA1 <> 8, <> DK, or <> RF)

**YESNO.**

**15.40 Is smoking allowed outside the building.....**

*¿Se permite fumar afuera de su edificio...*

NOT  
ALLOWED ALLOWED DK/NS REF

- |   |   |   |   |   |         |
|---|---|---|---|---|---------|
| A. Close to entrances (e.g. within 20 feet) | 1 | 2 | 7 | 9 | OUTENTR |
| B. In a special area on the property        | 1 | 2 | 7 | 9 | OUTSPEC |

*¿Cerca de las entradas?*

*¿En una área especial de la propiedad?*

**POLICY (CA-TCP)** (Ask if EMPLOY2 = 1 or (EMPLOY2 = 2 and OUTWORK = 1))

**YESNO.**

**15.45 Is there an official policy that restricts smoking in any way at your worksite?**

*¿Hay alguna regla oficial que restringe el fumar en cualquier manera en su sitio de trabajo?*

- |               |                  |
|---------------|------------------|
| 1. Yes        |                  |
| 2. No         | (GO TO WORK7DAY) |
| 7. Don't know | (GO TO WORK7DAY) |
| 9. Refused    | (GO TO WORK7DAY) |

**PLCYCHG (CA-TCP)**

**YESNO.**

**15.50 Has the official smoking policy changed in the last 12 months?**

*¿Ha cambiado la regla oficial sobre el fumar durante los últimos doce meses?*

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

**HOWCHG (CA-TCP)**

**HOWCHG.**

**15.55 How did the policy change? Would you say it is...**

*¿Cómo ha cambiado la regla? ¿Diría que es más restringida o menos restringida?*

- |                     |  |
|---------------------|--|
| 1. More restrictive |  |
| 2. Less restrictive |  |
| -----               |  |
| 7. Don't know       |  |
| 9. Refused          |  |

**SMKWORK (CA-TCP)****SMKWORK.**

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

*¿Cuál de las siguientes opciones mejor describe la regla del fumar en las áreas donde los empleados trabajan? ¿Diría usted que...*

1. Not allowed in any work areas  
*No es permitido en ningunas áreas de trabajo*
2. Allowed in some work areas  
*Es permitido en algunas áreas de trabajo*
3. Allowed in all work areas  
*Es permitido en todas las áreas de trabajo*  
-----
7. Don't know
9. Refused

**SMKAREA (CA-TCP)****SMKAREA.**

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

*¿Cuál de las siguientes opciones describe mejor la regla del fumar en los lugares públicos o áreas comunes así como las salas de espera, sanitarios, o comedores? ¿Diría usted que el fumar...*

1. Not allowed in any public areas  
*No es permitido en ningunas áreas públicas*
2. Allowed in some public areas  
*Es permitido en algunas áreas públicas*
3. Allowed in all public areas  
*Es permitido en todas las áreas públicas*
4. Do not use public areas  
*No uso las áreas públicas*  
-----
7. Don't know
9. Refused

**WORK7DAY (CA-TCP)****YESNO.**

**15.70 As far as you know, in the past seven days, has anyone smoked in your work area?"**

*¿Que usted sepa, en los últimos siete días, alguien ha fumado en su área de trabajo?*

1. Yes (Go to WHATAREA)
2. No
7. Don't Know
9. Refused



**WORKSMOK (CA-TCP)****YES/NO.****15.75 During the past two weeks has anyone smoked in the area in which you work?***Durante las últimas dos semanas, ¿ha fumado alguien en el área donde usted trabaja?*

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

**WHATAREA (CA-TCP)****15.80 The last time this happened, what work area were you in? (Don't read the answers just code it)***La última vez que pasó esto, ¿en qué área de trabajo estaba usted?*

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

If (PLCYCHG=1) and {(SMKEVDA2=1 or 2) or (SMK30ANY=1)} and (SMKRGTM < 366) then ask PLCYSMK. Otherwise go to SMKELSEN.

### PLCYSMK (CA-TCP)

15.85 Earlier you indicated the smoking policy at your place of employment changed, did you change your smoking behavior because of the smoking policy?

*Hace poco, usted indicó que la regla oficial de fumar en su lugar de empleo había cambiado. ¿Cambió usted su comportamiento de fumar a causa de la regla?*

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

### Section 16: Household Rules

SMKELSEN is asked of all respondents who have more than 1 adult in household or have at least one child younger than 18 in household (NUMADULT>1 (NUMADULC in CELL) or CHILD18>0).

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

*Ahora me gustaría hacerle algunas preguntas acerca de su hogar.*

### SMKELSEN (CA-TCP)

16.0 How many household members currently smoke?

*¿Cuántos miembros de su hogar, fuman en la actualidad?*

INTERVIEWER: Do not include the respondent.

-- Enter number

- 77. Don't know
- 99. Refused

### HHRULES3 (CA-TCP)

16.10 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?

*¿Cuáles son los reglamentos o restricciones de fumar, en su hogar, si hay alguno? ¿Diría usted que el fumar está totalmente prohibido, que está generalmente prohibido con algunas excepciones, se permite fumar únicamente en ciertos cuartos, o que no hay restricciones contra el fumar?*

- 1. Smoking is completely prohibited (Go to HHEVER)
- 2. Smoking is generally prohibited with few exceptions (Go to HHEVER)
- 3. Smoking is allowed in some rooms only (Go to HHEVER)
- 4. There are no restrictions on smoking (Go to HHEVER)
- 5. OTHER \_\_\_\_ (specify) ----->HHTXT (Go to HHEVER)  
-----
- 7. Don't know (Go to HHEVER)
- 9. Refused (Go to HHEVER)

**HHALLOW (CA-TCP)****YESNO.**16.20 **Is any smoking ever allowed inside your home?***¿Hay alguna ocasión donde se permite fumar adentro de su hogar?*

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

**HHEVER (CA-TCP)**16.30 **Does anyone ever smoke inside your home?****YESNO.***¿Alguna vez hay alguien que fume adentro de su hogar?*

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

**Section 17: Exposure to Smoke****PERCENT (CA-TCP)** asked of all adults**TYPE II.**17.0 **Now, think about 100 Californian adults. How many of them do you think currently smoke cigarettes?***Ahora piense en más o menos 100 adultos Californianos. ¿Cuántos de ellos piensa usted que fuman cigarrillos actualmente?*

