

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2010

Track 1

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

August 4, 2009

Revised November 12, 2009

Revised November 13, 2009

Revised December 28, 2009

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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.

PRIVRES

Is this a private residence?

1. Yes ---> We're doing a study of the health practices of California residents. Your number has been chosen randomly represent 2,500 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important issues facing Californians today.
2. No ---> Thank you very much, but we are only interviewing private residences. (Stop)

EXPLAIN

We're doing a special study of the health practices of California residents. Your number has been chosen randomly to represent 2,500 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important health issues facing Californians today.

NUMADULT

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

_____ Enter the number of adults

NUMMEN

(If NUMADULT GT 1)

How many are men?

_____ the number of men (0-9)

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

_____ the number of women (0-9)

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED

(If NUMADULT GT 1)

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

Are you the (SELECTED) ?

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

ONEADULT

(If ADULT = 1)

Are you the adult?

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

Hello, I'm (interviewer name) from the California Department of 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 other {men/women} in California. Your participation in this voluntary survey will contribute valuable information used by state and federal health policy makers. We will collect NO information that can identify you. There is no risk to you. All information you give us will be confidential. If there is a question you cannot or do not wish to answer, please tell me and we can move on. If you have any questions about this survey that I cannot answer, I will provide a toll free telephone number for you to call.

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

SEX INTERVIEWER: Enter sex of respondent.

1. Male
2. Female

RESPOND

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

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

Is this (phone number) ?

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

Is this a private residence in California?

If "no,"

Thank you very much, but we are only interviewing private residences. (Stop)

Is this a cellular telephone? 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.

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

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

Section 1: Health Status

GENHLTH (CDC-CORE)

HEALTH.

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

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

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

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?

___ Enter Number of days

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

___ Enter Number of days

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

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

POORHLTH (CDC-CORE)

TYPE VII.

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?

___ Enter Number of days

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

Section 3: Health Care Access

HAVEPLN3 (CDC-CORE)

YES/NO.

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 Medi-Cal?

- 1. Yes
- 2. No

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

HLTHPLAN (CA-CORE)

YES/NO.

(If HAVEPLN3. 2, 77, or 99 ask:)

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

(If HAVPLN3. 1, ask:)

Do you have health care coverage through:

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

IF NO "YES" RESPONSES TO 3.01.01-3.01.08 GO TO PERSDOC

If HLTHPLAN responses A – H >1 then go to MAINPLAN, else go to PERSDOC

MAINPLAN (CA-CORE)

MAINPLN.

3.3 What type of health care coverage do you use to pay for MOST of your medical care? Is it coverage through:

1. Your employer
 2. Someone else's employer, like your spouse's or parent's employer
 3. A plan that you or someone else buys on your own
 4. Medicare
 5. Medi-Cal (Medicaid)
 6. The military, CHAMPUS, Tricare, or the VA (or CHAMP-VA)
 7. The Indian Health Service
 8. A source other than the ones already mentioned
-
88. None
 77. Don't know/Not sure
 99. Refused

PERSDOC (CDC-CORE)

YESNO.

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

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

NOMEDB (CDC-CORE)

YESNO.

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

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

CHECKUP2 (CDC-CORE)

HOWLNGC.

3.6 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (Read only if necessary)

1. Within the past year (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. More than 5 years ago
 5. Never
-
77. Don't know/Not sure
 99. Refused

Section 4: Sleep

The next question is about getting enough rest or sleep.

ENUFREST (CDC-CORE)

4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

__ Number of days

88. None

77. Don't know / Not sure

99. Refused

I would like to ask you a few questions about your sleep patterns.

SLEEPHRS (CDC Optional Module)

4.2 On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

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

SNORE (CDC Optional Module)

4.3 Do you snore?

INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes", the respondent snores.

1. Yes

2. No

7. Don't know / Not sure

9. Refused

SLEEPDAY (CDC Optional Module)

4.4 During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

__ Number of days [01-30]

8 8 None

7 7 Don't know / Not sure

9 9 Refused

SLEEPDRVE (CDC Optional Module)

4.5 During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?

- 1. Yes
- 2. No
- 3. Don't drive
- 4. Don't have license

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

Section 5: Exercise

EXERANY1 (CDC-CORE)

YESNO.

5.1 The next question is about exercise, recreation, or physical activities OTHER THAN your REGULAR JOB duties. During the past MONTH, other than your regular job, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?

- 1. Yes
- 2. No

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

Section 6: Diabetes

DIABCOR2 (CDC-CORE)

DIABCORB.

6.1 Next I would like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes? (If Respondent says pre-diabetes or borderline diabetes, use response "pre-diabetes").

- 1. Yes
- 2. No (Go to PREDMBGT)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)
- 4. Pre-diabetes or borderline diabetes (Go to PREDMBGT)

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

If SEX EQ 2 go to DIABGEST

DIABGEST (CA, DBCP)

YESNO.

6.2 Was this ONLY while you were pregnant?

- 1. Yes (Go to PREDMBGT)
- 2. No (Includes never been pregnant)

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

DIABAGE (CA-DBCP-DIABETES MODULE)

TYPE XV.

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

___ Enter age in years

97. Don't know/Not sure

99. Refused

DIABINS (CA-DBCP-DIABETES MODULE)

YESNO.

6.4 Are you now taking insulin?

1. Yes

2. No

77. Don't know/Not sure

99. Refused

CHKGLU (CA-DBCP-DIABETES MODULE)

TYPE XIX.

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

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

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

3xx = times per month

4xx = times per year

555 = Never

7777. Don't know/not sure

9999. Refused

CHKSORE2 (CA-DBCP-DIABETES MODULE)

TYPE I.

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

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

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

3xx = times per month

4xx = times per year

555 = No Feet

888 = Never

7777. Don't know/not sure

9999. Refused

DIABDOC2 (CA-DBCP-DIABETES MODULE)

TYPE I.

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

___ number of times (verify if GT 12)

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

DIABDOC3 (CA-DBCP-DIABETES MODULE)

TYPE I.

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

___ number of times (verify if GT DIABDOC2)

- 88. None
- 77. Don't know
- 98. Never heard of "A one C" test
- 99. Refused

(Asked if CHKSORE2 ne "NO FEET")

CHKSORE (CA-DBCP-DIABETES MODULE)

TYPE I.

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

___ number of times (verify if GT DIABDOC2)

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

VISCHK2 (CA-DBCP-DIABETES MODULE)

VISCHKB.

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

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

RETINHAD (CA-DBCP-DIABETES MODULE)

YESNO.

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

- 1. Yes
- 2. No

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

DIABCRSE (CA-DBCP-DIABETES MODULE)

YESNO.

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

- 1. Yes (Go to WHENDNT4)
- 2. No (Go to WHENDNT4)

- 77. Don't know/Not sure (Go to WHENDNT4)
- 99. Refused (Go to WHENDNT4)

PREDMBGT (CDC-PRE-DIABETES MODULE CA-DBCP) YESNO.

6.13 Have you had a test for high blood sugar or diabetes within the past three years?

- 1. Yes
- 2. No

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

CATI note: If DIABCOR2. 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB "Yes" (code = 1).

PREDIAB (CDC-PRE-DIABETES MODULE CA-DBCP)

YESNO.

6.14 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

- 1. Yes
- 2. No

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

Section 7: Oral Health

WHENDNT4 (CDC-CORE)

WHENDENT.

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. Read only if necessary:

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
5. Never

77. Don't know / Not sure

99. Refused

LOSTEET2 (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.

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

1. 1 to 5
2. 6 or more but not all
3. All

88. None

77. Don't know / Not sure

99. Refused

CATI note: If WHENDNT4= 5 (Never) or LOSTEET2 = 3 (All), go to HEART.

DENTCLN (CDC-CORE)

WHENDENT.

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

Read only if necessary:

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

77. Don't know / Not sure

88. Never

99. Refused

Section 8: Cardiovascular Disease Prevalence

HEART (CDC-CORE)

YESNO.

8.1 Now I would like to ask you some questions about cardiovascular disease. Has a doctor, nurse or other health professional EVER told you that you had a heart attack, also called a myocardial infarction (MY-O-CARD-EE-AL IN-FARK-SHUN)?

- 1. Yes
- 2. No

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

ANGINA (CDC-CORE)

YESNO.

8.2 Has a doctor, nurse or other health professional EVER told you that you had angina or coronary heart disease?

- 1. Yes
- 2. No

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

STROKE (CDC-CORE)

YESNO.

8.3 Has a doctor, nurse or other health professional EVER told you that you had a stroke?

- 1. Yes
- 2. No

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

Section 9: Asthma

ASTHEVE3 (CDC-CORE)

YESNO.

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

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

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

ASTHNOW (CDC-CORE)

YESNO.

9.2 Do you still have asthma?

- 1. Yes
- 2. No

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

COPDEVER (CA-CAPHI) NEW

9.3 Have you ever been told by a doctor or another health professional that you have chronic obstructive pulmonary disease (also called COPD), emphysema, or chronic bronchitis?

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

COPD12MO (CA-CAPHI) NEW

9.4 During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your chronic obstructive pulmonary disease (also called COPD), emphysema, or chronic bronchitis? Do not include an overnight stay in the emergency room.

Enter times _____

- 888. None
- 777. Don't know/Not sure
- 999. Refused

Section 10: Disability

RESTRIC3 (CDC-CORE)

YESNO.

10.1 The following questions are about health problems or impairments you may have. Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

EQUIP (CDC-CORE)

YESNO.

10.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (include occasional use or use in certain circumstances)

- 1. Yes

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

Section 11: Tobacco Use

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

SMOKE100 (CDC-CORE)

YESNO.

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

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

SMKEVDA2 (CDC-CORE)

EVDAY.

11.2 Do you now smoke cigarettes everyday, some days, or not at all?

- 1. Everyday
- 2. Somedays
- 3. Not at all (Go to SMK30ANY)
- 77. Don't know/Not sure (Go to SMK30ANY)
- 99. Refused (Go to SMK30ANY)

If SMKEVDA2. 1 or SMKEVDA2=2 go to QUIT1DY3, else go to SMOKREG3

QUIT1DY3 (CDC-CORE)

YESNO.

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

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

If SMKEVDA2. 1 go to SMOKENUM; Else go to SMK30ANY

SMOKENUM (CA-TCS)

TYPE V.

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

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

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

99. Refused

SMK30ANY (CA-TCS)

YESNO.

11.5 Did you smoke ANY cigarettes during the past 30 days?

- 1. Yes
- 2. No

(Go to SMKWHOLE)

77. Don't know/Not sure

(Go to SMKWHOLE)

99. Refused

(Go to SMKWHOLE)

SMK30DAY (CA-TCS)

TYPE VII.

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

___ Enter number of days

30. Every day

777. Don't know

999. Refused

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

SMK30NUM (CA-TCS)

TYPE VIII.

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

___ Enter number of cigarettes (verify if GT 70)

777. Don't know

999. Refused

SMKWHOLE (CA-TCS)

TYPE VII.

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

___ Code age in years

77. Don't know

99. Refused

SMOKEAGE (CA-TCS)

TYPE XI.

**11.9 About how old were you when you first started smoking cigarettes fairly regularly?
(NA = Never smoked regularly)**

___ Code age in years

77. Don't know

88. Never smoked regularly

99. Refused

Ask if SMKEVDA2<=2

LIKESTOP (CA-TCS)

YESNO.

11.10 Would you like to stop smoking?

- 1. Yes
- 2. No

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

Ask if SMKEVDA2<=2

QUIT30 (CA-TCS)

YESNO.

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

- 1. Yes
- 2. No

(Go to SMOKELSE2)

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

Ask if SMKEVDA2<=2

QUIT6 (CA-TCS)

YESNO.

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

- 1. Yes
- 2. No

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

IF SMKEVDA2 NE 1,2 ASK SMOKREG3; ELSE Go to SMKELSE2

SMOKREG3 (CA-TCS)

SMOKREGB.

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

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

- 6. Within the past 15 years (more than 5 years to 15 years ago)
- 7. 15 or more years ago (15 or more years ago)
- 77. Don't know/Not sure
- 88. Never smoked regularly (Do not read)
- 99. Refused (Do not read)

SMKELSE2 (CA-TCS)

YESNO.

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

- 1. Yes
- 2. No (Go to USENOW3)
- 77. Don't know/Not sure (Go to USENOW3)
- 99. Refused (Go to USENOW3)

SMKELSEN (CA-TCS)

TYPE VII.