\_\_\_\_ Enter response 0-100

- 0000. None at all
- 7777. Don't know
- 9999. Refused

**EXPOTH1 (CA-TCP)****YESNO.**17.10 **In California, in the past 6 months, which is since (MONTH/YEAR), have you had to put up with someone smoking near you at any other place besides your home or your workplace?***En California, en los últimos 6 meses, que es desde {cMONTH(Today())}, ha tenido que aguantar a alguien fumando cerca de usted en cualquier otro lugar, aparte de su hogar o su lugar de trabajo?*

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

**EXPTXT1 (CA-TCP)****WHEREEXP.**17.20 **The last time this happened in California, where were you?***La última vez que esto sucedió en California, ¿dónde estaba usted?*

1. Restaurant
2. Restaurant Bar
3. Bar or tavern
4. Pool Hall
5. Shopping mall/stores
6. Public park/beaches/playgrounds/outdoor recreation areas
7. Community event/fair/farmer's market
8. Sports events/stadiums
9. Other person's home
10. Other person's automobile
11. Game room/casino/bingo hall
12. Where smoking should not ever be allowed
13. Party/wedding receptions/social event/rented hall
14. Other service areas such as bus/cab stands, ATM lines, ticket lines
15. Sidewalks
91. Other (specify)
77. Don't know
99. Refused

**EXPHRS (CA-TCP)****TYPE XXVI.**17.30 **In the past week, about how many minutes or hours were you exposed to other people's tobacco smoke in all environments?***¿Durante la semana pasada, por aproximadamente cuántas horas o minutos se expuso al humo de tabaco de otra gente, en todos ambientes?*

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

\_ \_ \_ \_ Enter response

- 0000. None at all
- 7777. Don't know
- 9999. Refused

**EXPEHRS (CA-TCP) NEW 2014****TYPE XXVI.**17.40 **In the past week, about how many minutes or hours were you exposed to other people's e-cigarette smoke or vapor in all environments?***¿Durante la semana pasada, por aproximadamente cuántas horas o minutos se expuso al humo o vapor de cigarrillos electrónicos de otra gente, en todos ambientes?*

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

\_ \_ \_ \_ Enter response

- 0000. None at all

7777. Don't know  
9999. Refused

### Section 18: College Campuses

#### ENROLLED (CA-TCP)

YESNO.

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

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

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

#### CAMPEXP (CA-TCP)

YESNO.

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

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

	YES	NO	DK/NS	REF	
A. Indoors	1	2	7	9	CAMPIN
B. Outdoors	1	2	7	9	CAMPOUT

#### TOBSPON (CA-TCP)

YESNO.

18.20 Are you aware of any tobacco industry sponsored activities on your college campus in the past twelve months?

*¿Se ha dado cuenta de cualquier actividad apoyada por la industria de tabaco en el campus de la universidad en los últimos 12 meses?*

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

### Section 19: Bars

#### BARVISIT (CA-TCP) (asked of all respondents)

YESNO.

19.0 Have you been to a bar, tavern, or nightclub including those that are attached to a restaurant, hotel or card club, in California during the past 12 months?

*En los últimos 12 meses, ¿ha estado usted en un bar, una taberna, o club nocturno, incluyendo esos adjuntos a algún restaurante, hotel, o salón de naipes (cartas) en California?*

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

**SMKFREE (CA-TCP)****YESNO.**

19.10 **The last time you went to a bar, tavern or nightclub including those that are attached to a restaurant, hotel or card club, in California, was it smoke-free?**

*¿La última vez que fue a un bar, una taberna, o club nocturno, incluyendo esos adjuntos a algún restaurante, hotel, o salón de naipes en California, estaba libre del humo de cigarrillos?*

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

**Section 20: Casinos****CASINO (CA-TCP)****YESNO.**

20.0 **In the past 12 months, have you been to a California Indian Casino?**

*En los últimos 12 meses, ¿ha estado usted en un casino Indio (Indian casino) en California?*

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

**CASNOSMK (CA-TCP)****CASNOSMK.**

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

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

- 1. More likely
- 2. Less likely
- 3. No difference
- 4. No opinion
- 7. Don't know
- 9. Refused

## Section 21: Tobacco Advertising

### ADVTOB (CA-TCP-NEW2013)

21.1 In the last 6 months, have you noticed any of the following types of tobacco advertisements in stores?

En los últimos 6 meses, ¿se ha dado cuenta de los siguientes tipos de anuncios de tabaco en las tiendas?

- |    |   |  |         |
|----|---|--|---------|
| a. | Free samples of tobacco? Y/N  | Muestras gratuitas de tabaco?  | ADVTOBA |
| b. | Tobacco at sale prices? Y/N   | Tabaco en precios de oferta?   | ADVTOBB |
| c. | Coupons for tobacco? Y/N  | Cupones para tabaco?   | ADVDOBC |
| d. | Special promotions for tobacco products, such as Buy One Get One Free offers? Y/N | Promociones especiales para los productos de tabaco, tales como ofertas de compre uno y llévase otro gratis? | ADVTOBD |

### ADVTRCT (CA-TCP) (ask of all respondents)

### SMKBRAND.

21.2 Of all the cigarette advertisements you have seen, what is the name of the cigarette brand featured in the advertisement that attracts your attention the most?

*¿De todos los anuncios para cigarrillos que usted ha visto, cuál es la marca presentada en el anuncio que más le llama la atención?*

- |    |                   |     |                |     |                                 |
|----|-------------------|-----|----------------|-----|---------------------------------|
| 1. | Benson and Hedges | 9.  | More           | 88. | No brand attracted attention    |
| 2. | Camel             | 10. | Newport        |     |                                 |
| 3. | Carlton           | 11. | Pall Mal       | 77. | Don't know                      |
| 4. | Generic           | 12. | Salem          |     |                                 |
| 5. | Kent              | 13. | Vantage        | 99. | Refused                         |
| 6. | Kool              | 14. | Virginia Slims |     |                                 |
| 7. | Marlboro          | 15. | Winston        |     |                                 |
| 8. | Merit             |     |                | 91. | OTHER <u>(specify)</u> _ATRCTXT |

## Section 22: Other's Smoking

### SMKANNYOY (CA-TCP)

### SMKANNYOY.

22.0 How annoying do you find other people's smoking? Would you say not annoying at all, a little annoying, moderately annoying, very annoying, or extremely annoying?