11.15 How many other household members currently smoke?

_____ Enter number of household members

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

USENOW3 (CORE)

EVDAY.

11.16 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (Snus rhymes with "goose")

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

SMKCIGAR (CA-TCS)

YESNO.

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

- 1. Yes
- 2. No (Go to HHRULES2)
- 77. Don't know/Not sure (Go to HHRULES2)
- 99. Refused (Go to HHRULES2)

OFTCIGRB (CA-TCS)

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

_____ Enter number of days

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

HHRULES2 (CA-TCS)

HHRULES.

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

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

Section 12: Demographics

AGEB (CDC-CORE)

12.1 What is your age?

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

HISP3 (CDC-CORE)

YESNO.

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

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

ORACE3 (CDC-CORE)

ORACEB.

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

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

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

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

ORACE4 (CDC-CORE)

ORACEB.

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

- | | | |
|-----|---|------------------|
| 1. | White | (Go to MILITAR3) |
| 2. | Black or African American | (Go to MILITAR3) |
| 3. | Asian | (Go to ORACE2A) |
| 4. | Native Hawaiian or Other Pacific Islander | (Go to ORACE2A) |
| 5. | American Indian or Alaska Native | (Go to MILITAR3) |
| 6. | Other: (specify) -----> | (Go to MILITAR3) |
| 77. | Don't know/Not sure | (Go to MILITAR3) |
| 99. | Refused | (Go to MILITAR3) |

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

ORACE2A (CA)

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

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

ORACE2A.

MILITAR3 (CDC-CORE)

MILSTATC.

The next question relates to military service.

12.6 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1. Yes, now on active duty
 2. Yes, on active duty during the last 12 months, but not now
 3. Yes, on active duty in the past, but not during the last 12 months
 4. No, training for Reserves of National Guard only
 5. No, never served in the military
77. Don't know/Not sure
99. Refused

MARITAL (CDC-CORE)

MARITAL.

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

1. Married
 2. Divorced
 3. Widowed
 4. Separated
 5. Never married
 6. A member of an unmarried couple
77. Don't know/Not sure
99. Refused

SXORIEN2 (CA –TCS)

SXORIENB.

12.8 Now I'm going to ask you a question about sexual orientation. Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is gay or lesbian; Bisexual, or Other. (IN HELP SCREEN: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in California.)

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

CHILD18 (CDC-CORE)

TYPE VII.

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

___ Enter number of children

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

CHILDAGE (CA-CORE)

TYPE VII.

12.10 (If CHILD18=1, ask:) How old is the child?

(If CHILD18 GT 1, ask:) How old are the children? Beginning with the youngest...

INTERVIEWER NOTE: List the ages of all children in the household from youngest to oldest.

If child is less than one year old then age = 1.0.

ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (3.0 suffix), two 5 year-olds (5.1=younger 5 year old, 5.2=older 5 year old) and one 13 year old (13.0 suffix)} Should

- ___ AGE OF YOUNGEST CHILD CHILD1
- ___ AGE OF SECOND YOUNGEST CHILD CHILD2
- ___ AGE OF THIRD YOUNGEST CHILD CHILD3
- ___ AGE OF FOURTH youngest child CHILD4
- ___ Age of fifth youngest child CHILD5
- ___ Age of sixth youngest child CHILD6
- ___ Age of seventh youngest child CHILD7
- ___ Age of eighth youngest child CHILD8
- ___ Age of ninth youngest child CHILD9
- ___ Age of tenth youngest child

- 77. Don't know
- 99. Refused

EDUCA (CDC-CORE)

EDUCA.

12.11 What is the highest grade or year of school you completed? (Read Only if Necessary)

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

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

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

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

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

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

INCOM01 (CDC-CORE)**INCOME.C.**

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

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

THRESH02(CA)

YES/NO.

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

- 1. Yes
- 2. No

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

INCOM01	=	1	2	3	4	5	6	7	8	9
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100k+
HHSIZE=	1	\$10,830	\$14,080	\$20,040	\$21,660	\$27,080				
(Household Size)	2		\$14,570	\$18,940		\$26,950 / \$29,140	\$36,430			
	3			\$18,310	\$23,800	\$33,870	\$36,620 / \$45,780			
	4				\$22,050	\$28,670	\$40,790 / \$44,100	\$55,130		
	5				\$25,790	\$33,530	\$47,710	\$51,580 / \$64,480		
	6					\$29,530	\$38,390	\$54,630 / \$59,060 / \$73,830		
	7					\$33,270	\$43,250	\$61,550 / \$66,540	\$83,180	
	8					\$37,010	\$48,110	\$68,470 / \$74,020	\$92,530	
	9						\$40,750	\$52,980	\$75,390 / \$81,500	\$101,880
	10						\$44,230	\$57,500	\$81,830 / \$88,460	\$110,580
	11						\$48,230	\$62,700	\$89,230 / \$96,460	\$120,580
	12						\$51,970	\$67,560	\$96,150	\$103,940 / \$129,930
	13							\$55,710 / \$72,420		\$103,000 / \$111,400 / \$139,280

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Jan 24, 2009.)

WEIGHT (CDC-CORE)**(not formatted)****12.16 About how much do you weigh without shoes? Round fractions up.**

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

777. Don't know/Not sure

999. Refused

HEIGHT (CDC-CORE)**(not formatted)****12.17 About how tall are you without shoes?**

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

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

777. Don't know/Not sure

999. Refused

COUNTY1 (CDC-CORE)**COUNTYA.****12.20 What county do you live in?**

001. ALAMEDA	041. MARIN	081. SAN MATEO
003. ALPINE	043. MARIPOSA	083. SANTA BARBARA
005. AMADOR	045. MENDOCINO	085. SANTA CLARA
007. BUTTE	047. MERCED	087. SANTA CRUZ
009. CALAVERAS	049. MODOC	089. SHASTA
011. COLUSA	051. MONO	091. SIERRA
013. CONTRA COSTA	053. MONTEREY	093. SISKIYOU
015. DEL NORTE	055. NAPA	095. SOLANO
017. EL DORADO	057. NEVADA	097. SONOMA
019. FRESNO	059. ORANGE	099. STANISLAUS
021. GLENN	061. PLACER	101. SUTTER
023. HUMBOLDT	063. PLUMAS	103. TEHAMA
025. IMPERIAL	065. RIVERSIDE	105. TRINITY
027. INYO	067. SACRAMENTO	107. TULARE
029. KERN	069. SAN BENITO	109. TUOLUMNE
031. KINGS	071. SAN BERNARDINO	111. VENTURA
033. LAKE	073. SAN DIEGO	113. YOLO
035. LASSEN	075. SAN FRANCISCO	115. YUBA
037. LOS ANGELES	077. SAN JOAQUIN	
039. MADERA	079. SAN L OBISPO	

7777. Don't Know/Not Sure

9999. Refused

ZIPCODE2 (CDC-CORE)

12.21 What is your zip code where you live?

_____ Enter the five digit number

777777. Don't know/Not sure

999999. Refused

NUMHOLD2 (CDC-CORE)

YESNO.

12.22 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. Yes

2. No

(Go to NOPHON2)

77. Don't know

(Go to NOPHON2)

99. Refused

(Go to NOPHON2)

NUMPHON4 (CDC-CORE)

TYPE I.

12.23 How many of these phone numbers are residential numbers?

(8 = 8 or more)

1. One

2. Two

3. Three

4. Four

5. Five

6. Six

7. Seven

8. Eight (or more)

77. Unknown

99. Refused

NOPHON2 (CDC-CORE)

YESNO.

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

1. Yes

2. No

77. Don't know

99. Refused

CELL (CDC-CORE)

YESNO.

12.25 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

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

CELSHARE (CDC-CORE)

YESNO.

12.26 Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1. Yes (Go to CPCTUSE)
- 2. No (Go to DRNKANY3)
- 77. Don't know (Go to DRNKANY3)
- 99. Refused (Go to DRNKANY3)

CPCTSHAR ((CDC-CORE)

YESNO.

12.27 Do you usually share this cell phone (at least one-third of the time) with any other adults?

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

CPCTUSE ((CDC-CORE)

12.28 Thinking about all the phone calls that you receive, what percent, between 0 and 100, are received on your cell phone?

- ___ Enter Percent (0 to 100)
- 777. Don't know/Not sure
- 999. Refused

Section 13: Alcohol Consumption

DRNKANY3 (CDC CORE)

YESNO.

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

- 1. Yes
- 2. No (Go to HIN1VAC)
- 77. Don't know/Not sure (Go to HINIVAC)
- 99. Refused (Go to HINIVAC)

DRNKALC4 (CDC CORE)

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

101-1077. days per week

201-231. days in past 30

____ Enter Days per week or per month

888. None

(Go to H1N1VAC)

777. Don't know/Not sure

999. Refused

NALCOCC3 (CDC CORE)

TYPE I.

13.3 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?

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)

77. Don't know/Not sure

99. Refused

DRNKGE5B (CDC CORE)

TYPE I.

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

____ Enter Number of times (verify if GT 15)

77. Don't know/Not sure

99. Refused

DRINKNUM (CDC- CORE)

TYPE VII.

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

____ Enter Number of drinks (verify if GT 15)

77. Don't know/Not sure

99. Refused

Section 14: Immunization

There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009

H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

H1N1VAC (CDC- CORE)

14.1 Since September, 2009, have you been vaccinated either way for the H1N1 flu?

Interviewer: If needed use this script: "The distribution of the H1N1 Vaccines has already started. We are trying to find out if vaccinations are currently taking place in California."

- 1. Yes
- 2. No (Go to GETH1N1)

- 77. Don't Know / Not Sure (Go to GETH1N1)
- 99. Refused (Go to GETH1N1)

H1N1MNTH(CDC CORE)

14.2 During what month and year did you receive your H1N1 flu vaccine?

__ Month __ Year

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

H1N1TYPE (CDC CORE)

14.3 Was this a shot or was it a vaccine sprayed in the nose?

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)

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

Ask If H1N1VAC = YES

H1N1PLAC (CA-IMMUN)

H1N1PLAC

14.4 Where did you go to get your H1N1 vaccination?

- 1. A doctor's office or health maintenance organization (HMO)
- 2. A health department, clinic, health center, community health center, mobile health unit
- 3. A senior center, community center or recreation center
- 4. A store (Examples: supermarket, drugstore)
- 5. A hospital (Example: inpatient)
- 6. An emergency room
- 7. Workplace
- 8. College health center, or
- 9. Some other kind of place (specify)

777. Don't know/Not sure (Probe: How would you describe the place where you went to get

your most recent flu vaccine?)
999. Refused

Ask if H1N1VAC <>1

GETH1N1 (CA-IMMUN)

14.5 How likely are you to get a H1N1 flu vaccination between now and June 2010?

- 1. Will definitely get one (Go to FLUSHOT4)
- 2. Will probably get one (Go to FLUSHOT4)
- 3. Will probably not get one
- 4. or, Will definitely not get one

- 77. Don't know/not sure
- 99. Refused (Go to FLUSHOT4)

NOGETH1 (CA-IMMUN)

14.6 What is the main reason you didn't get a H1N1 flu shot/spray/ vaccination?

(DO NOT READ)

- 1. Didn't know I needed it/I am not at risk
- 2. Didn't think of it
- 3. Cost
- 4. Inconvenient/inaccessible time or location
- 5. H1N1 vaccine unavailable
- 6. Doctor didn't suggest that I get it
- 7. Didn't think it would work
- 8. H1N1 flu is not a serious disease
- 9. Unable to get shot for medical reasons (e.g., allergy)
- 10. Don't like shots or needles
- 11. Concerns about side effects, sickness, or safety
- 12. Because I already had H1N1 flu
- 96. Other. Specify: _____
- 77. Don't know/Not sure
- 99. Refused

FLUSHOT4 (CDC CORE)

14.7 Now I will ask you questions about seasonal flu.

A flu shot is influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

- 1. Yes
- 2. No (Go to FLUNOSE3)

- 77. Don't know / Not sure (Go to FLUNOSE3)
- 99. Refused (Go to FLUNOSE3)

FLSHTWH2 (CDC CORE)

14.8 During what month and year did you receive your most recent seasonal flu shot?

__ / ____ Month / Year

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

FLUNOSE3 (CDC CORE)

14.9 The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?

- 1. Yes
- 2. No (Go to FLUPLAC4)

- 77. Don't know / Not sure (Go to FLUPLAC4)
- 99. Refused (Go to FLUPLAC4)

FLNOSWH2 (CDC CORE)

14.10 During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?

__ / ____ Month / Year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused

If FLUSHOT4 = YES or FLUNOSE2 = Yes, ask FLUPLAC4; Else go to FLUHXP2

FLUPLAC4 (CA-IMMUN) FLUPLACD.