*¿Cuánto le molesta el fumar de otra gente? ¿Diría usted que no es molesto en absoluto, un poco molesto, moderadamente molesto, muy molesto, o sumamente molesto?*

1. Not annoying at all
2. A little annoying
3. Moderately annoying
4. Very annoying
5. Extremely annoying
- 
7. Don't know
9. Refused





**ASKTIMES (CA-TCP)**

**ASKTIMES.**

22.40 **About how many times in the past 12 months has anyone asked you not to smoke when you were smoking or were about to smoke? Would you say never, once or twice, several times, or many times?**

*¿Aproximadamente, cuántas veces en los últimos 12 meses, alguien le ha pedido a usted que no fumara, cuando usted estaba fumando o a punto de fumar? ¿Diría que nunca, una o dos veces, varias veces, o muchas veces?*

- 1. Never
- 2. Once or twice
- 3. Several times
- 4. Many times
- 
- 7. Don't know
- 9. Refused

**Section 23: Anti-Tobacco Messages**

**ANTITOB (CA-TCP)** asked of all respondents

**YESNO.**

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

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

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

**HTV, HRADIO, HBBOARD, HNEWSPAP, HMAG, HOTHER (CA-TCP)**

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

**YESNO.**

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

	YES	NO	DON'T KNOW	REFUSED
1. TV	1	2	7	9
2. RADIO	1	2	7	9
3. BILLBOARD	1	2	7	9
4. NEWSPAPER	1	2	7	9
5. MAGAZINES	1	2	7	9
6. OTHER (specify other source) 1----->HOTHTXT				(Go to MORETAX)

**Section 24: Taxes**

**MORETAX (CA-TCP)** asked of all respondents

**MORETAXB.**

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

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

- 1. \$.25 a pack
- 2. \$.50 a pack
- 3. \$.75 a pack
- 4. \$1.00 a pack
- 5. \$1.50 a pack
- 6. \$2.00 a pack
- 7. \$3.00 a pack
- 8. More than \$3.00
- 9. No tax increase, or
- 10. Some other amount (specify) \_\_\_\_\_ ----->MORETXOT  
-----
- 77. Don't know
- 99. Refused

**Section 25: Attitudes**

**ATITINTR (CA-TCP)** (Questions are asked in random order.)

**AGREE.**

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

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

ATITUD6 and ATITUD69 are only asked if SMKEVDA2=1 or 2. ATITUD 10,11,13,29, 30 ASKED OF 50% OF RESPONDENTS, ATITUD71, 72, 73, 74, 75 ASKED OF THE OTHER 50% OF RESPONDENTS

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
<b>ATITUD6</b>				
25.1 <b>I rarely smoke when I am the only smoker in a group.</b>	1	2	7	9
<i>- Rara vez fumo cuando soy el único que fuma en un grupo.....</i>				
<b>ATITUD69</b>				
25.2 <b>If the tobacco industry promoted a new type of cigarette as safer, I would try it.</b>	1	2	7	9
<i>- Si la industria de tabaco promoviera un tipo nuevo de cigarrillo como más seguro (menos peligroso), yo lo probaría.....</i>				

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
<b>ATITUD7</b>				
25.3 <b>Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.</b>	1	2	7	9
<i>- El inhalar el humo del cigarrillo de otra persona causa cáncer de los pulmones en una persona que no fuma.....</i>				
<b>ATITUD8</b>				
25.4 <b>Inhaling smoke from someone else's cigarette harms the health of babies and children.</b>	1	2	7	9
<i>- El inhalar humo del cigarrillo de otra persona hace daño a la salud de los niños y bebés.....</i>				
<b>ATITUD33</b>				
25.5 <b>If a woman smokes when pregnant, it will harm the health of her baby.</b>	1	2	7	9
<i>- Si una mujer fuma cuando está embarazada, dañará la salud de su bebe.....</i>				
<b>ATITUD17</b>				
25.6 <b>I prefer to eat in restaurants that are smoke free.</b>	1	2	7	9
<i>- Prefiero comer en restaurantes que son libres del humo de tabaco.....</i>				
<b>ATITUD10</b>				
25.7 <b>Tobacco advertising encourages young people to start smoking.</b>	1	2	7	9
<i>- La publicidad de tabaco anima a los jóvenes que empiecen a fumar.....</i>				
<b>ATITUD27</b>				
25.8 <b>Tobacco companies can lower the nicotine content of tobacco products.</b>	1	2	7	9
<i>- Las compañías de tabaco pueden rebajar el contenido de nicotina en los productos de tabaco....</i>				
<b>ATITUD11</b>				
25.9 <b>Tobacco is NOT as addictive as other drugs such as heroin or cocaine.</b>	1	2	7	9
<i>- El tabaco NO produce tanta adicción como otras drogas tales como la heroína o la cocaína....</i>				
<b>ATITUD35</b>				
25.10 <b>All indoor worksites, including restaurants and cafeterias, should be smoke free.</b>	1	2	7	9
<i>- Todos los sitios del trabajo que son bajo techo deben ser libres del humo de tabaco, incluyendo restaurantes y cafeterías.....</i>				
<b>ATITUD15</b>				
25.11 <b>Local communities should strongly enforce laws that prevent people from selling cigarettes to minors.</b>	1	2	7	9
<i>- Las comunidades locales deben reforzar fuertemente las leyes que previenen a la gente vender cigarrillos a los menores de edad.....</i>				

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
<b>ATITUD19</b>				
25.13 <b>Store owners should need a license to sell cigarettes (just like alcoholic beverages).</b>	1	2	7	9
<i>- Los dueños de tiendas deben necesitar una licencia para vender cigarrillos (así como para vender bebidas alcohólicas).....</i>				
<b>ATITUD20</b>				
25.15 <b>The ban on cigarette advertising should be extended to all print and electronic media.</b>	1	2	7	9
<i>- La prohibición de la publicidad de cigarrillos se debe extender a todos los medios impresos y electrónicos.....</i>				
<b>ATITUD18</b>				
25.16 <b>Advertising tobacco products at sports and athletic events should be banned.</b>	1	2	7	9
<i>- Se debe prohibir la publicidad de productos de tabaco en los eventos deportivos y atléticos.....</i>				
<b>ATITUD23</b>				
25.17 <b>The tobacco industry should be forced to put stronger warnings on all their potentially harmful products.</b>	1	2	7	9
<i>- Se le debe exigir a la industria de tabaco que incluyan advertencias más fuertes en todos sus productos potencialmente dañinos.....</i>				
<b>ATITUD24</b>				
25.18 <b>Tobacco products should be treated like other foods and drugs, with each package having full disclosure of potentially harmful contents.</b>	1	2	7	9
<i>- Los productos de tabaco se deben tratar como otros alimentos y drogas llevando una declaración completa en cada cajetilla del contenido que sea potencialmente dañino.....</i>				
<b>ATITUD29</b>				
25.19 <b>Tobacco products should be regulated as a drug by a government agency such as the Food and Drug Administration.</b>	1	2	7	9
<i>- Los productos de tabaco se deberían regular como una droga por una agencia del gobierno tal como la Administración de Drogas y Alimentos.....</i>				
<b>ATITUD31</b>				
25.20 <b>The distribution of free tobacco samples or coupons to obtain free samples by <u>mail</u>, should not be permitted.</b>	1	2	7	9
<i>- No se debería permitir la distribución de muestras gratis de tabaco, o de los cupones para obtener muestras gratis por correo.....</i>				