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

- 1. A doctor's office or health maintenance organization (HMO)
- 2. A health department, clinic, health center, community health center, mobile health unit
- 3. A senior center, community center or recreation center
- 4. A store (Examples: supermarket, drugstore)
- 5. A hospital (Example: inpatient)
- 6. An emergency room
- 7. Workplace or
- 8. Some other kind of place (specify)

- 777. Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 999. Refused

FLUHXP2 (CDC CORE) (FLUHXP2 in dataset) YESNO.

14.12 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? Read each problem listed below:

Asthma
Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Spinal cord injury, stroke, cerebral palsy, or other neuromuscular problems

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

Sickle cell anemia or other anemia

1. Yes

2. No

(Go to PNEUMVC3)

77. Don't know/Not sure (Probe by repeating question)

(Go to PNEUMVC3)

99. Refused

(Go to PNEUMVC3)

FLUPXNOW (CDC CORE) YESNO.

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

1. Yes

2. No

77. Don't Know/Not sure

99. Refused

PNEUMVC3 (CDC-CORE)

YESNO.

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

1. Yes

2. No

77. Don't Know/Not sure

99. Refused

Next, I will ask you about the tetanus diphtheria vaccination.

HADTET (CA-IMMUN2009) (CDC Optional Module)

YESNO.

14.15 Have you received a tetanus shot in the past 10 years?

1. Yes

2. No

(Go to SHINGLES)

77. Don't know / Not sure

(Go to SHINGLES)

99. Refused

(Go to SHINGLES)

WHENTET (CA-IMMUN2009) (CDC Optional Module)

YESNO.

14.16 Was your most recent tetanus shot given in 2005 or later?

1. Yes

2. No

(Go to SHINGLES)

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

PERTUSIS (CA-IMMUN)

YESNO.

14.17 There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?

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

The next question is about the Shingles vaccine.

SHINGLES (CA-IMMUN) (NEW) ask if age >=49

14.18 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®, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

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

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to SEATBELT.

The next question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

FALL3MNB (CDC-CORE)

15.1 In the past 3 months, how many times have you fallen?

-- Number of times [76 = 76 or more]

- 88 None (Go to SEATBELT)
 77 Don't know / Not sure (Go to SEATBELT)
 99 Refused (Go to SEATBELT)

FALLINJA (CDC-CORE) (ask if FALL3MNB =1)

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

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

99 Refused

FALLINJB (CDC-CORE) (ask if FALL3MNB>1)

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

__ Number of falls [76 = 76 or more]

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

Section 16: Seatbelt Use

SEATBELT (CDC-CORE)

SEATBELT.

16.1 How often do you use seat belts when you drive or ride in a car? Would you say...

- 1. Always
- 2. Nearly always
- 3. Sometimes
- 4. Seldom
- 5. Never
- 6. Never drive or ride in a car (Go to HADMAM2)
- 77. Don't know/Not sure
- 99. Refused

Section 17: Drinking and Driving

CATI note: If DRNKANY3. 2 (No); go to next section (18.1).

The next question is about drinking and driving.

DRINKDRI (CDC- CORE)

Type VII

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

_____ Enter Number of times (verify if GT 15)

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

Section 18: Women's Health

CATI note: If respondent is male, go to the PSAHAD2.

The next questions are about breast and cervical cancer.

HADMAM2 (CDC-CORE)

YESNO.

(Note: asked of all women)

18.1 I would like to ask you a few questions about a medical exam called a

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

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

- 1. Yes
- 2. No (Go to HADCBE3)

- 77. Don't know/Not sure (Go to HADCBE3)
- 99. Refused (Go to HADCBE3)

HOWLONG2 (CDC-CORE)

HOWLNGC.

18.2 How long has it been since you had your last mammogram?
(Read only if necessary)

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago

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

HADCBE3 (CDC-CORE)

YESNO.

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

- 1. Yes
- 2. No (Go to HADPAP3)

- 77. Don't know/Not sure (Go to HADPAP3)
- 99. Refused (Go to HADPAP3)

WHENCBE (CDC-CORE)**HOWLNGC.****18.4 How long has it been since your last breast exam?**

(Read only if necessary)

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago

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

HADPAP3 (CDC-CORE)**YESNO.****18.5 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.

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

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

WHENPAP3 (CDC-CORE)**HOWLNGB.****18.6 How long has it been since you had your last Pap test ?**

(Read only if necessary)

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago

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

*IF AGE B LT 45 AND SEX EQ 2 go to PREGNANT**IF AGE B GE 45 or SEX EQ 1 go to PSAHAD2***PREGNANT (CDC-CORE)****YESNO.****18.7 To your knowledge, are you now pregnant?**

- 1. Yes
- 2. No

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

IF PREGANT=1 go to HADSTLHM

HYSTER2 (CDC-CORE)

YESNO.

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

- 1. Yes
- 2. No

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

Section 19: Prostate Cancer Screening

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

PSAHAD2 (CDC-CORE)

YESNO.

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

- 1. Yes
- 2. No (Go to HADDRE3)

- 77. Don't Know/not Sure (Go to HADDRE3)
- 99. Refused (Go to HADDRE3)

PSAWHEN2 (CDC-CORE)

HOWLNGC.

**19.2 How long has it been since you had your last PSA test?
(Read Only if Necessary)**

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago

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

HADDRE3 (CDC-CORE)

YESNO.

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

- 1. Yes
- 2. No (Go to PROSDR2)

- 77. Don't know/Not sure (Go to PROSDR2)
- 99. Refused (Go to PROSDR2)

WHNDRE2 (CDC-CORE)

HOWLNGC.

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

- 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 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago

77. Don't know

99. Refused

PROSDR2 (CDC-CORE)

YESNO.

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

1. Yes

2. No

77. Don't know/Not sure

99. Refused

Section 20: Colorectal Cancer Screening

CATI note: If respondent is \leq 49years of age, go to CANCEVER.

HADSTLHM (CDC-CORE)

YESNO.

20.1 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?

1. Yes

2. No (Go to HADSIG4)

77. Don't Know/Not sure (Go to HADSIG4)

99. Refused (Go to HADSIG4)

WHENSTO3 (CDC-CORE)

WHENE.

20.2 How long has it been since you had your last blood stool test using a home kit?

(Read only if necessary)

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. 5 or more years ago

77. Don't Know /Not sure

99. Refused

HADSIG4 (CDC-CORE) (Note: Asked only of persons age 40 and over)

YESNO.

20.3 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?

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

- 77. Don't Know/Not sure (Go to CANCEVER)
- 99. Refused (Go to CANCEVER)

SIGORCOL (CDC-CORE)

20.4 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?

- 1. Sigmoidoscopy
- 2. Colonoscopy

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

WHENSIG4 (CDC-CORE)

WHEND.

20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?(Read only if necessary)

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. Within the past 10 years (5 years but less than 10 years ago)
- 6. 10 or more years ago

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

Section 21: Cancer Survivorship

Now I am going to ask about cancer.

CANCEVER (CA-CCCP) ask if PROSDR2 <>1

YESNO.

21.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

- 1. Yes
- 2. No (Go to AIDSTST8)

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

CANCDIFF (CA-CCCP)

VEGB.

21.2 How many different types of cancer have you had?

- 1. Only one
- 2. Two
- 3. Three or more
- 77. Don't know / Not sure (Go to SURVIVE1)
- 99. Refused (Go to SURVIVE1)

CANCAGE (CA-CCCP)

21.3 At what age were you told that you had cancer?

- Age in years (977. 97 and older)
- 777. Don't know / Not sure
- 999. Refused

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

If CANCDIFF = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

CANCTYPE (CA-CCCP)

CANCER.

21.4 What type of cancer was it? If two or three types ask: "With you most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

- 2 0 Melanoma
- 2 1 Other skin cancer

Thoracic

- 2 2 Heart
- 2 3 Lung

Urinary cancer:

- 2 4 Bladder cancer
- 2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other (Specify)

Do not read:

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

SURVIVE1 (CA-CCCP) (CDC OPTIONAL MODULE 14)

YESNO.

21.5 Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

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

SURVIVE2 (CA-CCCP) (CDC OPTIONAL MODULE 14)

TYPEDOC.

21.6 What type of doctor provides the majority of your health care?

Please read (1-10):

- 1. Cancer Surgeon
- 2. Family Practitioner
- 3. General Surgeon
- 4. Gynecologic Oncologist
- 5. Internist
- 6. Plastic Surgeon, Reconstructive Surgeon
- 7. Medical Oncologist
- 8. Radiation Oncologist
- 9. Urologist
- 10. Other (specify)

Do not read:

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

SURVIVE3 (CA-CCCP) (CDC OPTIONAL MODULE 14)

YESNO.

21.7 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

- 1. Yes
- 2. No

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

SURVIVE4 (CA-CCCP) (CDC OPTIONAL MODULE 14) YESNO.

21.8 Have you EVER received instructions from a doctor, nurse, or other health profession about WHERE you should return or WHO you should see for routine cancer check-ups after completing your treatment for cancer?

- 1. Yes
 - 2. No (Go to SURVIVE6)
- Do not read:**

- 77. Don't know / Not sure (Go to SURVIVE6)
- 99. Refused (Go to SURVIVE6)

SURVIVE5 (CA-CCCP) (CDC OPTIONAL MODULE 14) YESNO.

21.9 Were these instructions written down or printed on paper for you?

- 1. Yes
- 2. No

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

SURVIVE6 (CA-CCCP) (CDC OPTIONAL MODULE 14) YESNO.

21.10 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of you cancer treatment?

- 1. Yes
- 2. No

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

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

SURVIVE7 (CA-CCCP) (CDC OPTIONAL MODULE 14) YESNO.

21.11 Were you EVER denied health insurance or life insurance coverage because of

your cancer?

- 1. Yes
- 2. No

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

SURVIVE8 (CA-CCCP) (CDC OPTIONAL MODULE 14) YESNO.
21.12 Did you participate in a clinical trial as part of your cancer treatment?

- 1. Yes
- 2. No

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

SURVIVE9 (CA-CCCP) (CDC OPTIONAL MODULE 14) YESNO.
21.13 Do you currently have physical pain caused by your cancer or cancer treatment?

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

Ask if SURVIVE9=1

SURVIV10 (CA-CCCP (CDC OPTIONAL MODULE 14) YESNO.
21.14 Is your pain currently under control?

- 1. Yes
- 2. No

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

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

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

Section 22: HIV/AIDS

AIDSTST8 (CDC CORE)

YESNO.

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

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

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

TSTDATE (CDC-CORE)

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

___/___ Enter month and year

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

WHERTST6 (CDC-CORE)

WHERTSTC.

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

- 1. Private doctor or HMO office
- 2. Counseling and testing site
- 3. Hospital
- 4. Clinic
- 5. In a jail or prison (or other correctional facility)
- 6. Drug treatment facility
- 7. At home
- 8. Somewhere else

- 77. Don't know/Not sure (*Don't read*)
- 99. Refused (*Don't read*)

Ask if TSTDATE <=12 months, else skip to HIVRISK

HIVRAP (CDC-CORE)

YESNO.

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

- 1. Yes
- 2. No

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

HIVRISK (CDC CORE)

YESNO.

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

- You have used intravenous drugs in the past year
 - You have been treated for a sexually transmitted or venereal disease in the past year
 - You have given or received money or drugs in exchange for sex in the past year
 - You had anal sex without a condom in the past year
- Do any of these situations apply to you?**

- 1. Yes
- 2. No

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

Section 23: Emotional Support and Life Satisfaction

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

EMOTSUP (CDC-CORE)

EMOTSUP.

23.1 How often do you get the social and emotional support you need?
(Interviewer note: If asked, say "please include support for any source".)

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

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

SATLIFE (CDC-CORE)

SATLIFE.

23.2 In general, how satisfied are you with your life?

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

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

Section 24: Health Care Worker/Adult Flu-like Illness

The next two questions ask about health care work.