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>
<b>ATITUD42</b>				
25.21 <b>The production and sale of cigarettes should not be a legitimate business in the United States.</b>		2	7	9
<i>- No debe ser lícito (legal) producir y vender cigarrillos en los Estados Unidos....</i>				
<b>ATITUD34</b>				
25.22 <b>The tobacco industry spokespersons mislead the public when they say tobacco is not addictive.</b>		2	7	9
<i>- Los representantes de la industria de tabaco engañan al público cuando dicen que el tabaco no causa adicción.....</i>				
<b>ATITUD67</b>				
25.23 <b>Nicotine is a cause of cancer.</b>	1	2	7	9
<i>- La nicotina causa cáncer.....</i>				
<b>ATITUD70</b>				
25.24 <b>Smoking light cigarettes is safer than smoking regular cigarettes.</b>	1	2	7	9
<i>- Fumando los cigarrillos tipos suaves ("lights" o bajo en nicotina) es menos peligroso que fumando los cigarrillos regulares.....</i>				
<b>ATITUD71</b>				
25.25 <b>Smoking should not be allowed in outdoor dining areas at restaurants.</b>	1	2	7	9
<i>- No se debe permitir fumar en los comedores de restaurantes que son al aire libre.....</i>				
<b>ATITUD72</b>				
25.26 <b>Smoking should not be allowed at a public beach.</b>	1	2	7	9
<i>- No se debe permitir fumar en una playa pública.....</i>				
<b>ATITUD73</b>				
25.27 <b>Smoking should not be allowed in outdoor entertainment areas, such as amusement parks, zoos, and fairgrounds.</b>	1	2	7	9
<i>- No se debe permitir fumar en áreas de entretenimiento que son al aire libre, tales como parques de diversiones, zoológicos, o en los campos de ferias.....</i>				
<b>ATITUD74</b>				
25.28 <b>Apartment complexes should require at least half of the rental units to be smoke-free.</b>	1	2	7	9
<i>-Las unidades de apartamentos, deben requerir que por lo menos la mitad de la unidad sea libre del humo de tabaco.....</i>				
<b>ATITUD75</b>				
25.29 <b>Outdoor common areas within apartment or condominium complexes, such as pools, common area patios, and walkways, should have designated areas for smoking.</b>	1	2	7	9
<i>- Afuera, en las áreas comunes de los apartamentos o unidades de condominios tales como albercas, patios en común y caminitos, deben de tener áreas designadas para fumar.....</i>				

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>RF</u>		
<b>ATITUD76</b> 25.30 <b>Indian casinos in California should be smoke-free.</b> <i>- Los Casinos de Indios en California deben ser libres del humo del tabaco.....</i>	1	2	7	9		
<b>ATITUD77</b> 25.31 <b>Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups.</b> <i>- Los anuncios de tabaco son dirigidos a ciertos grupos tales como a adultos jóvenes, grupos de bajos recursos y a grupos étnicos específicos.....</i>	1	2	7	9		
<b>ATITUD78</b> 25.32 <b>Pharmacies/drug stores should not sell tobacco products</b> <i>-Farmacias no deberían vender productos de tabaco...</i>	1	2	7	9		
<b>ATITUD79</b> 25.33 <b>All tobacco advertising should be removed from stores.</b> <i>-Debe eliminarse toda publicidad de tabaco de las tiendas.</i>			1	2	7	9
<b>ATITUD80</b> 25.34 <b>Tobacco waste damages the environment and is poisonous to children, pets, and wildlife.</b> <i>-Desperdicio del tabaco daña el medio ambiente y es venenoso para los niños, las mascotas, y la fauna.</i>	1	2	7	9		
Help text: Tobacco waste is any tobacco material discarded after use such as cigarette butts and packaging.						
<b>ATITUD81</b> 25.35 <b>Coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for cigarette purchases should be banned.</b> <i>-Cupones, reembolsos, compra 1 agarre 1 gratis, 2 por 1, o cualquier otra oferta de promoción especial para comprar cigarrillos deben ser prohibidos.</i>	1	2	7	9		
<b>ATITUD82</b> 25.36 <b>Tobacco advertising on the outside of a store should not be allowed.</b> <i>-No debe ser permitido la publicidad de tabaco en las afueras de la tienda.</i>	1	2	7	9		
<b>ATITUD83</b> 25.37 <b>Tobacco products should not be allowed to be sold at a deep discount.</b> <i>-No se debe permitir vender los productos de tabaco a un gran descuento,</i>	1	2	7	9		
<b>ATITUD84</b> 25.38 <b>Tobacco products should have a minimum price.</b> <i>-Los productos de tabaco deben tener un precio mínimo.</i>		1	2	7	9	
<b>ATITUD85</b> 25.39 <b>The number of tobacco stores should be reduced.</b> <i>-El número de tiendas de tabaco deben ser reducidas.</i>	1	2	7	9		

AGREE      DISAGREE    DK    RF

**ATITUD86**

25.40 **Flavored tobacco products should not be allowed.**      1      2      7      9  
 -Productos de tabaco con sabor no se deben permitir.

**ATITUD87**

25.41 **Flavored tobacco products appeal to youth.**      1      2      7      9  
 -Productos de tabaco con sabor atraen a los jóvenes.

**ATITUD88**

25.42 **Stores that sell tobacco products should not be within 1000 feet of schools.**      1      2      7      9

-Tiendas que venden productos de tabaco no deben de estar dentro de 1000 pies de las escuelas.

**ATITUD89**

25.43 **Tobacco products like cigarillos or little cigars should be sold in packages of 10 instead of individually.**      1      2      7      9

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

**ATITUD90 (NEW2014)**

25.44 **The use of e-cigarettes should be restricted wherever smoking restrictions are in place.**      1      2      7      9

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

**LUNGCAN (CA-TCP) asked of all respondents**

**LUNGCAN.**

25.45 **Do you think your risk of lung cancer is higher, lower, or about the same as other men or women your age?**

*Piensa usted que su propio riesgo de desarrollar cáncer de los pulmones es... ¿Más alto, más bajo, o que tiene el mismo riesgo que otros hombres y mujeres de su misma edad?*

- 1. Higher
- 2. Lower
- 3. About the same
- 
- 7. Don't know
- 9. Refused

**Section 26: Alcohol Consumption**

**DRNKALC2 (CDC-CORE) (DRNKALC4 in Q1-Q2)**

**TYPE II.**

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

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

101-107 = days per week  
201-231 = days in past 30

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

- |      |            |                  |
|------|------------|------------------|
| 888. | None       | (Go to RESTRIC3) |
| 777. | Don't know | (Go to RESTRIC3) |
| 999. | Refused    | (Go to RESTRIC3) |

**NALCOCC3 (CDC-CORE)**

**TYPE I.**

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

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

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

\_\_\_\_\_ Enter Number of drinks (One half= .5) (verify if GT 11 or verify if 0)

- |     |            |
|-----|------------|
| 77. | Don't know |
| 99. | Refused    |



**DRNKGE5B (CDC-CORE)****TYPE I.****26.20** 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?*Considerando todo tipo de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días, bebió {if(sex=1,"5 o mas","4 o mas")} en una sola ocasión?*

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

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

**DRINKNUM (CDC-CORE)****TYPE VII.****26.30** During the past 30 days, what is the largest number of drinks you had on any occasion?*Durante los últimos 30 días, ¿Cuál fue la mayor cantidad de tragos (bebidas alcohólicas) que usted bebió en cualquier ocasión?*

\_\_\_\_\_ Enter Number of drinks (verify if GT 15 or verify if 0)

- 77. Don't know
- 99. Refused

**Section 27: Alcohol Screening and Brief Intervention (ASBI)****If CHECKUP2 = 1, or 2 (had a checkup within the past 2 years) ask ASBIDRNK, else go to FLUSHOT6.**

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

*Durante los chequeos de rutina, los proveedores de atención médica pueden preguntarle acerca de comportamientos como el consumo de alcohol: si usted toma o no. Queremos conocer las preguntas que le hicieron.***ASBIDRNK (CDC OPTIONAL MODULE – NEW 2014)****YESNO.****27.1** You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?*Anteriormente, usted me dijo que su último chequeo de rutina fue [dentro del último año/dentro de los 2 últimos años]. En ese chequeo, ¿se le preguntó personalmente o en un formulario si usted bebe alcohol?*

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

**ASBIMUCH (CDC OPTIONAL MODULE – NEW 2014)****YESNO.****27.2** Did the health care provider ask you in person or on a form how much you drink?*¿El proveedor de atención médica le preguntó personalmente o en un formulario qué cantidad de alcohol bebe?*

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

**ASBIOCCA (CDC OPTIONAL MODULE – NEW 2014)**

**YESNO.**

**27.3** Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

*¿El proveedor de atención médica le preguntó específicamente si toma [5 EN EL CASO DE LOS HOMBRES/4 EN EL CASO DE LAS MUJERES] bebidas alcohólicas o más en una ocasión?*

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

**CATI: If ASBIDRNK, ASBIMUCH, or ASBIOCCA = 1 (Yes) continue to ASBIADVC, else go to JUICE11.**

**ASBIADVC (CDC OPTIONAL MODULE – NEW 2014)**

**YESNO.**

**27.4** Were you offered advice about what level of drinking is harmful or risky for your health?

*¿Le dieron consejos acerca de qué cantidad de bebidas alcohólicas es perjudicial o riesgosa para su salud?*

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

**ASBILESS (CDC OPTIONAL MODULE – NEW 2014)**

**YESNO.**

**27.5** Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

*Los proveedores de atención médica también pueden aconsejarles a los pacientes que tomen menos por varias razones. En su último chequeo de rutina, ¿se le aconsejó reducir la cantidad de alcohol que toma o que deje de tomar?*

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

**Section 28: Immunization**

**FLUSHOT6 (CDC CORE) (FLUSHOT5 in Q1 Landline) YES/NO.**

**28.0** Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? **READ ONLY IF NECESSARY:**A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

*Ahora le preguntaré sobre la influenza estacional (de temporada). Hay dos maneras de conseguir la vacuna contra la gripe estacional, una es una vacuna inyectada en el brazo y la otra es un espray en la nariz llamado FluMist. Durante los últimos 12 meses, ¿ha tenido ya sea una vacuna contra la gripe estacional o la vacuna estacional en forma de espray en la nariz?*

*Read only if necessary: Una nueva vacuna antigripal salió en 2011 que inyecta la vacuna en la piel con una aguja muy pequeña. Se llama Fluzone intradérmica vacuna. También se considera una antigripal.*

- 1. Yes
- 2 . No (Go to PNEUMVC3)
- 7. Don't know (Go to PNEUMVC3)
- 9. Refused (Go to PNEUMVC3)

**FLSHTWH3 (CDC CORE)**

**28.10** During what month and year did you receive your most recent seasonal flu shot injected into your arm or flu vaccine that was sprayed in your nose?

*¿Durante qué mes y año recibió usted su más reciente inyección contra la influenza estacional inyectada en el brazo o la vacuna estacional en forma de espray en la nariz?*

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

7 7 / 7 7 7 7 Don't know

9 9 / 9 9 9 9 Refused

**PNEUMVC3 (CDC-CORE) YES/NO.**

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

*Una inyección contra la pulmonía o vacuna neumocócica es usualmente administrada solamente una o dos veces en la vida de una persona y es diferente a la inyección contra la influenza (gripe). ¿Alguna vez le han puesto la inyección contra la pulmonía?*

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

**SHINGLES (CDC-CORE) ask if age >=49 YES/NO.**

**28.40** Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that

may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax<sup>®</sup>, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

*NOTA PARA EL ENCUESTADOR (léala si es necesario): La culebrilla es causada por el virus de la varicela. Es un brote de sarpullido o ampollas en la piel que puede acompañarse de dolor intenso. Desde mayo del 2006 existe una vacuna contra la culebrilla: se llama Zostavax<sup>®</sup>, vacuna contra el herpes zóster o vacuna contra la culebrilla (shingles, en inglés).*

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

### **Section 29: Falls**

*If AGE8 >= 45 continue, otherwise go to SEATBELT.*

**Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.**

*Las próximas preguntas se refieren a las caídas recientes. Por caída, queremos decir cuando una persona sin querer, se desploma al piso o a otro nivel inferior.*