HRHCW1 (CDC Optional Module 10)New question

24.1 Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

INTERVIEWER NOTE: If necessary say: "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

- 1. Yes
- 2. No

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

HRHCW2 (CDC Optional Module 10)New question

24.2 Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

- 1. Yes
- 2. No

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

FLUH1 (CDC CORE)

24.3 We would like to ask you some questions about recent respiratory illnesses. During the past month, were you ill with a fever? (918)

- 1. Yes
- 2. No (Go to FLUH8)

- 77. Don't know/Not sure (Go to FLUH8)
- 99. Refused (Go to FLUH8)

FLUH2 (CDC CORE)

24.4. Did you also have a cough and/or sore throat? (919)

- 1. Yes
- 2. No (Go to FLUH8)

- 77. Don't know/Not sure (Go to FLUH8)
- 99. Refused (Go to FLUH8)

FLUH3 (CDC CORE)

24.5 When did you first become ill with fever, cough or sore throat? (920)
Would you say...

- 1. Within the past week (past 1 – 7 days)
- 2. 2 weeks ago (past 8-14 days)
- 3. 3-4 weeks ago (15-30 days before today)

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

FLUH4 (CDC CORE)

24.6 Did you visit a doctor, nurse, or other health professional for this illness? (921)

- 1. Yes
- 2. No (Go to FLUH8)

- 77. Don't know/Not sure (Go to FLUH8)
- 99. Refused (Go to FLUH8)

FLUH5 (CDC CORE)

24.7 What did the doctor, nurse, or other health professional tell you? (922)

Did they say...

- 1. You had regular influenza or the flu,
- 2. You had swine flu, also known as H1N1 or novel H1N1
- 3. You had some other illness, but not the flu (Go to FLUH8)

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

If FLUH5 = 3 and 1 adult in household Go to FLUH10, else FLUH5=3 and >1 adult in household Go to FLUH8)

FLUH6 (CDC CORE)

24.8 Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (923)

- 1. Yes, had flu test and it was positive
- 2. No, had flu test but it was negative
- 3. No, flu test was not done

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

FLUH7 (CDC CORE)

24.9 Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness? (924)

- 1. Yes
- 2. No

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

FLUH8 (ask if more than 1 household member) (CDC CORE)

24.10 Did any other members of your household have a fever with cough or sore throat during the past month? (925)

- 1. Yes
- 2. No (Go to FLUH10)

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

FLUH9 (CDC CORE)

24.11 How many household members, (including you,) were ill during the past month?(926-927)

- ___ # persons (≥ 1)
- 7 7 Don't know/Not Sure
- 9 9 Refused

If (FLUH1. 1(Yes) and FLUH2. 1 (Yes)) or FLUH8 = 1 (Yes) continue to FLUH10; otherwise, skip to next section.

FLUH10 (CDC CORE)

24.12. How many people in your household, including you, were hospitalized for flu (928- during the past month?

[Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.]

- __ __ # persons
- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

Section 25: Child Selection

If CHILD18 = 0 or CHILD18 = RF, Go to OUTOFFD; 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 [XX] year old. All the questions about children will be about that child.

CH_SEL (CDC OPTIONAL MODULE)

BOYGIRL.

25.1 Is the child a boy or a girl?

- 1. Boy
- 2. Girl

- 99. Refused

CH_HISP (CDC OPTIONAL MODULE)

YESNO.

25.2 Is the child Hispanic or Latino?

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

CH_RACE3 (CDC OPTIONAL MODULE)

25.3 Which one or more of these groups would you say is the race of the child?

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native
- 6. Other (Specify) ----->

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

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

CH_RACE4 (CDC OPTIONAL MODULE)

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

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

CH_BORN (CDC OPTIONAL MODULE)

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

___/___ Enter month/year

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

CH_REL (CDC OPTIONAL MODULE)

25.6 How are you related to the child?

Please read:

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

Section 26: Childhood Asthma Prevalence

CHLDAST2 (CA-EHIB-CDC OPTIONAL MODULE)

YESNO.

26.1 Has a doctor, nurse or other health professional EVER said that the child has asthma?

1. Yes
 2. No (Go to CFLUH1)
77. Don't know/Not sure (Go to CFLUH1)
99. Refused (Go to CFLUH1)

CHLDASTB (CA-EHIB-CDC OPTIONAL MODULE)

YES/NO.

26.2 Does the child still have asthma?

- 1. Yes
- 2. No

77. Don't know/Not sure

99. Refused

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

Section 27: Childhood Flu-like Illness

CFLUH1 (CDC OPTIONAL MODULE)

27.7. Has the child had a fever with cough and/or sore throat during the past month? (930)

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

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

CFLUH2 (CDC OPTIONAL MODULE)

27.8 Did the child visit a doctor, nurse, or other health professional for this illness? (931)

- 1. Yes
- 2. No

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

Section 28: Childhood Immunization

CH_VAC (CDC OPTIONAL MODULE)

28.1 The next questions are about this child's immunizations.

Since September, 2009, has [Fill: he/she] had a H1N1 flu vaccination?

- 1 Yes
- 2 No (Go to CH_SHOT3)
- 77 Don't Know / Not Sure (Go to CH_SHOT3)
- 99 Refused (Go to CH_SHOT3)

CH_VAC2 (CDC OPTIONAL MODULE)

28.2. Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 77 Don't Know / Not Sure (Go to CH_SHOT3)
- 99 Refused (Go to CH_SHOT3)

CH_MNTH (CDC OPTIONAL MODULE)

28.3 During what and year month did [Fill: he/she] receive [Fill: his/her] (CATI note: if child age < 10, "first H1N1 flu vaccine?" otherwise, "H1N1 flu vaccine?")

__ Month __ Year

77 Don't Know / Not Sure

99 Refused

CH_TYPE (CDC OPTIONAL MODULE)

28.4 Was this a shot or was it a vaccine sprayed in the nose?

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)

77. Don't Know / Not Sure

99. Refused

Ask if CH_VAC2 = 2

CH_SEC (CDC OPTIONAL MODULE)

28.5 During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine?

__ Month

77 Don't Know / Not Sure

99 Refused

Ask if CH_VAC2 = 2

CH_SEC1 (CDC OPTIONAL MODULE)

28.6 Was this a shot or was it a vaccine sprayed in the nose?

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)

77. Don't Know / Not Sure

99. Refused

CATI note: If selected child's age is ≥ 6 months, continue. Otherwise, go to OUTOFFD

CH_SHOT3 (CA-IMMUN)

28.7 Now I will ask you questions about seasonal flu. During the past 12 months, has [Fill: he/she] had a seasonal flu shot? (READ IF NECESSARY: A flu shot is an influenza vaccine injected in the arm or thigh.

1. Yes

(Go to CHPLAC4)

2. No

(Go to CH_NOSE3)

77. Don't know / Not sure

(Go to CH_NOSE3)

99. Refused

(Go to CH_NOSE3)

CH_NOSE3 (CA-IMMUN)

28.8 During the past 12 months, he/she had the seasonal influenza vaccine sprayed in his/her nose? (READ IF NECESSARY: *The influenza vaccine that is sprayed in the nose in FluMist*)

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

CHPLAC4 (CA-IMMUN)

CHPLACD.

16.5 Where did the child go to get his/her most recent seasonal flu vaccination?

- 1. A doctor's office or health maintenance organization (HMO)
 - 2. A health department, clinic, health center, community health center, mobile health unit
 - 3. A senior center, community center or recreation center
 - 4. A store (Examples: supermarket, drugstore)
 - 5. A hospital (Example: inpatient)
 - 6. An emergency room
 - 7. School
 - 8. Some other kind of place (specify)
777. Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
999. Refused

Section 31: Food Security

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

OUTOFFD (CA-NETWORK)

TRUEFALB.

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

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

AFRDMEAL (CA-NETWORK)

TRUEFALB.

31.2 I couldn't afford to eat balanced meals. Was that **OFTEN**, **SOMETIMES**, or **NEVER**

true for you in the last 12 months?

- 1. Often true
- 2. Sometimes true
- 3. Never true

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

CUTMEAL (CA-NETWORK)

YESNO.

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

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

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

CUTOFT (CA-NETWORK)

YESNO.

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

- 1. Almost every month
- 2. Some months but not every month
- 3. Only 1 or 2 months

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

EATLESSC (CA-NETWORK)

YESNO.

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

- 1. Yes
- 2. No

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

EVRHNGRY (CA-NETWORK)

YESNO.

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

- 1. Yes
- 2. No

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

Section 32: Food Stamps /County Assistance

FDSTMAPP (CA-NETWORK)

YESNO.

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

- 1. Yes
- 2. No

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

FDSTMRE2 (CA-NETWORK)

YESNO.

32.2 In the last 12 months, have you or other adults in your household received Food Stamps or Food Stamp benefits through the EBT card?

- 1. Yes
- 2. No

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

WIC (CA-NETWORK)

YESNO.

32.3 In the last 12 months, have you or other adults in your household received WIC benefits?

- 1. Yes
- 2. No.

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

Section 37: Fruit and Vegetable

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

JUICE94 (CA-NETWORK)

Type X

37.1 How often do you drink fruit juices such as orange, grapefruit or tomato?

101-105 = times per day 301-375 = times per month
201-221. times per week 401-4999. times per year

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

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

FRUIT94 (CA-NETWORK)

Type X

37.2 Not counting juice, how often do you eat fruit?

101-105 = times per day 301-375 = times per month
201-221. times per week 401-4999. times per year

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

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

SALAD (CA-NETWORK)

Type X

37.3 How often do you eat green salad?

101-105 = times per day 301-375 = times per month
201-221. times per week 401-4999. times per year

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

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

POTATOES (CA-NETWORK)

Type X

37.4 How often do you eat potatoes not including French fries, fried potatoes or potato chips?

101-105 = times per day 301-375 = times per month
201-221. times per week 401-4999. times per year

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

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

CARROTS (CA-NETWORK)

Type X

37.5 How often do you eat carrots?

101-105 = times per day 301-375 = times per month

201-221. times per week 401-4999. times per year

1xx. Enter times per day (verify if GT 105)

2xx. Enter times per week (verify if GT 238)

3xx. Enter times per month

4xx. Enter times per year

555. Never

777. Don't know / Not sure

999. Refused

VEG90 (CA-NETWORK)

Type X

37.6 Not counting carrots, potatoes or salad, how many SERVINGS of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

101-110 = # servings per day 301-3999. # servings per month

201-2999. # servings per week 401-4999. # servings per year

1xx. Enter number servings per day (verify if GT 105)

2xx. Enter number servings per week (verify if GT 238)

3xx. Enter number servings per month

4xx. Enter number servings per year

555. Never

777. Don't know / Not sure

999. Refused

Section 38: Physical Activity

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

EXERWORK (CA-NETWORK)

EXERWORK.

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

1. Mostly sitting or standing

2. Mostly walking

3. Mostly heavy labor or physically demanding work

77. Don't know/Not sure

99. Refused

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

EXERMOD (CA-NETWORK)**YESNO.**

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

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

MODDAY (CA-NETWORK)**MODDAY.**

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

____ Enter days per week

- | | | |
|-----|---------------------|-----------------|
| 88. | None | (Go to EXERVIG) |
| 77. | Don't know/Not sure | (Go to EXERVIG) |
| 99. | Refused | (Go to EXERVIG) |

MODTIME (CA-NETWORK)**MODTIME.**

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

__:__ Enter hours and minutes per day

- | | |
|------|---------------------|
| 777. | Don't know/Not sure |
| 999. | Refused |

EXERVIG (CA-NETWORK)**YESNO.**

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

- | | | |
|-----|---------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to EXERCOM2) |
| 77. | Don't know/Not sure | (Go to EXERCOM2) |
| 99. | Refused | (Go to EXERCOM2) |

VIGDAY (CA-NETWORK)

VIGDAY.

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

_____ Enter days per week

- 88. None (Go to EXERCOM2)
- 77. Don't know/Not sure (Go to EXERCOM2)
- 99. Refused (Go to EXERCOM2)

VIGTIME (CA-NETWORK)

VIGTIME.

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

__:__ Enter hours and minutes per day

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

EXERCOM2 (CA-NETWORK)

38.8 Some people do moderate and vigorous exercise on the same day. All together, during the week, how many days do you do moderate or vigorous activity, or a combination of both for at least 30 minutes.

_____ Enter days per week

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

Section 42: Closing

If ASTHNOW=1 or CHLDASTB=1

ASTHCALL (CA-California Breathing)

YESNO.

42.1 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?

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

CALLBACK ()

YESNO.

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

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

- 1. Yes
- 2. No

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

Closing statement:

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

SPANIN2

SPANINB.

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

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