#### **FALL4MNB (CDC-CORE)**

**TYPE II.**

**29.0 In the past 12 months, how many times have you fallen?**

*En los últimos 12 meses, ¿cuántas veces se ha caído?*

Range: 0 - 76

\_\_ \_\_ Number of times [76 = 76 or more]

77 Don't know / Not sure

(Go to SEATBELT)

99 Refused

(Go to SEATBELT)

#### **FALLINJB (CDC-CORE) (ask if FALL3MNB>0)**

**TYPE I.**

**29.1 {fall4mnb = 1} Did this fall cause an injury? (FALLINJ1 in dataset)**

*¿Esta caída le causó algún daño? Por daño queremos decir que la caída le haya ocasionado que limitara sus actividades normales por lo menos un día o como para ir a ver al doctor.*

**{fall4mnb > 1} How many of these falls caused an injury? (FALLINJ2 in dataset)**

**By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.**

*¿Cuántas de estas caídas le causó algún daño? Por daño queremos decir que la caída le haya ocasionado que limitara sus actividades normales por lo menos un día o como para ir a ver al doctor.*

Range: 0 – 76

\_\_ \_\_ Number of falls [76 = 76 or more]

77 Don't know  
99 Refused

### **Section 30: Seat Belt Use**

#### **SEATBELT (CDC-CORE)**

**YES/NO.**

**30.1 How often do you use seat belts when you drive or ride in a car? Would you say—  
Please read:**

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

1. Always  
*Siempre*
2. Nearly always  
*Casi siempre*
3. Sometimes  
*A veces*
4. Seldom  
*Rara vez*
5. Never  
*Nunca*

**Do not read:**

- 7 Don't know
- 8 Never drive or ride in a car
- 9 Refused

### **Section 31: Drinking and Driving**

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If DRNKALC\_A1 = Not Applicable, go to HADMAM2

**The next question is about drinking and driving.**

*La siguiente pregunta es acerca de beber y conducir.*

#### **DRINKDRI (CDC-CORE)**

**TYPE I.**

**31.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?**

*Durante el mes pasado, ¿cuántas veces ha manejado cuando quizás bebió demasiado?*

Range: 0 - 30

\_\_ Number of times

77 Don't know  
99 Refused

## **Section 32: Breast and Cervical Cancer Screening**

If SEX = 1, go to PSADRADV

The next questions are about breast and cervical cancer screening.

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

### **HADMAM2 (CDC-CORE)**

**YES/NO.**

**32.0 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

Interviewer Note : A mammogram involves pressing the breast between 2 plastic plates.

*Un mamograma es una radiografía del seno para buscar el cáncer. ¿Alguna vez le han hecho un mamograma?*

*Nota al Entrevistador: Un mamograma consiste en presionar el seno entre 2 placas de plástico.*

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

### **HOWLONG2 (CDC-CORE)**

**HOWLNGC.**

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

(Read only if necessary)

*¿Cuánto tiempo hace desde que tuvo su último mamograma?*

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
- 4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
- 5. 5 or more years ago  
*5 años o más*
- 77. Don't know
- 99. Refused

### **HADCBE2 (CDC-CORE)**

**YES/NO.**

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

*Un examen clínico de los senos es cuando un doctor, enfermera u otro profesional de la salud palpa o le toca los senos para detectar nudos (abultamientos). ¿Alguna vez le han hecho un examen clínico de los senos?*

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

**WHENCBE (CDC-CORE)**

**HOWLNGC.**

**32.30 How long has it been since your last breast exam?**

*¿Cuánto tiempo hace desde su último examen de los senos?*

(Read only if necessary)

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
- 3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
- 4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
- 5. 5 or more years ago  
*5 años o más*
- 77. Don't know
- 99. Refused

**HADPAP2 (CDC-CORE)**

**YESNO.**

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

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

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

*Nota al Entrevistador: Una prueba de Papanicolaou es cuando material del cuello del útero es tomado, que es la boca de la matriz, para ver si hay células cancerosas presentes.*

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

**WHENPAP2 (CDC-CORE)**

**HOWLNGC.**

**32.50 How long has it been since you had your last Pap test?**

(Read only if necessary)

¿Cuánto tiempo hace, desde que le hicieron la última prueba de Papanicolaou?

1. Within the past year (anytime less than 12 months ago)  
*En el último año*
2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
5. 5 or more years ago  
*5 años o más*

77. Don't know  
99. Refused

Ask if AGE<45

**PREGNANT (CDC-CORE)**

**YES/NO.**

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

*¿Que usted sepa, está embarazada?*

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

IF PREGNANT=1 go to HADSTLHM

**HYSTER2 (CDC-CORE)**

**YES/NO.**

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

*¿Ha tenido una histerectomía (es decir, una operación para eliminar el útero/matriz)?*

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

### **Section 33: Prostate Cancer Screening**

If SEX=1 and AGE GE 40 continue, else to HADSTLHM

**PSADRADV(CDC-CORE) (NEW)**

**YES/NO.**

**33.0 Now I will ask you some questions about prostate cancer screening. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?**

*Ahora me gustaría hacerle algunas preguntas acerca de la detección del cáncer de próstata. Un análisis del antígeno prostático específico, también llamada prueba de PSA, es una prueba de sangre para detectar el cáncer de la próstata en los hombres. ¿Alguna vez un médico, enfermera u otro profesional de la salud ha hablado con usted acerca de las ventajas de la prueba de PSA?*



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

**PSADRDIS (CDC-CORE) (NEW)**

**YESNO.**

**33.1 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?**

*¿Alguna vez un doctor, enfermera u otro profesional de la salud ha hablado con usted acerca de las desventajas de la prueba de PSA? (Análisis del antígeno prostático específico)*

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

**PSADRREC (CDC-CORE) (NEW)**

**YESNO.**

**33.2 Has a doctor, nurse, or other health professional EVER recommended you have a PSA test?**

*¿Alguna vez un médico, enfermera u otro profesional de la salud le recomendó que usted se hiciera una prueba de PSA? (Análisis del antígeno prostático específico)*

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

**PSAHAD2 (CDC-CORE)**

**YESNO.**

**33.3 Have you EVER HAD a PSA test?**

*¿Alguna vez ha tenido usted una prueba de PSA (Análisis del antígeno prostático específico)?*

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

**PSAWHEN2 (CDC-CORE)**

**HOWLNGC.**

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

*¿Cuánto tiempo hace desde que tuvo su última prueba PSA?*

(Read Only if Necessary)

- 1. Within the past year (anytime less than 12 months ago)  
*En el último año*
- 2. Within the past 2 years (1 year but less than 2 years ago)

3. *En los últimos 2 años*  
Within the past 3 years (2 years but less than 3 years ago)
4. *En los últimos 3 años*  
Within the past 5 years (3 years but less than 5 years ago)
5. *En los últimos 5 años*  
5 or more years ago  
*5 años o más*
77. Don't know
99. Refused

**PSAMAIN –MODIFIED (CDC-CORE)**

**PSAREAS2.**

**33.5 What was the MAIN reason you had this PSA test – was it ...**

*¿Cuál fue la razón principal por la que usted tuvo esta prueba PSA? Fue...*

1. Part of a routine exam  
*Parte de un examen de rutina*
2. Because of a prostate problem  
*Debido a un problema de la próstata*
3. Because of a family history of prostate cancer  
*Debido a una historia familiar de cáncer de próstata*
4. Because you were told you had prostate cancer  
Porque le dijeron que tenía cáncer de próstata
5. Some other reason  
*Otra razón*
77. Don't know
99. Refused

**Section 34: Colorectal Cancer Screening - Revised order, 12/15/11**

*If respondent is ≤ 49years of age, go to AIDSTST8.*

**HADSTLHM (CDC-CORE)**

**YESNO.**

**34.00 The next questions are about colorectal cancer screening.**

**A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?**

*Ahora, me gustaría hacerle unas preguntas acerca de algunas pruebas de cáncer. Una prueba de sangre en la materia fecal es una prueba que a veces se hace en casa usando un equipo especial para determinar la presencia de sangre en la materia fecal (las heces). ¿Alguna vez, ha hecho esta prueba en su casa usando tal equipo?*

1. Yes
2. No (Go to HADSIG4)
77. Don't know (Go to HADSIG4)
99. Refused (Go to HADSIG4)

**WHENSTO3 (CDC-CORE)****HOWLNGC.****34.05 How long has it been since you had your last blood stool test using a home kit?**

*¿Cuánto tiempo hace, desde la última vez, que se hizo esta prueba de sangre en la materia fecal en casa usando el equipo especial?*

(Read only if necessary)

In Help text: If needed, say: "For a blood stool test, you use a stick or a brush to obtain a small amount of stool at home and send it back to the doctor or lab."

*If needed, say: "Una prueba en la materia fecal se utiliza un pincel o cepillo para obtener una pequeña cantidad de materia fecal en su casa y enviarlo de vuelta al médico o laboratorio."*

- |    |   |                                     |
|----|---|-------------------------------------|
| 1. | Within the past year<br><i>En el último año</i>         | (anytime less than 12 months ago)   |
| 2. | Within the past 2 years<br><i>En los últimos 2 años</i> | (1 year but less than 2 years ago)  |
| 3. | Within the past 3 years<br><i>En los últimos 3 años</i> | (2 years but less than 3 years ago) |
| 4. | Within the past 5 years<br><i>En los últimos 5 años</i> | (3 years but less than 5 years ago) |
| 5. | 5 or more years ago<br><i>5 años o más</i>              |                                     |

77. Don't know  
99. Refused

**HADSIG3 (CDC-CORE)****YESNO.**

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

*Una sigmoidoscopia o colonoscopia consiste en insertar un tubo en el recto para revisar los intestinos para señales signos de cáncer y otros problemas de salud. ¿Alguna vez, le han hecho uno de estos exámenes?*

- |     |            |                 |
|-----|------------|-----------------|
| 1.  | Yes        |                 |
| 2.  | No         | (Go to HADSTL1) |
| 77. | Don't know | (Go to HADSTL1) |
| 99. | Refused    | (Go to HADSTL1) |

**SIGORCOL (CDC-CORE)****SIGORCOL.**

**34.15 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?**

*Para realizar la Sigmoidoscopia se inserta un tubo flexible en el recto para detectar posibles*

problemas. La colonoscopia es un examen similar, pero se utiliza un tubo más largo. Por lo general, a usted se le inyecta un medicamento en el brazo para que se duerma. Además, se le pide que vaya a hacerse el examen acompañado/a de alguien más que pueda llevarlo/a a su casa después del procedimiento. Fue su más reciente examen que se realizó una sigmoidoscopia o una colonoscopia?

1. Sigmoidoscopy
2. Colonoscopy
  
77. Don't know
99. Refused

#### WHENSIG4 (CDC-CORE)

#### HOWLNGF.

**34.20 How long has it been since you had your last {IF SIGORCOL = 1 (sigmoidoscopy) OR SIGORCOL = 2 (colonoscopy)}? (Read only if necessary)**

*¿Cuánto tiempo hace desde la última vez se hizo una sigmoidoscopia o colonoscopia?*

In Help text: If needed, say “ For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.”

*If needed, say: "para una SIGMOIDOSCOPIA se inserta un tubo flexible en el recto para buscar problemas. Una COLONOSCOPIA es similar, pero utiliza un tubo largo y normalmente es dado medicamentos a través de una aguja en el brazo para hacerle durmiente y les dicen que otra persona lo tiene que manejar a su casa después de la prueba."*

1. Within the past year (anytime less than 12 months ago)  
*En el último año*
2. Within the past 2 years (1 year but less than 2 years ago)  
*En los últimos 2 años*
3. Within the past 3 years (2 years but less than 3 years ago)  
*En los últimos 3 años*
4. Within the past 5 years (3 years but less than 5 years ago)  
*En los últimos 5 años*
5. Within the past 10 years (5 years but less than 10 years ago)  
*En los últimos 10 años*
6. 10 or more years ago  
*10 años o más*
  
77. Don't Know
99. Refused

#### **Section 35: HIV/AIDS**

**The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask about testing, we will not ask you about the results of any test you may have had.**

*Las siguientes preguntas se refieren al problema nacional de salud del VIH, el virus que causa el SIDA. Por favor recuerde que sus respuestas son estrictamente confidenciales y que no necesita contestar todas las*

preguntas si no lo desea. Aunque, , le preguntaremos si se ha realizado exámenes, no le preguntaremos sobre los resultados de ninguno de ellos.

**AIDSTST8 (CDC CORE)**

**YES/NO.**

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

*¿Alguna vez se ha hecho la prueba de VIH? No cuente las pruebas que le hayan realizado al donar sangre. Incluya las pruebas de fluidos (saliva) de su boca.*

- 1. Yes
- 2. No (Go to Random Child Selection section)
- 7. Don't know (Go to Random Child Selection section)
- 9. Refused (Go to Random Child Selection section)

**TSTDATE (CDC-CORE)**

**35.10 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.

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code month as DK and enter the four digits for the year.

\_\_/\_\_ Enter month and year

- 77/7777. Don't know
- 99/9999. Refused

**TSTWHERE (CDC-CORE)**

**35.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?**

**¿Dónde se hizo la última prueba de VIH - a un médico particular o de una HMO, en un centro de asesoramiento y laboratorio, en una sala de emergencia, como un paciente internado en un hospital, en una clínica, en una cárcel o prisión, en una instalación de tratamiento de drogas en el hogar o en algún otro lugar?**

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital inpatient (4 in programming)
- 0 4 Clinic (5 in programming)
- 0 5 Jail or prison (or other correctional facility) (6 in programming)
- 0 6 Drug treatment facility (7 in programming)
- 0 7 At home (8 in programming)
- 0 8 Somewhere else (9 in programming)
- 0 9 Emergency room (3 in programming)
- 7 7 Don't know / Not sure
- 9 9 Refused

## **Section 36: Random Child Selection**

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

**Previously you indicated there are children in the household. I have some additional questions about one specific child. The child I will be referring to is the \*\*-year/month old. All the questions about children will be about that child.**

*Anteriormente usted indico que hay niños viviendo en el hogar. Tengo unas preguntas adicionales sobre uno de los niños en particular. El niño al que me referiré es el de \*\*-año(s)/mes(es) de edad. Todas las preguntas acerca de los niños serán acerca de ese niño.*

### **CH\_SEL (CDC OPTIONAL MODULE)**

**BOYGIRL.**

#### **36.1 Is the \*\*- year/month old child a boy or a girl?**

*¿Es el niño de \*\*-año(s)/mes(es) un niño o una niña?*

1. Boy
2. Girl
99. Refused

### **CH\_HISP2 (CDC OPTIONAL MODULE)**

**YESNO.**

#### **36.2 Is the \*\*- year/month old child Hispanic or Latino?**

*¿Es el niño(a) de \*\*-año(s)/mes(es) Hispano(a) o Latino(a)?*

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

(GO TO CH\_RACE3)  
(GO TO CH\_RACE3)  
(GO TO CH\_RACE3)

### **CH\_HMEX (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

#### **36.3 Are they...**

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

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

### **CH\_HPR (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

#### **36.4 Puerto Rican?/ Puertorriqueño**

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

99. Refused

**CH\_HCUB (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

**36.5 Cuban?/Cubano**

- 1. Yes
- 2. No

77. Don't know  
99. Refused

**CH\_HOTH (CDC OPTIONAL MODULE) (Ask if said yes to CH\_HISP2)**

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

- 1. Yes
- 2. No

77. Don't know  
99. Refused

**CH\_RACE3 (CDC OPTIONAL MODULE)**

**YES/NO.**

**36.7 Which one or more of the following would you say is the race of the \*- year/month old child?**

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

- |  |          |
|--|----------|
| 1. White                                     | CH_RAC_A |
| 2. Black or African American                 | CH_RAC_B |
| 3. 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  
99. Refused

*If more than one response to CH\_RACE3, continue. Otherwise, go to CH\_BORN.*

**CH\_RACE4 (CDC OPTIONAL MODULE)**

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

*¿Cuál de estos grupos, diría usted mejor representa la raza del niño(a)? ¿Diría...Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), nativo de Alaska (Aleut), u Otra?*

Interviewer note: Read all responses before marking answer.

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian, Alaska Native

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

If CH\_RACE3= 3 or 4 then ask CH\_RA2A, else go to CH\_BORN

**CH\_RA2AB (CA)**

**ORACE2AB.**

**36.9 Is the \*\*- year/month old child Chinese, Japanese, Korean, Filipino or Other?**

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

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

**CH\_BORN (EHIB/CDC OPTIONAL MODULE)**

**TYPE I.**

**36.10 In what month and year was \*\*- year/month old child born?**

*¿En qué mes y año nació el niño(a) de \*\*-año(s)/mes(es)?*

\_\_\_/\_\_\_ Enter month/year

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

**CH\_REL (CDC OPTIONAL MODULE)**

**CH\_REL.**

**36.11 How are you related to the child?**

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

*Please read:*

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



99. Refused

### **Section 37: Childhood Asthma Prevalence**

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

#### **CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE)**

**YES/NO.**

**37.1 Has a doctor, nurse or other health professional EVER said that the \*\*-year/month child has asthma?**

*¿En alguna ocasión, algún médico u otro profesional de la salud le informaron que el niño(a) de \*\*-año(s)/mes(es) tenía asma?*

- 1. Yes
- 2. No (GO TO Closing Statement)
- 77. Don't know (GO TO Closing Statement)
- 99. Refused (GO TO Closing Statement)

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

**YES/NO.**

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

*¿Tiene todavía el niño(a) de \*\*-año(s)/mes(es) asma?*

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

### **Section 38: Closing**

*If ASTHEVE3=1 or CHLDAST2 =1 continue*

#### **ADLTCALL (CA-California Breathing)**

**YES/NO.**

**38.1 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?**

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

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

#### **CHLDCALL (CA-California Breathing)**

**YES/NO.**

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

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

- 1. Yes
- 2. No

- 77. Don't know
- 99. Refused

**ADLTNAME (CA-California Breathing)** (Ask if said yes to ADLTCALL or CHLDCALL)

**38.3 Whom should we ask for when we call back?**

*¿Por quien debemos preguntar cuando volvamos a llamar?*

Interviewer: It would be best to have a name or nickname or initials.

Enter name \_\_\_\_\_

**CHLDNAME (CA-California Breathing)** (Ask if said yes to CHLDCALL)

**38.4 What is the \*- year/month's name for when we callback?**

*¿Cuál es el nombre de el niño/niña de \*- year/month's para cuando regresemos la llamada?*

Interviewer: We need the name, initials or nickname./

*Es necesario el nombre, iniciales o alias.*

Enter name \_\_\_\_\_

**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.**

*Esa fue mi última pregunta. Las repuestas de todos, serán combinadas para obtener información sobre las prácticas de salud de la gente en este estado. Muchísimas gracias por su tiempo y cooperación.*

**SPANIN2**

**SPANINB.**

(To Interviewer:) Was this interview completed in English or Spanish?

- 1. Spanish
- 2. English